

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Lincolnshire Physical Activity Taskforce

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>11 December 2018</b>
Subject:	<b>Developing a Blueprint for a More Active Lincolnshire</b>

### Summary:

This paper provides an update on developments to establish a Lincolnshire Physical Activity Taskforce (L-PAT) and an approach to producing a *Blueprint for a More Active Lincolnshire* (the Blueprint).

An L-PAT was established in summer 2018 and has begun to engage partners to develop Lincolnshire into a more active and healthy county. Key developments to date include:

- Governance and management structures for L-PAT agreed
- Establishment of an Executive Group
- Vision, purpose, goals, and high level objectives for 'A Blueprint for a More Active Lincolnshire' agreed
- Employment of L-PAT Strategic Programme Manager
- Public launch of L-PAT – 18 October 2018
- Engagement with local authorities and partner agencies
- Agreement to have a district-based approach

### Actions Required:

The Health and Wellbeing Board is asked to note progress with establishing a Lincolnshire Physical Activity Taskforce and developments to produce a *Blueprint for a More Active Lincolnshire*

## 1. Background

Physical inactivity is a Public Health issue. The Joint Chief Medical Officer's report 'Start Active, Stay Active' presents a compelling case for the benefits of physical activity and the damage associated with a sedentary lifestyle (Department of Health, 2011). A narrative on physical activity and the policy context is contained in Appendix A.

Physical inactivity is a contributing factor in heart disease, strokes, diabetes, certain cancers and poor mental wellbeing. The culture of sedentary lives is also contributing to an increasingly obese population.

The levels of physical activity and inactivity are recorded by the Active Lives Survey from Sport England. The latest survey places Lincolnshire in an undesirable position as the most inactive shire county in England. The Active Lives results (published Oct 2018) presents a worrying trend towards greater physical inactivity within the county (Appendix B).

The Lincolnshire Health and Wellbeing Board (HWB) has requested that Active Lincolnshire establish and coordinate a 'Lincolnshire Physical Activity Taskforce' (L-PAT). The aim of the L-PAT is to develop and deliver a '*Blueprint for a More Active Lincolnshire*' (the Blueprint). The Blueprint will set out a scheme for integrating and embedding physical activity into Lincolnshire's key public, private and voluntary sector decision-making, planning and delivery services that impact on physical and mental wellbeing.

The developing Joint Health and Wellbeing Strategy (JWHS) theme for Physical Activity contains a series of objectives proposed for the Taskforce:

- To develop and drive the countywide 'Blueprint' for physical activity.
- Develop an action plan for physical activity (March 2018) to inform the development stages of the 'Blueprint' for the county
- Undertake robust local insight analysis to target actions more equitably and effectively
- Embed physical activity across clinical pathways
- Develop and cement the relationship with Integrated Neighbourhood Working and Greater Lincolnshire Local Enterprise Partnership (GLLEP)
- Engage districts with a portfolio of activity interventions
- Enhance workforce wellbeing – Wellbeing Charter (Public Health England, 2018).

This paper provides an update on developments to establish an approach to produce a *Blueprint for a More Active Lincolnshire* that meets the objectives of the JWHS theme for Physical Activity and the wider benefits of embedding physical activity into services and behaviours that impact on physical and mental wellbeing.

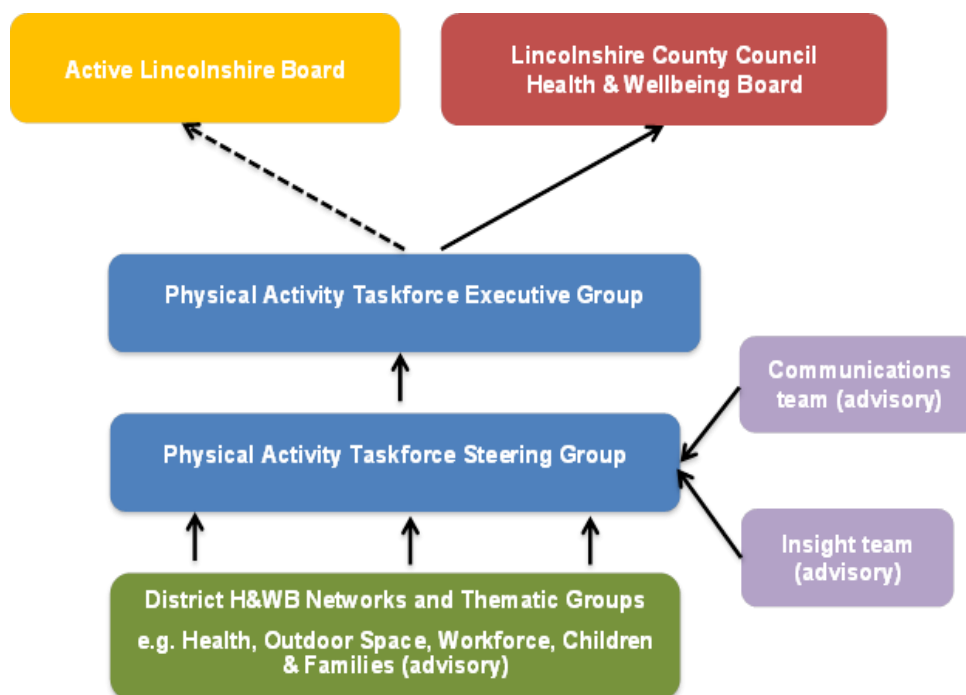
### Governance and Project Management

L-PAT was formed over the summer and has held two Executive Group meetings to-date. The Executive Group (membership and terms of reference in Appendix C), at their October meeting, has agreed the following (illustrated below):

- the L-PAT governance and relationship to the HWB and Active Lincolnshire Board
- management structures for strategic oversight and operational planning for the development and delivery of the Blueprint with

- seven district activity partnerships and thematic working groups

Figure: L-PAT Outline Governance Structure



For each layer of governance a set of terms of reference have been produced

Active Lincolnshire and Lincolnshire County Council have agreed to co-fund a Strategic Programme Manager post (SPM) for up to two years, to guide the development of the Blueprint. A secondment agreement between the Council, Active Lincolnshire and the post holder has been completed, with the L-PAT SPM formally engaged from the 1 October 2018.

