

**HEALTHY AND ACTIVE LIFESTYLES  
IN WALES:  
A FRAMEWORK FOR ACTION**

**Welsh Assembly Government  
October 2002**

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## 1. **Introduction**

- 1.1 In 1999 the Welsh Assembly Government Ministers with responsibility for the areas of health and sport announced the establishment of a Task Force to advise the Assembly Government on cross cutting issues that could lead to increases in physical activity levels in Wales. The Task Force, whose members are listed at Annexe 1, produced a series of recommendations and targets at the end of 2001.
- 1.2 The terms of reference for the Task Force were to bring the key agencies in Wales together to: focus jointly on preventative actions and prepare a combined strategic plan with clear linkage to individual agencies' programmes; agree a set of clearly linked and co-ordinated action plans that will assist in bringing the standard of health in Wales closer to the European average; identify broad budget implications; and agree a set of outcome and output measures to monitor progress.
- 1.3 The following document sets out an implementation plan for the broad recommendations identified by the Task Force. The main focus of the plan is on actions that will be led by the Welsh Assembly Government, along with recommended actions for other organisations, particularly Local Authorities and Local Health Boards through their Health, Social Care and Wellbeing Strategies.

## 2. **Physical Activity and Health: the evidence**

- The public health rationale for promoting physical activity is compelling, and physical activity is associated with a wide range of health outcomes.
- Inactivity and sedentary lifestyles make a significant contribution to the burden of disease in Wales. Evidence from international studies suggests that in terms of direct and indirect costs to society, as well as its impact on quality of life, physical inactivity ranks closely behind tobacco in importance in its impact on health.
- There is strong evidence that a more active population would experience significantly lower rates of obesity, cardiovascular disease and type 2 diabetes, as well as reductions in the incidence of some cancers, greater mobility and fewer injuries associated with ageing in the elderly, and fewer mental health problems.
- Most of the potential health benefits in adults can be achieved through a total of 30 minutes of moderate intensity activity on at least five days per week. There is evidence to suggest that the 30 minutes total can be achieved in smaller blocks of activity of at least 10 minutes. Moderate intensity activities include brisk walking, swimming, cycling, dancing, using stairs, sweeping and comparable intensity gardening or housework tasks.
- People who need to lose weight may need to be more active than the recommended minimum level, or to undertake more vigorous activities in addition, such as jogging, hard cycling, aerobics or active sports. This approach needs to be combined with a healthy diet that is low in fat and sugar and includes plenty of fruit and vegetables.
- For children up to 18 years, research evidence supports the recommendation of 60 minutes of at least moderate intensity activity on most days, to achieve healthy growth and development.
- Allocation of time for delivery of the National Curriculum is a matter for schools. However, the report from the Physical Education and School Sport Task Force (2001) recommended that schools aim to provide at least two hours of physical education and school sport each week for every pupil
- The wider benefits of a more active society potentially include reduced traffic congestion and environmental pollution from reduced car use. There are also social benefits to be gained from participation in group activities and indications from international work that crime rates may be lowered by increasing participation in group-based physical activities.

### 3. **Healthy and Active Lifestyles in Wales: the current situation**

- Only 28% of adults in Wales are active at the recommended levels for health.
- Activity levels are higher among younger age groups, with 18 to 34 year-olds almost twice as active as 35 to 49 year-olds, and the 50 – 64 year age group being least active.
- Males are twice as likely to be active in leisure time than females, and these gender differences are apparent among all age groups including children.
- Activity levels appear to decline in adolescence, most markedly among girls.
- Some social class differences have been reported, with higher social classes being slightly more active during leisure time than lower groups. The difference is more marked for participation in sport.
- There is some evidence that activity levels are lower among people with clinical conditions and among ethnic populations, particularly among Asian women.
- More than 50% of adults in Wales are overweight (Body Mass Index = 25 or more) and 17% are obese (Body Mass Index = 30 or more). The prevalence of obesity has doubled in approximately ten years.

#### 4. **The strategic context for the action plan and key Welsh Assembly Government initiatives**

4.1 The Assembly Government's *Plan for Wales 2001* sets out a vision for a sustainable, inclusive and equal Wales in which people live healthier lives with less variation in life expectancy.

