



UNIVERSITY OF
GLOUCESTERSHIRE

This is a peer-reviewed, post-print (final draft post-refereeing) version of the following published document and is licensed under All Rights Reserved license:

Crone, Diane ORCID logoORCID: <https://orcid.org/0000-0002-8798-2929> and Baker, Colin ORCID logoORCID: <https://orcid.org/0000-0001-8971-2829> (2009) Physical Activity Interventions in the Community. In: Physical Activity and Health Promotion: Evidence-based Approaches to Practice. Wiley-Blackwell, Chichester, pp. 110-129. ISBN 978-1-4051-6925-7

Official URL: <http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1405169257.html>

EPrint URI: <https://eprints.glos.ac.uk/id/eprint/4396>

Disclaimer

The University of Gloucestershire has obtained warranties from all depositors as to their title in the material deposited and as to their right to deposit such material.

The University of Gloucestershire makes no representation or warranties of commercial utility, title, or fitness for a particular purpose or any other warranty, express or implied in respect of any material deposited.

The University of Gloucestershire makes no representation that the use of the materials will not infringe any patent, copyright, trademark or other property or proprietary rights.

The University of Gloucestershire accepts no liability for any infringement of intellectual property rights in any material deposited but will remove such material from public view pending investigation in the event of an allegation of any such infringement.

PLEASE SCROLL DOWN FOR TEXT.

Chapter 6 Physical Activity Interventions in the Community

Crone, D. and Baker, C.

Introduction

This chapter provides a review of UK based physical activity interventions within the community and concludes with a contemporary case study, an example of a way of working which may dominate physical activity promotion for many years to come. The chapter explains the nature of interventions in the community and their variety, both in design and in target population. It then explores a contemporary approach to the promotion of physical activity within the community currently being adopted by the government and implemented at county level within England. The development of County Sports Partnerships across England attempts to draw together all the relevant organisations and agencies who are involved in the development and delivery of sport and physical activity in an attempt to raise physical activity level by 1% per annum, within the community (Sport England, 2004).

The chapter aims to:

1. Present an historical perspective of physical activity interventions within the community since 1997,
2. Explain the political developments that have led to the establishment of Community Sports Partnerships throughout England,

3. Describe and critique the role, function and potential effectiveness of these Partnerships for physical activity levels within England.

Physical Activity Interventions in the Community: An Historical Perspective in the UK.

Since the epidemiological evidence regarding the role of physical activity for health has been accepted, and international bodies such as the World Health Organisation and national governments in the western world included its promotion within policy documents, physical activity initiatives have proliferated and are now widespread in both their number and variety of design.

Many interventions, for example in Scotland, have been led by a national physical activity strategy (Scottish Executive, 2003) however in England it has more commonly been through partnerships between local government and primary and secondary care health authorities (for an example partnership approach to exercise referral schemes see Crone et al., 2004). As a consequence of a localised response to the development of interventions, these have varied in design, delivery, funding and evaluation protocol. As such, the quality of these interventions in terms of design, delivery and effectiveness has also been wide-ranging (Gidlow et al., 2008). Subsequently, the evaluation and development of an evidence base underpinning these interventions has also been varied and not necessarily conclusive regarding their potential role in striving to increase physical activity levels within the community (Gidlow et al., 2008).

Despite these problems however, example of interventions in the community are wide spread and include, for example, the following:

- walking programmes for people with mental health problems,
- community based cardiac rehabilitation programmes,
- football programmes for people with special needs,
- exercise referral schemes to address health inequalities ,
- exercise and weight management programmes for people who are over weight or obese
- falls prevention exercise classes for the elderly.

A brief explanation of these programmes is provided in table 6.1.

Table 6.1 A Summary Review of Example Community Interventions

Name of Intervention	Key organisations involved	Target Group	Funding Source	Description of intervention
Walking Back to Health	South Somerset and Taunton Deane Primary Care Trusts, Somerset Sports and Activity Partnership, Somerset Partnership	People with long term mental health problems.	Somerset Sports and Activity Partnership	The project targeted service users and involved a monthly walk in the countryside. Participants were picked up by minibus at arranged rendezvous points, usually their supported living residence or day centre. The group travelled to the location of the walk, which was pre planned and arranged by the project coordinator. Locations for the walks included both picturesque and educational settings, for example, Areas of Outstanding Natural Beauty and land owned or managed by organisations such as Somerset Wildlife Trust and the Royal Society for the Protection of Birds (RSPB). Walks often

	NHS Mental Health Trust, University of Gloucestershire.			included educational talks from guides about a range of interests including wildlife, the herbal usage of plants, and fauna and flora. They also included a range of locations ranging from trails in woods, lakes and on coastlines (see Crone (2007) for a review of the findings).
Stepping Stones	Mendip District Council, Mendip Social Services, Western Community Leisure, Adult Learning	People with special needs living in the community.	Somerset County Council	The aim of the project was to offer taster sessions to adults with learning disabilities with a view to them accessing mainstream leisure provision. Taster sessions included 'Flexercise' (a chair based activity programme) sports and activity sessions in both day care and Leisure Centre settings with activities including circuit training, badminton, bowls, tennis, basketball, and Health Walks. In addition to the taster sessions a 'Buddy scheme' was developed where registered volunteers acted as a buddy and joined in a whole host of leisure activities with service users to facilitate access to a whole range of activities including carriage riding, and dog walking.

