PHYSICAL ACTIVITY NEEDS ASSESSMENT FOR PLYMOUTH 2015-2018

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1. INTRODUCTION

1.1 Being physically active is important for our health and wellbeing. There is now an abundance of evidence linking physical activity to health outcomes (Table 1, page 11). In addition, from evidence collated by the All-Party Commission on Physical Activity (2014), we know that:

- **Active children do better** – physical activity increases cognitive outcomes and school attainment, and improves social interaction and confidence (Department of Health 2014).

- **Active people do better** - physical activity reduces the risk of all-cause mortality by 30%, of heart disease by 20-35%, of diabetes by 35-50% and of dementia by 40-45% (Department of Health 2014).

- **Active workplaces do better** – physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50% (Davis et al. 2007).

- **An active population drives a stronger economy** - UK Active (2014) estimates that just a 1% reduction in the rates of inactivity each year for five years would save the UK around £1.2 billion.

1.2 Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally (World Health Organization 2015). Addressing physical inactivity will reduce the burden of preventable death, disease and disability, and support people and their communities to achieve their potential.

1.3 Locally, Plymouth City Council is committed to increasing levels of physical activity and reducing sedentary behaviour across the city through a combination of direct provision, working in partnership with relevant organisations and maximising available resources.

1.4 The purpose of this Physical Activity Needs Assessment is to gather local intelligence regarding the physical activity needs of the Plymouth population and to establish whether current provision for physical activity meets this demand. More specifically the objectives of Plymouth’s Physical Activity Needs Assessment are to:

- (1) review existing evidence, policies and guidance regarding physical activity at the local, regional and national level to:
  - provide the context for Plymouth’s Physical Activity Needs Assessment
  - identify barriers to being physically active
  - outline recommendations and interventions to increase participation amongst local residents

- (2) examine existing datasets to identify need and levels of participation in physical activity in Plymouth

- (3) map current provision for physical activity across Plymouth

- (4) outline key findings, gaps and recommendations

1.5 Locally, the findings will be used to inform the work of Thrive Plymouth (the city's 10-year plan to address health inequalities, which includes a focus on physical inactivity) and Plymouth’s Healthy Lives for Healthy Weight Action Plan. A Physical Activity Group is currently being set up
by the Office of the Director of Public Health (ODPH), Plymouth City Council, with relevant partners to inform this work. The ODPH is also collaborating with Public Health England to establish a Peninsula-wide Physical Activity Network Group dedicated to increasing levels of physical activity locally.

1.6 It is important to acknowledge here that conducting a Physical Activity Needs Assessment for a city like Plymouth is not an easy task. In terms of assessing need, currently available data regarding levels of physical activity both locally and nationally is fairly limited. In addition, there is a high volume of activity across the public, private, community and voluntary sector in Plymouth which caters for different population groups, differing interests and ability levels. The methods by which members of the public will access and discover these activities are equally diverse. Consequently, any attempt to map current provision across the city will only provide a ‘snapshot’ of present activity and is unlikely to be fully comprehensive. This is reflected in the report’s recommendations.

1.7 Plymouth’s Physical Activity Needs Assessment is accurate as of January 2015. The findings should be reviewed every three years in order to ensure accuracy or following the publication of guidance, policies or strategies which may significantly alter the recommendations of this report.
2. CONTEXT

What do we mean by physical activity?

2.1 The Department of Health (2012) defines physical activity as comprising “…a range of behaviours involving movement, expenditure of calories and raised heart rate.” It is important to acknowledge at the beginning of this report that physical activity can take many different forms including sport, exercise, recreational and occupational activity, ‘active travel’ (e.g. walking and cycling as a means of transport), and heavy domestic activity including gardening and housework. Figure 1 provides a helpful distinction and defines our understanding of physical activity in terms of this Needs Assessment.

Figure 1: Types of physical activity

![Physical activity types diagram]

Source: Be Active, Be Healthy. A Plan to get the Nation Moving (Department of Health 2009)

Why is it important for us to be physically active?