4.2 The *Better Health Better Wales* strategy (1998) set out a framework for reducing inequalities in health and improving health and well being in Wales. It raised awareness of the factors that affect people's health and recognised the significant contribution which sport and physical activity could make to the improvement of health in Wales. The Assembly Government has recently published *Well Being in Wales*, the follow-up to *Better Health Better Wales*, as a consultation document. This makes more explicit the links between people's health and well being and all the Assembly Government's policy areas and sets out proposals for more action to address inequalities in health as part of an integrated approach. The importance of physical activity is highlighted in a plan of work to improve health that cuts across all major sectors.

4.3 Other areas of the Welsh Assembly Government's work that are relevant to active lifestyles include the National Service Framework, "Tackling Coronary Heart Disease in Wales: Implementing Through Evidence" which sets out a requirement to establish national and local programmes of physical activity, and the National Service Framework for Diabetes, for which standards were published in April 2002. Both these documents highlight the health benefits of an active lifestyle. The development of a nutrition strategy, led by the FSA Wales in conjunction with the Assembly Government and other partners, is also relevant in relation to obesity prevention and treatment, as is the National Service Frame.

4.4 In relation to young people, a number of Welsh Assembly Government strategies and initiatives recognise the important links between physical activity and healthy growth and development. The Physical Education and School Sport Task Force "Action Plan for Wales", published in June 2001, establishes a platform for the improvement of standards in physical education and school sport for all young people in Wales. The Plan was welcomed by the Welsh Assembly Government and resources have been made available to the Sports Council for Wales to take forward a number of the key recommendations. Initially work is focusing on the establishment of local development centres to test innovative approaches to the delivery of the curriculum and to share best practice. The Sports Council for Wales is working closely with the New Opportunities Fund to ensure that the proposed work complements NOF initiatives for PE and sport in schools.

- 4.5 The Safe Routes to Schools initiative, introduced in Wales by the Welsh Assembly Government in 1999-2000, provides funding for projects across Wales which increase opportunities for children to walk and cycle to school. To date £7.6 million has been allocated to Welsh local authorities. The Assembly's Welsh Network of Healthy Schools Schemes aims to encourage schools to develop a 'whole school' approach to health, and provides additional opportunities for building links between physical activity and health.
- 4.6 The Assembly Government launched a strategy for older people in May 2002 and this recognises the importance of healthy lifestyles including physical activity, both in relation to achieving optimum physical and mental functioning in the elderly and in terms of reducing the severity of injuries from falls.
- 4.7 Several of the Assembly Government's transport policies support action in the health area. The Transport Framework for Wales published in 2001, proposed measures to increase walking and cycling for short journeys, especially travel to school or work or in conjunction with other forms of transport. The Assembly Government announced a five-year capital funding programme of £300 million in February 2001 to support local authority projects ensuring integrated transport. This includes investment to improve bus and rail services, provide cycling facilities and improve the pedestrian environment.
- 4.8 In 2002, a consultation document for a Walking and Cycling strategy for Wales was developed by an expert sub-group of the Welsh Transport Forum, and co-ordinated by the Welsh Assembly Government. The consultation period ended in October 2002 and responses are currently being analysed. In Spring 2002, the Welsh Assembly Government also issued draft guidance to local authorities on developing Rights of Way Improvement Plans, as required in the Countryside and Rights of Way Act 2000. These Plans are the main means by which local authorities will identify, prioritise and plan for improvements in their rights of way network, for the benefit of walkers, cyclists and others. These documents, along with targets for improving air quality and cutting emissions, offer a wider rationale for promoting physically active transport, such as preserving the Rights of Way network, reducing traffic-related problems and environmental pollution as well as achieving clear health benefits for the population.
- 4.9 In addition to these initiatives which can potentially have a direct effect on physical activity levels in Wales, other work currently being undertaken by the Welsh Assembly Government, for example in the areas of urban regeneration and sustainability, can also indirectly affect physical activity.

- 4.10 The Healthy and Active Lifestyles Action Plan aims to build on the important programme of work already underway, and to identify opportunities within it to maximise the impact of these initiatives in relation to physical activity levels. Additionally, in order to develop a comprehensive strategy, several new initiatives are proposed, based on evidence of effectiveness and need, in order to develop a national programme of physical activity promotion that will contribute to achieving a more active population in Wales.

