

Annual Public Health Report

for the Isle of Wight

We can't weight to act: A whole-system call to tackling physical inactivity amongst children and young people on the Isle of Wight.



2016 to 2017

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Foreword - Director of Public Health

In this year's Public Health Annual Report (PHAR) I have focused on the theme of 'physical inactivity' amongst children and young people (aged 5-18 years old). Inactivity is a global public health concern, with a wealth of evidence citing the lack of physical activity as a key cause of avoidable long-term health conditions, disease, some cancers and mortality.

This report sets out to utilise existing data, insight and evidence within a specific area of public health to inform a set of recommendations for implementation locally. This is critical if we are to continue to improve the health & wellbeing of our residents and tackle the wider determinants causing poorer health outcomes locally.

Being active is a key component in supporting the development of a 'whole child', it is central to improving a child/young person's physical and mental health, emotional wellbeing and resilience. Sir Michael Marmot's (2010) *Fair Society, Healthy Lives* review of health inequalities outlined the need to tackle local barriers, enhance the quality of existing provision and create new opportunities which improve children's access to positive early experiences. Only then can we break the links between early disadvantage and life-long behaviours resulting in poor(er) health outcomes (1).

Within this in mind, sport is a subset of physical activity, and is believed to possess the capacity to reach and engage people in ways other approaches have failed. Participation in sport can contribute towards developing individual's communication, teamwork and leadership skills, foster new relationships and contribute towards creating the conditions within our communities which enable people to live and stay well for longer. This is alluded to within an extract of the famous words of Nelson Mandela:

"Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does. It speaks to youth in a language they understand".

I see that physical activity has many guises, that there are many ways in which people engage with, and participate within it, and how it can further enrich lives, our communities, society, economy and the environment around us. Hence our focus is on how we create more positive experiences and associations between children and young people and being active, so this becomes the 'norm' as they continue to grow, work and age.

This is not as easy as it sounds; subverting the trend in increasing inactivity amongst children and young people on our Island requires us all to respond, it is everyone's business. Therefore this PHAR is a call to the whole-system to act and address inactivity amongst children and young people, as part of an approach to tackling childhood obesity and the wider effects this will have on them, their families, support services and future generations.

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Acknowledgements

We are grateful for the enthusiasm and expertise shown by our Island's school's staff and students, and wider partners who have worked with us in producing this Annual Report. Their insights have been utilised to identify and shape local, practical opportunities for innovation and improvement with the domain of physical activity, which complements the evidence and data drawn upon in determining the local recommendations set out within this annual report.



The local public health picture

Good, reliable data is key, though only part of understanding the health and wellbeing of our residents. Numbers need narratives and statistics need a story in order to fully understand and explain 'how and why' ill-health within a given area arises, and how it can be overcome. This is central to informing Public Health practice, and how we can work alongside our colleagues across the whole-system and communities if we are to bring about meaningful, sustainable outcomes which improve individual health and wellbeing and tackle health inequalities which cause poorer health outcomes on the Isle of Wight.



139,395 people live on the Isle of Wight, 290 more than in 2014



Over 1 in 4 (26.6 %) is older than 65. This is the 17th highest level of any local authority in England & Wales.



Over the next ten years, the number of 65 to 79 year olds will increase by nearly 17%, while the over 85s will increase by 40%.

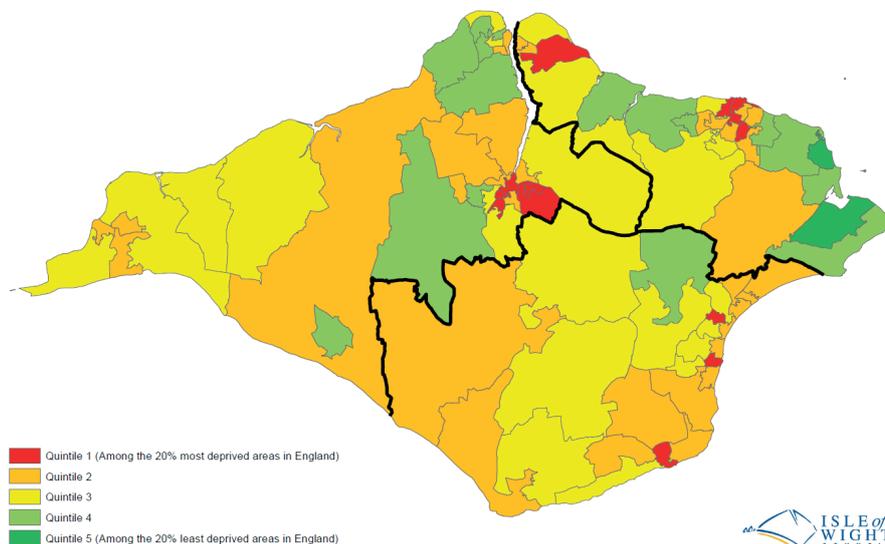


The percentage of Island residents aged under 15 is 14.8%, against a national level of 17.9%.



There are 70,776 households on the Isle of Wight, and 1 in 6 of all households are occupied by a single person over 65.

IMD 2015 - Overall deprivation by national quintile



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Produced by Isle of Wight Council Public Health Information Team

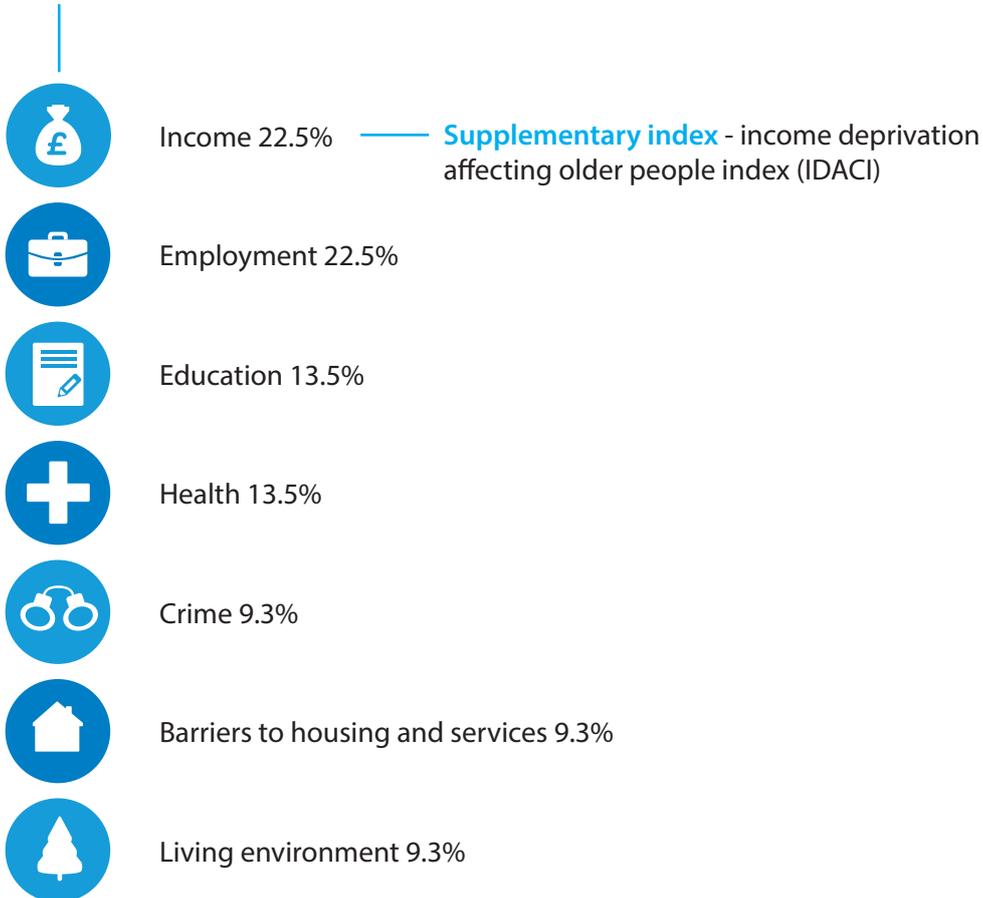
In understanding our Island, the data presented above provides an overview of our population demographic. We have an above national average older population, which is continuing to increase, with a lower than national average teenage population. The Island presents several areas defined as 'economically deprived', meaning people are more likely to be exposed to and/or experience inequalities and risks which can result in poorer health outcomes and reduced quality of life.