2.2 The benefits of being physically active are clear and wide-ranging. Designed to Move - a report on physical inactivity initiated by Nike Inc. and contributed to by over 70 expert organisations – helpfully captures the benefits of physical activity in terms of economic thinking (Figure 2 overleaf). The Human Capital Model illustrates that the benefits of being physically active are felt in all areas of life, not just in terms of improving our health and wellbeing. The term ‘capital’ is used to refer to the benefits that we accrue as individuals.
2.3 From evidence collated by the All-Party Commission on Physical Activity (2014), we know that:

- **Active children do better** – physical activity increases cognitive outcomes and school attainment, and improves social interaction and confidence (Department of Health 2014).
- **Active people do better** - physical activity reduces the risk of all-cause mortality by 30%, of heart disease by 20-35%, of diabetes by 35-50% and of dementia by 40-45% (Department of Health 2014; see Table 1 for more links to health outcomes).
- **Active workplaces do better** – physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50% (Davis et al. 2007).
- **An active population drives a stronger economy** - UK Active (2014) estimates that just a 1% reduction in the rates of inactivity each year for five years would save the UK around £1.2 billion.
There is now an abundance of evidence linking physical activity to health outcomes. Table 1 summarises some of the key associations along with the strength of evidence currently available. These relationships persist across the life course, highlighting the potential health gains that could be achieved if individuals can be supported to become more active (Department of Health 2012).

Table 1: The relationship between physical activity and health outcomes

<table>
<thead>
<tr>
<th>Health outcome</th>
<th>Nature of association with physical activity</th>
<th>Effect size</th>
<th>Strength of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality</td>
<td>Clear inverse relationship between physical activity and all-cause mortality.</td>
<td>There is an approximately 30% risk reduction across all studies, when comparing the most active with the least active.</td>
<td>Strong</td>
</tr>
<tr>
<td>Cardiorespiratory health</td>
<td>Clear inverse relationship between physical activity and cardiorespiratory risk.</td>
<td>There is a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke.</td>
<td>Strong</td>
</tr>
<tr>
<td>Metabolic health</td>
<td>Clear inverse relationship between physical activity and risk of type 2 diabetes and metabolic syndrome.</td>
<td>There is a 30% to 40% lower risk of metabolic syndrome and type 2 diabetes in at least moderately active people compared with those who are sedentary.</td>
<td>Strong</td>
</tr>
<tr>
<td>Energy balance</td>
<td>There is a favourable and consistent effect of aerobic physical activity on achieving weight maintenance.</td>
<td>Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight).</td>
<td>Strong</td>
</tr>
<tr>
<td>Musculoskeletal health</td>
<td>Bone: There is an inverse association of physical activity with relative risk of hip fracture and vertebral fracture. Increases in exercise and training can increase spine and hip bone marrow density (and can also minimise reduction in spine and hip bone density).</td>
<td>Bone: Risk reduction of hip fracture is 36% to 68% at the highest level of physical activity. The magnitude of the effect of physical activity on bone mineral density is 1% to 2%.</td>
<td>Moderate (weak for vertebral fracture)</td>
</tr>
<tr>
<td>Joint:</td>
<td>In the absence of a major joint injury, there is no evidence that regular moderate physical activity promotes the development of osteoarthritis.</td>
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<tr>
<td></td>
<td>Participation in moderate intensity, low-impact physical activity has disease-specific benefits in terms of pain, function, quality of life and mental health for people with osteoarthritis, rheumatoid arthritis and fibromyalgia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint:</td>
<td>Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability ES are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Muscular: | Increases in exercise training enhance skeletal muscle mass, strength, power and intrinsic neuromuscular activation. |
| Muscular: | The effect of resistance types of physical activity on muscle mass and function is highly variable and dose-dependent. |

| Functional health | There is observational evidence that mid-life and older adults who participate in regular physical activity have reduced risk of moderate/severe functional limitations and role limitations. |
|                  | There is evidence that regular physical activity is safe and reduces the risk of falls. |

