

CREATING AN ACTIVE BIRMINGHAM STRATEGY

Birmingham Physical Activity Strategy
2024-2034

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Foreword

Being active and enjoying physical activity has many benefits for our physical and mental health. Physically active people are less likely to suffer from health conditions such as cancer, heart disease and diabetes. In addition, being physically active has a positive impact on our mental wellbeing. It is important that we build activity into our daily lives from early years through to older age.

However, in Birmingham not everyone is meeting the daily recommendations for physical activity. Across the city there are also health inequalities that exist, with some communities and wards not being as active as others and therefore not experiencing the benefits that come from being active. For this reason, we are working in partnership with stakeholders from across the city through the Active City Forum. This will support all people living in Birmingham to become more active and to create places that ensure being active is an easy choice.

This strategy sets out our vision for Birmingham to be an active city and how we will enable everyone to move more, creating a bolder, healthier city. The strategy provides a framework for collective action, working across a wide range of partners and communities, putting them at the heart of action. As a partnership we will work together over the next ten years to break down the barriers faced within our communities and create opportunities for large scale, lasting change. The legacy from the Commonwealth Games, the new regional transport plans, and work to create beautiful green spaces in the city all make a huge contribution to supporting local people to build physical activity into their everyday lives. However, we can and should be doing more. Together we can drive the bold changes needed to prioritise physical activity to enable everyone in our city to be active at every age and ability.

A handwritten signature in black ink, appearing to read 'Mariam Khan'.

Cllr Mariam Khan

Introduction

Birmingham is a wonderfully diverse city, with a vibrant and growing population. It has a well-established and varied physical activity landscape including a wealth of community groups, clubs and facilities, physical activity providers, community organisations and venues. In addition, Birmingham has a rich sporting heritage ranging from top international athletics, world championship snooker, international badminton, and most recently, Birmingham hosted the 2022 Commonwealth Games. There is lots to celebrate and build upon in the city.

Birmingham has ambitious plans which play an instrumental role in developing a more active city; the innovative Low Traffic Neighbourhoods scheme has created spaces and places that are more accessible and safer enabling people to be more active in different ways. This has provided an increased focus on active travel, supporting people to walk and cycle in their local communities. Through the Future Parks Accelerator programme, the City of Nature Alliance has been established to implement the work that the accelerator identified. It is anticipated that over the next 25 years, this Alliance will help deliver Birmingham's vision to become a 'City of Nature'.

In contrast, Birmingham is the 7th most deprived local authority in the country, and the most deprived authority in the West Midlands. Across Birmingham there are stark inequalities that exist between neighbourhoods relating to health outcomes, living conditions and life chances. Through the creation of equitable, accessible and affordable opportunities and an environment that supports people to build activity into everyday life we can make real differences in addressing these inequalities. By prioritising physical activity, as residents of Birmingham agreed, we will improve the health and wellbeing of our city, contribute to our climate change ambitions and support our city economy to thrive.

Background

Why do we need a physical activity strategy?

“Giving people the opportunity to engage with physical activities local to them will help combat health related issues . Physical and mental. I think there should be long term sustainable plans to continue access of physical activities to the locals.”

Female; 40s; South Asian; Bordesley Green

Being active and enjoying physical activity has many benefits for our physical and mental health. Physically active people are less likely to suffer from health conditions such as cancer, heart disease and diabetes. In addition, being physically active has a positive impact on our mental wellbeing. In Birmingham we want to create an environment where everyone can build physical activity into their lives right across the life course from early years through to older age.

However, not everyone within the city is meeting the daily recommendations for physical activity. There are also several inequalities that exist across the city, with some communities and wards being less active than others and therefore not experiencing the many benefits that come from being active. We can and should be doing more; together we can drive the bold changes needed to prioritise physical activity and sport so everyone in our city can be active and enjoy the benefits this brings.

This citywide, co-produced strategy captures how we will work together to create a movement across the city to enable people of every age and ability to be active, by building physical activity into everyday life and making it an easier choice.

What will the strategy do?

We want to create Birmingham as an active city, where physical activity is an easy choice. The strategy focuses on developing equitable, accessible and affordable opportunities for people to build physical activity into everyday life, through active living, active recreation, and active travel. It complements other strategies and plans in place across the city which collectively come together to ensure a whole system approach is taken to increasing physical activity.

Working across Public Health, Sport, and Active Travel within Birmingham City Council (BCC) and a range of partners, we are undertaking exciting work to develop a whole system approach to physical activity in Birmingham. By working together, across a wide range of partners and communities, we aim to change our culture to one that values physical activity, sport, and movement. As a partnership we want to work together to break down the barriers faced within our communities and create opportunities for large scale, sustainable change.

The strategy has a key focus on behaviour change and is underpinned by evidence-based models such as COM-B model. The ability to be physically active is influenced by what residents know and can do (C= Capability), the people, the opportunities and the environment around them (O = opportunity) and their beliefs on how they see themselves being active, their emotions and habits (M=Motivation).

Through the identification of the opportunities, barriers and challenges, all partners can come together to develop a coordinated set of delivery plans to support the implementation of the strategy, with a focus on key geographies and communities where targeted action is needed. These plans will drive the change needed and show how we will go further and faster reach our ambitious targets for the city.

How has the strategy been developed?

The strategy has been co-produced with a wide range of stakeholders who have an interest in and are involved in physical activity across the city. A series of stakeholder meetings, surveys and workshops have been organised to bring people together and to involve them in the development of the strategy and delivery plans. These include:

A large stakeholder engagement event held in April 2023 that brought partners together to inform and shape the work that Public Health, Sport, and Active Travel are undertaking to develop a vision to create a whole system approach to physical activity in Birmingham. A summary of this event can be found in Appendix 1. The outputs from this event have been used to inform the vision and priorities for the strategy.

Two follow up online events were held at the beginning of September 2023 with the aim of sharing with stakeholders a summary of findings from the Physical Activity Needs Assessment, the emerging themes for the Creating an Active City Strategy and starting a conversation about system leadership of priorities and development of implementation plans. Outputs from the second set of events have been used to review the work of the Creating an Active City Forum which reports to the Health and Wellbeing Board. The Forum will be the place where progress against the Strategy is discussed and monitored.

In November 2023 until January 2024, for 8 weeks, a series of consultations, online and offline, with the public took place that informed the Implementation Plan for this ten-year strategy.

Why is Physical Activity important?

It saves lives and protects our health, both mental and physical

It benefits communities

It saves the NHS and wider system money

The UK Chief Medical Officers' (CMOs) physical activity guidelines launched in September 2019, reiterated a clear message about physical activity:

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat".