The 'level' of deprivation within a community is determined by seven interrelated factors:

Seven domains of deprivation

Supplementary index - income deprivation affecting children index (IDACI)



The population data alongside the deprivation data for the Isle of Wight presents, a range of challenges which can cause greater risk of ill-health. How we respond together and act on the challenges stemming from our population demographic locally will impact on individual health and wellbeing and play a part in reducing and preventing health inequalities in the future.

Focusing on "assets"

Data which only focuses on deficits (needs) tend to ignore the assets available to tackle these. Our responsibility is to understand and value both. How we identify and connect assets, opportunities and solutions to overcome particular health inequalities is key if communities on the Isle of Wight are to become 'less deprived' and recognise and utilise their assets. This is significant for our older population if they are to feel safe and supported to achieve their vision of a "good life" and feel a part of, and valued by, their community. Equally, this is critical for young people, if we are to create the conditions for developing industry, employment and education pathways so we can 'grow and retain our own' on the Isle of Wight.



Young People

One in five (20.7%) of all children on the Isle of Wight are classed as being in relative poverty. This can have a direct effect on school attendance and education attainment, healthy lifelong behaviours and wider physical and mental health and wellbeing as they continue to age and grow. In relation to education attainment on the Isle of Wight, we have nearly 18,000 school-aged children at 2015/16. Data from our recent Education and Skills factsheet published in 2016 shows progress in some areas and the need for improvement in others:



Average primary school class size in 2015 were slightly higher than last year but still lower than both the South East and England.

POSITIVE



Primary school absence rates are equal to the South East and lower (**better**) than England.

POSITIVE



Secondary school absence rates are higher (**worse**) than both the South East and England.

NEGATIVE



Proportion of children achieving a good level of development at early years foundation is higher than both the South East & England.

POSITIVE



At KS2, percentage of children achieving level 4 or above in reading, writing & maths were lower than South East & England.

NEGATIVE



Achievement of five or more GCSEs grade A* - C on the Island is at its lowest since 2006/07.

NEGATIVE



The average point score for A-level students is lower (**worse**) than both the South East and England.

NEGATIVE



Estimated number of NEETs (*not in education, employment, or training*) have reduced over the past six years.

POSITIVE



Mental health

Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime. Half of those with lifetime mental health problems first experience symptoms by the age of 14. Across the country, at any one time, it is estimated that one in ten young people aged 5 to 16 years have a mental health problem, and many continue to have mental health problems into adulthood.

By applying this one in ten measure to the Island’s population, around 1700 to 1800 young people aged 5 to 16 could be experiencing such mental health problems.

There is a strong relationship between engagement and participation in physical activity and mental health benefits for people.

A whole school approach

Public Health England’s (2014) *The link between pupil health and wellbeing* report draws the connection between physical and mental health and wellbeing – healthy lifelong behaviours – education attainment amongst children and young people. The Change4Life evidence review published by Public Health England (2015) demonstrated the contribution of physical activity directly to a range of physical, mental, social and behavioural outcomes which support the development of a ‘healthy child’, as set out below:

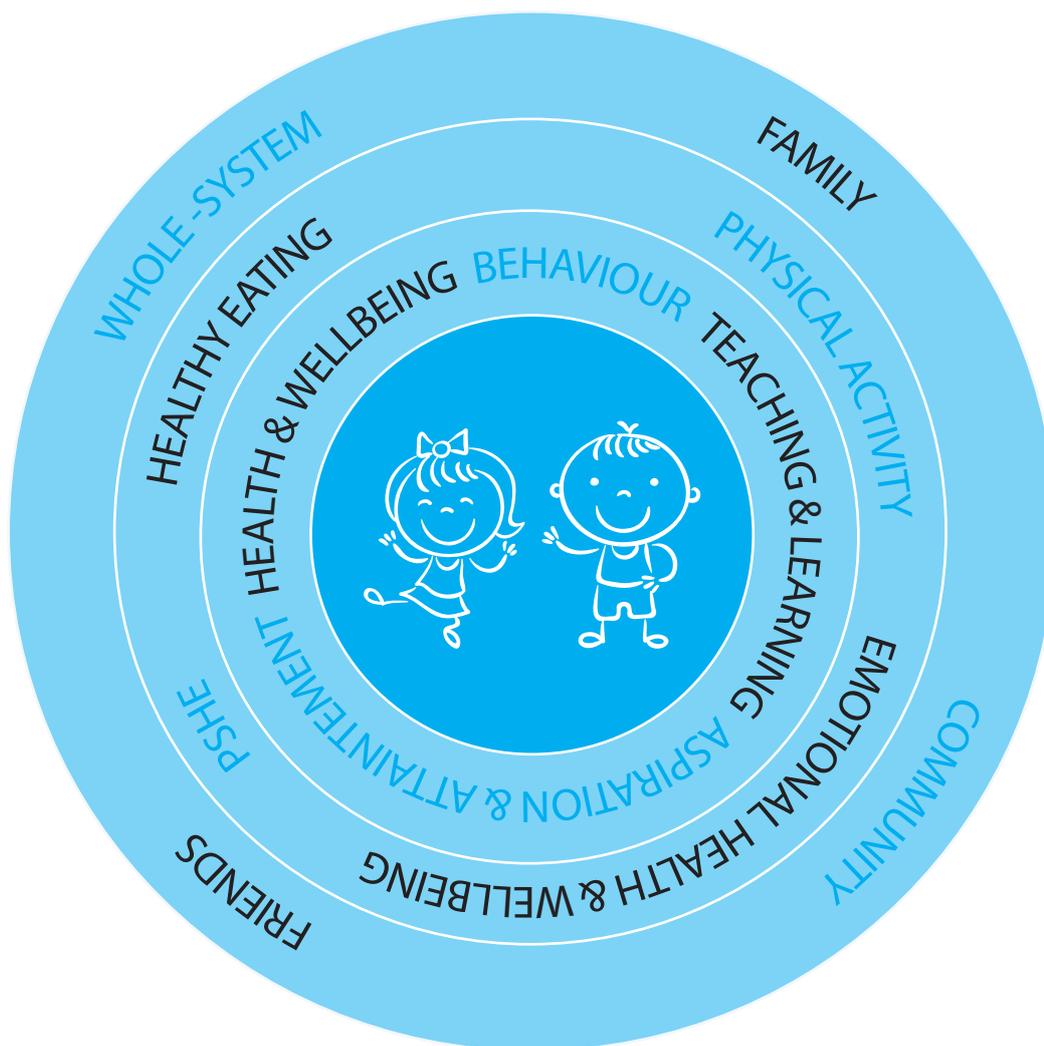
Physiological	Psychological	Social	Behavioural
Cardio-metabolic health	Self-esteem	Confidence	Physical activity in adolescence/adulthood
Muscular strength	Anxiety/stress	Peer acceptance	Sleep
Bone health	Academic achievement	Positive relationships	Risk taking behaviour
Cardiorespiratory fitness	Cognitive functioning	Social and communication skills	
Motor skills/development	Attention/concentration	Self-resilience	
Body composition	Self-efficacy	School engagement	
	Mood		
	Memory		
	Body image		