The L-PAT Executive Group has agreed the geographies for the L-PAT developments; these being based on local authority boundaries and their respective communities, where many of the regulatory powers and responsibilities for health improvement, including many areas relating to physical activity reside (see Appendix D).

The Strategic Programme Manager is currently recruiting partners to form the L-PAT Steering Group with the associated links with district council partners and thematic working groups across the NHS, voluntary sector, leisure industry and communities.

The Strategic Programme Manager is also in the process of establishing an 'Insight Team' to advise the steering group. Once established, the Insight Team will work to 'research insight, interpretation, modelling, evaluation and impact' that will be used to inform the development of the Blueprint and 'measures of success'.

A L-PAT communications and engagement strategy is in development and is being led by Active Lincolnshire's Director for Strategy and Insight. Specialist advice will be provided, as required, to the Steering Group by a separate 'Communications Team', once established.

## Developing the Blueprint

The L-PAT Executive Group has scoped and agreed:

- a. the vision, goals, and high level objectives for 'A Blueprint for a More Active Lincolnshire'
- b. An approach to developing and monitoring the Blueprint
- c. an outline project plan,
- d. a joint executive risk register between L-PAT and Active Lincolnshire,
- e. an initial communications and stakeholder engagement strategy.

The L-PAT Executive Group has developed the following, as a draft:

A Vision: To improve people's lives through habitual physical activity

Mission: Everyone in Lincolnshire has the opportunity, environment and means to lead an active and healthy life

Intended Outcome: Lincolnshire will be the most active county in England, where physical activity is a part of everyday life

Goals and Objectives (based a WHO framework). The Goals are:

- Goal 1 – Active Society
- Goal 2 – Active Place
- Goal 3 – Active People
- Goal 4 – Active Systems

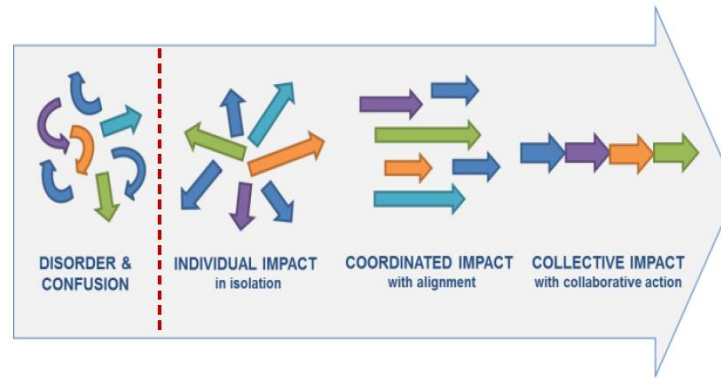
Appendix E provides information on the objectives which sit under each of the Goals. The goals and objectives will be discussed and further refined as appropriate, in discussion with partners and stakeholders to the Blueprint.

## Stakeholder Engagement

The range and scope of partners and stakeholders contributing to the Blueprint goals is considerable and runs across the community and voluntary sectors, the private sector and the public sector. Early engagement has been most productive with agencies and authorities in committing to the process, including building the local picture.

An important component to the Blueprint development will be representation of the actions of others within the Blueprint when working towards a mutual agenda. Another physical activity strategy (Sheffield) utilised an insightful visual image representing the current status and the future mutual approach. The dotted red line represents a position for Lincolnshire where partners and stakeholders recognise their own contributions as valuable, but not sufficient for substantial change:

Image: Where in Terms of a Whole System Approach is the Current State



Source: R Copeland. Move More: Sheffield

To-date, five of seven local authorities, the voluntary sector infrastructure (CVS/VCS), Greater Lincolnshire Enterprise Partnership, Lincolnshire Police, leisure providers, the One Network and Public Health England are committed to engaging with a whole systems approach. Enquiries with the remaining councils (City of Lincoln, South Kesteven) and NHS partners are continuing in order to secure the respective representation across CCGs, trusts, clinicians and neighbourhood teams.

The Active Lincolnshire Annual General Meeting and the launch of L-PAT (18 October 2018) raised the profile of the L-PAT and re-enforced the importance of the Blueprint with partners, particularly in light of the challenging Active Lives physical activity statistics recently published (appendix). The chair of L-PAT was interviewed by Look North and Radio Lincolnshire in relation to the L-PAT launch and the Blueprint.

### **A Whole Systems Approach methodology to develop the Blueprint**

L-PAT has agreed to utilise the Whole System Approach methodology (Leeds Beckett University model), derived from the obesity agenda to develop the Blueprint and move from a state of `individual impact` to collective impact`, as outlined below:

#### **Phase 1: Set Up (July-Sept 2018)**

Secure senior level support and establish the necessary governance structure to effectively implement the `whole system` approach.

#### **Phase 2: Building the Local Picture (October 2018-January 2019)**

Build a compelling narrative explaining why physical activity matters locally & create a shared understanding of how physical activity is currently addressed at a local level

#### **Phase 3: Mapping the Local Reality (January–March 2019)**

Bring stakeholders together to create a comprehensive map of the local ecosystem system which is understood to contribute to inactivity and sedentary behaviour.

#### **Launch of the Blueprint – 5 April 2019**

#### **Phase 4: Action (from April 2019)**

Brings stakeholders together to prioritise areas to intervene in the local ecosystem and propose collaborative and aligned actions.

