Five-year review of
Let’s Make Scotland More Active
A strategy for physical activity

Update statement from the review group
February 2010
Summary

Let’s Make Scotland More Active (LMSMA) was published in 2003. The strategy is a 20-year plan and set national ‘targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022’ (Physical Activity Task Force, 2003).

In 2008, a review group carried out a review of how LMSMA had been implemented since 2003. Following publication of the Scottish Health Survey (SHeS) data in 2009, the group undertook a further assessment of whether Scotland is on track to reach the targets. A summary of the findings from the final stage of this review is provided below.

Despite strong scientific evidence that meeting these physical activity recommendations can protect against many of Scotland’s leading chronic diseases and promote positive mental health and wellbeing, physical inactivity remains one of Scotland’s major public health issues.

Key findings from SHeS (Bromley et al, 2009) show 39% of adults (aged 16+) met the recommendations in 2008 (46% of men and 35% of women). Overall, 64% of children (aged 2–15) met the recommendations in 2008 (72% of boys and 56% of girls).

While the results for adults show a positive upward trend in adult activity levels since 2003, the review group is especially concerned about current levels of physical activity among older adults, women generally and the reduction in the proportion of girls meeting the recommendations.

The review group suggest some key areas of focus for the next five years to help get LMSMA back on track. This includes:

• **Continuation of LMSMA.** The review group uphold the recommendations made in February 2009 and continue to endorse LMSMA as an essential strategy to influence Scotland’s inactive population.

• **Priorities.** In addition to maintaining progress in population groups where this is on track (e.g. males aged 16–44), the review group believes that increased efforts are required for girls, women and older adults.

• **Local leadership for physical activity.** We would urge local leaders to consider ways of aligning and linking physical activity outcomes with their Single Outcome Agreements (SOAs).

• **Games legacy.** The opportunity presented by the 2014 Commonwealth Games should be used to help accelerate progress on Scotland’s existing physical activity and sport strategies.

• **Targets for children and adults.** No change in the set 2022 national targets for adults and children is recommended. Particular national and local attention should be given to priority groups where results show most promotional effort is required.
Introduction

As a final stage of the five year review of Let’s Make Scotland More Active (LMSMA), it was agreed that an assessment of whether or not Scotland is on track to reach the target of 50% of adults and 80% of children achieving minimum recommended levels of physical activity by 2022 would be undertaken when new Scottish Health Survey (SHeS) data were available (Physical Activity Review Group, 2009).

This statement provides the final conclusions of the LMSMA’s first five-year review.

Key physical activity messages from the Scottish Health Survey

The SHeS provides information on changes in physical activity trends and findings in relation to age, gender and, where available, deprivation. Caution should be taken in interpreting the findings as results in the short term (e.g. since LMSMA was launched in 2003) are based upon only two data points for 2003 and 2008.

The review group has identified the following key findings from SHeS¹.

Adults

The proportion of adults meeting the recommendations has increased significantly over both the short term (2003–08) and the long term (1998–08).

The proportion of women in Scotland (aged 16 to 74) meeting the recommendations increased from 29% in 1998, to 32% in 2003 and 35% in 2008. The proportion of men in Scotland (aged 16 to 74) meeting the recommendations increased from 40% in 1998, to 42% in 2003 and 46% in 2008.

Men are more likely to meet the recommendations than women, regardless of age. The gender gap is particularly pronounced among younger adults (a difference of 16% points among 16–24 year-olds and 21% points among 25–34 year-olds).

Men and women in younger age groups are more likely to meet the recommendations than older adults. For men, this peaked at age 25–34, 63% of whom met the recommendations, before steadily declining to 13% among those aged 75+. For women, similar proportions of 16–44 year-olds met the recommendations (42–43%) declining to just 4% in those aged 75+.

In 2008, those living in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile were least likely to meet the activity recommendations (38% of men and 28% of women).

¹Please note that the statistical significance of the results varies slightly from that described in the original survey report (Bromley et al, 2009), which are based upon comparison of the confidence intervals for individual proportions. The results presented here are based upon the confidence interval for the difference between two proportions, which is more sensitive to change over time. This additional analysis was requested specifically to inform the review process and was undertaken by the Scottish Health Survey Project Team.
Low\textsuperscript{2} levels of physical activity were more strongly patterned by SIMD. Around four in ten men and women living in the most deprived quintile had low levels of activity compared with only one-quarter of those living in the least deprived quintile. This difference was significant for both men and women.