-  Light blue outcomes have consistent evidence
-  Dark blue outcomes have inconsistent evidence, or evidence from a small number of studies
-  Grey outcomes have insufficient evidence



Over 2016/17 the Island's public health team have been working alongside key stakeholders (including the executive headteacher group) to develop a localised whole-school approach to improve key health and wellbeing areas which directly affect academic attainment.

Physical activity has been incorporated within the development of the whole-school framework, which covers four interrelated domains: 1) physical activity; 2) health eating; 3) personal, social and health education (PSHE); and 4) mental health and emotional wellbeing which culminate into supporting the development of a 'whole-child', as reflected below:



Inactivity amongst school-aged children is a key cause of increasing levels of obesity. As children get older, negative behaviour patterns that have important implications for their health and wellbeing - both short and long term - are acquired, and shared across their social networks. This is reflected locally by year-on-year increases in the proportion of children at year 6 who are 'overweight/obese' in comparison to when they came into school at reception. This is happening at a time when levels of screen-based activity is increasing, people are sitting for extended periods of time in day-to-day life, and our passive methods for travel and the built environment around us are designing out opportunities to be more active, more often (3).



Inactivity amongst children and young people has become both a national and local public health (as well as economic) concern. In particular, how the health effects of inactivity at an individual level creates an economic impact felt by the whole system. This culminates into forming the basis for **a call to whole-system action** in how we engage with, and integrate, physical activity and sport into newer ways of thinking and practice which contribute towards improving the health and wellbeing, lifelong behaviours and attainment of our younger and future generations.

This is of particular relevance to the health and wellbeing board because it provides further evidence and local information to **'make physical activity a priority'** in improving children and young people's physical and mental health and wellbeing.



The case for physical activity as a local policy priority

Physical activity refers to all forms of bodily movement produced by our skeletal muscles that requires energy expenditure, and so helps improve our physical and mental health and wellbeing (2). Physical activity is an umbrella term which includes sport, more structured and organised exercise such as swimming and active recreation (attending gym/classes), as well as everyday activities like housework, gardening and/or walking/cycling as a mode of travel. Increasing time spent being 'physically active' as part of an individual healthy lifestyle is being emphasised at a time when society is designing out being active in everyday living (3).

Below are stages of physical activity.

- Try to cut down on** WATCHING TV, SITTING FOR LONG PERIODS

- 2/3 times a week** FLEXIBILITY & RECREATIONAL ACTIVITIES

- 3/5 times a week** AEROBIC EXERCISE & RECREATIONAL ACTIVITIES

- Every day** INCIDENTAL & GENERAL ACTIVITY

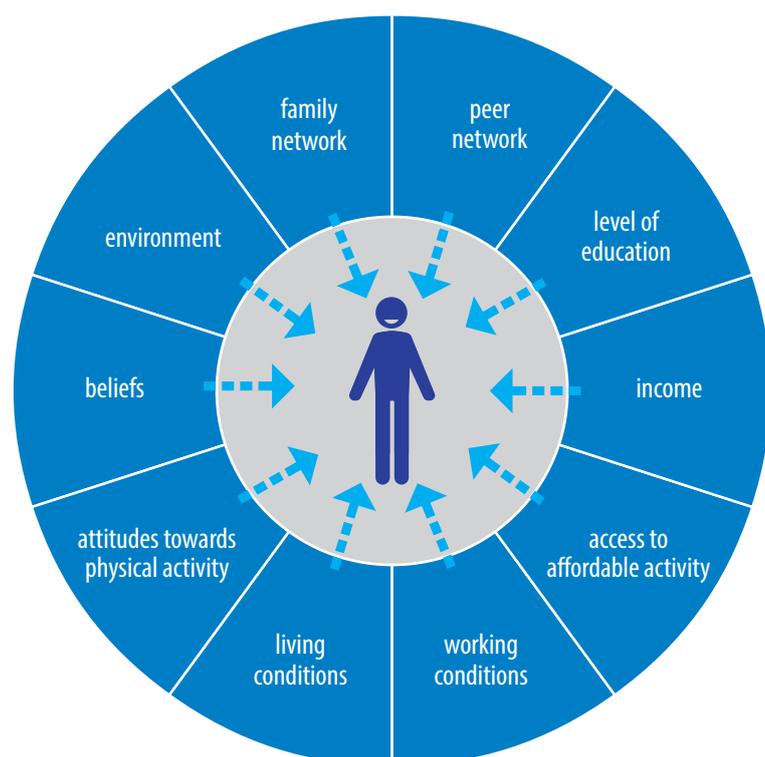

A state of 'inactivity' is defined as doing no or very little physical activity at work, home, for transport or during our leisure time and not reaching physical activity guidelines deemed necessary to benefit the health of the public (4). The lack of physical activity (those doing less than 30 minutes per week) has resulted in 'inactivity' being identified as the fourth largest cause of avoidable disease and disability, some cancers and directly contributes to one in six deaths in the UK. In economic terms, the cost of inactivity to the UK is an estimated £7.4 billion a year in health and care (5,6). With the recent Foresight Report - *Tackling Obesities: Future Choices* - produced by the Government Office for Science, identifying physical activity as a key factor to preventing the projected half of the UK adult population being obese by 2050, with the NHS costs attributable to overweight and obesity, and wider costs to society and business estimated to reach £49.9 billion per year (at today's prices)(6).