Phase 5: Creating a dynamic local system (from April 2019)

Bring stakeholders together to agree process for accountability, monitoring and evaluation of actions, agreeing new actions and maintaining momentum of change and structure to effectively implement the 'whole system' approach.

Phase 6: Reflection (from April 2019)

Critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.

The outline project plan for the Blueprint production contains the following actions and timeframes:

- District partner engagement and commitment– November 2018 to January 2019
- Draft 1 of the Blueprint – 21 December 2018
- L-PAT Executive Group development of the draft Blueprint – 29 January 2019
- Engagement and feedback from partners on draft 1 – during February 2019
- Draft 2 approval through L-PAT and HWB – 26 March 2019
- Blueprint launch – 5 April 2019

It is intended that the Blueprint will describe future actions in the form of district activity plans alongside themes reflecting health-related opportunities, the use of the urban and rural outdoor spaces, active travel, workforce development, workplace health, building on community assets and challenging social norms.

## **2. Conclusion**

The L-PAT developments to gain a consensus and strategic direction for physical activity and health gain in Lincolnshire through the production of a Blueprint for a More Active Lincolnshire are underway with activities focusing on the preliminary phases of Set Up and Building the Local Picture with authorities and partners.

Through the coming weeks district health and wellbeing partnerships and themed based working groups will map the local reality of why physical activity matters locally and determine plans to embed physical activity into policies, plans and actions that will contribute to the Blueprint and meet the goals and high level objectives agreed by the L-PAT Executive Group.

The progress being made is an excellent starting point to-date. The garnering of the collective ambitions, shared goals and outcomes will be made, along with the building of relationships with a wide range of partners to realise this ambition.

## **3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

Physical Activity is a theme of the refreshed JHWS and there is a JSNA: physical activity topic. L-PAT has the responsibility of updating and maintaining this topic in the future.
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#### **4. Consultation**

None required.

#### **5. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Physical Activity and A Whole Systems Approach
Appendix B	Active People & Active Lives Surveys' Statistics (date)
Appendix C	L-PAT Executive Group Membership and Terms of Reference
Appendix D	Regulatory Powers and Responsibilities for Local Authorities regarding Health Improvement
Appendix E	Goals and Objectives

#### **6. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Philip Garner, LPAT Strategic Programme Manager, who can be contacted on 01552 552292 or [philip.garner@lincolnshire.gov.uk](mailto:philip.garner@lincolnshire.gov.uk)

Physical activity can include components of active living, active travel, recreation, exercise and sport:

**Active Living**

Housework  
Gardening  
Walking  
Play

**Active Travel**

Walking  
Cycling  
Running

**Recreation**

Exercise  
Dance  
Swimming  
Play

**Sport**

Informal sport  
Organised sport  
Structured competition  
Elite & professional sport

The determinants of physical activity and exercise can be categorised as demographic, social, environmental, cognitive and emotional:

- Demographics – age, gender, disability, socioeconomic status, economy
- Social – culture, education, health status, inequalities
- Environmental – design, travel, safety, pollution, access
- Cognitive – self efficacy, value, past behaviours, future behaviours, defaults
- Emotional - attitudes, experiences, costs, benefits, motivation.

Understanding which determinants the Blueprint seeks to influence will need to be assessed as to the strength of the relationship between the determinants and physical activity / inactivity varies and may or may not be amenable to change.

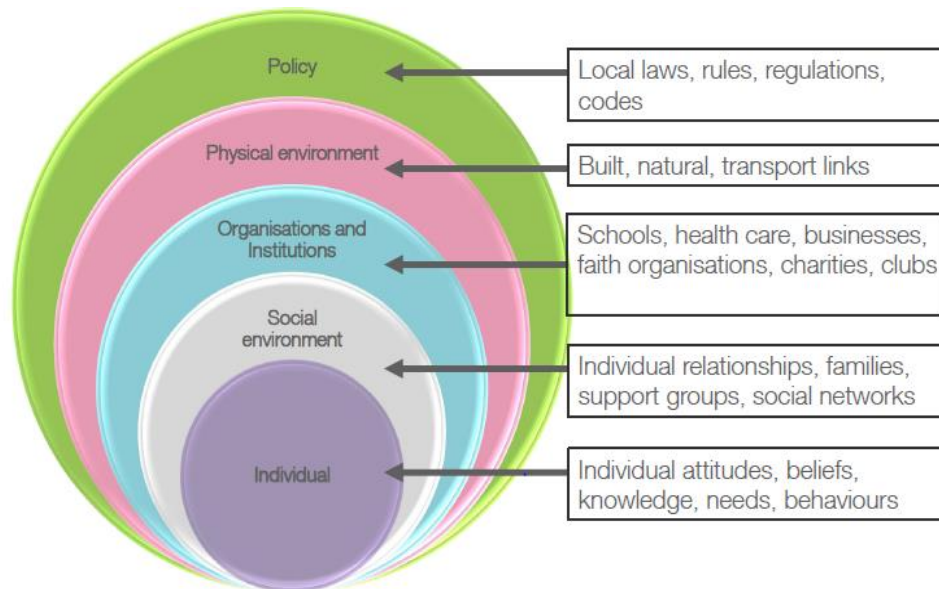
**Policies, Strategies and Plans for a Whole Systems Approach**

A range of international and national publications support a strong case for the promotion of active daily living through integrated approaches across health, education, sports, leisure, transport, planning and employment (International Society for Physical Activity and Health, 2010; Public Health England, 2014; Sport England, 2016; World Health Organisation, 2018). The potential contributions from local agencies could include:

- Planning and Design - creation and maintenance of environments that promote and enable access to safe places and spaces for daily activity
- Leisure – culture & heritage, recreation, exercise, sports development and participation, access to parks, allotments and outdoor spaces
- Education – physical education, sports and physical activity through the curriculum, extra-curricular activities, play and the community use of facilities
- Health – commissioning health improvement programmes (prevention), activity provision for people with specific conditions through clinical pathways (therapy and rehabilitation) and actions for a healthy workforce
- Voluntary and Community – community engagement, social prescribing, activity programmes, sports clubs and associations
- Commercial and Private Sector – access to facilities, outdoor spaces, sponsorship, employment and actions for a healthy workforce
- Media – promotion, publicity, celebration of success.