## 5. Promoting active lifestyles: what works

5.1 The action plan has drawn on international evidence-based research and best practice. Some effective approaches from the research literature are:

- Large-scale, high intensity, community-wide campaigns with sustained visibility. Effective campaigns require multi-component interventions combining individually targeted actions such as risk factor screening, counselling and self-help groups with environmental measures such as walking trails, and supported by sustained promotional activity through mass media.
- Individually adapted behaviour-change programmes that teach goal-setting and self-monitoring skills, incorporate motivational support, behavioural rewards and address obstacles to being more active. These can be delivered in group settings or individually.
- Interventions in general practice settings, especially when supplemented with other advice or reinforcement, or in the context of community-wide campaigns. “Walking the Way to Health”, an initiative supported by the British Heart Foundation and the Countryside Council for Wales, is an example of a community-based project which promotes physical activity.
- Social support interventions in community settings that focus on changing behaviour using social networks and relationships which provide friendship and support. These can include specific activity-based networks such as walking groups and ‘buddying’ programmes, as well as schemes within existing social networks outside the family, such as workplace programmes.
- Environmental prompts such as signs placed close to lifts and escalators to encourage the use of stairs.
- School-based physical education that either increases the intensity of activity (e.g. from light to moderate or vigorous activities), increases the amount of time spent in PE classes or the amount of time that pupils are active during the PE period.
- Campaigns such as Bike Week, Bike 2 Work Week and Walk to School Weeks have shown promising results in terms of participation, although little is known about the longer-term impact of these types of initiatives on sustaining activity levels.

- Trials based on ‘Personalised Marketing’, such as ‘TravelSmart’, pioneered by Socialdata in Germany, and trialed in Gloucester, Frome, and internationally, have reported promising results. The approach is based on identifying people who are willing or able to reduce their private car use, and providing them with personalised travel information and incentives to switch to alternative modes of transport.

5.2 A number of international studies are investigating the effectiveness of approaches that focus on transport policy actions to encourage active forms of transport such as cycling and walking. Another approach under investigation involves urban planning, taking into account issues such as zoning and land use, as well as neighbourhood and street design, and the siting of community facilities such as shops and parks. This type of approach has been proposed to increase levels of ‘incidental activity’ by making it easier for community members to access facilities near to their homes, thus reducing reliance on motorised transport. While the effectiveness of these policy approaches may not be supported by data from controlled studies at present, evidence from international comparisons, for example, active transport data from countries such as the Netherlands, strongly supports the potential of these approaches.

5.3 A number of approaches currently do not have good evidence of effectiveness. It should be noted that lack of clear evidence does not necessarily mean that these interventions are ineffective, only that they have not been sufficiently well evaluated to date to recommend wide implementation. Approaches with **insufficient evidence of effectiveness** include:

- Community-wide mass media alone, designed to change behaviour by influencing knowledge, attitudes and beliefs, but without activities that target individuals and the environment.
- Social support interventions in family settings designed to target both parents and children. This includes approaches that incorporate school-based components such as take-home resources, rewards and family record-keeping.
- Classroom-based education focusing on information provision and behavioural skills.
- Classroom-based health education focusing on reducing television viewing and video game playing. This includes interventions with parental involvement to limit TV and video game access and monitor use.
- College-age physical education and health information when given on a structured basis or as a course requirement.

## 6. **Goals for the plan**

6.1 Some broad goals for achieving healthy and active lifestyles in Wales are outlined below. These are to:

- Increase opportunities for everyone in Wales to be physically active.
- Increase the availability of accurate information on the importance of physical activity and how to achieve the recommended amount of activity for health.
- Create living, working and social environments which support and encourage people to be more active in their daily lives.
- Reduce the proportion of people in Wales who report undertaking no regular physical activity.
- Increase the proportion of people in Wales who achieve the recommended levels of physical activity for health.
- Increase monitoring and evaluation of programmes and campaigns to encourage physical activity.
- Increase the use of health impact assessment in relation to new national and local strategies and policies that have the potential to affect physical activity levels.

6.2 The action plan to achieve these goals is set out on pages 15 - 21.

## 7. **Priority Target Groups**

7.1 Because activity levels are so low across the entire population, it is important that the strategy promotes active lifestyles for everyone in Wales. However, the Task Force identified a number of priority target groups using the following criteria: because activity is currently even lower in these groups, or they have a higher risk of inactivity-related diseases, or there is greater potential for benefits from increasing activity levels. The priority groups are:

- People who report no activity at all on a regular basis (the sedentary population)
- Socially disadvantaged people
- Children and young people
- Women (including women from ethnic minority communities)
- Middle-aged men
- People with clinical conditions such as obesity, hypertension, diabetes, osteoporosis and some mental illnesses
- Older people
- People with disabilities.