This is significant, and a concern to us all as it is **the conditions in which people are born in to, grow, live and work that influence sedentary lifestyles, causing inactivity**. The 'key' causes of inactivity are a complex web of interrelated determinants (causes) where no single influence dominates, meaning we are unable to isolate the problem to one 'factor' or reason. So for example, the following determinants may discourage participation and contribute towards declining activity levels and increasing ill-health:

- Individual lifestyle choices shaped by personal experiences, beliefs and attitudes.
- Influence of family and peer networks and norms.
- Living and working conditions.
- Level of education.
- Level of income.
- Ability to access (affordable) activity.
- Use of 'passive' modes of transport.
- The environment in which people are born in to, work, age and grow.
- Urbanisation.
- Digital technologies and social media.

This is represented by the model below:



National guidelines

To understand how much physical activity we should be doing, the UK Chief Medical Officers' set out guidelines which recommend the duration and intensity of physical activity needed for individuals across the lifecourse if to achieve the associated health gain through being 'physically active'(7). The guidelines set out that:

1. For 'Early Years' (0-5 years) efforts should aim to ensure newborns and toddlers up until the age of 5 **are active for three hours every day**. This is vital if to achieve the health benefits which contribute towards improving social skills, healthy growth and development, happiness, school readiness and quality of sleep.

Physical activity for early years (birth – 5 years)

Active children are healthy, happy,
school ready and sleep better



BUILDS
RELATIONSHIPS
& SOCIAL SKILLS



MAINTAINS
HEALTH &
WEIGHT



CONTRIBUTES TO
BRAIN DEVELOPMENT
& LEARNING



IMPROVES
SLEEP

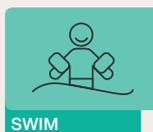


DEVELOPS
MUSCLES
& BONES



ENCOURAGES
MOVEMENT
& CO-ORDINATION

Every movement counts



Move more. Sit less. Play together

UK Chief Medical Officers' Guidelines 2011 **Start Active, Stay Active: www.bit.ly/startactive**



2. For Children and Young People (aged 5- 18 years old) efforts between schools and parents should **ensure that children and young people are active for 60 minutes every day**. This is critical if to gain the health benefits which support physical growth and development, help maintain healthy weight, and benefits which contribute towards positive mental health and emotional wellbeing, healthy lifelong behaviours and achieving individual education attainment potential.

Physical activity for children and young people (5 – 18 Years)

 BUILDS CONFIDENCE & SOCIAL SKILLS	 MAINTAINS HEALTHY WEIGHT
 DEVELOPS CO-ORDINATION	 STRENGTHENS MUSCLES & BONES
 IMPROVES CONCENTRATION & LEARNING	 IMPROVES HEALTH & FITNESS
	 IMPROVES SLEEP
	 MAKES YOU FEEL GOOD

Be physically active

Spread activity
throughout
the day



60
minutes
everyday

All activities
should make you
breathe faster
& feel warmer

 PLAY	 RUN/WALK	 BIKE	 ACTIVE TRAVEL
 SWIM	 SKATE	Include muscle and bone strengthening activities 3 TIMES PER WEEK	
 SKIP	 CLIMB	 SPORT	 PE
 WORKOUT	 DANCE		

Sit less



LOUNGING

Move more

Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday

UK Chief Medical Officers' Guidelines 2011 **Start Active, Stay Active:** www.bit.ly/startactive



- For adults aged 19-64, **a combination of moderate and vigorous intensity activity across the duration of a week which equals to at least 150 minutes, or 30 minutes on at least 5 days a week** is needed, if to sustain physical health, manage weight, reduce stress and symptoms of ill-mental health, and risks of diseases, some cancers and premature death.
- Older adults aged 65 and over, should aim to be **active daily in bouts of 10 minutes of more which equates to at least 150 minutes of moderate intensity activity in a week**. This is necessary in order to maintain good physical health, cognitive function, balance and coordination which reduce the risk of falls and ill-health caused by sedentary behaviour as a result of prolonged periods of sitting.

Physical activity benefits for adults and older adults

- BENEFITS HEALTH**
- IMPROVES SLEEP**
- MAINTAINS HEALTHY WEIGHT**
- MANAGES STRESS**
- IMPROVES QUALITY OF LIFE**

REDUCES YOUR CHANCE OF

Type II Diabetes	-40%
Cardiovascular Disease	-35%
Falls, Depression and Dementia	-30%
Joint and Back Pain	-25%
Cancers (Colon and Breast)	-20%

What should you do?

For a healthy heart and mind

To keep your muscles, bones and joints strong

To reduce your chance of falls

Be Active

Sit Less

Build Strength

Improve Balance

VIGOROUS

MODERATE



RUN



WALK



SPORT



CYCLE



STAIRS



SWIM



TV



SOFA



COMPUTER



GYM



YOGA



CARRY BAGS



DANCE



TAI CHI



BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY

(BREATHING FAST
DIFFICULTY TALKING)

MODERATE INTENSITY

(INCREASED BREATHING
ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME

2

DAYS PER WEEK

Something is better than nothing.

Start small and build up gradually:
just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

UK Chief Medical Officers' Guidelines 2011 **Start Active, Stay Active:** <http://bit.ly/startactive>



Physical activity as a driver of social change

Alongside the direct health benefits gained through being 'physically active' across the lifecourse, Sheffield's (2014) 'Move More' programme conducted an evidence review which articulates the wider contribution of physical activity to our socio-economic system (8), as set out below:

CONTRIBUTES TOWARDS:	INDIVIDUAL HEALTH AND WELLBEING	COMMUNITY AND SOCIETY	ENVIRONMENT	ECONOMY
IMPROVING:	Fitness, stamina and energy	More active, cohesive and engaged communities	Active travel	Tourism
	Lean muscle, muscle strength and bone density	Improved communication, team building, leadership	Planning and development of designed spaces and health policies	Retail
	Flexibility, coordination, balance and development of motor skills	Social capital through volunteering and community connectedness		Business and employment opportunities
	Immune system	Independent living		Investment opportunities
	Healthy ageing. Mobility, independence and quality of life	Community participation in recreational and social activities		Productivity and growth – market diversification
REDUCING:	Risk of Coronary heart disease, cardiovascular disease, stroke, diabetes, high cholesterol, high blood pressure and some cancers	Social isolation and loneliness	Traffic congestion, air and noise pollution	Presenteeism
	Chronic illness, disability, mortality rates and risks associated to premature death	Anti-social behaviour	Use of fossil fuels and energy use	Absenteeism
	Dementia, postnatal depression, osteoporosis and symptoms of arthritis	Feelings of depression, stress and anxiety	Greenhouse gas emissions, global warming and climate change impacts	Health and care costs
	falls and injuries		Demands for major road infrastructure	
SUPPORTING:	Improved sleep, mood, quality of life, sense of wellbeing and long-term health	Stronger, connected communities with greater cohesion and capacity building inclusion, safety and enjoyment	Incidental activity	Local business
	Weight management	Crime prevention	Community safety and connectivity	
	Cognitive functioning, memory learning and better performance/ attainment at school		Improvement public access and linkages to neighbourhoods and key community assets	Active and healthy employees and workplaces

This table shows the value and benefit of being 'physically active' and 'The Bigger Picture' which shows how investment in physical activity as a 'vehicle' for development; can bring about wider social change (9-10).