				Between 200 and 300 adults with learning difficulties were introduced to physical activity per year – simultaneously encouraging staff and carers to join in too!
Community-based Phase III and IV Cardiac Rehabilitation	Mendip PCT, Mendip District Council.	People who have experienced a cardiac event such as a myocardial infarction.	Mendip PCT	The aim of the initiative was to initially develop Phase III cardiac rehabilitation in a rural area of Somerset. Previously Phase III Cardiac Rehabilitation was only available through the county hospitals which were more than 20 miles away from this District. The local PCT funded the Fitness Instructor training programmes for local instructors to become qualified British Association for Cardiac Rehabilitation Phase IV instructors. Once the Fitness Instructors were qualified they developed, in partnership with health care professionals, to establish both Phase III and IV classes in the local community in leisure centres and community centres. Sustainability has been assured through leisure centres managing and running these sessions, and through participant contributions for attendance.

<p>Obesity Management in Somerset</p>	<p>Somerset Sports and Activity Partnership, District Councils (Mendip, Taunton Deane, Somerset Coast, South Somerset), Primary Care Trusts, GP Practices, Leisure Services,</p>	<p>People who are either overweight or obese.</p>	<p>Active England (Sport England Opportunity Fund)</p>	<p>The aim of the referral scheme is to enable people who have a BMI of 40+ (with no co-morbidities) or a BMI of between 28-40 (with co-morbidities) to access lifestyle counselling, a support group and physical activity sessions from trained and experienced fitness professional. Lifestyle counselling took place within the GP practice and participants were referred to both a support group within the practice, and exercise sessions within the local community, when they were deemed 'ready' to start. Further counselling and support to facilitate behaviour change was provided by the Fitness Professionals, through the support group and in partnership with the health professionals.</p>
---------------------------------------	--	---	--	---

	Fitness Professionals.			
Healthwise Physical Activity Referral Scheme	Greenwich Leisure Limited, Greenwich Teaching Primary Care Trust, Greenwich Council, University of Gloucestershire.	People with known health inequalities within the borough of Greenwich.	Single Regeneration Budget funding	The main aim is to ensure that affordable, accessible opportunities are provided for people to become more physically active to improve the health and well-being of the local population and reduce health inequalities. Patients are referred from health professionals. The scheme utilises five leisure centres in the Greenwich area for exercise options such as gym based supervised sessions, circuit training and exercise to music sessions. A facilitator is assigned to the patient to assess and oversee their progression. The scheme was provided at a subsidised rate to the referred patients. The scheme's duration was between 12 to 26 weeks, depending on the patient's progress (see Mills et al., in press) for a description of the project).
PROGESS (Programme	Mendip, Taunton Deane,	Older people	Department of Trade	The project had two aims:- <ul style="list-style-type: none"> • to provide a nationally recognised training course for

of Referral to Exercise, Safety and Support)	Somerset Coast, South Somerset Primary Care Trusts, Leisure Services, Fitness Professionals.	who were at risk from falling.	and Industry.	fitness professionals and physiotherapist to lead safe and effective falls prevention exercise classes <ul style="list-style-type: none"> to deliver a six month intervention of falls prevention exercise classes for people at risk from falling. Participants were referred from primary care, usually a falls clinic, to a programme of structured exercise at a local leisure centre. The classes were specifically designed to prevent falls, led by one of the trained fitness professionals and the project also included a home exercise pack (see Stathi and Crone, 2005 and Crone and Stathi, 2005 for a summary of the evaluation of the project).
---	--	---	------------------	---

The diversity of funding sources and partners involved (from the examples provided) highlights the variety in intervention practice across the country. Furthermore, they identify a contrast between the central Government's acknowledgement of their worth in public health documents and a lack of main stream funding for physical activity projects. Numerous policy documents, since 1997 (when the Labour government were elected), have been produced extolling the benefits of physical activity for health (Department of Health, 2004a), recommending its use in the maintenance and promotion of health and treatment of poor health (Department of Health, 2004b) and to address health inequalities (Department of Health, 1999). Furthermore many of these documents have given community interventions as examples of good practice. All of these facts points to a fundamental issue that lies at the heart of developing effective physical activity based interventions where there is a clear intention to promote better public health, but uncertainty over the methods to achieve this.