Regular physical activity provides a range of physical and mental health, and social benefits, many of which are increasing issues for individuals, communities and society. These include:

- reducing the risk of many long-term conditions
- helping manage existing conditions
- ensuring good musculoskeletal health
- developing and maintaining physical and mental function and independence
- supporting social inclusion
- helping maintain a healthy weight
- reducing inequalities for people with long-term conditions

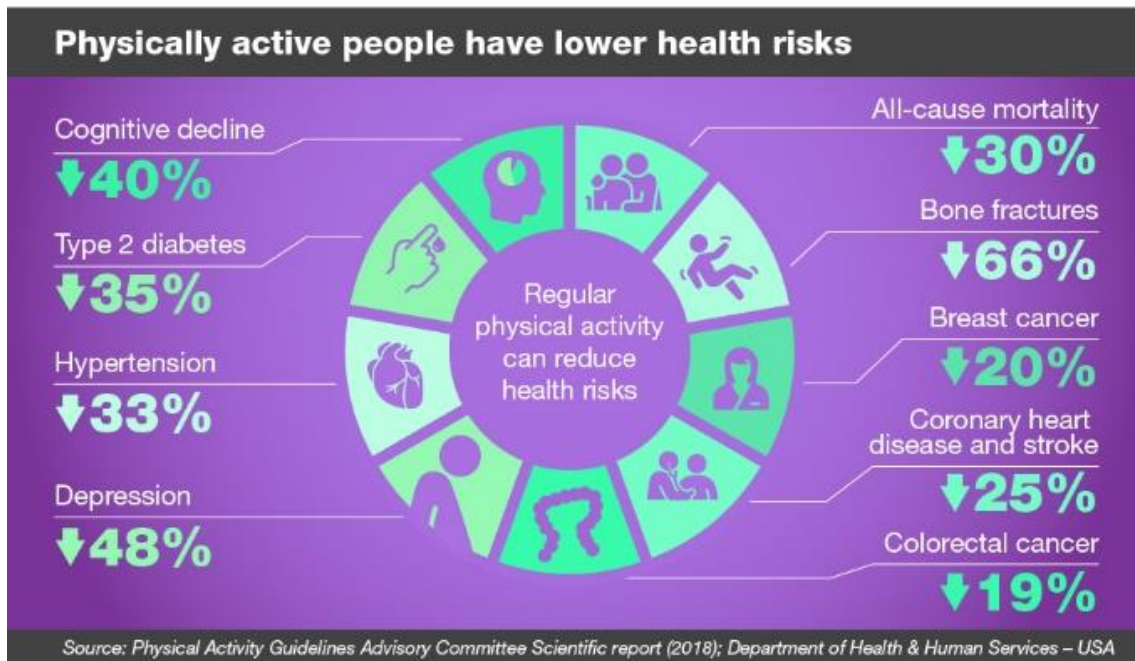


Figure 1: The reduction in health risks from regular physical activity¹

The Picture in Birmingham

To help us understand the picture in Birmingham, a rapid Physical Activity Needs Assessment (PANA) was carried out. The PANA aimed to develop a systematic approach to understand the physical activity needs of the Birmingham population. It gathered local information about physical activity across the city to identify and prioritise the most effective support for those in the greatest need. The information generated through the PANA helps us to understand where we need to prioritise action to have the biggest impact.

Overall Physical Activity Levels

Nationally, 63.1% of the population are active, and 25.8% are inactive. Overall, activity levels have recovered following a period of falls during the pandemic and proportion of active adults is back in line with pre-pandemic levels. The proportion of inactive adults remains slightly up on pre-pandemic levels, with fewer adults being 'fairly active'^{2,17}

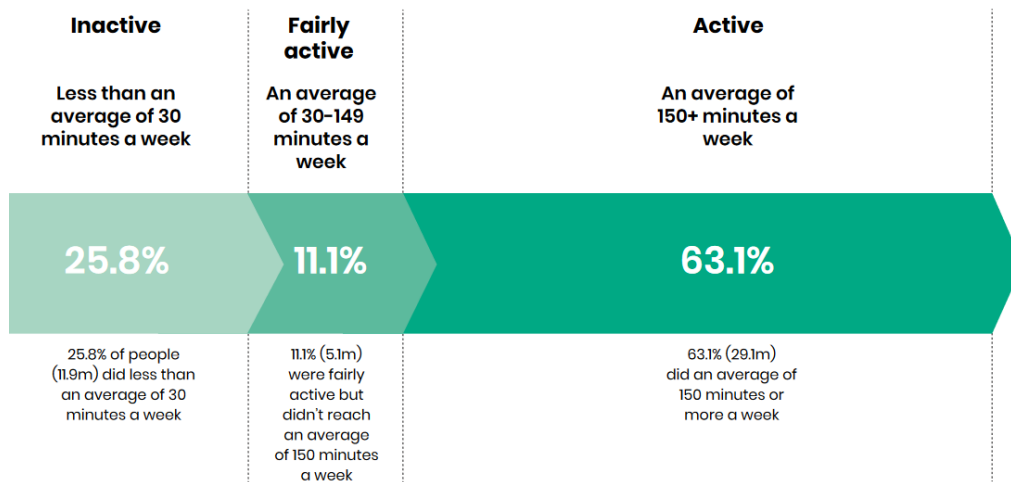


Figure 2: Levels of physical activity nationally according to CMO guidelines¹.

In Birmingham, over half of the adult population (55%) are meeting CMO guidelines, however this is less than both the West Midlands and national average. This means that nearly half of adults in the city are not doing enough activity. When we break this down a little further to look at different life stages, we can see that:

- 2 in 5 (42%) children & young people living in Birmingham are active (an average of 60+ minutes per day). However, when compared nationally and regionally, levels of activity in children living in Birmingham are among the lowest in the region (only Walsall and Wolverhampton have lower levels, 34% and 35% respectively) and second lowest (to Newcastle), when comparing with the core citiesⁱ.
- Nearly 1 in 3 (30%) people aged between 16-54 living in Birmingham are inactive and 2 in 5 (39%) of older adults (aged 55 and above) are inactive. Only 30% of older adults (aged 55+) are meeting the CMO guidelines of 2+ sessions per week of muscle strengthening activity¹.

Birmingham adults: 489,398 (55%) of all adults (16+ years) living in Birmingham are active (at least 30 minutes of activity per day)

Birmingham children: 75,714 (42%) of children and young people (5-16 years) living in Birmingham are active (at least 60 minutes activity per day)



Figure 3: Levels of physical activity and inactivity in Birmingham across the life course.