| Cancer | There is an inverse association between physical activity and risk of breast and colon cancer. |
|        | There is an approximately 30% lower risk of breast cancer and approximately 20% lower risk of colon cancer for adults participating in daily physical activity. |

| Mental health | There is clear evidence that physical activity reduces the risk of depression and cognitive decline in adults and older adults. |
|              | There is some evidence that physical activity improves sleep. |
|              | There is limited evidence that physical activity reduces distress and anxiety. |

| Source: Let’s Get Moving Commissioning Guidance: A Physical Activity Care Pathway (Department of Health 2012) |

| Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83%. |
| Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability ES are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46. |

| Functional health | There is observational evidence that mid-life and older adults who participate in regular physical activity have reduced risk of moderate/severe functional limitations and role limitations. |
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| Cancer | There is an inverse association between physical activity and risk of breast and colon cancer. |
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| Mental health | There is clear evidence that physical activity reduces the risk of depression and cognitive decline in adults and older adults. |
|              | There is some evidence that physical activity improves sleep. |
|              | There is limited evidence that physical activity reduces distress and anxiety. |

| Source: Let’s Get Moving Commissioning Guidance: A Physical Activity Care Pathway (Department of Health 2012) |
Sedentary behaviour or physical inactivity?

2.5 Sedentary behaviour is currently viewed as independent to physical inactivity. Sedentary behaviour is typically used to refer to: “…a group of behaviours that occur whilst sitting or lying down and that require very low energy expenditure” (BHF National Centre 2014). Some examples include: sitting while reading; sitting while at work or school; watching television; playing video games (excluding ‘active’ gaming); a child being pushed in a buggy.

2.6 A sedentary individual is different from someone who is considered physically inactive (BHF National Centre 2014). ‘Inactive’ is used to describe individuals who are performing insufficient amounts of moderate and vigorous physical activity i.e. they are not meeting recommended guidelines for physical activity. However, an adult who completes the recommended guidelines can still be considered sedentary if they spend a large amount of time seated. Also, a child who obtains at least 60 minutes per day of moderate physical activity can still be considered sedentary if they spend a great deal of their time sitting or lying down.

2.7 Sedentary behaviour is independently associated with all-cause mortality, type 2 diabetes, some types of cancer and metabolic dysfunction, irrespective of the level of overall physical activity (Department of Health 2012). This means that spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at recommended levels. The BHF National Centre (2014) summarises the growing evidence for a link between sedentary behaviour and health outcomes:

**Adults**
- Sedentary behaviour is associated with an increased risk of type 2 diabetes, cardiovascular disease, metabolic syndrome, and death from all causes
- There is inconsistent evidence as to whether sedentary behaviours lead to an increased risk of certain types of cancer
- Emerging evidence suggests sedentary behaviour has a negative effect on depression and mental wellbeing
- There is no proven link between sedentary behaviours and overweight/obesity or weight gain

**Children**
- There is some evidence that sedentary behaviour is linked with lower levels of aerobic fitness and risk of cardiovascular disease
- As in adults, the relationship between sedentary behaviours and weight is mixed
- Emerging evidence suggests a small link between sedentary behaviour and poor mental health
- Children who tend to be more sedentary have a good chance of continuing to be sedentary as adolescents suggesting sedentary habits developed early in life tend to be relatively unchanging over time

How much physical activity do we need?