Part of the reason the management and implementation of community physical activity interventions has been shared by a wide range of organisations is because within England the responsibility for the promotion and leadership of sport has traditionally been the remit of Sport England (previously The Sports Council). For many years their remit has not included the concept of physical activity. However, in 2001 there was a significant shift in the perspective taken by the Government when they published 'Game Plan: A Strategy for Delivering Government's Sport and Physical Activity Targets' which was the first document published by a British government that combined the promotion of sport, from grass routes participation to elite performance, with the promotion of

community based physical activity promotion for health improvement. Boldly, this document set targets for the improvements in base line physical activity levels. This document was significant in that it combined, for the first time, the promotion of sport *and* physical activity for England. It also charged Sport England, along with partners in health, local government and the community, to contribute towards increasing national physical activity participation levels, currently 30%, to a target of 70% by 2020, of the population undertaking physical activity for at least 30 minutes of moderate activity per day, on a minimum of five days of the week. This ambitious target has since been amended to 50% by 2011 (Department of Health, 2005). Despite these targets being set, however, there was still no mention of significant funding for physical activity promotion until after the publication of the Chief Medical Officer's (CMO) report on the relationship between physical activity and health (Department of Health, 2004a). The CMO's report, similar to the CMO Report, again highlighted the low proportion of people not taking part in recommended levels of physical activity and as a consequence the Department of Health, the Countryside Agency and Sport England funded the LEAP (Local Exercise Action Pilots) project. The LEAP project aimed to develop and evaluate interventions designed for people with poor health, who were not meeting the national recommendations for physical activity (Leeds Metropolitan University, 2007). Ten sites within the country were identified situated in Primary Care Trust areas and each site piloted more than one physical activity interventions, for example exercise referral, peer mentoring, motivational interviewing, and so on. Findings from the evaluation regarding increases in physical activity levels were mixed (for further information on the projects and evaluation see Leeds Metropolitan University, 2007 and Dugdill and Muirhead,

2007). Although the funding of the LEAP project was commendable, it was unfortunately not available to all areas of the country. This shortfall highlighted that although there are ample references concerning the need to promote physical activity in policy and even in the setting of targets, little has been provided nationally, in terms of financial support and profile, especially when compared to that of the smoking cessation or healthy eating campaigns that have occurred in recent years.

The ambitious targets set out in Game Plan established the long term vision for participation in sport and physical activity. In addition to setting targets, the document adopted a prescriptive approach in terms of how the conditions for increased participation could be created. This was with a view to increasing participation in sport and physical activity within all sectors of society, an approach that had not previously been adopted within government policy in the United Kingdom. Although the relative merits of sport have long been recognised in terms of their positive effect on people and communities little consideration had been devoted to developing strategies and systems to deliver these benefits long term. Game Plan was unique in that it adopted an evidence- based approach concerning the positive impact of participation and sought to integrate this directly into a comprehensive framework in order to deliver positive outcomes to all parties. This necessarily placed emphasis on reform that considered end users of sport and physical activity initiatives as fundamental to policy and planning. Game Plan recognised the need to address the lack of joined up working between public and private sectors which had developed due to the previously ad hoc nature of policy development and the emergence of physical activity interventions within the community. Neither had appeared to be

effective in, either informally or strategically, drawing private and public bodies together to share strategies on issues that crossed the boundaries of health and social welfare. As a result, across an array of contrasting strategies, local authorities developed facilities and interventions that provided opportunities for participation without necessarily developing the means to sustain this long term, or with appropriate evaluation methods at the heart of their development. Consequently, partnership working has been highlighted as a critical component in the sustainable provision of facilities and wider initiatives for participation. Alongside this is the challenge to establish criteria against which performance can be measured and evaluated in order to develop evidence for best working practices. In response to Game Plan, statutory and non governmental bodies overhauled the system for delivering sport and physical activity in the community. This has led to a new emphasis on joined up policy making, investment and delivery processes whereby partners share collective responsibility for end user experiences and share accountability for public spending.

Sport England is the main springboard for population-wide participation in community sport because it is poised between high level government and local communities in England. Although embedded in a sporting context, concepts of physical activity are implied within the overall Sport England strategy which recognises that participating in sport does not necessarily appeal to all sectors of society. In 2004 it published The Framework for Sport in England (Sport England, 2004) as a direct response to Game Plan and sought to establish the means by which organisations could develop successful sports and physical activity strategies within local areas. In doing so it aligned the outcomes of

partnership working with increases in participation as criteria for success. In line with the recommendations made in Game Plan this framework document avoided focusing on developing whole-scale structures for delivering sport and instead sought to streamline working practices and coordinate decision making within existing sport structures where possible. This reflected a desire to better utilise local resources for traditional sports development initiatives as well as providing a conduit by which small scale physical activity projects could be developed and evaluated. The drive to develop collaborative working practices is not only indicative of a desire to improve cost effectiveness and financial accountability but also of a relatively weak evidence base regarding nebulous concepts of physical activity. The integration of increasing physical activity participation as a distinctive component within the framework is significant because it will allow practitioners to develop greater knowledge and understanding of what works within non-sport based initiatives. It is anticipated that by using collaborative approaches that transcend professional boundaries the framework is the best means by which to increase and sustain participation in all forms of physical activity, including traditional sport initiatives. The framework (Sport England, 2004) is supported by the establishment of nine new Regional Sports Boards and Whole Sport Plans developed by the National Governing Bodies (NGBs) of thirty-two priority sports (identified by Sport England in 2003), and as such, for the first time has focused strategic planning for community sport *and* physical activity in England, at the heart of which lie County Sports Partnerships.