**Children**

The proportion of children (aged 2 to 15) meeting the physical activity recommendations\textsuperscript{3} has not changed over the longer term (1998–2008), but it has reduced significantly in the five years from 2003 to 2008 (69% compared with 64%).

This recent change reflects a significant reduction in the proportion of girls meeting the recommendations. Sixty three percent of girls met the recommendations in 2003 compared with only 56% in 2008. This level of participation in physical activity is lower than levels seen in 1998 (59%).

The proportion of boys in Scotland meeting the recommendations has remained relatively stable at 72% in 1998, 74% in 2003 and 72% in 2008.

Boys remain significantly more active than girls with 72% of all boys meeting the recommendations in 2008 compared with 56% of all girls.

Teenage girls aged 13–15 years are significantly less likely to meet the recommendations than younger girls (33% compared with 57% to 67% of girls in the four age groups ranging from 2–12 years). However, as the children’s figures for 2008 are based on smaller sample sizes than previous years, it is not yet possible to draw robust conclusions comparing different age groups.

The 2008 survey results show no clear patterning in the proportion of children meeting the recommendations by either age or SIMD. However, as mentioned above, the survey is not designed to report at this level in any single year. Combining the data with those from 2009, available in 2010, will allow a more detailed analysis.

\textsuperscript{2}Men and women are separated into three groups of low, medium and high activity. Low levels indicate participation in fewer than 30 minutes of moderate or vigorous physical activity a week; medium levels indicate participation of 30 minutes or more on one to four days a week; and high levels indicate 30 or more minutes of moderate or vigorous activity on five or more days a week. Those whose activity levels are classified as ‘high’ can be counted as having met the current physical activity recommendations.

\textsuperscript{3}The survey has traditionally focused on physical activity outside of school. This means that progress towards the children’s physical activity targets is measured on the proportion of children meeting the recommendations through activity taking place outwith school lessons. In 2008, additional questions were asked about physical activity within school lessons. To ensure comparability with previous surveys (which did not collect information on school based activity), the results on proportions of children meeting recommended levels does not include participation in lesson based activity.
School based physical activity

Information about the number of days participating in physical activity at school for children aged 5–15 (or aged four and at school) was collected by the SHeS for the first time in 2008. LMSMA recommended that children participate in at least two hours of quality physical education classes a week. In 2008, 55% of boys and 52% of girls indicated that they participated in school lesson-based activity on at least two or more days of the week. The most common frequency of school based physical activity was two days per week (32% of boys and 30% of girls) although a similar proportion reported that they took part in no physical activity at school (30% of boys and 31% of girls). Changes over time can be tracked in future as these questions are being included in the survey every year from 2008. Similarly, it will be possible to look for sociodemographic patterns in physical activity participation (e.g. by age, gender, SIMD) by combining the 2008 results with those from future years.

Is Scotland on track to meet its physical activity targets?

A key aim of the five-year review was to assess whether Scotland is on track to meet its 2022 physical activity targets. In 2003, the physical activity taskforce suggested that ‘to meet this goal [we] will need average increases of 1% a year across the population’ (Physical Activity Task Force, 2003).

To achieve the targets of 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022, an average increase of 1% a year is needed across the population. This equates to an increase of 5% in the five years from 2003 to 2008.

Adults

Overall, 39% of adults (aged 16+) met the recommendations in 2008 (46% of men and 35% of women). This is 11 percentage points away from the 50% target to be achieved in 14 years time. Assuming a 1% increase per year, this would allow the overall target to be reached by 2022 across the entire population.

In addition to raising activity levels in the population as a whole, LMSMA emphasised the need to bring about basic changes in activity levels in specific sections of the population.