2.8 A report from the four home countries’ Chief Medical Officers (Start Active, Stay Active, published July 2011) outlines the volume, duration, frequency and type of physical activity required across the life course to achieve health benefits. This emphasised for the first time the importance of physical activity (including daily activity) and the risks of sedentary behaviour for all age groups (Table 2 overleaf).
Table 2: Four home countries’ Chief Medical Officers’ guidelines regarding levels of physical activity

<table>
<thead>
<tr>
<th>Age group</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early years (under fives)</strong></td>
<td>1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.</td>
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<tr>
<td></td>
<td>2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.</td>
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<td></td>
<td>3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).</td>
</tr>
<tr>
<td></td>
<td>These guidelines are relevant to all children under five, irrespective of gender, race or socio-economic status, but should be interpreted with consideration for individual physical and mental capabilities.</td>
</tr>
<tr>
<td><strong>Children and young people (five to 18 years)</strong></td>
<td>1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.</td>
</tr>
<tr>
<td></td>
<td>2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.</td>
</tr>
<tr>
<td></td>
<td>3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.</td>
</tr>
<tr>
<td></td>
<td>Based on the evidence, the guidelines can be applied to disabled children and young people, emphasising that they need to be adjusted for each individual based on that person’s exercise capacity and any special health issues or risks.</td>
</tr>
<tr>
<td><strong>Adults (19-64 years)</strong></td>
<td>1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.</td>
</tr>
<tr>
<td></td>
<td>2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.</td>
</tr>
<tr>
<td></td>
<td>3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.</td>
</tr>
<tr>
<td></td>
<td>4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.</td>
</tr>
<tr>
<td></td>
<td>Based on the evidence, the guidelines can be applied to disabled adults, emphasising that they need to be adjusted for each individual, based on that person’s exercise capacity and any special health or risk issues.</td>
</tr>
<tr>
<td><strong>Older adults (65+ years)</strong></td>
<td>1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.</td>
</tr>
<tr>
<td></td>
<td>2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.</td>
</tr>
<tr>
<td></td>
<td>3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.</td>
</tr>
<tr>
<td></td>
<td>4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.</td>
</tr>
<tr>
<td></td>
<td>5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.</td>
</tr>
</tbody>
</table>
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods. Based on the evidence, the guidelines can be applied to disabled older adults emphasising that they need to be adjusted for each individual based on that person’s exercise capacity and any special health or risk issues.

Source: Start Active, Stay Active: A report on physical activity for health from the four home countries’ Chief Medical Officers (Department of Health, Social Services and Public Safety, The Scottish Government, Welsh Government, Department of Health, July 2011)

2.9 According to the evidence, even small increases in our levels of physical activity are associated with some protection against chronic diseases and an improved quality of life. The risks associated with taking part in physical activity are low and continuing with an inactive or sedentary lifestyle presents greater health risks than gradually increasing physical activity levels. Helping people to move from inactivity to low or moderate activity has been shown to produce the greatest benefits (Department of Health 2012). This has led to new national guidance which focuses on encouraging everyone to be more active every day (see overleaf for details).

Physical inactivity – the extent of the problem

2.10 Despite the benefits of being physically active, only 40% of adult men and 28% of adult women meet the CMO’s recommendations for physical activity (Department of Health 2012). This equates to 27 million adults in England not being sufficiently active enough to benefit their own health. Moreover, only 51% of children reach the daily target for young people.

2.11 Inactive lifestyles in England are twice as prevalent as smoking, hypertension or high cholesterol (Department of Health 2012). Compared to 1961 levels, we are currently 24% ‘less active’ than we were (All-Party Commission on Physical Activity 2014).

Health inequalities

2.12 There are clear and significant health inequalities in levels of physical activity according to gender, age, income, ethnicity, disability and limiting illness, and sexual orientation and gender identity:

**Gender**: Men are more active than women in virtually every age group. Girls are less likely to take part in physical activity than boys, and participation begins to drop even more from the age of ten to 11.

**Age**: Participation in physical activity declines with age. By 75 years of age, only one in ten men and one in 20 women are active enough for good health. Between 2008 and 2012, the proportion of children aged two to 15 years meeting recommended physical activity levels fell from 28% to 21% for boys and 19% to 16% for girls.

**Income**: People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.

**Black and Ethnic Minority Groups**: Physical activity levels are lower for Black and Minority Ethnic groups, with the exception of African-Caribbean and Irish populations. This can lead to people being indirectly socially excluded and removed from mainstream society. Only 11% of Bangladeshi women and 26% of men are sufficiently active for good health compared with 25-37% of the general population.
**Disability and limiting illness:** Disabled people are half as likely as non-disabled people to be active. Only one in four people with learning difficulties take part in physical activity each month compared to over half of those without a disability.