County Sports Partnerships: organisation and purpose

County Sports Partnerships (CSPs) were launched by Sport England in 2005 with the intention of developing more effective means of drawing together local stakeholders, such as further education colleges, local authorities, Primary Care Trusts, involved with raising participation in physical activity and sport in England. CSPs are key local agencies tasked with coordinating resources effectively to meet nationally determined objectives and locally identified priorities. Because physical activity and sport initiatives cut across many policy areas such as social care and the environment, these functions constitute an important part of local health agendas. As such, successful projects can contribute significantly to the Audit Commission's Comprehensive Performance Assessment (CPAs), part of a public services management framework used to monitor standards within policy areas managed by local authorities (Local Area Agreements). Forty-nine such partnerships exist within England providing strategic direction, financial management and performance measurement. Essential to their role is the ability to determine at a local level the best means by which to achieve national objectives for sport and physical activity participation (PSA.1 and PSA.3), outlined by the Department for Culture, Media and Sport in 2005 (DCMS, 2005). This is achieved through communication with NGBs at the local level and Community Sports Networks which consist of organisations directly involved with the delivery of sport and physical activity in communities, particularly Local Authority bodies. These networks are a fundamental link in the chain that ensures elements of financial accountability and cost effectiveness at the point of delivery are satisfied concurrent with Government safeguards on public spending. The function of CSPs is to deliver lasting change in local areas by providing open channels for communication between regional partners, such as the education

sector, and those at the community level, such as sports clubs. This is a direct consequence of the recommendations for improved partnership working at the strategic level made in Game Plan. Essentially, CSPs act as high level decision making bodies capable of overseeing the development of various local initiatives whilst remaining firmly embedded in the nationwide network of Sport England.

Essential to the operation of CSP's is the role performed by dedicated Sport England teams. These specialist teams consisting of professional managers, coaches and administrators form a central hub which link with local partners. They function as coordinators for sub-regional strategy, funding, and advocacy for sport and physical activity within their respective areas and develop essential administrative and business systems to facilitate this. Funding is received from a combination of Exchequer and Lottery sources with additional support from local authorities, Primary Care Trusts, NGBs and businesses. Many of these teams are still in their infancy and rely on a small number of staff to perform the day to day business functions with financial and operational support coming from partner organisations. This reflects an incremental top-down bottom-up approach that attaches significance to shared objectives between partners engaging together in the development of strategy from its inception and joint responsibility for its delivery.

The Single Delivery System

The organisational ethos of contemporary partnership working is firmly embedded within the Single Delivery System, seeking to devolve power to communities whilst maintaining

a central administrative hub as the main point of contact. Within this context lies the potential for progressive and considered local initiatives that appreciate the complexity of contemporary sport delivery. This reflects exactly the sentiments of Lord Carter who identified a lack of joined up working as a fundamental barrier in effective sports provision and an unnecessary duplication of resources (Lord Carter of Coles, 2005).

The adoption of partnership working as a fundamental aspect of the sport and physical activity agenda in England is a genuine attempt to develop initiatives that are driven by local needs. As a consequence the myriad of organisations, clubs and other bodies involved in decision making rely on a complex set of relationships to produce meaningful outcomes. This represents a serious challenge to the ways in which organisations function and the ways in which their representatives think. At best these relationships may produce cost effective initiatives that reach target populations with a high rate of success. Alternatively, as Newman suggests, partnerships may create illusory units masking fundamental differences in power and resources characterised by elements of tension and conflict (Newman, 2001). Thus a fundamental issue facing partnership working is the question of identity. Partnerships challenge organisations to understand their position within a broader health perspective that espouses the merits of participation without losing sight of their traditional perceptions of identity and purpose. CSPs play a critical role in developing links with partners that encourage openness between partners and a commitment to the values that lie at the core of Sport England's framework for delivery in the UK. The Single Delivery System is a significant role in this aspect in that it clarifies relationships between different agencies and organisations by highlighting their

relative positions and facilitates cohesive relationships so that notions of partnership working may become manifest in real and purposeful action. This system seeks to ensure:

- A single strategy for sport.
- An evidence based approach.
- Rigorous performance management.
- Effective targeting of investment.
- Joined up working practice.

The basic tenets of this system of working (e.g. the implied equity of relationships between partners) stem from a fundamental assumption that only through equitable partnerships can equitable outcomes be developed (for an exploration of equity in health see Rootman et al., 2001). Such is the potential diversity of members within the system that the contribution of sports partnership initiatives may be felt across broad health and social agendas. Partnership working, as a tool for engagement, develops opportunities for contrasting sectors (e.g education and health), to maximise the use of resources by effectively aligning agendas where appropriate. This is a consequence of the pervasive political requirement for the public sector to collaborate with society at large in order to achieve genuine, citizen-centred, services (Coulson, 2005). The Single Delivery System eschews the dangers of an inwards-looking ‘silo’ mentality (Walter et al., 2003) in favour of a doctrine that is receptive to the idea of working with a variety of sectors. This parallels recommendations and ways of working within other government agencies (Department of Health, 2000a; 2004b; DfES, 2005; NICE, 2006), and facilitates the

meeting of key health, education and local authority representatives working towards the common objective of improving public health across all sectors of society.