ⁱ Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield

What are the inequalities within Birmingham?

The PANA identified several significant inequalities in relation to physical activity in the city. It identified areas of greatest inactivity where we need to focus to have the maximum impact. The diagram below outlines the unmet needs across the city.

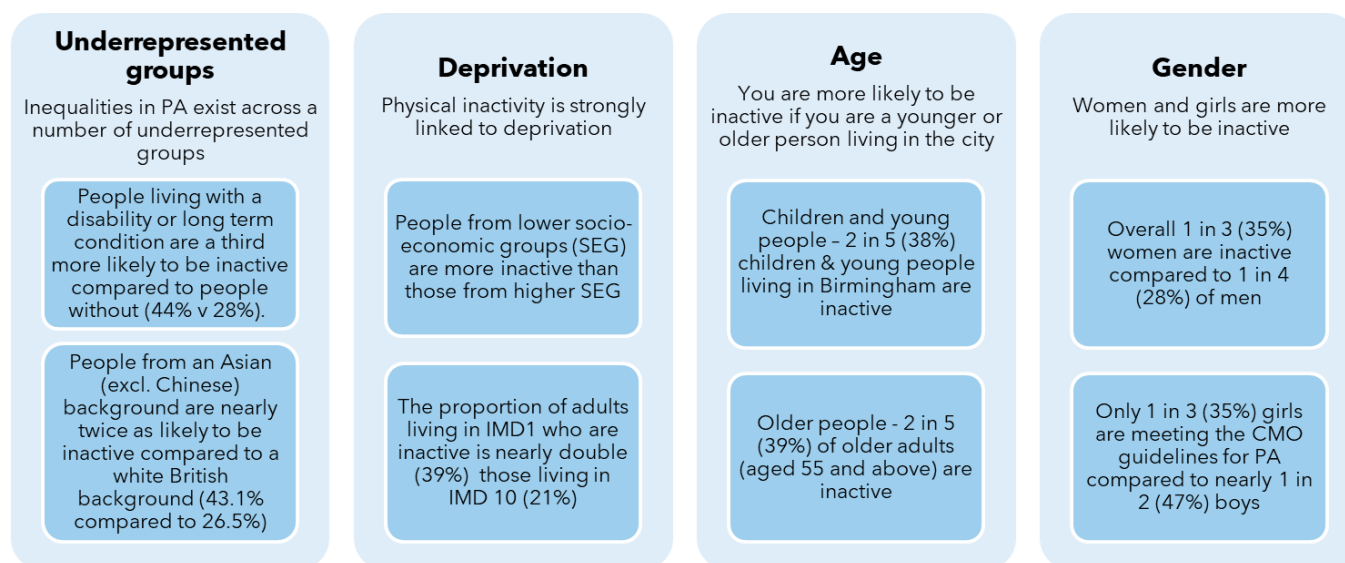


Figure 4: Physical activity Inequalities in Birmingham

The impact of COVID

"Since covid, some people's mental health was seriously impacted, and it will be useful to think how these people? will be motivated."

Male; 50s; White British; Bordesley Green

COVID exacerbated inequalities in physical activity, significantly impacting on physical and mental health and quality life for certain population groups. The COVID-19 National Impact Survey illustrated that the highest level of inactivity was in age groups 40-49 and 50-59³.

In Birmingham physical activity levels across all age groups were significantly impacted by the pandemic. Although levels of physical activity are returning to pre-pandemic levels, the ongoing impact may still be seen and felt. An ongoing focus will therefore be required on helping to remove the barriers to activity through understanding behaviour change and providing opportunities to people and communities that are experiencing these inequalities.

Insight from local communities

As part of the PANA, insight was developed into the barriers and enablers for local communities, especially those who are seldom heard, to support them to increase their physical activity. The PANA and the subsequent consultation with the public recommended that the following be considered when designing services or creating opportunities to increase physical activity in these groups:

- Develop knowledge and understanding of the local community to ensure needs are understood.
- Undertake appropriate engagement before developing provision and co-produce activities with communities and community-led grassroots organisations to ensure they are tailored to meet their needs.
- Use trusted organisations and relationships to provide information and activities to increase engagement and maintain commitment.

- Provide a diverse choice, which takes a flexible, person-centred approach.
- Where appropriate, target equitable, accessible and affordable activities for specific communities so they can be tailored to meet their needs and maximise engagement.
- Making use of technology to provide easily accessible and clear information to inform and engage people in activity.

Physical Activity – global, national and local picture

Creating an Active Birmingham Strategy has been informed by a range of global and national policies. These will be used as a framework to ensure our local strategy is evidence-based and in line with global and national guidance. In addition, the strategy will align to a range of local strategies, maximising opportunities and developing a whole system approach to increasing physical activity and ensure existing work is complemented and to avoid duplication.

What is happening internationally?

The *Global Action Plan on Physical Activity 2018-2030 (GAPPA) More active people for a Healthier World*, developed by the World Health Organisation, sets out four strategic objectives achievable through 20 policy actions that are universally applicable to all countries⁴. The plan recognises that each country is at a different starting point in their efforts to reduce levels of physical inactivity and sedentary behaviours⁴. It responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels. It also responds to requests for global leadership and stronger regional and national coordination, and the need for a whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course⁴. The action plan was developed through a worldwide consultation process involving governments and key stakeholders across multiple sectors including health, sports, transport, urban design, civil society, academia and the private sector⁴.

The four strategic objectives provide a universally applicable framework for the 20 multi-dimensional policy actions, each identified as an important and effective component of a population-based response to increasing physical activity and reducing sedentary behaviour⁴. In combination, they capture the whole-of-system approach needed to create a society that intrinsically values and prioritises policy investments in physical activity as a regular part of everyday life.

1. Active societies - Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.
2. Active environments - Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.
3. Active people - Create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.
4. Active systems - Create and strengthen leadership, governance, multisectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilisation and implementation of coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour.

The Physical Activity Strategy for the WHO European Region 2016-2025 focuses on increasing the level of physical activity amongst European citizens ⁵. The physical activity strategy aims to inspire governments and stakeholders to work towards increasing the level of physical activity among all citizens of the European Region by:

- promoting physical activity and reducing sedentary behaviours
- ensuring an enabling environment that supports physical activity through engaging and safe built environments, accessible public spaces and infrastructure
- providing equal opportunities for physical activity regardless of gender, age, income, education, ethnicity or disability
- removing barriers to and facilitating physical activity

The strategy focuses on five priority areas:

Priority area 1: Providing leadership and coordination for the promotion of physical activity

Priority area 2: Supporting the development of children and adolescents

Priority area 3: Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the healthcare system

Priority area 4: Promoting physical activity among older people

Priority area 5: Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation, and research

What is happening nationally?