**Sexual orientation and gender identity:** Half of all lesbian, gay, bisexual and transgender people say they would not join a sports club. This is twice the number of their heterosexual counterparts.

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### Counting the costs of sedentary lifestyles

2.13 Physical inactivity places a significant economic burden on the NHS for the treatment of long-term conditions and associated acute events (e.g. heart attacks, strokes, falls and fractures), as well as the costs of social care arising from the loss of functional capacity (Department of Health 2012). There are also indirect costs to the wider economy, including working days lost due to sickness absences and premature mortality. Physical inactivity is thought to be responsible for around 37,000 premature deaths a year – a number that is greater than all deaths from murder, suicide and accidents combined (All-Party Commission on Physical Activity 2014). Physical inactivity is the fourth leading risk factor for global mortality (accounting for 6.0% of deaths globally), following high blood pressure (13.0%), tobacco use (9.0%) and high blood glucose (6.0%) (Department of Health 2012). In comparison, overweight and obesity are responsible for 5.0% of global mortality.

2.14 The direct and indirect costs associated with physical inactivity may be as high as £8.3 billion every year (Department of Health 2012). The health cost of inactivity in Plymouth alone is estimated to be at least £4.1 million per year (Sport England commissioned data from British Heart Foundation Health British Heart Foundation Health Promotions Research Group for PCTs 2010), although this is based on data for 2006/07 and is likely to be much greater.

### The national ambition for physical activity

2.15 There is a drive nationally to increase levels of physical activity and decrease levels of inactivity amongst adults. The national ambition is to provide “a year-on-year increase in adult physical activity, measured by the proportion of those achieving at least 150 minutes of physical activity per week (with the aim of being active every day), and a year-on-year decrease in the proportion of those classed as ‘inactive’” (Department of Health 2012).

2.16 The Department of Health (2012) outlines that achieving this ambition requires a concerted effort from a wide range of partners to help individuals to reduce their sedentary time and increase their physical activity, and to change the environment to encourage people to be more active. It also highlights the responsibility that individuals have in including daily physical activity as part of their everyday lives. The return on investment to promote physical activity at the population level is likely to be significant particularly when targeting adults most at risk of inactivity (Department of Health 2012). For example, Cycling England estimated that a 20% increase in cycling by 2015 would save £107 million by reducing premature deaths, £52 million from lower NHS costs and £87 million due to fewer absences from work (see Department of Health, 2012).

### Everybody Active, Every Day

2.17 *Everybody Active, Every Day* (published October 2014) is the new national, evidence-based framework to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective and ‘normal’ choice in every community in England. Public Health England co-produced the framework with over 1,000 national and local leaders in physical
activity, including colleagues from Plymouth City Council. It calls for action from providers and commissioners in: health, social care, transportation, planning, education, sport and leisure, culture, the voluntary and community sector, as well as public and private employers. To make active lifestyles a reality for all, the framework’s four ambitious areas for action aim to:

- change the social ‘norm’ to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide

2.18 Everybody Active, Every Day is part of the cross-government ‘Moving More, Living More’ campaign for a more active nation as part of the 2012 Olympic and Paralympic Games legacy. Key documents related to the new framework can be found at: https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

All-Party Commission on Physical Activity 2014

2.19 In addition to the framework outlined above, the All-Party Parliamentary Commission on Physical Activity (set up in 2013) highlights five key areas for action:

(1) A National Plan of Action:
- **Have a plan:** Establish an over-arching National Plan of Action to tackle declining levels of physical activity, to be reviewed annually and progress reassessed every five years against its goals.
- **Cross-party agreement:** Ensure a cross-political party commitment from leaders to supporting the development and implementation of the National Plan of Action within Government, Parliament and beyond.
- **Cross-sector agreement:** Create a cross-sectoral, cross-government departmental drive to construct and implement a framework for the measurement and increase of Physical Activity across the board. This can ensure a collaborative approach to funding, commissioning, delivering investments, policies and interventions, with a specific focus on the first 15 years of life.
- **Oversight and Accountability:** Establish an independent body to have oversight and ensure accountability for progress on both development and implementation of the National Plan of Action at both a national and local level.