## 8. Objectives for the action plan

The following five objectives for the action plan are based on objectives identified by the Healthy and Active Lifestyles Task Force. The Task Force also developed a series of recommendations to achieve these strategic objectives, and these are set out in the implementation framework described in the next section. The five strategic objectives are as follows:

### 8.1 **Develop national and local partnerships and strategies to increase physical activity through active living**

*Rationale:*

To achieve change, effective partnerships are needed. Many of these partnerships are already in place at both the national and local levels or are proposed under the new NHS Plan for Wales. Physical activity should be included in all health programmes developed by these partnerships. This can only be achieved if individuals responsible for developing programmes are aware of the importance of physical activity and of methods of best practice to increase physical activity.

### 8.2 **Enable public health and primary care professionals to promote active living and be well-equipped to act on this knowledge.**

*Rationale:*

It is important to ensure that public health and primary care professionals are well informed about the current low activity levels of the population. They also need to be regularly updated on the evidence base for supporting the role of physical activity in the promotion of health and well-being and for methods of increasing physical activity among different population groups.

### 8.3 **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.**

*Rationale:*

Many people are not aware of the relationship between physical activity and health, have poor perceptions of their own activity levels and of the range and types of activity that can be beneficial. Initiatives are needed to encourage individuals and communities to increase levels of physical activity. The development of all-embracing strategies for Health, Social Care and Well-being, linked at local level to Community Strategies, is being considered within current NHS Plan proposals. National and local programmes of physical activity have been proposed in Standard 1 of the Wales Plan for CHD.

#### **8.4 Reduce the barriers to increasing active living**

*Rationale:*

Responsibility for increasing physical activity is not only with the individual but increasingly with those responsible for managing the environment in which we live. Barriers to increasing physical activity include lack of time and motivation; a misperception of current activity levels or that being active means being sporty; illness or injury; cost; lack of local enjoyable activities; lack of family involvement; and transport. Environmental barriers such as pollution and safety on roads, cycle paths and walking paths are also important. Combinations of these barriers increasingly prevent people from being more active.

#### **8.5 Strengthen monitoring, surveillance and research to support the implementation of the Healthy and Active Lifestyles plan and future planning.**

*Rationale*

This will provide a reliable picture of the extent of the problem in both adults and young people and thus assist in the design, implementation and evaluation of strategies and the prioritisation of resource allocation. There are gaps in existing data that need to be filled and comprehensive data need to be collected on a regular basis.

## ACTION PLAN

### 1. Develop national and local partnerships and strategies to increase physical activity through active living

| TASK FORCE RECOMMENDATION  | ACTIONS   | LEAD & TIMING  |
|--|---|--|
| <p><b>1.1. Create an agenda at both national and local levels to engage all partners in the production of a set of common objectives relevant to their communities</b></p> | <p>Publication of Chief Medical Officer's statement on physical activity and health (based on English CMO statement).</p>   | <p>Chief Medical Officer to issue statement in Wales within 6 months of publication of English document.<br/>2002/3</p>  |
|  | <p>Establish an all-Wales physical activity liaison group with national and local representatives, to identify common objectives and share best practice.</p>   | <p>Welsh Assembly Government (HPD).<br/>2003/4</p>   |
|  | <p>Cycling and Walking strategy for Wales to identify targets for cycling and walking.</p>  | <p>Welsh Assembly Government (Transport Directorate).<br/>2002/3</p>   |
|  | <p>Provide support for Forestry Commission expert consultation on forests and health.</p>   | <p>Welsh Assembly Government/ Forestry Commission.<br/>2002/3</p>  |
|  | <p>National road safety, transport and planning policies to encourage walking and cycling by clearly addressing the needs of walkers and cyclists.</p>  | <p>Welsh Assembly Government.<br/>Ongoing</p>  |
|  | <p>Hold a 'Healthy and Active Lifestyles Open Day' in one local area to launch the action plan (see also 3.1). Encourage participation by local partners.</p>   | <p>Welsh Assembly Government / Sports Council for Wales/ Fitness Wales/ Local Health Boards/ Local Authorities/ Local Health and Well-being Partnerships.<br/>2003/4</p> |
|  | <p>Local Authorities are required to prepare Community Strategies, including Health, Social Care and Wellbeing Strategies, to establish local needs and opportunities, including health and recreation needs.</p> | <p>Local Authorities and partners.</p>   |
|  | <p>Local Health, Social Care and Wellbeing Strategies should identify clear objectives for increasing physical activity.</p>  | <p>Local Health Boards/ Local Authorities/ coordination arrangements for local Health, Social Care and Well-being Strategies. 2003/4</p>                                 |