A Framework for Physical Activity- Everybody Active, Every Day (EAED) is a national evidence-based approach to physical activity developed by Public Health England. The framework aims to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective, and 'normal' choice in every community in England ⁶. It aims to improve physical and mental health and reduce health inequalities by increasing physical activity levels across the population⁶. Published in October 2014, the EAED framework calls for action across four specific domains and aims to improve physical and mental health and reduce health inequalities by increasing physical activity levels across the population. Published in October 2014, the EAED framework calls for action across four specific domains of:

- Active society - creating a social movement
- Moving professionals - activating networks of expertise
- Active environments - creating the right spaces
- Moving at scale - interventions that make us active

The Chief Medical Officers in the UK have developed Physical Activity Guidelines on the frequency, intensity and type of physical activity people should be doing to improve their health ¹. The document aims to help health professionals, policymakers and others working to promote physical activity, sport and exercise for health benefits ¹ The guidelines are split into age groups from infants (less than 1 year) through to older adults (aged 65 and above). See appendix 1 for a summary of the guidelines.

Uniting the Movement is Sport England's 10-year vision to transform lives and communities through sport and physical activity ⁷. Sport England have three key objectives:

- Advocating for movement, sport and physical activity
- Joining forces on five big issues
- Creating the catalysts for change

The strategy focuses on five big issues:

- Recover and reinvent
- Connecting Communities
- Positive experiences for children and young people
- Connecting with health and wellbeing
- Active environments

The National Institute for Health and Care Excellence have published evidence-based documents relating to physical activity which have been developed by independent committees, including professionals and lay members, and consulted on by stakeholders and provide recommendations to guide decisions at a local level across a wide range of stakeholders ⁸.

Behaviour change: general approaches – this guideline covers a set of principles that can be used to help people change their behaviour. The aim is for practitioners to use these principles to encourage people to adopt a healthier lifestyle by, for example, stopping smoking, adopting a healthy diet and being more physically active ⁹.

Promoting physical activity in the workplace– this guideline covers how to encourage employees to be physically active. The aim is to increase the working population's physical activity levels ¹⁰.

Promoting physical activity for children and young people) – this guideline covers promoting physical activity for children and young people aged under 18 at home, preschool, school and in the community. It includes raising awareness of the benefits of physical activity, listening to what children and young want, planning and providing spaces and facilities, and helping families build physical activity into their daily lives¹¹ (

Walking and Cycling: local measures to promote walking and cycling as forms of travel or recreation– this guideline covers how to encourage people to increase the amount they walk or cycle for travel or recreation purposes ¹²

Physical activity: brief advice for adults in primary care– this guideline covers providing brief advice on physical activity to adults in primary care. It aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level ¹³

Exercise referral schemes to promote physical activity) – this guideline covers exercise referral schemes for people aged 19 and older, particularly those who are inactive or sedentary ¹⁴

Quality Standard; Physical Activity: encouraging activity in all people in contact with the NHS.

Physical activity and the environment– this guideline covers how to improve the physical environment to encourage and support physical activity ⁸ It includes:

- Active Travel
- Public Open Spaces
- Buildings
- Schools

Physical activity: encouraging activity in the community– this quality standard covers how local strategy, policy and planning and improvements to the built and natural physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages and all abilities to be physically active and move more ¹⁵.

Behaviour change: digital and mobile health interventions – this guideline covers interventions that use a digital or mobile platform to help people eat more healthily, become more active, stop smoking, reduce their alcohol intake or practise safer sex. The interventions include those delivered by text message, apps, wearable devices or the internet. The guideline only includes those that are delivered by the technology itself and not by healthcare professionals using technology to deliver interventions ¹⁶ .

What is happening locally?

This strategy aligns to and complements a range of local strategies, plans and reports. These strategies cover a range of interrelated areas and together will ensure a whole system approach is developed to addressing physical inactivity within the city.

Creating a Bolder Healthier Birmingham 2022-2030 – physical activity is one of five core themes to support the achievement of the vision to create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.

Birmingham Sports Strategy – a new strategy is currently in development and aims to create a shared vision for sport across the city with the ambition of getting more people physically active and participating in sport, providing opportunities from grassroots sports through to elite performance.

Birmingham Transport Strategy – The Birmingham Transport Plan 2031 describes what the city needs to do differently to meet the demands of the future. A key component of the plan is around prioritising active travel in local neighbourhoods and ensuring walking, cycling and active travel become the first choice for short journeys.

A Bolder, Healthier Future for the People of Birmingham and Solihull Strategy for Health and Care 2023 – 2033 – Birmingham and Solihull's Integrated Care Strategy outlines five clinical areas to focus on:

- Circulatory disease
- Infant mortality
- Respiratory disease
- Cancer
- Mental health

Birmingham 2022 Commonwealth Games Legacy Plan – Birmingham 2022 Commonwealth Games organisers and its partners developed a national Legacy Plan, which outlined a series of ambitions to leave a lasting, positive impact on jobs, skills, education, culture, physical activity and investment across the West Midlands and the UK. The plan boosted investment across Birmingham and the West Midlands, to engage people who face multiple barriers and look to approach these challenges in new ways. This included projects like the 'Active Communities Local Delivery Pilot' in partnership with The Active Wellbeing Society. This project supports physical activity in deprived communities to help close the inequality gap, focusing on deprivation, age, and ethnicity. It will be part of this wider strategy that will work on culturally competent approaches to promote physical activity.

Promoting Health and Wellbeing – a Commonwealth Games Legacy Overview and Scrutiny Report – the inquiry conducted by the Commonwealth Games, Culture and Physical Activity Overview and Scrutiny Committee set out a number of recommendations to ensure the legacy from the Commonwealth Games improves access to physical activity opportunities (both participating and spectating) for disabled citizens and communities in Birmingham.

Future City Plan – sets out a blueprint for central Birmingham to create a vibrant city with a mix of activities including retail, offices, leisure, education, tourism, civic and community functions. With equal opportunities for all including access to jobs and high-quality homes.