Many strategies recognise the value of tackling this challenge as a whole systems approach:





The 'whole system approach' provides a framework within which key stakeholders that influence and shape policy, the physical and socio-economic environment, organisations, communities and individuals and the provision of services can come together, share the reality of the challenge, consider how the 'whole system' is interacting and operating and where it might be feasible to intervene, agree actions and how, as a network, stakeholders can move forward together to bring about a sustainable shift in physical activity that will impact positively on the wider determinants of health as well as physical and mental wellbeing.

Figure: Active Lives Survey: Counties (May 2017/18 - Updated October 2018)

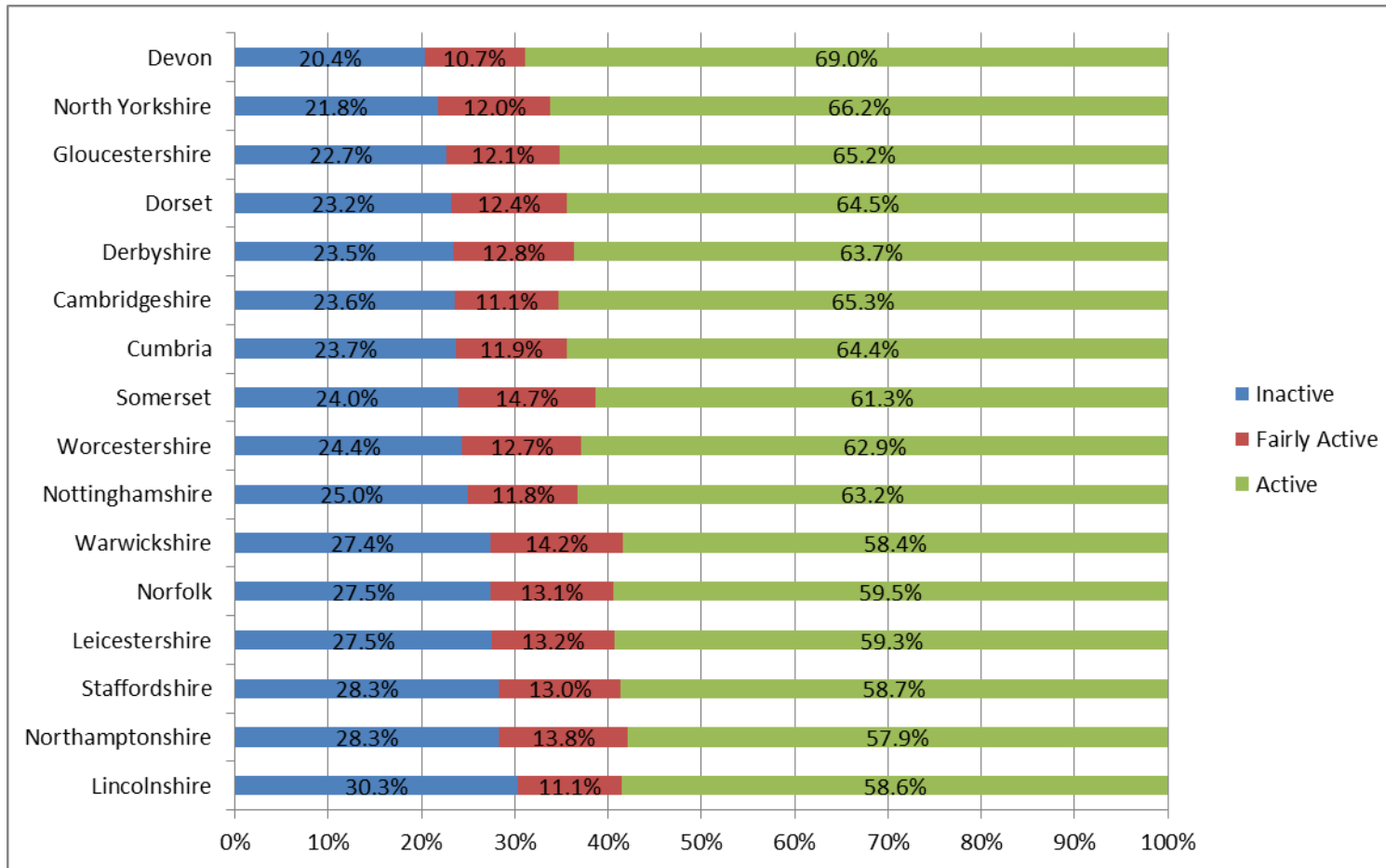


Figure: Active Lives Survey: Lincolnshire and Districts (May 2017/18)