(2) Getting the message out:
- **Breaking new ground:** An innovative strategic communications strategy that goes beyond the traditional Public Health campaigns.
- **Reaching the people:** A population-wide approach, but with a focus on motivating key audiences: young people, parents and community role models, health and social care professionals, and education professionals.
- **Working together:** The campaign to be delivered and supported by a coalition of organisations from the public, private and third sectors.

(3) Designing physical activity back in to our everyday lives:
- **Transport:** Re-focus transport strategy over time, to provide long-term continuity of resources to incentivise and facilitate walking and cycling as regular daily transport.
- **Our world:** Existing and planned new developments and infrastructure to be ‘health-checked’ to ensure that walking, cycling, active recreation and other forms of physical activity are prioritised.
• **Our work:** Active workplaces: Employers are encouraged to support their employees, suppliers and visitors to be active while at work, or travelling to or from it.

(4) **Making physical activity a lifelong habit:**
- **Active schools:** ‘Active schools’ should be the norm. A whole school approach is needed across the breadth of the school day. Fundamental to achieving this are improvements in teacher training particularly at primary level and a more diverse and inclusive offer (the current focuses on competitive sport in PE should be complemented by a broader range of activities to meet the needs of a wider group of children).
- **Ofsted Activity:** The quality of physical activity provision in schools to be formally evaluated.
- **Involve Activity:** Actively seek the advantages sport and activity providers can play in delivering high quality, accessible educational, health and social interventions, as well as positive sports experiences for all.

(5) **Proving success:**
- **Measure:** We need to develop standardised measures of physical activity to address the significant limitation to our ability to measure levels of activity e.g. at present we do not even have directly comparable statistics for the four nations of the UK.
- **Evaluate:** We need to develop standardised evaluations of physical activity interventions – the Commission highlights the problems of identifying which approaches and interventions to tackle physical inactivity are most effective and poor evaluation practices undermine attempts to draw firm conclusions.

**Physical activity related Public Health indicators**

2.20 As part of the Public Health Outcomes Framework for England (2013-2016)¹ an indicator has been developed specifically for physical activity. It focuses on the proportion of physically active and inactive adults and is measured using data from Sport England’s Active People Survey (Table 3). There is also an indicator relating to utilisation of green space for exercise/health reasons as there is now strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing, and cognitive function, through physical access and usage. Both indicators are summarised overleaf for information.

Table 3: Physical activity related indicators

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Definition:</th>
<th>Data source:</th>
<th>Numerator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.13i - % of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.</td>
<td>Number of respondents aged 16 and over doing at least 150 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16.</td>
<td>Active People Survey, Sport England</td>
<td>Number of respondents aged 16 and over doing at least 150 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.</td>
</tr>
<tr>
<td>2.13ii - % of adults classified as &quot;inactive&quot;</td>
<td>Number of respondents aged 16 and over doing less than 30 “equivalent” minutes of at least</td>
<td>Active People Survey, Sport England</td>
<td>Number of respondents aged 16 and over doing less than 30 “equivalent”</td>
</tr>
</tbody>
</table>

¹ In January 2012, the Department of Health published the Public Health Outcomes Framework for England, 2013-2016. Within the framework are a number of indicators that help focus our understanding of how well we are doing year by year, nationally and locally, on those things that matter most to public health.
moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16.

| 1.16 - % of people using outdoor space for exercise/health reasons | Weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers. This could be anything from a few minutes to all day. However this does not include: routine shopping trips; time spent in own garden | Natural England: Monitor of Engagement with the Natural Environment (MENE) survey | Includes those visits where the respondent replied that they had taken a visit for health and exercise.