Working together to create a whole system approach to physical activity

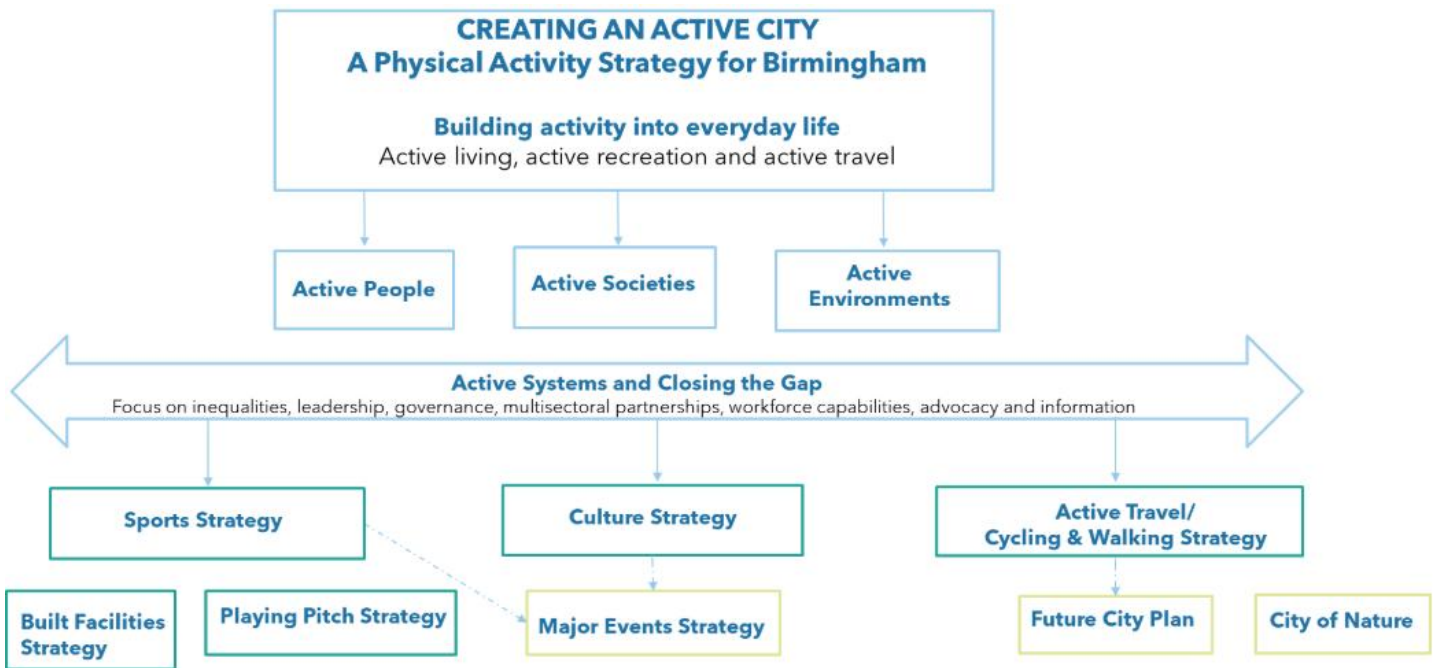


Figure 5: The relationship between the local strategies relating to physical activity across Birmingham.

Services, Initiatives and Opportunities

Birmingham has a wealth of initiatives and opportunities already in place which this strategy will build upon. This will enable us to realise our ambition to create a far-reaching movement into communities that makes physical activity the easy choice.

As part of the Physical Activity Needs Assessment (PANA), many services, initiatives and place-based physical activity opportunities were identified as part of the service and place-based mapping that was completed.

The PANA themed these activities using the following framework with examples.

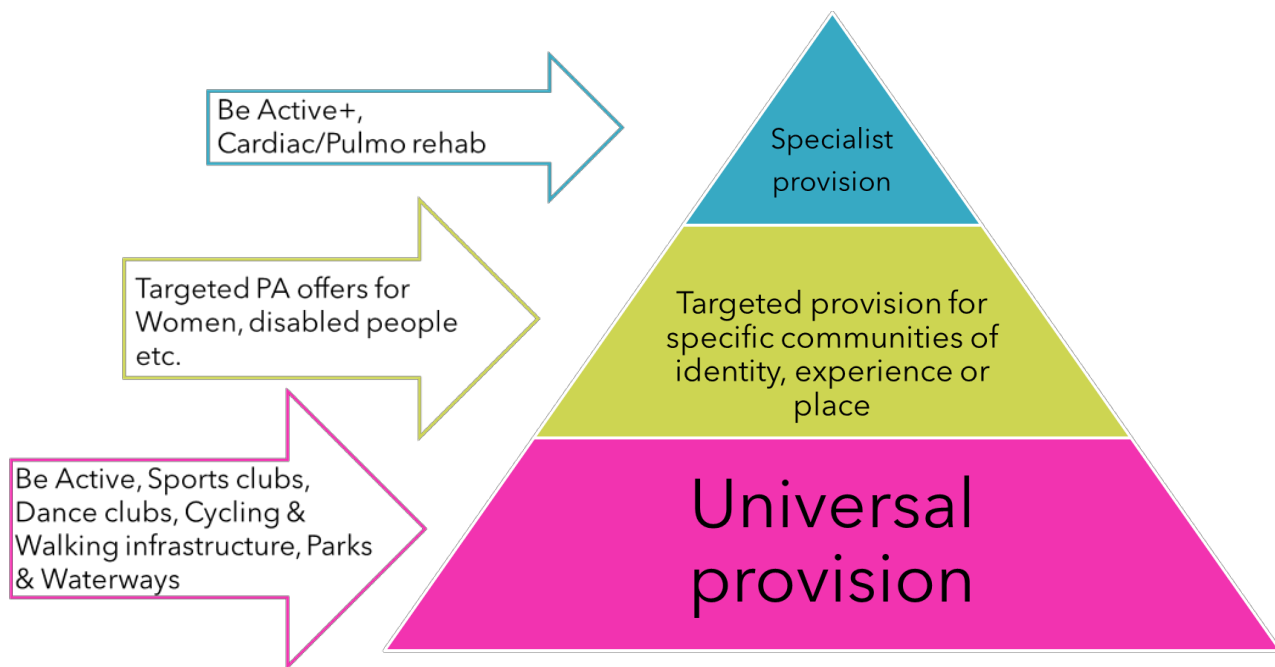


Figure 4: Service mapping themes for physical activity provision.

These existing opportunities provide the foundation for the city to build upon to reach further into communities by ensuring they are equitable, accessible and affordable through a whole-system approach. This will create lasting change for people living in the city.