Local physical activity context

Despite the positive associations between being physically active and health and wellbeing, the newly refreshed physical activity factsheet (11) for Isle of Wight shows that:

1. The percentage of **adults** doing less than 30 minutes of activity is 33.2%, this is significantly higher (worse) than the national average of 22.7%. This means **1 in 3 adults on the Isle of Wight are inactive.**
2. The percentage of Isle of Wight adults **participating in sport at least once a week** has decreased from 2013/14 (31.2%) to 2014/15 (30.5%) which is significantly lower than the national average of 35.8%. This means **just over 3 in 10 adults play sport once a week.**
3. The Active Lives Survey replaced the Active People Survey in 2016, focusing more on general activity opposed to sport participation shows that an estimated **40,000 of our adult population are not doing enough activity in a week** to gain the health benefits associated to being physical active.
4. In focusing on children and young people, **less than one in five Year 6** (primary school) pupils are physically active (meeting 150 minutes per week), and **by Year 10** (secondary school) this significantly decreases **to less than one in ten.**
5. The Isle of Wight School Survey (2015) also demonstrates a strong uphill relationship between **self-reported physical activity levels and personal satisfaction with physical appearance and general happiness.**

The key data provided shows that levels of physical activity are low, this is a local concern requiring collective action from everybody, if we are to experience the benefits of being physically active.



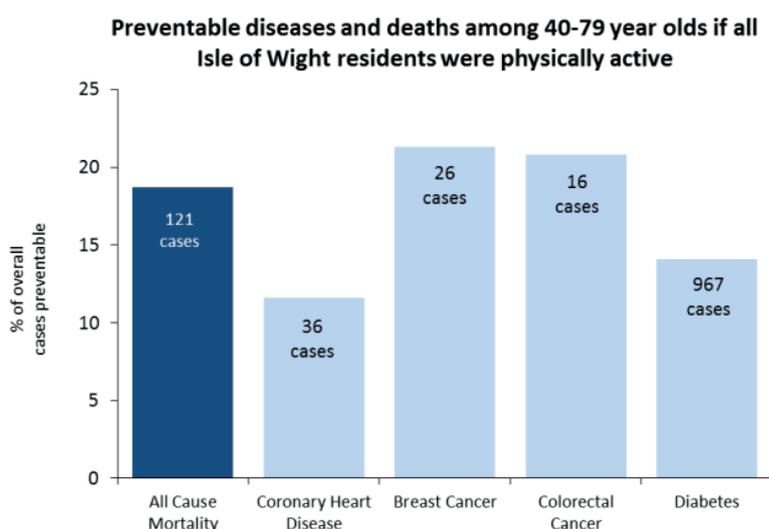
Local ill-health caused by physical inactivity

Evidence from the British Heart Foundation links inactivity as the key cause to many of the leading causes of ill-health, such as stroke, coronary heart disease, obesity, type 2 diabetes, some cancers, liver disease and osteoporosis among others (12).

Within the UK, the incidence of non-communicable disease which can be attributed to physical inactivity includes:

- 10.5% of coronary heart disease cases
- 18.7% of colon cancer cases
- 17.9% of breast cancer cases
- 13.0% of type 2 diabetes cases
- 16.9% of premature all-cause mortality

On the Isle of Wight, the 'Health Impact of Physical Inactivity' modelling was conducted to estimate the number of local disease, cancers and mortality cases which could have been prevented amongst our residents, if the whole population were 'physically active'. The model estimated that:



Source: Health Impact of Physical Inactivity Model 2010

121 deaths could have been prevented on the Isle of Wight in 2010 if all residents were physically active as set out by the Chief Medical Officers' guidelines (19% of all-cause mortalities on the Isle of Wight).

1. **36 preventable emergency admissions of coronary heart disease** (12% of all cases) could have been prevented in 2010
2. **26 new cases of breast cancer** (21% of all new cases)
3. **16 new cases of colorectal cancer** (21% of all new cases)
4. **967 preventable cases of diabetes** (14% of all new cases)



The modelling does not take into consideration falls linked to musculoskeletal health, effects of physical activity on mental health, wider related health conditions and the increasing prevalence of obesity locally. We recognise that it is not just inactivity that causes obesity, though it is relevant to identify that physical activity plays a key part in preventing, and 'remedying', obesity.

Locally, key data concerning obesity shows that:

- **Two thirds (66.2%) of adults have excess weight** which is similar to the national average (64.6%). This appears to be a shift in perception as to what constitutes a healthy weight on the Isle of Wight.
- The percentage of **reception year children (aged 4-5) recorded as having excess weight on the Isle of Wight (23.8%)** is higher (worse) than the national average (21.9%) based on data from the 2014/15 National Child Measurement Programme.
- The percentage of Isle of Wight children with **excess weight in year 6 (aged 10-11) is 33.4%** which is similar to the national average (33.2%). This means one third of 10-11 year old children are either overweight or obese on the Isle of Wight.

- **Health inequalities causing obesity exist locally:**

The lowest prevalence of reception year children with excess weight recorded was in Cowes West and Gurnard (12%) and by contrast the highest prevalence rate is Newport East (31.8%).

The lowest prevalence of year 6 children with excess weight is West Wight (20.6%) and the highest is again in Newport East (43.1%).

- **11% of children in year 8 had experienced weight-based bullying, rising to 19% of pupils in year 10**, based on our 2014/15 Isle of Wight School Survey data.

Trends in physical activity/sport participation at a local population level are getting worse and/or staying below national average, which is mirrored by the obesity data presented. This means risks associated to ill-health through being inactive are greater on the Isle of Wight.

The wider effects of inactivity based on the data and evidence provided in relation to childhood show that we are not yet succeeding in our aim to give every young person the best possible start in life. The future health and wellbeing, lifelong healthy behaviors and education attainment of our local children are at greater risk as a result of the health inequalities which exist locally.