In the five years since 2003, the percentage of men meeting the recommendations has increased by 4%. This falls only very slightly short of the desired 5% increase over that time period. Encouragingly, it also shows acceleration in the rate of improvement since the strategy was launched (an increase of only 2% was observed for men between 1998 and 2003). As men are currently only four percentage points away from the 50% target to be achieved in 14 years time, achievement seems realistic.
At 3%, the corresponding change in the proportion of women meeting the recommendations falls further short of the desired 5% increase. Additionally, there has been no acceleration in the rate of progress since the strategy was launched [the percentage of women meeting the recommendations increased by the same amount (3%) in the five years between 1998 and 2003]. As women remain 15 percentage points away from the 50% target to be achieved in 14 years time, it seems unlikely that enough women will achieve the target set for 2022 unless the rate of improvement is accelerated.

Children

Overall, 64% of children (aged 2–15) met the recommendations in 2008 (72% of boys and 56% of girls). This is 16 percentage points away from the 80% target to be achieved in 14 years time. Assuming a 1% increase per year, this would fall short of the overall target to be reached by 2022.

Boys are currently only eight percentage points away from the 80% target to be achieved in 14 years time. Assuming a 1% increase per year, this target may still be attainable. However, there has been no increase in the proportion of boys meeting the recommendations since 1998, suggesting that the target remains a challenge.

The proportion of girls meeting the recommendations has fallen from 63% in 2003 to 56% in 2008. This suggests a deterioration in progress since the strategy was launched in 2003, although caution is required given that this result is based upon only two data points. As girls are now 24 percentage points away from the 80% target to be achieved in 14 years, the target set for 2022 will not be reached by enough girls if the current trend continues.

Key messages for implementation

The new 2008 SHeS data present a mixed picture showing progress in some areas and yet a decline in levels of participation in others. While the results for adults illustrate a positive upward trend in adult activity levels, the review group is especially concerned about the levels of physical activity among women generally and young women in particular. The findings above suggest that the need to address inactivity in Scotland is now even more compelling than five years ago.

To help get Scotland’s physical activity strategy back on track, the group has agreed some key areas of focus for the next five years.

We must however, recognise that this task has to be done against a backdrop of resource pressures across the public sector and third sector organisations. Thought will need to be given about how to ensure sufficient investment continues to be focused on increasing physical activity levels through encouraging the innovative use of future resources, in order that all partner organisations, including health boards, and local authorities, work jointly to maximise their impact.
Continuation of LMSMA

Overall the review group uphold their recommendations made in February 2009 (see annex one) and continue to endorse LMSMA as an essential strategy to influence Scotland’s inactive population.

Scotland still has one of the one of the most well evidenced strategies in the world but the current level of action is not currently sufficient to reach enough people in order to have an impact on Scotland’s health overall. The review group recognise the substantive commitment and enthusiasm from the physical activity workforce, but the resource commitment and scale of effort being made must be matched to the challenge at hand.

Priorities

The availability of 2008 data now provides a better understanding of where an increased focus of effort is necessary to get Scotland more active.

• We must maintain current efforts and actions where progress on increasing or maintaining levels of physical activity are on track – in particular for males in Scotland aged 16–44 years.

• Increased efforts are required in the following priority groups – these have either shown a decline in physical activity levels or are particularly inactive:
  • children – girls
  • adults – particularly women and older adults.

• Activities must continue to clearly prioritise and address health inequalities and areas of deprivation.

Local leadership for physical activity

The review group reiterates their position that local authorities are important contributors to increasing physical activity levels and that they are well placed to lead local coordination and delivery through Community Planning Partnerships (CPPs). We need to examine the options available to local authorities, in terms of aligning the need to increase levels of physical activity, with their single outcome agreements.

While the strategy left CPPs to determine their own way forward, we would urge local leaders to consider ways of aligning and linking physical activity outcomes with their SOAs. LMSMA recommended that to support national targets, ‘community planning partnerships should consider whether they need to set sub-targets for specific population groups based on their assessment of local needs’ (Physical Activity Task Force, 2003).
To ensure there is vigilance in addressing physical activity within local communities, we would ask that there are clear lines of accountability (within existing accountability and governance structures) and identified leadership for physical activity at a senior level within local authorities. This would also help support the Scottish Government’s call for each local authority, and their community planning partners, to plan for how best to take advantage of the opportunities provided by the [Commonwealth] Games at a local level’ (Scottish Government, 2009).