What works? The current evidence base

A review of the current evidence has helped us to understand what the most up to date research is suggesting are the most effective interventions for increasing levels of physical activity. In July 2022, the UK Health Security Agency (UKHSA) worked with us to complete a search across three databases for the following questions:

- Which interventions show highest levels of physical activity increases?
- Which interventions work best for certain demographic groups?

A review of the results identified three major intervention types. These were exercise referral schemes (ERS), digital interventions, and place-based interventions. With these themes identified, further searches were completed to identify recent papers and relevant guidelines on these three topics. The findings from the review are summarised below.

Place-based interventions

What are they?

Place-based initiatives can be described as “any intervention, policy, programme or action that aims to improve health and reduce health inequalities and is delivered at a local or regional level, excluding interventions at a national level”.

Place-based approaches enable resources to be targeted towards the most disadvantaged areas and communities, supporting people to make healthier choices and have better health outcomes. In addition, approaches are strengthened when underpinned by behavioural science to support changes in behaviour to enable people to sustain increases in physical activity.

Whilst place-based interventions have the potential to increase levels of physical activity in the population, evidence of effectiveness is limited, and systematic reviews present mixed results with mostly positive, albeit small increases in physical activity.

Place-based interventions fall into three overlapping categories

- o Improving the physical built environment
- o Improving the social environment
- o Improving the economic environment

Key findings include⁷⁻¹⁰:

- Environmental factors act as both enablers and barriers to physical activity in all age groups.
- Modifying the built environment can contribute to increased levels of physical activity for all ages.
- Interventions to promote walking and cycling as active transport deliver positive results on physical activity outcomes.
- Closer proximity to the intervention is associated with better outcomes.
- Transport links impact levels of activity – providing opportunities for active travel helps people incorporate physical activity into everyday life.

- Park-based interventions increase park use and subsequent physical activity behaviours and are most effective when promotion and marketing is implemented alongside physical change.
- Engaging with communities to tailor interventions increases positive effects.
- Green space interventions can integrate with social prescribing and ERS.
- Environmental approaches generate a wide range of co-benefits, improving many aspects of environment and health.
- Multiple systems need to be addressed together to improve levels of physical activity.

Exercise Referral Schemes (ERS)

What are ERS?

ERS are well-established and popular health interventions which aim to encourage sedentary individuals to increase their physical activity by providing supervised exercise over a set period, typically 10-12 weeks alongside behaviour change techniques. Participants receive specialist advice and support alongside personalised, supervised exercise. Referral route is via GPs or other health professionals following brief advice in primary care. .

Key findings include

- ERS can be effective in the short term, but data on long-term effects is limited.
- ERS can positively influence a range of physical health outcomes as well as mental wellbeing and perceptions of health.
- Interventions should be person-centred and offer a choice of activities – participants are more likely to commit to an individually tailored programme.
- Adherence is often poor – social support, group activities, and involvement of physical activity specialists may aid adherence.
- Multicomponent interventions, early consideration of barriers to physical activity, and lower expectations of change are also associated with increased adherence.
- NICE guidelines recommend exercise referral for sedentary or inactive people who have a health condition or other health risk factors.
- Public Health Scotland recently published guidance to enhance service quality and build the evidence base. To be used in support of NICE guidelines, the six standards inform design, delivery, and commissioning of physical activity referral services:
 - o Partnership working
 - o Local delivery models
 - o Learning and workforce development
 - o Data systems
 - o Monitoring and evaluation
 - o Sharing learning and good practice

Digital interventions

What are they?

Digital interventions (also referred to as technology-enhanced interventions; e-health; mHealth) are increasingly used as behaviour change interventions to promote physical activity. Technologies include

websites, wearables and mobile applications. Digital approaches can deliver bespoke interventions, underpinned by behavioural science, using nudge techniques and have the capacity to engage otherwise hard to reach populations. Evidence suggests they are strongest as part of a wider intervention rather than stand-alone intervention.

Key findings include⁶:

- Multiple reviews suggest digital interventions can be effective to reduce sedentary behaviour and increase physical activity.
- Digital interventions are as effective as conventional methods for physical activity promotion and can be used in all age groups.
- NICE recommend they could be considered as optional adjunct to existing services although their effectiveness can be variable. Effectiveness is enhanced when combined with other delivery methods, such as face-to-face contact.
- Interventions may not be equivalently effective for people of high and low socio-economic status, with no evidence of efficacy in low socio-economic groups – further research is required to meet the needs of these populations.
- High attrition is common in studies, and likely to be even higher in real life settings, strategies are required to sustain usage.
- For evaluation, the objective measures utilised by digital interventions can capture effects more accurately than self-reporting.

Which interventions work best?

There is a general lack of evidence with regards to targeted interventions for the purpose of reducing health inequalities. In a study to understand inequalities across and within protected characteristic groups, Office for Health Improvement and Disparities (OHID) – previously Public Health England – identified three major themes to consider¹¹

1. Enablers, barriers and identifying opportunity
2. Community consultation, engagement, and partnership
3. Holistic approach for protected characteristics and intersectionality

OHID recommends the following be considered when designing services or creating opportunities to increase physical activity in protected characteristic groups:

- o Appropriate engagement
- o Knowledge of the local community
- o Meaningful consultation
- o Community role models
- o Flexible client-centred approach
- o Providing a diverse choice
- o A holistic approach
- o Measuring impact
- o Partnership working

Our Vision

We will create a bold, healthy, and active city where people have access to a wide range of opportunities and a supportive environment to enable them to become more active. Birmingham will be a city where physical activity improves people's lives and the places in which they live. By working collaboratively with partners from across Birmingham, we will inspire, motivate, and make it easier for everyone to be active at every age and ability.

"I like the idea that the vision statement has taken into account its people, environment and physical activities and also acknowledged that some people will need more support than others."

Female; 50s; Soho

This Vision is closely aligned to the Birmingham Health and Wellbeing Strategy which aspires to create a Birmingham where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy. The strategy sets out a number of ambitions that as a city we are working together to achieve:

- Reduce the percentage (%) of adults who are physically inactive (25%) to 20% by 2030
- Increase the percentage (%) of adults walking (17.7%) for travel at least three days a week to 25% by 2030
- Increase the percentage (%) of adults cycling (2%) for travel at least three days a week to 4% by 2030
- Increase the percentage (%) of physically active children and young people (41.6%) to the national average (47.2%) by 2030
- Reduce the inactivity gap (20%) between those living with disabilities and long-term health conditions and those without to 10% by 2030
- Reduce the inactivity gap between minority ethnic communities (Asian not including Chinese – 38%, Black – 35%) and white ethnicity (29%) by 50% by 2030.