This demonstrates the importance of planning and regulatory services in designing and encouraging more active and health promoting environments on the Isle of Wight. Furthermore, how we as a whole-system, working with schools and key stakeholders engage families and communities in identifying the assets and solutions to addressing the local factors causing inactivity and associated ill-health.



Economic impact of ill-health caused by physical inactivity

Understanding the ill-health conditions caused by physical inactivity enables modelling to be conducted to estimate the economic impact it has. Sport England (2014) commissioned the British Heart Foundation's 'Health Promotion Research Group' to estimate the total costs to primary and secondary care attributed to physical inactivity for health and care systems across England (12). The estimated cost to the Isle of Wight was £2.6 million (based on 2010 data); the three key disease areas and costs are specified below:

- **£1m in the preventable cases of emergency admissions to hospital with coronary heart disease.**
- **Almost £600k in the treatment of diabetes.**
- **Almost £300k in the treatment of breast cancer patients.**

The findings from the British Heart Foundation demonstrate the economic value in addressing physical inactivity on the Isle of Wight. The health conditions caused by physical inactivity create a real economic impact on the already overstretched health, care and wider system. This creates the need for robust, integrated commissioning approach to physical activity pathways across the lifecourse, including physical-activity based interventions within clinical settings linked to community, and a diversified offer so people living with long-term conditions (or at greater risk of developing) are able to access appropriate, enjoyable physical activity which align to their interests within their communities as part of their healthy lifestyle.



Harnessing the contribution of physical activity in local policy, provision and practice

To reduce forecasted pressures on the health and care system and revitalise the role and direction of physical activity, transport and sport. Three key recent policy developments have created the opportunity for local areas to shape how sport, physical activity and active travel should join-up and integrate to create a more holistic approach to increasing physical activity.

Firstly, in December 2015, the new cross-governmental department strategy '*Sporting Future – A New Strategy for an Active Nation*' was released. This national policy sets out a clear national vision and role for physical activity and sport up until 2021(5). **The key aim is to reduce inactivity** and in doing so, **promote engagement to sport**.

Regionally, work has begun with the Isle of Wight, Southampton, Portsmouth and Hampshire working with Energise ME (County Sports Partnership) to develop and deliver our regional response through a new Physical Activity and Sport Strategy and Local Action Plan to achieve the new national objectives. This creates a timely opportunity for the Isle of Wight to build from existing, and develop new, partnerships (locally and regionally) to work collaboratively and more effectively in how we use local resource, accessing external resources, and address inactivity through joined-up, innovative and sustainable initiatives.

This creates the need for whole-system review of the current local 'Sport and Physical Activity Alliance', alongside different ways of working with our communities to enhance existing and create new opportunities for our residents to be more active, more often. Secondly, the Department of Health (2016) released the *Child Obesity: A Plan for Action* policy which set out key priorities influencing future opportunities to work closer with key stakeholders and mobilise new resource to tackle increasing inactivity and obesity (14). The policy outlined that childhood obesity is the great health challenge of this generation. With the UK having one of the worst records for childhood obesity in the developed world and one in five children leave primary school obese. To combat this, the national policy sets out that going forward:

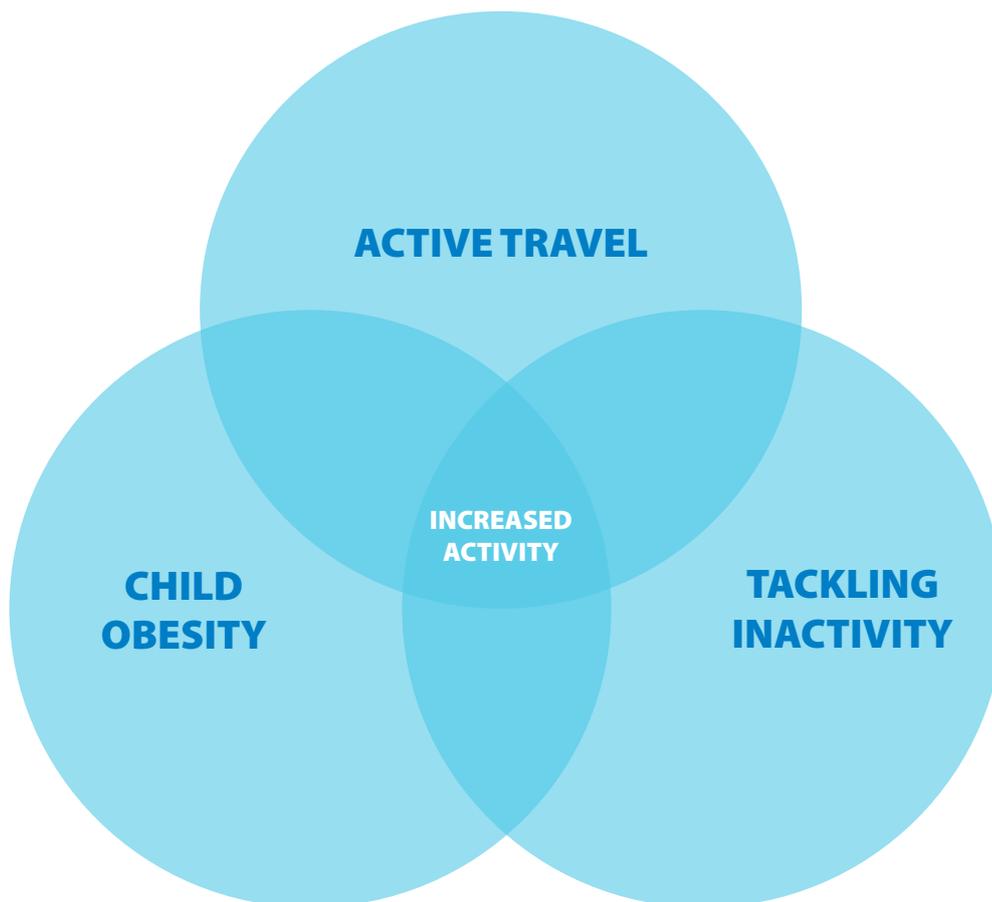
- **Every primary school child should get at least 60 minutes of moderate to vigorous physical activity a day;** 30 minutes should be delivered in school every day with the remaining 30 minutes supported by parents and carers outside of school time.
- **Physical activity will be a key part of the new healthy schools rating scheme,** and so schools will have an opportunity to demonstrate what they are doing to make their pupils more physically active. Ofsted will assess how effectively leaders use the Primary PE and Sport Premium and measure its impact on outcomes for pupils, and how effectively governors hold them to account for this.
- **Resource from the Sugar Tax Levy will go direct to schools via the Primary PE and Sport premium to achieve the objectives.**



This creates an opportunity to work with schools and stakeholders to identify areas for how we can enhance physical activity, sport and PE provision within schools. Especially approaches which engage families and pathways which link school activity to community. Coupled with this, how we pool and use existing, finite resource more creatively to increase physical activity, healthy behaviours and education attainment.