Measuring local physical activity outcomes

We need to understand what change is being delivered on the ground across Scotland. Robust local performance monitoring and evaluation will help to assess whether services/projects are reaching the inactive groups and achieving recommended levels of change in physical activity. We have already drawn attention to the practical challenges in measuring physical activity outcomes at a local level in our previous report and would reiterate that national support is available to help local areas strengthen their performance management arrangements around key physical activity outcomes.

Games legacy

We need to use the one-off opportunity of the 2014 Commonwealth Games in Glasgow to build on and accelerate progress on the existing national strategies for physical activity and sport, LMSMA and Reaching Higher respectively. The Scottish Government launched the Games Legacy Plan, On Your Marks, on 1 Sept 2009 (Scottish Government, 2009). The Plan has four key strands: Connected Scotland, Flourishing Scotland, Sustainable Scotland and Active Scotland. All four strands intend to accelerate progress towards a healthier nation. Health is central to the key programmes within Active Scotland: Active Nation and Community Sports Hubs. Active Nation is the Games legacy’s physical activity public engagement programme which aims to encourage people of all ages and backgrounds from across Scotland to get more active in the run up to the 2014 Commonwealth Games. Community Sports Hubs aim to provide a welcoming, safe, fun and local environment that encourages more people to participate in a wide range of physical activity and sport.

Physical activity and health guidelines

At this stage, the review group stands by its conclusions in February 2009 that the existing Scottish physical activity guidelines remain current and the appropriate basis for the continued work of the LMSMA strategy. However, a national collaboration is currently reviewing physical activity guidelines across the UK (see annex two). The Scottish Government remains an active member of this collaborative work and will review the final technical report and any implications in due course. It is noted that any changes to the guidelines should be carefully considered including any risks and challenges involved in conveying new guidance to the general public and relevant professional audiences.

Targets for children and adults – should these change?

The review group recommends there is no change in the set 2022 national targets for adults and children in Scotland. However, in progressing towards the targets for 2022, we need to carefully monitor trends to ensure:

- existing levels of physical activity are maintained
- activity levels across the entire population are increased; and
- basic changes in activity levels in specific sections of the population are brought about (Physical Activity Task Force, 2003).

We would urge that particular national and local attention is given to groups where results show where most promotional effort is required (e.g. gaps in progress are evident or inequalities appear to have widened). These priority groups are reiterated as girls, women and older adults and people experiencing health inequalities and/or living areas of deprivation.

Future steps

An annual stocktake will take place involving the Scottish Government and NHS Health Scotland working with third sector and local authority national organisations. This will help us remain vigilant about progress towards the 2022 targets in view of newly published national survey data.

The next review of implementation and targets/outcomes should occur in a further five years. Holding the next review in 2015 after the SHeS publishes results for 2014 would provide an opportunity to consider the impact that the Commonwealth Games and Games legacy have made towards national targets.

To inform this process, the review group should set out their perceptions of success and what they believe will have been achieved as a result of a further five years of implementation of the physical activity strategy.

Acknowledgements

We would like to thank the Scottish Health Survey Project Team for undertaking the requested additional analysis of the SHeS data.

Further information

The full report published back in February 2009, along with details of the policy review process and summaries of the evidence collected throughout the review are available at:

Members of the review group

- John Beattie, radio and TV presenter and rugby coach (Chair)
- Mary Allison, Director, Programme Design and Delivery, NHS Health Scotland
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- Dr Erica Wimbush, ESRC Placement Fellow, University of Edinburgh Business School
References


This report is accompanied by a supplementary publication providing further data in relation to physical activity at work, location of physical activity, sedentary behaviour and the physical activity levels of children; www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Supplementary2008
Annex one

What did the review recommend? (February 2009)

Continuation of LMSMA

LMSMA remains an essential strategy to influence Scotland’s inactive population. The review found no evidence to suggest that the strategy should be substantially revised. In addition, Scotland remains in line with physical activity guidelines issued by WHO and the EU. The review process highlighted a number of key areas where action can be strengthened to maximise the drive to get more of Scotland’s population more active.