Strategy Priorities

Our priorities have been developed using the pillars within GAPP and EAED. This is based on the need for a targeted approach that focuses on the geographies and communities in the city where there are unmet needs.

Priority 1 - Active People

“Ensuring people from all backgrounds have access to Physical Activity opportunities, lots of free opportunities to help reduce barriers to being physically active.”

Female; 20s; White British; Springfield

We will create and promote access to opportunities by taking a life course approach across multiple settings to help people to be physically active. We will achieve this through the:

Starting Well

- Building the right foundations for habits that last a lifetime by making sure physical activity is prioritised in early years and school settings.
- Continue to develop our understanding of the barriers to play and sport, especially among girls and those living in deprived areas.

Living Well

- Embedding physical activity into treatment pathways to improve the prevention and management of long-term health conditions through the roll out of the Moving Medicine resources.
- Promote, and where appropriate, use technology in interventions that are designed to increase physical activity.
- Supporting employers to make physical activity available to their workforce throughout their working day.
- Placing physical activity at the heart of the preventative agenda to prepare and support adults to increase activity levels, improve health and wellbeing and prepare for the transition into later life.

Ageing Well

- Support people to maintain health and wellbeing in their older age through tailored programmes and opportunities in settings such as community venues, health, social and long-term care settings.
- Make more activities for strength, balance and coordination available to help prevent falls, frailty and dementia.

Priority 2 - Active environments

“Encouraging walking by creating a more pleasant built environment. Encouraging walking by having a better public transport network so the car stays at home. Protecting and enhancing green space for use for sports and leisure.”

We will create and protect spaces where people of all ages and abilities can be physically active. We will achieve this through the:

- Development of inclusive and attractive physical activity opportunities that are safe, affordable, local and accessible to all. . This was one of the key aspects that, through the public consultation, citizens said were important to them.
- Build on existing efforts to improve active travel in local neighbourhoods, which will increase physical activity levels and help address health inequalities in line with the Birmingham Transport Plan.
- Continued roll out of the Future Parks Accelerator Project to test new approaches to caring for the city's green spaces.
- Development of physical activity opportunities, such as the daily mile, and walking, which are always available and can be undertaken and enjoyed by a broad spectrum of people.
- Supporting employers across the city to develop targeted interventions aimed at increasing physical activity in the workplace.
- Partnering with initiatives such as Healthy Living Zones to reduce inequalities in physical activity by ensuring that active spaces are designed to be inclusive.

Priority 3 - Active Societies

“An easy way to find all Information and upcoming events in 1 single place.”

Female; 30s; White British; Springfield

We will change the narrative around physical activity across the city by building insight and evidence into policy, commissioning, planning decisions and communication messages, and marketing campaigns. We will achieve this through the:

- Development of our understanding and address the barriers to physical activity and promote enablers where insight currently is not available e.g., active play or for groups with unmet needs.
- Development of insight-led communication messages and marketing campaigns informed by behavioural science to support a shift in attitudes and motivation that can help to break down barriers experienced by communities.
- Consideration and embedding of physical activity into all relevant policies, strategies, commissioning, and planning decisions. Active steps will be taken to effectively implement those policies and strategies after the embedding process.
- Supporting regular mass participation initiatives in accessible and safe public spaces which will help to provide free access to a broad range of equitable physical activity opportunities.
- Utilisation of technology to enable people to:
 - connect with and take part in opportunities to be physically active, especially the most inactive within the city. Capitalise on the opportunities provided by initiatives such as Active Birmingham Activity Finder which supports people in finding physical activity opportunities closest to them. This fulfils the need for accessibility; an important aspect to citizens identified during the public consultation.
 - Monitor and encourage changes to their behaviour, tracking movement and physical activity participation over time to embed behaviour change.

Priority 4 - Active systems

“Work collaboratively with other partners. e.g., how can we continue to cap bus prices to promote active travel. Public health can't control all of this or commission our way out of this; we need to work with partners across the city and influence them.”

Male; 60s; Hall Green

We will create a more integrated and interconnected system by strengthening our local leadership, governance, partnerships and workforce capabilities. We will achieve this through the:

- Continued development and growth of partnership and governance arrangements through the Active City Forum, Sport Birmingham and the Physical Activity Alliance. This will strengthen collaborative working, local leadership and assurance across a wide range of sectors including grassroots and community-led organisations.
- Identify training needs that promote physical activity and develop proper training opportunities to build capacity and capability. This will ensure the effective delivery of programmes and services to address the needs of communities in relation to physical activity.
- Implement learning from the Moving Healthcare Professionals programme and build on the success of physical activity champions work already implemented within the city.
- Enhance the use of physical activity-oriented evidence-based approach to guide and inform practice and governance e.g., embedding the findings from the PANA across a wide range of stakeholders to build understanding and to enable a data-driven and targeted approach
- Identification and harnessing of opportunities to strengthen relationships with our universities to embed physical activity training, research, and evaluation opportunities.

Priority 5 - Closing the gap

“All communities have inequalities. Girls especially. Also, people with disabilities. A better approach than the postcode lottery is needed. It will be necessary to invest in youth and community workers and social spaces in all communities.”

Female; 70s; White British; Springfield

We will continue to develop a better understanding of local barriers and enablers to increase activity across the city and ensure we focus on the least active groups as identified in the PANA. This will be achieved through the:

- Creation of a more diverse physical activity and sport offer based on the lived experience of underrepresented groups within the city.
- Co-production of tailored and practical solutions with communities where significant inequalities exist, to enable them to increase their participation in physical activity tailored to meet their needs.
- Strengthening the implementation of programmes and services that increases access to equitable physical activity opportunities, for those who are least likely to be active in the city.
- Using technology, including apps and gamification, to increase inclusive physical activity participation for Birmingham's diverse range of communities especially under-represented groups.
- Connecting underrepresented groups with local green spaces and opportunities to be active.
- Use physical activity as way to improve community cohesion through targeted community events to build on previous successful projects.

Strategy Principles

To enable us to deliver our priorities these principles will be adopted:

- Implement a whole system approach to physical activity in Birmingham.
- Provide senior level commitment to embed physical activity in policy to ensure multiple outcomes are met around health, climate change, air quality through strong strategic collaboration.
- Take a life course approach and focus on the unmet needs using data, intelligence and insight to focus on geographies and communities where inequalities exist.
- Adopt a community centred approach and empower local people to lead, embedding the voice and influence of local people across the system.
- Create the right environment to help people to be active in their day-to-day life.
- Focus on early help and prevention and ensure interventions are tailored and person-centred.
- Develop local, accessible activity opportunities, built on local community assets.
- Support a more sustainable, strategic, and joined up approach to funding opportunities.