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| <p><b>1.2. Disseminate examples of good practice and guidance based on evidence-based interventions</b></p> | <p>Set up database of CHD prevention projects in Wales (including those addressing physical activity).</p> <p>Produce and disseminate Research Bulletin highlighting effective physical activity interventions from published literature.</p> <p>Ensure Wales representation on UK-wide committees such as National Alliance for Physical Activity, co-ordinated by DH England</p> <p>Continue to support the dissemination and implementation of The Class Moves!® resources in schools in Wales.</p> <p>Encourage schools to consider physical activity when developing their action plans for development within the Welsh Network of Healthy School Schemes.</p> <p>Encourage schools to set aside two hours per week for physical education and sport for all pupils in each key stage.</p> <p>Encourage schools to develop active lifestyles policies that build on the lessons learned from pilot PE and School Sport Development Centres.</p> <p>Reprint and disseminate resource on Health Promoting Playgrounds for schools.</p> | <p>Welsh Assembly Government (HPD). 2002/3</p> <p>Welsh Assembly Government (HPD/PHSD) Annual.</p> <p>Welsh Assembly Government (HPD) Ongoing.</p> <p>Welsh Assembly Government (HPD). 2002-2003</p> <p>Welsh Assembly Government (HPD). Ongoing</p> <p>Welsh Assembly Government (SPD). Ongoing</p> <p>Welsh Assembly Government (SPD). Ongoing</p> <p>Welsh Assembly Government (HPD). 2003/4</p> |
| <p><b>1.3. The use of health impact assessment as an integral part of policy and planning</b></p>           | <p>Increase understanding about the use of health impact assessment as a flexible tool to assist the development of integrated policies and programmes.</p> <p>Develop skills and experience in the use of health impact assessment in partnership with other organisations.</p> <p>Utilise the Welsh Health Impact Assessment Support Unit (Cardiff University) as a source of advice, guidance and support.</p> <p>Be pro-active in the sharing of experience and learning on health impact assessment with other organisations.</p>   | <p>Welsh Assembly Government/ Local Authorities/ Local Health Boards/ other agencies. 2003/4</p>  |

|  |   |  |
|--|---|--|
| <p><b>1.4. Commit local government to a consideration of physical activity in local strategies</b></p> | <p>Wales Plan to Tackle CHD (Standard 1).</p> <p>Ensure that active forms of transport such as cycling and walking are promoted in Community Strategies and local transport and planning policies.</p> <p>Encourage local government workplaces to be exemplary in developing a holistic approach to encouraging physical activity through the Corporate Health Standard.</p> | <p>Local Authorities / coordination arrangements for local Health, Social Care and Well-being Strategies. Ongoing</p> <p>Local Authorities/ coordination arrangements for local Health, Social Care and Well-being Strategies/ Transport Plan coordinators/ Agenda 21 officers. Ongoing</p> <p>Welsh Assembly Government (HPD)/ Local Authorities/ coordination arrangements for local Health, Social Care &amp; Wellbeing Strategies. Ongoing</p> |
|--|---|--|

**2. Enable public health and primary care professionals to promote active living and to be well-equipped to act on this knowledge**