Ultimately, this system seeks to develop accountability through shared action with partners who are able to understand their role within the framework for sport in England. As such the system is integral to the functioning of partnerships between high level political institutions, lower level strategic bodies and the participants in sport and physical activity. It lends itself to be a useful tool for identifying opportunities and problems because there is no delineation with regard to specific organisations, sports or population groups. The benefits of this are twofold. Firstly, this flexibility adds value to the provision sport and physical activity in England because users at all levels are able to employ it within planning, development and delivery stages regardless of the nature of activity. This may be defining a working process, designing strategies or developing links between local organisations. Secondly, it underpins and supports defined pathways in other sporting areas (such as the Youth Sports Trust and UK Sport) by encouraging and supporting the conditions for sporting success without redesigning systems already in place in these specific organisational areas.

[Diagram - The overlapping links in the Single Delivery System]

Perhaps the singularly most challenging issue facing the successful implementation of the Single Delivery System is the lack of evidence concerning the effectiveness of targeted interventions and how best to evaluate them. Although the efficacy of sport and physical

activity for health is now accepted (Department of Health, 2004a), the methods by which these benefits are delivered successfully into communities are at best ad-hoc and at worst ineffectual. This may be the result of the variances in quality and type of advice being offered to health professionals involved with developing local strategies (Dugdill *et al.*, 2005; Dugdill and Stratton, 2007). In the case of contemporary partnerships there exists a danger that the political rhetoric of joined up working is not being matched by a corresponding understanding of how to deliver successful outcomes at the local level (Halliday *et al.*, 2004). As a consequence, resource-intensive interventions may neither improve health status nor provide cost effective designs. Within the context of sport in England, the Active People Survey (Sport England, 2006) sought to redress the lack of evidence concerning population scale participation by developing a large scale database of sport and physical activity habits across England. It is anticipated this data will assist partner organisations in understanding local trends in sports participation and better enable them to develop opportunities that deliver long term effects. Given the relative infancy and continuing emergence of local partnerships, it is unlikely that this information will impact outcomes in any significant way until the methods by which to employ it are developed across the regions. However, in terms of understanding population level trends and local patterns of participation the Active People Survey is a significant step forwards and develops an ongoing tool for performance measurement by establishing key evaluation criteria. Possible barriers to its future usefulness are outlined further below.

Within public service mechanisms such as the Single Delivery System it is recognised that there are inherent risks that have the potential to stifle efficiency and effectiveness of partnerships (Audit Commission/National Audit Office, 2006). A lack of clarity between partners concerning desired outcomes potentially gives rise to situations where resources are insufficiently aligned for the desired effects to take place. As such there is a new imperative for research that seeks to determine the nature and effects of factors within partnerships. Current safeguards within the delivery system formalise partnership agreements in order to develop measures of accountability between those involved. This provides a potent tool for maintaining the collective focus of partners during the development and implementation of interventions and initiatives. These include criteria that must be met by potential partners and actions plans outlining the use of resources to effect change. The relative differences in stages of partnership development currently mean that these safeguards may vary in strength and nature across England. Within this operational context at every stage is the fundamental issue of how best to define effective partnership working practices.

Although government policy has for some time recommended that organisations develop ways of working together towards common objectives within the health agenda (Department of Health, 1999; 2004b), there is a danger that the relative benefits of partnerships are assumed without necessarily being incorporated into in practice in any meaningful way. This is because evidence tends to be based on studies focusing on the principles of partnership processes rather than assessing the outcomes they generate (Boydell and Rugkåsa, 2007). This emphasis should serve to remind organisations that

alongside the diversity that partnerships embrace sit difficult methodological questions in determining their true validity within sport and physical activity provision. The current research agenda by implication must distinguish investigations pertaining to the outcomes of partnership working and the outcomes of interventions and initiatives (El Ansari and Phillips, 2001). In response to the current gaps in knowledge concerning the efficacy of partnerships, McDonald (2005) calls for more contextual analysis to determine not prescriptive models of practice but theories capable of distinguishing between types of partnerships. This approach has value in that it may develop a more realistic understanding of the benefits, potential contradictions and processes involved within partnerships. Considering that valuable data already exists concerning population level participation there is an urgency to develop and refine mechanisms and approaches with which to make use of it. It is likely that until the role, relevance and contextual dynamics of partnerships are better understood, partnerships seeking to address issues of participation and non participation may have limited effectiveness. The case study below explores this in more detail.

Case Study: Active Gloucestershire – an effective way of partnership working to increase community participation?

The following case study profiles local aspects of the delivery system and seeks to demonstrate the practicalities involved in establishing partnerships for community health improvement.