How will we know we are making a difference?

The long-term outcomes and targets have been set within the Joint Health and Wellbeing Strategy 2022-2030:

Long Term Outcome	Current Level (Sport England, 2023; OHID 2023)	Target by 2030
Reduce the percentage (%) of adults who are physically inactive	25%	20%
Increase the percentage (%) of adults walking for travel at least three days a week	17.7%	25%
Increase the percentage (%) of adults cycling for travel at least three days a week	2%	4%
Increase the percentage (%) of physically active children and young people	41.6%	47.2%
Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without	20%	10%

Reduce the inactivity gap between minority ethnic communities and white communitiesⁱⁱ	Asian – 38% (excluding Chinese) Black – 35% White British – 29%	by 50%
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The following Key Performance Indicators have been identified to enable us to monitor progress on an annual basis and ensure that the strategy and action plan are on track to meeting the longer-term outcomes within the strategy. The baseline has been taken from the current Public Health Outcomes Framework data available through OHID Fingertips.

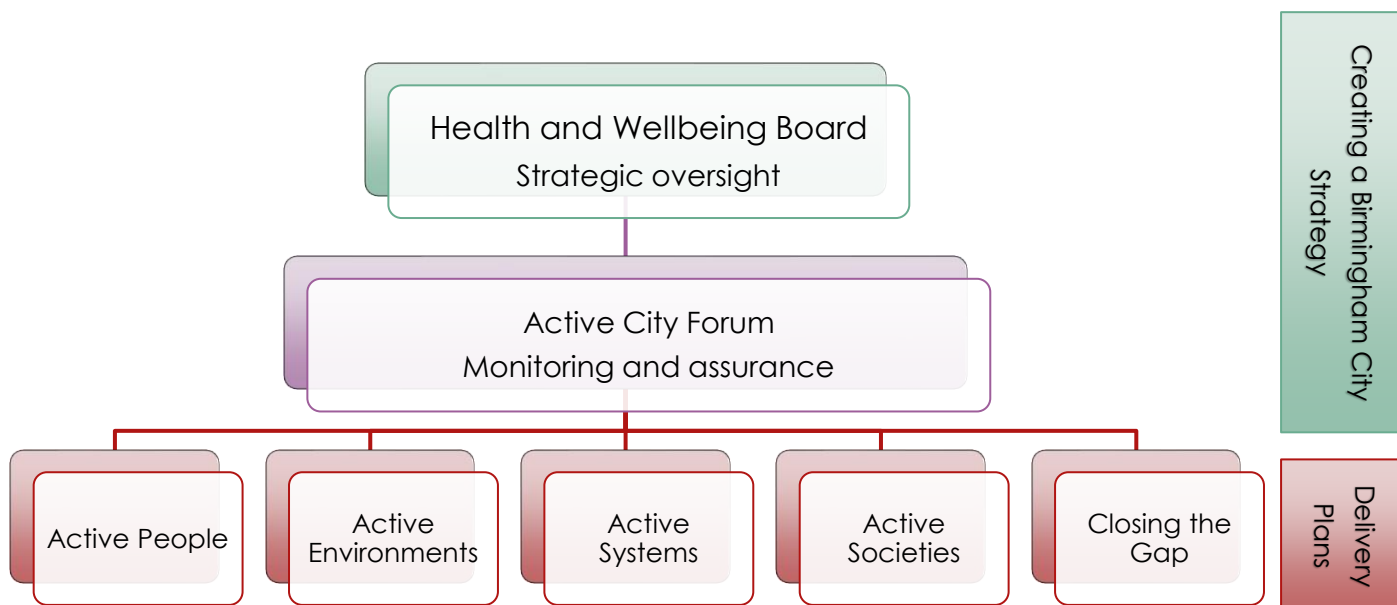
Indicator	Source	Year	Current Position/%	Ambition
Overall Physical Activity				
Physically active adults	OHID/Active Lifestyle Survey	2021/22-2022/23	58.1	A year-on-year increase
Physically inactive adults	OHID/Active Lifestyle Survey	2021/22-2022/23	29.4	A reduction
Physically active children and young people	OHID/Active Lifestyle Survey	2021/22-2022/23	41.6	A year-on-year increase
Travel and Transport				
Adults walking for travel at least 3 days per week	Department for Transport (based on Active Lives Adult Survey, Sport England)	2022	17.7	A year-on-year increase
Adults cycling for travel at least once per weekⁱⁱⁱ	Department for Transport (based on Active Lives Adult Survey, Sport England)	2022	4.8	A year-on-year increase
Method of travel to work - bike	Census	2021	1.3	A year-on-year increase
Method of travel to work - walk	Census	2021	7.1	A year-on-year increase
Green Space				
Access to Woodland - % of population living near accessible woodland	OHID/Woodland Trust	2020	14.70	An increase over the life of the strategy

ⁱⁱ Sample sizes for missing ethnic groups did not meet the threshold for analysis.

ⁱⁱⁱ Cycling frequencies for at least three times per week have been discontinued due to low frequencies recorded in sample.

Governance

The Physical Activity Strategy will be overseen by the Health and Wellbeing Board, as a statutory committee of Cabinet. The delivery plans will be driven and monitored by the Active City Forum and delivered in conjunction with partners and key stakeholders from across Birmingham. The Active City Forum reports to the Health and Wellbeing Board, under the leadership of the Cabinet Member for Transport. The forum brings together relevant local statutory, voluntary and community sector organisations with a role or interest in the implementation of the strategy and delivery plans.



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Appendices

Appendix 1 – CMO Guidelines

Summary of Guidelines by age group

Under-5s

Infants (less than 1 year):

Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g., crawling.

For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better.

NB: Tummy time may be unfamiliar to babies at first, but can be increased gradually, starting from a minute or two at a time, as the baby becomes used to it. Babies should not sleep on their tummies.

Toddlers (1-2 years):

Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.

Pre-schoolers (3-4 years):

Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.

Children and Young People (5 to 18 years)

Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.

Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.

Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up extended periods of not moving with at least light physical activity.

Adults (19 to 64 years)

For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.

Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.

Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.

Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up prolonged periods of inactivity with at least light physical activity.

Older Adults (65 years and over)

Older adults should take part in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.

Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.

Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.

Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.