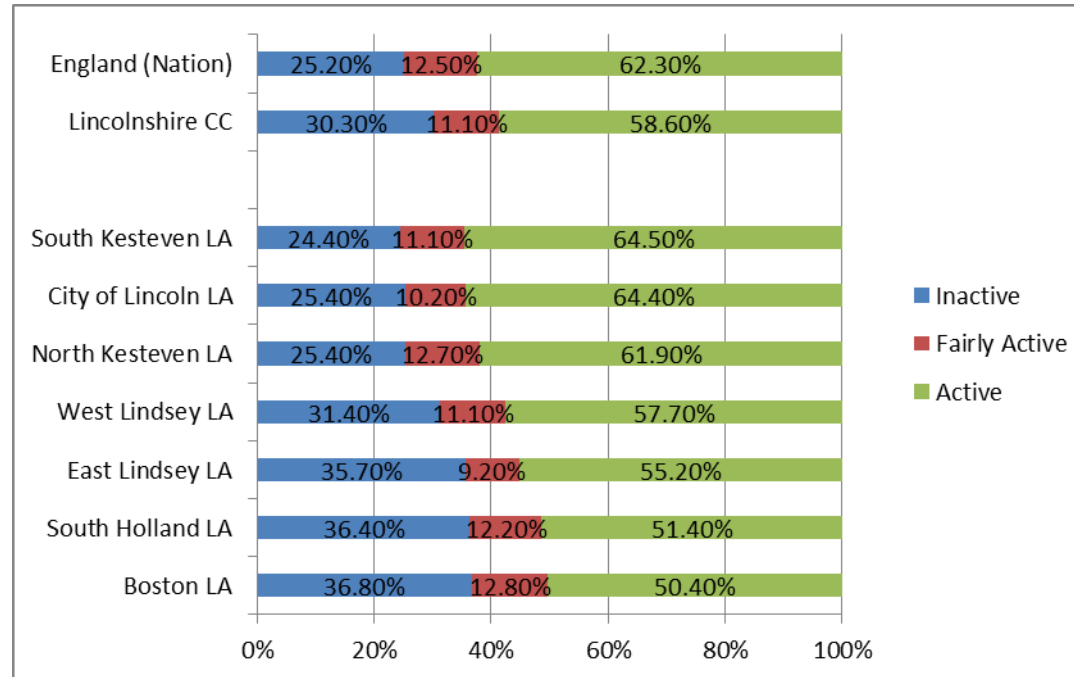


Figure: Activity Status by Local Authorities: 2012-2018

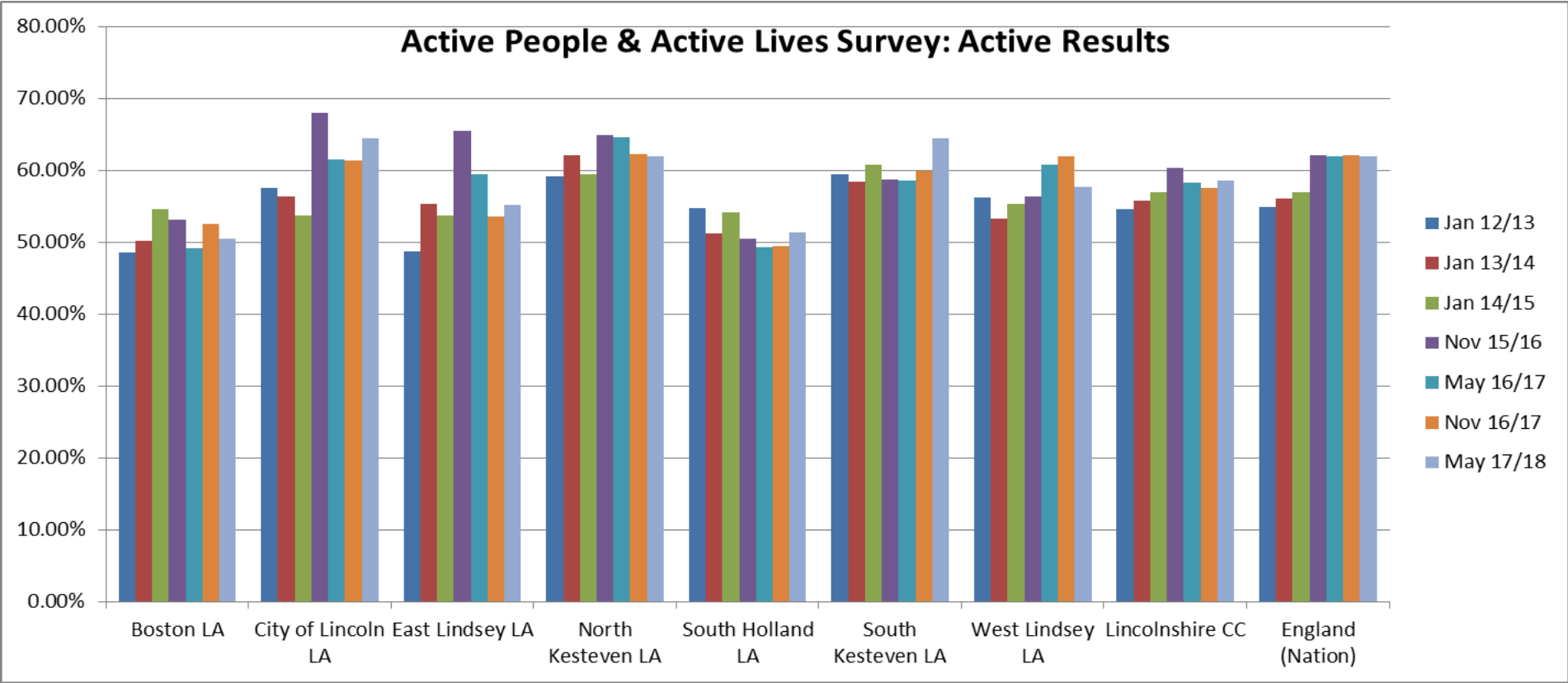
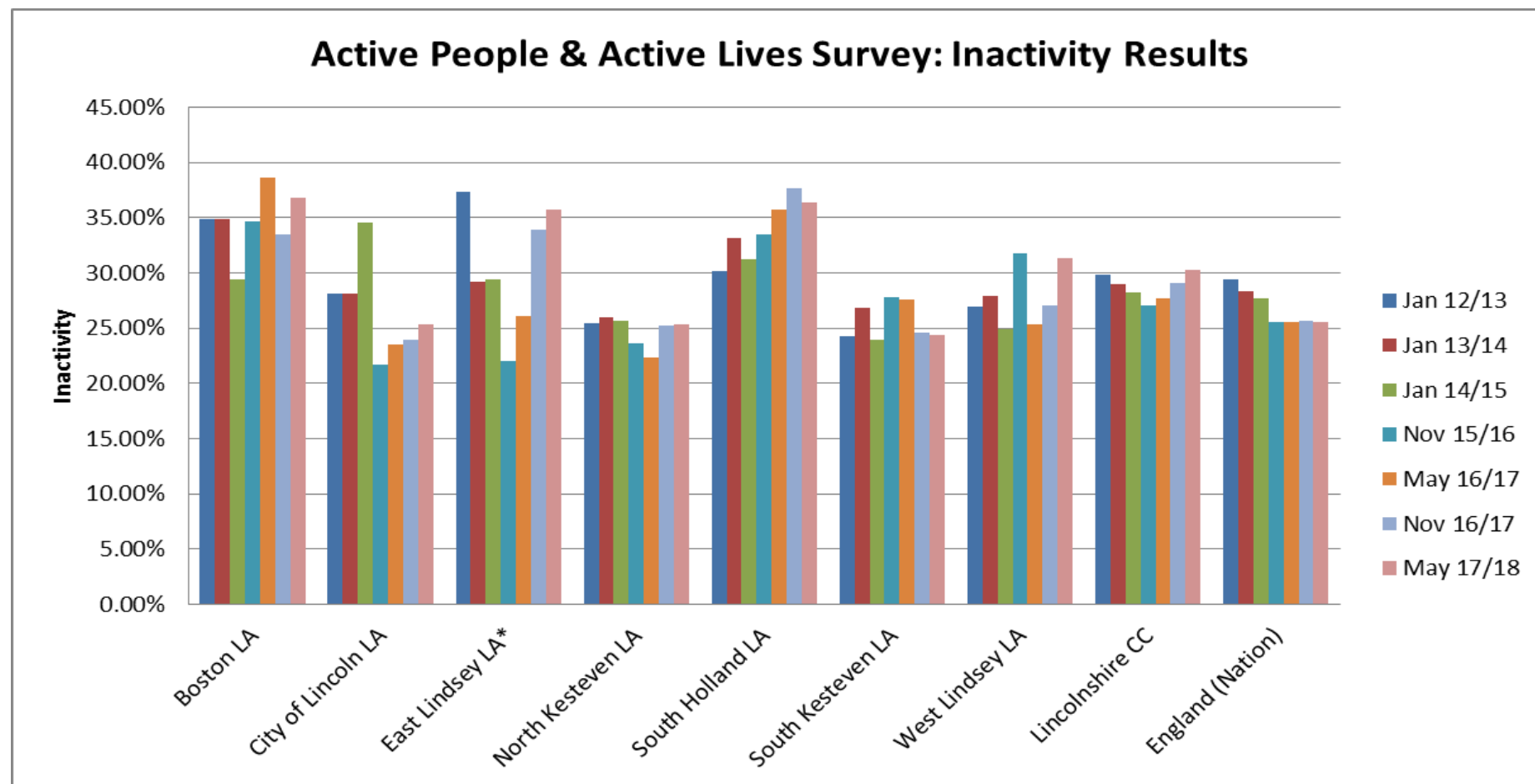