Demographic profile of Gloucestershire (source: Gloucestershire County Council, 2005)

- The population figure for Gloucestershire in mid 2005 was estimated as 575,200 people, which represented an average increase of 0.49% or 2,614 people per year since 1991 although this growth is slowing.
- There was an overall trend of falling fertility rates at County and District level and despite anomalies in 2005 this continued to be below the required replacement fertility level, reflecting the national trend.
- The majority of population growth across the county over this period was attributable to net in-migration, which accounted for over 86% of the increase.
- The latest life expectancy estimates increased slightly to 77.7 years for men and to 81.7 years for women. This mirrors national trends in which life expectancy has increased for men and women (to 76.5 years and 80.9 years respectively).
- There is a trend towards an ageing population. The growth of the elderly population continues to outpace that of the young population. Between 1991 and 2005 the proportion of pensioners in the county increased from 19.8% to 20.6%. The proportion of children aged under 16 decreased from 19.6% to 19.0%.

Active People Survey results (source: Sport England, 2006)

‘Active Gloucestershire’ serves the central administrative role for the County Sports Partnership in Gloucestershire. It is tasked with increasing and sustaining participation in sport and physical activity across the County. Partners include local authorities, the primary care trust and public and private organisations. Active Gloucestershire is part of the South West Regional Sports Board and shares its vision for physical activity and sport participation laid out by the DCMS with all English counties. To achieve the necessary 1% year on year increase in sport and physical activity participation required to meet the Government objectives (DCMS/Strategy Unit, 2002), an additional 188,809 individuals need to be engaged in this region by 2012 to meet interim targets. Within Gloucestershire this figure equates to an additional 21,246 people undertaking regular activity. The county was measured against Key Performance Indicators (KPIs) set out by Sport England. These sought to develop a picture of the rates of physical activity and sport participation in England, and the type of people that were engaged with various activities.

KPI 1 measured participation against the current minimum recommendations for health enhancing activity (Department of Health, 2004a):

‘The percentage of the adult population (16 years and over) participating in at least 30 minutes of sport and active recreation ((including walking and cycling)) of at least moderate intensity on at least 3 occasions a week)’.

(Source: The Active People Survey, 2006)

Results of the Active People Survey identify that in the South West in 2006 21.9% of the adult population participated in 30 minutes of moderate intensity activity three times per week. This figure is higher than the national average of 21%.

Table 6.2 breaks down the local picture of activity into local districts within the County. Approximately *half* of the adult population in Gloucestershire do no sport and physical activity at all.

Table 6.2: Active People Survey results for Gloucestershire districts

	Zero days	1 to 3 days [nearly 1x30mins per wk]	4 to 7 days [1x30min per wk]	8 to 11 days [2x30min per wk]	12 or more days [3x30min per wk]
LA Area	%	%	%	%	%
Cheltenham	42.84	10.36	14.25	10.03	22.52
Cotswold	48.37	7.44	11.34	8.35	24.49
Forest of Dean	51.36	8.06	11.89	6.59	22.10

Gloucester	51.71	9.69	11.57	8.11	18.93
Stroud	48.12	9.19	11.09	7.67	23.92
Tewkesbury	48.09	8.72	12.34	8.35	22.51

(Source: Active People Survey, 2006)

Although the results for Gloucestershire tended to be at least the national average or above there were results that indicated some areas suffered from lower participation rates. The results for Gloucester City for Key Performance Indicator (KPI) 1 are considerably lower than the rest of the County. Gloucester City is in the bottom 25% of all local authorities in England although the data identified a trend of low level physical activity (1-2 sport or physical activity sessions per week). Nearly 52% of the adult population in this area reported as not engaging in *any* sport or physical activity in contrast with Cheltenham, a town only eight miles away that has the lowest level of self-reported non-participation in the South West Region (42.84%). This poses serious challenges to local partnerships to work effectively in understanding local variations in participation and opportunities. It is precisely this kind of localised discrepancy, in an ethnically diverse and economically deprived area, that partnerships are considered most effective at addressing.

Active Gloucestershire's relevance in this context is its role in the development and expansion of Community Sport Networks (CSNs). The development of Community Sport and Physical Activity Networks (CSPANs) within the county is a model for partnerships

that Sport England has endorsed in order to increase the effectiveness of local interventions and pump-prime partnerships where strategy is presently stalling. Essentially, these networks are CSNs but have been titled in such a way as to appeal to the whole spectrum of sport and physical activity partners and, as such, are not distinct from CSNs identified in the Single Delivery System. Under the current government funding cycle, CSPANs are able to obtain financial support to develop better strategic plans through staff training and communication systems that, it is hoped, deliver on promises of increased community participation. This demonstrates Sport England's fundamental objective to target resources at specific interventions rather than funding ill-defined and general interventions. However, as stated previously, the affirmation of partnerships as the critical factor in local strategy is a potentially insidious issue in that evidence concerning their effectiveness is still not conclusive. Thus it is only anticipated that financially supporting the sharing of knowledge and skills within partnerships will develop and entrench strong strategic alliances capable of effectively delivering sport and physical activity in the community. Whether this transpires in long term success is unclear. Despite this, in late 2007 Active Gloucestershire is involved with meeting representatives of each district with a view to establishing CSPANs throughout the county, eventually with the aim of establishing CSPAN forums that will operate as a central information channel for all districts. It is envisaged that this will provide a window through which local authorities are able to view the impact of partnership projects on the health and social agenda of the local strategic partnership.