| TASK FORCE RECOMMENDATION  | ACTIONS  | LEAD AND TIMING   |
|--|--|---|
| <p><b>2.1 Local Health Boards, together with Local Authorities, should recognise the importance of physical activity and the need to improve physical activity levels in their Health, Social Care and Wellbeing Strategies. These strategies and plans should identify the practical processes through which strategic intent will connect with the strategic target groups identified in the Plan.</b></p> | <p>Local Directors of Public Health should work with Local Health Boards, Local Authorities, the voluntary sector and other partners to produce local plans to increase physical activity levels.</p> <p>Provide briefing seminar on healthy and active lifestyles to meeting of All-Wales Health Alliance Network.</p> <p>Assess briefing paper from England (due late 2002) aimed at assisting primary care to develop local physical activity strategies; produce Wales version if appropriate.</p> | <p>Local Health Boards/ Local Authorities/ coordination arrangements for local Health, Social Care and Well-being Strategies. 2003/4</p> <p>Welsh Assembly Government (HPD). 2003/4</p> <p>Welsh Assembly Government (HPD) 2003/4</p>   |
| <p><b>2.2. The Welsh Assembly Government should provide increased training opportunities for public health and primary care professionals on physical activity and health along with appropriate professional resources.</b></p>   | <p>Co-ordinate training workshops on physical activity for public health and primary care professionals at local level.</p> <p>Disseminate key resources on physical activity and primary care in English and Welsh.</p> <p>Identify training needs of leisure services staff and other groups as appropriate.</p>   | <p>Welsh Assembly Government in collaboration with BHF National Centre for Physical Activity &amp; Health and Fitness Wales. 2002/3</p> <p>Welsh Assembly Government (HPD) / BHF National Centre for Physical Activity &amp; Health. 2002/3</p> <p>Welsh Assembly Government/ Fitness Wales. 2003/4</p> |
| <p><b>2.3 The Welsh Assembly Government should review the Quality Assurance Framework (QAF) for GP exercise referral schemes, to decide on its appropriateness for Wales. The findings of the review should be disseminated to Local Health Boards and to coordination arrangements for local Health, Social Care and Wellbeing Strategies.</b></p>  | <p>Produce Wales summary guidance based on English Quality Assurance Framework for GP Exercise Referral Schemes, to meet the needs of the new NHS Wales structure and coordination arrangements for local Health, Social Care and Well-being Strategies.</p>   | <p>Welsh Assembly Government (HPD). 2003/4</p>  |

**3. 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.**

| <b>TASK FORCE RECOMMENDATION</b>  | <b>ACTIONS</b>   | <b>LEAD &amp; TIMING</b>   |
|---|--|--|
| <p><b>3.1 The Welsh Assembly Government, through its Health Promotion Division, should resource the development of a national ‘active living’ campaign, which draws on best practise from elsewhere, and in the context of a comprehensive approach</b></p> | <p>Develop public education campaign to promote “no cost” moderate intensity activities (e.g. walking, using stairs) accessible to a wide range of people.</p> <p>Pilot ‘Open Access Day’ involving local partners to offer free/low cost access to exercise facilities (see 1.1)</p>  | <p>Welsh Assembly Government (HPD).<br/>Formative/ development phase 2003/4<br/>Pilot campaign 2004/5</p> <p>Welsh Assembly Government/ Sports Council for Wales/ Fitness Wales/ Local Health Boards/ Local Authorities/ coordination arrangements for local Health, Social Care and Well-being Strategies.<br/>2003/4</p> |
| <p><b>3.2 Promotion of physical activity, carried out by the Assembly Government through appropriate partnerships, should be targeted initially at the key population groups identified in the plan.</b></p>  | <p>Continue to support and evaluate Inequalities in Health Fund projects encouraging activity among disadvantaged groups.</p> <p>Explore ways of taking forward ‘green gym’ projects in Wales, based on lessons learned from BTCV project funded by Voluntary Sector Grant Scheme, to encourage activity among priority groups.</p> <p>Develop pilot project on active lifestyles for older people, in line with recommendations of Welsh Assembly Government strategy for older people.</p> | <p>Welsh Assembly Government (PHSD).<br/>2002-2004</p> <p>Welsh Assembly Government (HPD).<br/>2003/4</p> <p>Welsh Assembly Government (HPD).<br/>2004/5</p>   |