Environment

Interventions that enhance the built environment can impact on large sections of the population. There is good recent evidence linking environments to physical activity (e.g. Foresight Report on obesity). The review group therefore believes the creation and provision of environments that encourage and support physical activity offers the greatest potential to get the nation active.

Performance management and accountability

Given the importance of physical activity across public health concerns (e.g. cardiovascular health, mental health, obesity) the review group believes that explicit physical activity targets/outcomes should be included within the National Performance Framework and/or NHS HEAT targets.

Local coordination and leadership

In addition to the above, given their responsibility for the key services that directly impact on physical activity (e.g. planning/environment, transport, education, sports/recreation/leisure) and as the lead authority in community planning, local authorities should be recognised as the most important local delivery agency for physical activity. As such they should lead local coordination and delivery. To do this effectively however, they need to be fully supported by national government and its agencies (e.g. NHS Health Scotland). For example, the Scottish Government and its agencies need to work closely with COSLA at a national level and local authorities and their community planning partners (including NHS Boards and the third sector) at a local level. This should help ensure local physical activity strategies fully align and are integral to SOAs and will support the achievement of current national indicators and outcomes.

National coordination

The commitment to physical activity across a range of government policies has been positive in the first five years of LMSMA. The Government needs to ensure physical activity continues to be a vital component of its public health work and also continues to be integrated into all relevant and related policy e.g. education, environment, sports, transport.
Performance, monitoring and evaluation

LMSMA should be underpinned by a research, monitoring and evaluation plan. This will help to strengthen our understanding of whether physical activity programmes are engaging with people who are inactive, and to identify more effective approaches that increase physical activity. In addition, as the SHeS population level data will be available annually from 2009 onwards, an annual ‘stocktake’ of progress should be conducted shortly after the publication of the survey data to reflect and identify any immediate priorities for either policy or delivery. This could form one of the key functions of the Physical Activity and Health Alliance.

Supporting physical activity projects and initiatives

The Scottish Government, NHS Health Scotland and a variety of other national and local agencies fund a wide variety of programmes designed to promote and support physical activity. However, the commissioning process, performance management arrangements and support offered has not been consistent across these programmes. For this reason, the Scottish Government has commissioned the Scottish Physical Activity Research Collaboration (SPARColl) to develop separate frameworks to guide the planning/commissioning of physical activity programmes and the monitoring/evaluation of funded programmes. They were also asked to identify the level of support required by the programme deliverers to effectively plan, monitor and evaluate their work. It is recommended therefore that the SPARColl frameworks form an integral part of the research, monitoring and evaluation plan (referred to above) and those organisations who commission physical activity projects and programmes take full account of the SPARColl frameworks and recommendations.

Communications

Having a coherent and effective communication and marketing strategy in place will ensure physical activity remains prominent in all relevant settings and sectors (both local and national). It is recommended that the communication strategy should target three key areas: the general public, coordination of national and local organisations on physical activity; and engaging the Physical Activity Workforce.
Annex two

Review of physical activity guidelines

Work is underway as part of a national collaboration to review the current physical activity guidelines across the UK. This work commenced in response to the publication of new Physical Activity Guidelines for Americans in 2008 and similar work underway in Canada by the Canadian Society for Exercise Physiology and Public Health Agency of Canada. The primary aim of this work is to review whether the current UK guidelines are still consistent with the most recent scientific evidence. An output of this work will be a technical report summarising a set of recommendations for any modifications required to update the guidelines (due March 2010). The scope of work is limited to a focus on the preventative health benefits of physical activity, for three population groups; adults, older adults, and young people. Concurrent work is also underway assessing the need for physical activity guidelines for early years (<5 years) and on sedentary behaviours (also due to report in March 2010).

It is hoped that by undertaking this review as part of a national collaboration, any duplication of the background scientific review can be avoided and ideally there is an opportunity to achieve some consistency in the physical activity recommendations across the home countries. A national web consultation phase is now complete, the results of which will inform the final technical report.

Concurrent work is underway by the World Health Organization to develop a set of global physical activity guidelines and it is likely that in due course Scotland should undertake a formal assessment of both the national project and content of the Global Physical Activity guidelines (due 2010).

Further information available at www.ukguidelinesconsultation.co.uk