### Plymouth’s ambition for physical activity

2.21 Plymouth City Council is committed to increasing levels of physical activity and reducing sedentary behaviour across the city through a combination of direct provision, working in partnership with relevant organisations and maximising available resources.

2.22 The Council’s Sports Development Plan 2014/2015 outlines the vision for Plymouth to be a city where everyone has the opportunity to participate in and benefit from sport and physical activity whether it be for fun, for health, to learn, to enjoy the natural environment or to excel. There is much value to be gained by investing in physical activity locally. For example, sport alone contributes to Plymouth’s economy, with 55 businesses trading in sporting goods or services in the area; employing 2,722 people in 2013 (Sport England’s Local Sport Profile Tool 2014).

Physical activity also features as two of the 50 Council pledges which will be delivered over the next two years. The first is to introduce a ‘second chance to swim’ scheme so that any child who did not learn to swim in primary school gets another opportunity to learn this skill. The second is to keep a discounted entrance fee for Plymouth’s children to city leisure services and to find more ways of getting young people engaged in sport.

2.23 There are a number of local strategies and plans which not only set the future strategic direction for the city but also highlight physical activity as a top tier priority for Plymouth. These are introduced briefly below.

#### The Plymouth Plan

2.24 The Plymouth Plan is the single strategic plan for the city looking to 2031 and beyond. The Plan brings together all of the city’s long-term strategic plans into one place. It incorporates the strategic policy elements of the following (some of which are relevant to increasing physical activity):
activity levels):

- Local Transport Plan
- Local Economic Strategy
- Waste Strategy
- Health and Wellbeing strategies
- Children and Young Peoples Plan
- Sustainable Communities Strategy
- Visitor Plan
- Vital Spark Cultural Strategy

2.25 Taking a coordinated approach to the city’s strategic priorities will help all key partners to work together in the same direction and will be essential for tackling sedentary behaviour and physical inactivity, reducing obesity and promoting healthy lifestyles. The Plymouth Plan will also be used to guide the work of the Health and Wellbeing Board and its partners.

2.26 A number of ‘topic papers’ which relate to key themes provide the overall framework for the Plan. Two of these papers feature physical activity (Sport; Health) and other papers refer to transport, planning and natural infrastructure which are also key for delivery of physical activity across the city. The sport paper is focused on improving levels of participation in sport. The Health topic paper draws attention to Public Health England’s Health Profile for Plymouth. This gives a picture of health in the city (both positive and negative) and is designed to help local government and health services understand their community’s needs. An overview of Plymouth’s Health Profile is provided below:

10 **positive components of Plymouth’s Health Profile - compared to England, Plymouth has:**

- a higher percentage of children achieving a good level of development at the end of reception
- a significantly smaller proportion of people are killed or seriously injured on roads in Plymouth
- a smaller proportion of our residents are fuel poor
- more adult social care users in Plymouth have access to as much social contact as they would like
- higher population coverage for breast and cervical cancer screening
- higher population coverage for most childhood and adult vaccinations
- lower rates of tuberculosis infection
- high take up rates of NHS Health Checks
- lower standardised rates of emergency re-admission within 30 days of discharge from hospital
- lower rates of preventable sight loss due to glaucoma in those aged 40 and over

10 **areas that need improving from Plymouth’s Health Profile - compared to England, Plymouth has:**

- lower life expectancy for both men and women
- higher levels of material deprivation and proportions of children living in poverty
- higher levels of adults smoking (and smoking-related deaths) and higher levels of smoking in pregnancy
- higher levels of hospital stays for alcohol-related harm and alcohol specific hospital stays for the under 18s
- lower breastfeeding initiation rates
- higher rates of teenage pregnancy
- a higher incidence of malignant melanoma
- higher levels of drug misuse
- higher levels of early deaths from cancer
- a higher level of hospital stays for self-harm
2.27 Locally, lack of exercise has been identified as a priority in the Office of the Director of Public Health’s (ODPH) 4-4-54 Action Plan to tackle health inequalities across the city through addressing lifestyles that encompass multiple rather than individual unhealthy behaviours. This is being promoted across the city as Thrive Plymouth.