Figure: Inactive Status by Local Authorities: 2012-18



<b>Members of the Executive Group</b>	
Dr. Jayne Mitchell	Chair of the Taskforce
Cllr Sue Woolley / Dr Mike Thompson	ChairmanH&W Board
Robin Bellamy	Wellbeing Commissioning Manager
Bill Skelly	Chief Constable Lincolnshire Police
Ian Fytche	Chief Executive, North Kesteven District Council
Cllr Donald Nannestad	H&W Board member (Dictrict Councils)
TBC	NHS / STP
Dean Fathers	GLLEP/Private Sector
Sport England	Open invitation
Louise O'Reilly	Director of Strategy & Insight, Active Lincolnshire
Philip Garner	Strategic Programme Manager, L-PAT

# LINCOLNSHIRE PHYSICAL ACTIVITY TASKFORCE (L-PAT)

## EXECUTIVE GROUP

### Terms of Reference

#### Constitution

1. Active Lincolnshire, as coordinating organisation for the Lincolnshire Physical Activity Taskforce (L-PAT), approved by Lincolnshire Health and Wellbeing Board to develop and deliver a '*Blueprint for a More Active Lincolnshire*' (the Blueprint), has established an Executive Group to oversee the development and implementation of the Blueprint. The L-PAT Executive Group (the Executive) shall be responsible to Active Lincolnshire Board and accountable to the Lincolnshire Health and Wellbeing Board.

#### Membership

2. There shall be no fewer than six members; a quorum shall be at least four members. The Chair of the Executive should normally be recruited, selected and approved by the Active Lincolnshire Board, as the coordinating organisation.
3. Membership of the Executive shall normally consist of senior staff representatives of L-PAT organisations. The L-PAT Strategic Programme Manager will also normally be a member of the Executive. The Executive may, if it considers it necessary or desirable, co-opt members with particular expertise.
4. Members are expected to attend all meetings of the Executive, or give timely apologies if absence is unavoidable.
5. The likely overall time commitment required of the Executive is around six days per year including attendance at four Executive Group meetings and other L-PAT events.
6. Membership of the Executive is not remunerated.
7. Any member, or their nominee, who has been absent from meetings for a period of longer than eight months, except for a reason approved by the Chair, shall cease to be a member. Any member who is judged by the Executive to be unable or unfit to discharge the functions of a member shall cease to be a member of the Executive.