The challenge facing these new CSPANs is to manage the development of partnerships so that they work effectively to deliver sport and physical activity projects. No reliable template currently exists within Active Gloucestershire or any other county organisation that accounts for the unique composition and purpose of these partnerships or ways in which to fill the gaps in knowledge within them. As such, Active Gloucestershire is working closely with the University of Gloucestershire to develop research into the nature and outcomes of this type of approach to deliver health improvement within local communities. It is anticipated that this will serve to generate evidence concerning both the effectiveness of the interventions and the effectiveness of the partnerships themselves. Given the proliferation of partnerships and the increasing reliance on their success for community health improvement, evidence must be gathered that not only proves their effectiveness through sound evaluation, but also that promotes the further development of certain working practices. This may have two significant outcomes vital to the long term success of interventions and partnerships themselves. Firstly, from a funding perspective this may allow for better informed decision making when making funding applications to the South West Regional Sports Board and when distributing funds to local projects. For county sport partnerships such as Active Gloucestershire, this may improve efficiency in an area where relatively little funding is guaranteed for new small scale physical activity projects in comparison to more established agendas elsewhere in community sport, such as school sports participation. Secondly, from a partnership perspective evidence that informs better working practices must be underpinned by high quality research standards (El Ansari and Weiss, 2006). This is needed in order to develop a more holistic impression of what constitutes a successful partnership and should combat the potentially

harmful effects of the contradictions and conflict inherent in contemporary local delivery systems.

Conclusion

As Active Gloucestershire seeks to roll out CSPANs across the County it is likely that some organisations will carry more influence in decision making for reasons of organisational experience and political clout. By its very nature the Sport England delivery system may potentially encourage power imbalances because it urges organisations to lead and evolve partnerships in order to maintain focus on interventions and good practice. The challenge to the emerging CSPANs is to both develop and contribute towards systems that safeguard equality at the decision making level and minimise the effects of traditional hierarchical partnerships that still dominate the sport agenda (McDonald, 2005). In essence this is the precise point at which friction is created where the top-down bottom-up approach to community health improvement meets. The challenge to Active Gloucestershire is to facilitate and act on the good will of organisations to think in new ways about how to best tackle the community health agenda. With the first conclusive Active People Survey results now in the public domain, adopting a realistic and evidence-based understanding that partnership working is necessarily complex may help to reinforce a commitment to finding solutions through intelligent compromise between partners.

Chapter Summary and Conclusion

Despite the lack of specific evidence that partnership working in physical activity development is an effective way of working there is support from policy and in practice for this way of working in health promotion as an effective method to achieve changes in population behaviour change. Furthermore since the Labour government were elected in 1997 they have always proposed a partnership approach to tackling health inequalities. For example, their first white paper, 'Saving Lives: Our Healthier Nation' (Department of Health, 1999), extolled the value of individuals, communities and government working together to improve the health of the nation in England. Their supplementary texts, too, followed this on providing specific support and advice for the development and implementation of partnership working (for example Department of Health, 2000c). The development of these current 'Partnerships' within each county in England are an opportunity, if they are to be evaluated, to establish the effectiveness of partnership working for the promotion of physical activity and ultimately whether they have an impact on the physical activity levels of the nation. Eclectic research and evaluation approaches and methods that investigate not only which interventions are effective but also what makes them effective, in terms of a way of working and the partnership processes involved within their implementation, are therefore essential. They are important not only to establish if Sports Partnerships are an effective way of increasing the physical activity levels of the nation but also in the development of a situation specific, evidence base (Geanellos, 2004). This will further support the current ways of working but also provide successive governments the necessary evidence base to develop working practices upon, in the future.

References

Audit Commission/National Audit Office (2006) *Delivering efficiently: strengthening the links in public service delivery chains*. London: The Stationary Office.

Blair, S. N., Cheng, Y. and Holder, S. (2001) Is physical activity or physical fitness more important in defining health benefits? *Medicine and Science in Sports and Exercise*, 33 (6), Supplement:S379-99.

Boydell, L.R. and Rugkåsa, J. (2007) Benefits of working in partnership: a model, *Critical Public Health*, 17(3), 217-228.

Coulson, A. (2005) A plague on all your partnerships: theory and practice in regeneration. *International Journal Of Public Sector Management*, 18(2), 151-163

Crone, D., Johnston, L. and Grant, T. (2004) Maintaining Quality in Exercise Referral Schemes: A Case Study of Professional Practice. *Primary Health Care Research and Development*, (5), 96-103.

Crone, D. (2007) Walking Back to Health: A Qualitative Investigation into Service Users Experiences of a Walking Project. *Issues in Mental Health Nursing*, 28(2), 167-184.

Crone, D. and Stathi, A. (2005) A Qualitative Evaluation of Older Peoples Experiences of The PROGRESS Falls Prevention Exercise Programme. *ISSP 11th World Congress of Sport Psychology*, 15 - 19 August, Sydney, Australia.

Department for Education and Skills (2005) *14–19 Education and Skills*. The Stationary Office: London.

Department of Health (1999) *Saving Lives - Our Healthier Nation: A Contract for Health*. London: The Stationary Office.