**4. Reduce the barriers to increasing active living identified in the strategy in support of objectives 1-3.**

| <b>TASK FORCE RECOMMENDATION</b>   | <b>ACTIONS</b>   | <b>LEAD &amp; TIMING</b>   |
|--|--|--|
| <p><b>4.1 The Welsh Assembly Government should support local initiatives addressing barriers to physical activity.</b></p>   | <p>Establish a small grants scheme to support local evidence-based community projects that address barriers to physical activity such as access and child-care. Grants scheme to encourage partnerships between public, voluntary &amp; community sectors.</p>   | <p>Welsh Assembly Government (HPD). 2002/3</p>   |
|  | <p>Commission an evaluation of the grant scheme.</p>   | <p>Welsh Assembly Government (HPD). 2002/3</p>   |
| <p><b>4.2 Local authorities should consider including actions which focus on overcoming identified local barriers to physical activity in their local strategies.</b></p>  | <p>Disseminate information to Community Strategy and Health and Wellbeing Partnerships on barriers to physical activity and approaches to overcoming them.</p>   | <p>Welsh Assembly Government (HPD)/ Local Authorities/ coordination arrangements for local Health, Social Care and Well-being Strategies. 2003/4</p>                           |
| <p><b>4.3 The Welsh Assembly Government 'active living' campaign and the promotion of active living by public health and primary care professionals, should prioritise resources on the needs of the strategic target groups identified in the plan.</b></p> | <p>Small grants scheme (4.1) to encourage proposals that target specific priority groups identified in the strategy, e.g:</p> <ul style="list-style-type: none"> <li>• Participation among older people</li> <li>• Women with pre-school children</li> <li>• People from ethnic backgrounds</li> <li>• People with disabilities</li> </ul> | <p>Welsh Assembly Government (HPD)/ Local Authorities/ Local Health Boards/ coordination arrangements for local Health, Social Care and Well-being Strategies. 2002 - 2005</p> |
|  | <p>Hold workshop with key partners to explore issues around barriers to physical activity for people in priority target groups.</p>  | <p>Welsh Assembly Government (HPD). 2003/4</p>   |

**5. Strengthen monitoring, surveillance and research to support the implementation of the Healthy and Active Lifestyles strategy and future planning.**

| <b>TASK FORCE RECOMMENDATION</b>                      | <b>ACTIONS</b>   | <b>LEAD AND TIMING</b>  |
|---|--|---|
| <b>5.1 Set up Strategy Monitoring Group</b>           | <p>Establish a Strategy Monitoring Group to develop indicators to measure strategy outputs and to monitor progress in implementing strategy.</p> <p>Review the range and quality of information collected on physical activity levels and barriers to increasing physical activity in national surveys such as the Welsh Health Survey and Health Behaviour in School-age Children (HBSC) surveys.</p> | <p>Welsh Assembly Government.<br/>2003/4</p> <p>Welsh Assembly Government (HPD).<br/>Ongoing</p> <p>Strategy Monitoring Group.<br/>Ongoing</p>                    |
| <b>5.2 Evaluate projects and campaigns</b>            | <p>Ensure that all major projects and campaigns arising from the strategy include an evaluation component.</p> <p>Ensure that physical activity is an integral element in the new proposed framework for health gain targets.</p>  | <p>Welsh Assembly Government (HPD).<br/>Ongoing</p> <p>Welsh Assembly Government.<br/>2003/4</p>  |
| <b>5.3 Ensure that local strategies are monitored</b> | <p>Encourage development of performance indicators for physical activity at local authority level, in line with the overall health gain targets and indicators framework proposed by the Welsh Assembly Government.</p>  | <p>Welsh Assembly Government (HPD)/<br/>Local Health Boards/<br/>coordination arrangements for local Health, Social Care and Wellbeing Strategies.<br/>2003/4</p> |

## **Annexe 1: Members of the Healthy and Active Lifestyles Task Force**

Mr Gareth Davies, Chairman, Sports Council for Wales  
Mr Huw Jones, Chief Executive, Sports Council for Wales  
Mr Brian Goffee, Director of Policy Planning  
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Mr Gerry Evans, Wales Office of Research and Development, Welsh Assembly Government  
Ms Marianne Jackson, Gwynedd Council  
Mr Gerwyn Jones, Community Recreation Officer, Swansea County Council  
Ms Cath Lindley, Wales Council for Voluntary Action  
Ms Julia Longville, ESTYN  
Dr Claire Paisley, Policy Evaluation, Advice and Research Health Consultancy  
Mr Chris Reading, Schools Performance Division, Welsh Assembly Government  
Mrs Mary Shepherd, Fitness Wales  
Mr Malcolm Ward, Merthyr Tydfil Health Promotion Service, Bro Taf Health Authority  
Mr John Watkins, Countryside Council for Wales  
Ms Fiona Winter, Fitness Wales