#### Term of Office

8. The formal start date of appointment to the Executive and / or any subgroups will be confirmed in liaison with the L-PAT Strategic Programme Manager. Appointment is for an initial term of 12 months, is reviewed annually and, subject to the requirements in the Blueprint, is eligible for reappointment for the duration of the L-PAT.

#### Voting

9. All members of the Executive shall be entitled to vote.
  - a. In the event of an equal vote on any matter, the Chair shall have a second and casting vote.
  - b. Any co-opted member of the Executive in attendance shall not have voting rights.

### Frequency of meetings

10. Meetings shall normally be held at least four times each year.

### Authority

11. The Executive is authorised to investigate and direct matters relating to the development and delivery of the Blueprint and its objectives. It is authorised to seek any information it requires from L-PAT staff, member organisations, contracted third party or delivery partner. All L-PAT staff are directed to co-operate with any request made by the Executive.
12. The Executive will review the progress of the development and delivery of the Blueprint and its objectives by receiving regular reports from the L-PAT Steering Group.
13. The L-PAT Steering Group shall undertake detailed scrutiny of the implementation of the Blueprint, comprising; Project Plans; Resources and Budget; Milestones and Measures of Success; Governance and Management; Risk Management; Composition of L-PAT, and provide to the Executive, for approval; progress reports with its recommendations and all documentation, completed in full and to specification, required by Active Lincolnshire Board and the Lincolnshire Health and Wellbeing Board.
14. The Executive is authorised to carry out any other duties delegated to it by the coordinating organisation, Active Lincolnshire, and / or Lincolnshire Health and Wellbeing Board.
15. The Executive is not authorised to make decisions on any matters which are specified in the Lincolnshire Joint Health and Wellbeing Strategy as being the prerogative of Lincolnshire Health and Wellbeing Board, or its sub-groups or specified in the individual strategies of any member organisation as being the prerogative of that organisation.

### Duties

16. The duties of the Executive shall be to:
  - a. Provide strategic leadership for the Blueprint, ensuring that the objectives meet the needs and priorities set by the Lincolnshire Health and Wellbeing Board
  - b. Advise the coordinating organisation, Active Lincolnshire, and the Lincolnshire Health and Wellbeing Board on matters relating to the development and delivery of the Blueprint and its objectives;
  - c. Develop and lead an approach to 'whole system change' required to support active lives across Lincolnshire, ensuring that physical activity becomes a central feature in policy and practice related to planning, transport, health and social care, economic development, education, and the environment.
  - d. Direct the strategic investment needs, identified within the Blueprint, that prioritise engaging inactive people and those demographic groups who are currently underrepresented with physical activity and sport.
  - e. Ensure that appropriate risk management and safeguarding arrangements are in place and appropriately maintained;
  - f. Consider such matters as may be referred to it by the coordinating organisation (Active Lincolnshire) and/or the Lincolnshire Health and Wellbeing Board and make recommendations as appropriate
  - g. Receive and approve regular reports on the progress of the development and delivery of the Blueprint and its objectives from the L-PAT Steering Group, direct its activities and hold the Group to account against agreed action plans.
  - h. Act as an advocate and champion within their own organisation, county-wide and nationally, where appropriate, for the L-PAT, ensuring opportunities for collaboration and communication are optimised.