Thirdly, the Department for Transport's *Cycling and Walking Investment Strategy* released in 2016, set out a key aim for active travel (cycling and walking) to be the natural choice for shorter journeys, or as part of longer journeys by 2040 (15). To achieve this, a range of investment portfolios have been set out. Locally the Isle of Wight has been successful in drawing down funding from the 'Access Fund' for the next three years (until 2020) to support existing, and implement new initiatives to increase active travel to-and-from schools, making active travel safer and more accessible across the Island for residents and tourists.

The active travel work needs to link into the Local Action Plan for Physical Activity and Sport, as part of our approach for how we encourage people and their families to be more active within their communities.

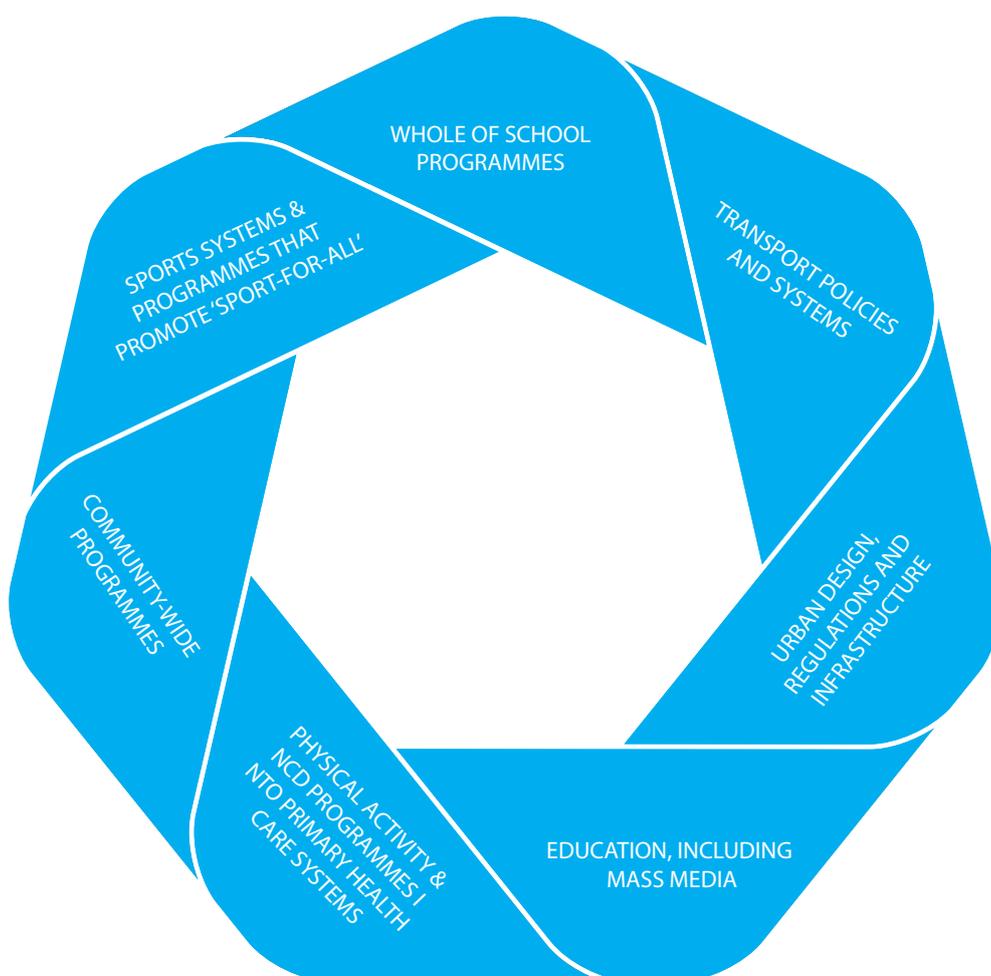


Moving forward: Time for a whole-system approach

The evidence, data, and policy direction going forward shows a clear case for physical activity in how it can contribute to the whole-system. To realise the benefits of physical activity, attempts to treat the issue of inactivity separately needs to change. It is clear that using an integrated approach that combines various interventions should be the focus to elicit a significant shift in healthier lifelong behaviours and levels of physical activity.

To achieve this, our recommendations need to be bold, radical and ensure that every child and young person meets the new Chief Medical Officers' recommendation for physical activity locally. In reflecting on the evidence provided throughout this report, an evidence-informed framework to address inactivity is offered.

The Isle of Wight physical activity framework for children and young people is based upon existing evidence, national direction and local insights to guide how we can address inactivity at scale, and sets out the key domains below:



There is a lot of good work the Isle of Wight is already doing for children and young people within the seven domains, learning which can be shared and opportunities to bring stakeholders together to build from. For example:

- Schools have resource from the PE and School Sport premium to develop a sustainable framework of physical activity and sporting opportunities for their pupils.
- Public Health are working with EduMove in primary schools to introduce and integrate education-through movement games and deliver physically active teaching and learning which increase activity levels and improves pupil attainment. The vision being that all children have access to, experience and gain the benefits of being engaged and enjoying learning through movement.
- Public Health is working with colleagues in sport coaching, food catering and the National Lottery to introduce an integrated, peer-led physical activity and healthy eating primary to secondary transition programme on the Isle of Wight.
- Local Area Coordination – working with families who, dependent on their vision for a good life, may want to work to be more active, more often or use activity as a tool to connect and make new friends within their communities of interest.
- The Youth Offer, includes activity-based projects for children and young people.
- Short Breaks provision encourages and commissions inclusive activity for disabled children and young people living on the Isle of Wight.
- Access Funding obtained by the Sports Unit has led to continuation of existing, and introduction of new initiatives to deliver on increasing active travel to and from school for children/young people and their families, and making active travel the preferred choice for short journeys and as part of an active healthy lifestyle.
- Council owned leisure centres offer universally accessible sports and physical activities including swimming and holiday club activities to children, gym, exercise classes to adults (who as parents are key role models for children), and host a wide range of sports clubs such as gymnastics, football skills, martial arts etc. which children can attend.
- Community owned leisure centres also offer similar to those owned by the council and several have applied to deliver council funded services from their premises.