Department of Health (2000a) *National service framework for coronary heart disease*. London: The Stationary Office

Department of Health (2000b) *The NHS plan a plan for investment a plan for reform*. The Stationary Office: London.

Department of Health (2000c) *Working in Partnership: developing a whole systems approach*. The Stationary Office: London.

Department of Health (2004a) *At least 5 a week evidence on the impact of physical activity and its relationship to health*. London: The Stationary Office

Department of Health (2004b) *Choosing health: making healthier choices easier*.
London: The Stationary Office

Department of Health (2005) *Choosing Activity: A Physical Activity Action Plan*,
London: Department of Health.

DCMS/Strategy Unit (2002) *Game Plan: A Strategy for Delivering Government's Sport
and Physical Activity Targets*. London: Cabinet Office.

Department for Culture, Media and Sport (2005) *Five Year Plan Living Life to the Full*,
London: Department for Culture, Media and Sport.

Dugdill, L., Graham, R. C. and McNair, F. (2005) Exercise referral: the public health
panacea for physical activity promotion? A critical perspective of exercise referral
schemes; their development and evaluation, *Ergonomics*, Vol. 48, No's 11-14,
September-November; 1390-1410

Dugdill, L. and Muirhead, A. (2006) Wigan's Local Exercise Action Pilot (LEAP)
Programme Stepping Out 2004 - 2006. Available at:
http://www.ihscr.salford.ac.uk/CPHR/LEAP_report.pdf [accessed 05/10/07].

Dugdill, L. and Stratton, G. (2007) *Evaluating Sport and Physical Activity Interventions*
A guide for practitioners http://www.ihscr.salford.ac.uk/CPHR/LEAP_report.pdf. Available from:

www.sportengland.org/evaluating_sport___physical_activity_interventions.pdf [accessed 01/11/2007].

El Ansari, W. and Phillips, C.J. (2001) Partnerships, community participation and intersectoral collaboration in South Africa, *Journal of Interprofessional Care*, 15(2), 119-132

El Ansari, W. and Weiss, E.S. (2006) Quality of research on community partnerships: developing the evidence base. *Health Education Research*, 21(2), 175-180

Geanellos, R. (2004) Nursing based evidence: moving beyond evidenced based practice in mental health nursing. *Journal of Evaluation in Clinical Practice*, 10(2), 177-186.

Gidlow, C., Johnston, L.H., Crone, D., and James, D.V.B. (in press) Methods of evaluation: issues and implications for Physical Activity Referral Schemes. *American Journal of Lifestyle Management*.

Gloucestershire County Council (2005) *Gloucestershire Population Monitor*. Chief Executive's Support Unit: Gloucestershire County Council.

Halliday, J., Asthana, S.N.M and Richardson, S. (2004) Evaluating partnership the role of formal assessment tools, *Evaluation*, 10(3), 285-303

Leeds Metropolitan University (2007) *The national evaluation of LEAP: Final report of the national valuation of Local Exercise Action Pilots*. The Stationary Office: London.

Lord Carter of Coles (2005) *Review of national sport, effort and resources*. Available from: http://www.culture.gov.uk/NR/rdonlyres/083C36AF-DFF9-4C7A-9B25-06DF941E5AFB/0/Carter_report.pdf

McDonald, I (2005) Theorising partnerships: governance, communicative action and sport policy. *Journal of Social Policy*, 34(4), 579-600

Mills, H., Crone, D. and El Ansari, W. (in press) Key Concepts in Physical Activity and Public Health, **BOOK TITLE. PUBLISHER**, pg. XX.

NICE (2006) *Public health intervention guidance no. 2 four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling*. London: National Institute for Health and Clinical Excellence.

Newman, J. (2001) *Modernising Governance New Labour, Policy and Society*. London: Sage.

Rootman, I., Goodstadt, M., Hyndman, B., McQueen, D.V., Potvin, L., Springett, J. and Ziglio, E. (eds) (2001) *Evaluation in Health Promotion*. WHO Regional Publications: Copenhagen.

Scottish Executive (2003) *Let's make Scotland more active: a strategy for physical activity*. Edinburgh: Scottish Executive.

Sport in England (2004) *National framework for sport in England*. Available from <http://www.sportengland.org/national-framework-for-sport.pdf> [Accessed 15/09/2007]

Sport England Active People Survey (2006) Available from: http://www.sportengland.org/index/get_resources/research/active_people/aps_results.htm [accessed 20/09/2007]

Sport England (2004) *The Framework For Sport in England Making England an Active and Successful Sporting Nation: A vision for 2020*. Available from: <http://www.sportengland.org/national-framework-for-sport.pdf> [accessed 05/09/2007].

Stathi, A. and Crone, D. (2005) The impact of a Community-Based Falls Prevention Programme onto the Functional Ability and Quality of Life of Frail Older Adults. *ISSP 11th World Congress of Sport Psychology*, 15 - 19 August, Sydney, Australia.

Walter, I., Davies, H. and Nutley, S. (2003) Increasing research impact through partnerships: evidence from outside health care. *Journal of Health Services Research and Policy*,S2; 58-61.