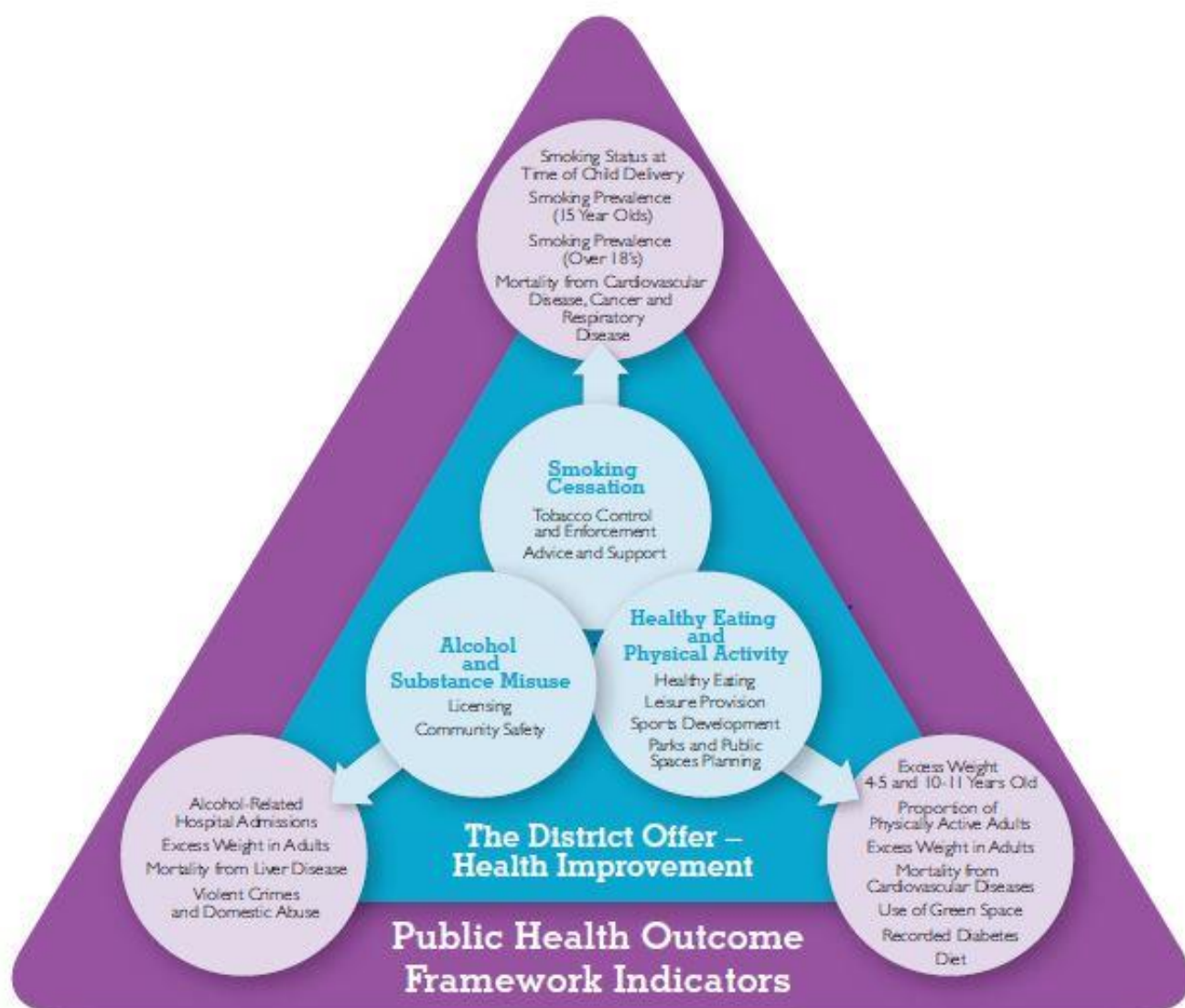
#### Reporting procedures

17. The minutes (or a report) of meetings of the Executive will be circulated to all members of the Executive.
18. The Executive will report progress on the development and delivery of the Blueprint and its objectives to the Active Lincolnshire Board and the Lincolnshire Health and Wellbeing Board in keeping with the schedule determined by Active Lincolnshire and Lincolnshire County Council.

#### Clerking arrangements

19. The Clerk to the Executive will be the L-PAT Strategic Programme Manager.

# Regulatory Powers and Responsibilities for Local Authorities regarding Health Improvement



Source: District Action Public Health,

### Goals and Objectives

#### Goal 1: Active Society:

Create a paradigm shift in Lincolnshire by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages

Objective 1.1 (information, knowledge and communication)

Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour.

Objective 1.2 (raising the profile, awareness and understanding)

Conduct county-wide, district-specific and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental co-benefits of physical activity

Objective 1.3 (engagement and participation for all, by all)

Implement regular mass participation initiatives in public spaces, engaging entire communities, to provide access to enjoyable and affordable, socially- and culturally-appropriate experiences of physical activity

#### Goal 2: Active Place:

Create and maintain environments that promote and safeguard opportunities for all people, of all ages, to have equitable access to safe places and spaces, in which to engage in regular physical activity, according to ability

Objective 2.1 (urban and transport planning)

Strengthen the integration of urban and transport planning policies to deliver highly connected neighbourhoods,

Objective 2.2 (active travel)

Improve the level of service provided by the transport infrastructure, to enable and promote active travel in urban, sub-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities

Objective 2.3 (active transport)

Improve road safety and the personal safety of people engaged in active transport

Objective 2.4 (open spaces and facilities)

Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports facilities by all people, of all ages and of diverse abilities in urban, sub-urban and rural communities

Objective 2.5 (work, education, public and recreation spaces)

Strengthen the policy, regulatory and design guidelines and frameworks, at the county and district levels, as appropriate, to promote public amenities, schools, health care, sports and recreation facilities, workplaces and social housing that are designed to enable

occupants and visitors with diverse abilities to be physically active in and around the facilities

### **Goal 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 and communities

#### **Objective 3.1 (children and young people education providers)**

Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for children and young people in early years, primary, secondary and tertiary educational institutions, to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.

#### **Objective 3.2 (community-based programmes)**

Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and coastlines) as well as in private and public workplaces, community centres, recreation and sports facilities and faith-based centres, to support participation in physical activity, by all people of diverse abilities

#### **Objective 3.3 (older adults)**

Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.

#### **Objective 3.4 (engaging the least active groups)**

Strengthen the development and implementation of programmes and services, across various community settings, to engage with, and increase the opportunities for, physical activity in the least active groups, as identified by each district, embracing positive contributions by all people.

### **Goal 4: Active Systems:**

Create and strengthen leadership, governance, multi-sectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource utilisation and implementation of coordinated county-wide and district-level action to increase physical activity and reduce sedentary behaviour

#### **Objective 4.1 (policy framework, engagement and coordination)**

Strengthen policy frameworks, leadership and governance systems, at the county-wide and district levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours. This includes multi-sectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour and progress monitoring and evaluation to strengthen accountability.

#### **Objective 4.2 (evidence-based decision making, monitoring and accountability)**

Enhance data systems and capabilities at the county and, where appropriate, district-specific levels, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development of monitoring systems of wider sociocultural and environmental determinants of physical inactivity; and regular multi-sectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice.

**Objective 4.3 (research, innovation and evaluation)**

Strengthen the county-wide research and evaluation capacity and stimulate innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.

**Objective 4.4 (advocacy and leadership in Lincolnshire)**

Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the county-wide and district-specific levels, targeting key audiences, including but not limited to high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.

**Objective 4.5 (education and training)**

Strengthen pre- and in-service training of professionals to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the sectors of: transport, urban planning, education, tourism and recreation, sports and fitness, as well as in grassroots community groups.

**Objective 4.6 (primary and secondary health services)**

Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate.

**Objective 4.7 (long-term sustainability and resource management)**

Strengthen financing mechanisms to secure sustained implementation of county-wide and district-specific action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.

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