The following table outlines:

- what we are doing locally;
- what our opportunities are to increase activity amongst children and young people; and
- where we need to focus efforts to move forward:

PROGRAMME AREA	LOCAL STAKEHOLDERS	STRATEGY, PROVISION OR GUIDANCE	OPPORTUNITY
1. Whole of School Programmes	School staff, pupils and families Sport and PE providers Public Health Sports Unit	<ul style="list-style-type: none"> • EduMove • Premier School Sport Coaching programme • School-led extra-curricular programmes • School Games Organisers and Competitions • PE Curriculum • Cr8 Development 	<ul style="list-style-type: none"> • Establishing community links • Involving family in active learning/revision • Schools facilities for community use
2. Transport policies and systems	<ul style="list-style-type: none"> • Sports Unit • Public Health 	<ul style="list-style-type: none"> • Access Fund • Sustrans • Bikeability 	Innovation which encourages active family travel to-and-from school and within their communities.
3. Urban design regulations and infrastructure	<ul style="list-style-type: none"> • Planning • Rights of Way • Regeneration Department • Public Health 	Provide equitable and safe access for recreational physical activity and play.	<p>Pedestrianised play initiative.</p> <p>Creating walking/movement challenges and/or competitions.</p> <p>Physical activity considered within Health Impact Assessments of changes to the built and physical environment.</p>
4. Public education, including mass media	<ul style="list-style-type: none"> • Public Health England • Sport England • Youth Sport Trust • Sport and Recreation Alliance • UK Active • NHS England • Isle of Wight Media and Communications 	<p>Change4Life resources for schools and families</p> <p>Sugar Smart</p>	Physical activity population campaigns and resources that educate, raises awareness and connect people to local opportunities to be more active, more often.
5. Physical activity and in NCD programmes into primary health care systems	<ul style="list-style-type: none"> • CCG • NHS Trust • Communities • Public Health • Leisure Services 	NICE Guidelines	Brief physical activity advice and support as part of primary and secondary care pathways for children and young people.
6. Community-wide programmes	<ul style="list-style-type: none"> • Sports Unit • Public Health • Leisure Services • Local Town and Parish Councils • Communities 	Local Area Coordination Short Breaks programme Youth Offer	<ul style="list-style-type: none"> • Community family initiatives which focus on direct physical activity/sport and indirect i.e. gardening and volunteering. • Physical activity and sport used as a 'tool' for social change • Outdoor gyms
7. Sports systems and programmes that promote 'sport-for-all'	All organisational departments as set out in recommendation 2.	All partners outlined in recommendation 2.	Developed through the whole-school framework to support the physical, mental and emotional development of a child or young person.

Based on the existing provision, gaps and opportunities identified, there are a range of areas which require further stakeholder engagement, innovation and resourcing if they are to address inactivity as set out through the seven interrelated domains.



Recommendations

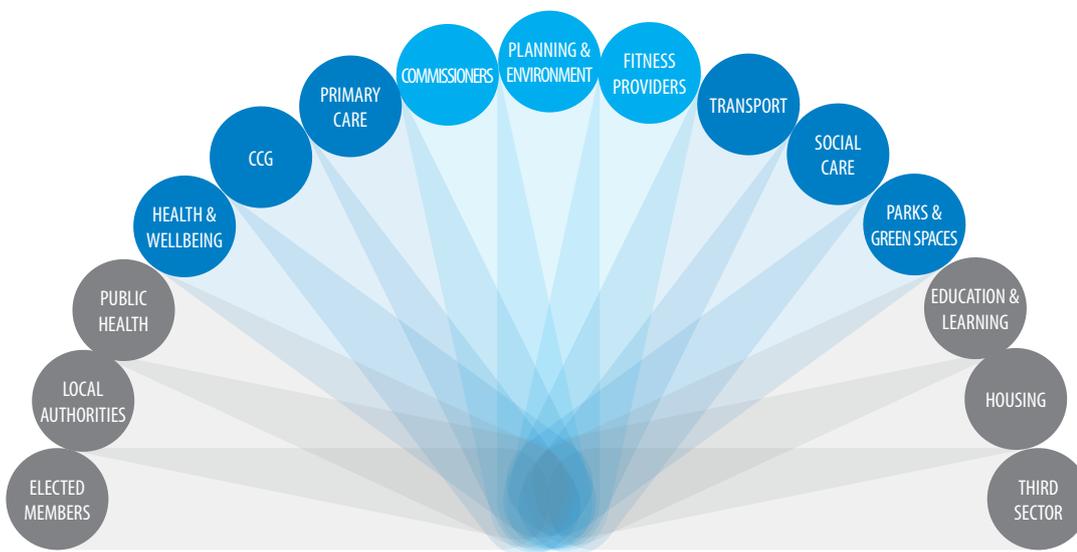
The key overarching recommendation is the implementation of the evidence-informed framework through joined-up activity across the domains to address inactivity. To achieve this, the recommendations are:

Recommendation 1:

The need for a whole-system agreement, alignment and action to realising the personal, social, economic and environmental benefits of physical activity on the Isle of Wight through the implementation of the whole-system framework.

Recommendation 2:

This framework creates the requirements for renegotiating existing, and creating new partnerships that can make a difference in children and young people and their families being more active, more often:



Recommendation 3:

To ensure the Local Action Plan following the Regional Physical Activity and Sport Strategy is aligned to the domains set out within the physical activity framework provided.

Recommendation 4:

To create a new strategic physical activity community network that brings together key stakeholders within the seven domains to deliver a whole-system approach to addressing inactivity amongst children and young people and their families.

Recommendation 5:

To put the notion of 'Health in all policies' into local action, to tackle the wider determinants causing inactivity.

Recommendation 6:

To continue to build from our local asset/strength-based approaches to working alongside, and within, communities to identify and mobilise assets and opportunities to create new (in)formal physical activity from within, so children and young people and their families are able to more active, more often.



Recommendation 7:

To ensure commissioned clinical pathways for children and young people embed appropriate physical activity as part of their 'personalised care and support planning' conversations, including mental health services.

Recommendation 8:

To develop an appropriate training and development workforce plan for staff working within or connected to the physical activity sector to build competencies needed in addressing inactivity through more innovative ways of thinking and practice.

Finally, all recommendations need to be underpinned by robust monitoring and evaluation to ensure data, evidence and insight are used to inform policy, provision and practice going forward. Creating localised, equitable and sustainable approaches to addressing inactivity for children and young people on the Isle of Wight.



Summary

The intentions of this Public Health Annual Report was to provide an update to key stakeholders who share an interest and/or responsible for influencing and addressing inactivity as part of their work.

There is a strong case for aligned, whole-system approach and action towards addressing physical inactivity as a matter of social justice. To achieve this, an evidence-informed framework has been offered, along with opportunities identified by stakeholders who have contributed to the development of the PHAR to take forward and implement in practice. To realise this, a set of key recommendations have been set out to generate shared benefits which cut-across fulfilling wider partner outcomes.

Subsequently, the health and wellbeing board is asked to identify how they can support and promote achieving the recommendations set out within this PHAR. In particular gaining the whole-system agreement, support and resourcing to take forward key priorities with an identified taskforce responsible for delivering against the recommendations and for how we engage children and young people, their families, wider stakeholders and communities in addressing inactivity. So being active becomes embedded as part of a healthy lifestyle for our local residents.



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