2.28 The 4-4-54 approach focuses on changing four behaviours which help to prevent four diseases and reduce the number of deaths due to these diseases. In Plymouth, *poor diet, lack of exercise, tobacco use and excess alcohol consumption* have been identified as the four risk factors for coronary heart disease, stroke, cancers and respiratory problems, which together contribute to 54% of deaths in Plymouth (Figure 3). There will be a drive locally to change these four behaviours to reduce the prevalence of these four diseases and associated mortality. The Action Plan that sits behind this concept is currently under development which may have implications for the findings of this Needs Assessment.

Figure 3: Plymouth’s 4-4-54 Action Plan - Thrive Plymouth

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**Plymouth’s Health and Wellbeing Board**

2.29 The Health and Wellbeing Board’s vision for Plymouth is to have Happy, Healthy, Aspiring Communities and to actively promote the health and wellbeing of all people in Plymouth. This will be achieved by everyone working together and through greater integration of health and wellbeing services. Through local prioritisation work, it was agreed that the focus of activity for Plymouth’s Healthy and Wellbeing Board in 2013/2014 would be on four areas: (1) Mental health; (2) Healthy weight; (3) Substance misuse (including alcohol); (4) Health and social integration. Physical activity is relevant to the first two and is identified as a priority area in a new Healthy Lives for Healthy Weight Action Plan (currently in draft format). Work is underway to identify local initiatives that address these priorities and meet the identified needs. The Physical Activity Needs Assessment will help to inform this work.
The Plymouth Fairness Commission: Creating the Conditions for Fairness

2.30 The Plymouth Fairness Commission, launched in April 2013, was set up as an independent body to help make Plymouth a fairer place to live and work. The Commission is chaired by Dame Suzi Leather and is made up of professionals with a variety of expertise, including representatives from the police, health, private companies, charities, social enterprises and community groups. The Commission made a number of recommendations to city leaders in March 2014, with the aim that they will be implemented across the city. Eight key areas for change were identified which would have the greatest impact on fairness in the city:

1. Strengthening Communities
2. Individual and Family Wellbeing
3. Young People and Young Adults
4. Discrimination and Social Exclusion
5. Escalating Cost of Living
6. Strengthening the Local Economy
7. Housing
8. Implications of an Ageing Population

2.31 A specific recommendation relating to physical activity under one of the key areas was to ensure that every young person in the city should be able to access free recreational and cultural activities within one bus ride. The Commission also made the following overarching recommendations which are relevant to this Needs Assessment:

1. People should be able to access opportunity whatever their circumstances
2. The city should give priority to those in greatest need when it allocates resources
3. Things that make the biggest difference to people’s lives should get priority when deciding where resources go
4. The way things are done in the city matters just as much as what is done
5. Unfairness which takes time to remove needs policies for the long term
6. Preventing inequalities is more effective than trying to eliminate them
7. Services should be provided ‘with’ people, not ‘for’ them
8. The needs of future and current generations should be balanced when making decisions

Public health funding – Plymouth’s case for change

2.32 The Plymouth Fairness Commission also brought attention to the need for Plymouth City Council’s current grant allocation for public health to be urgently reviewed by the Department for Health. Despite poorer-than-average public health indicators, Plymouth’s public health grant from central Government is nearly 25% below the target figure set by the Public Health England (PHE) funding formula; equating to an underfunding of over £3 million. Of the ten other comparator areas, only one will receive a settlement lower than Plymouth’s. Against Plymouth’s £47 per head, for example, Portsmouth will receive £77, Brighton and Hove £67, Bristol £66 and Southampton £62, and yet many of their public health indicators are much better than Plymouth’s. According to PHE’s health profile for Plymouth, only four of the 32 health outcome measures are significantly better than the national average; 18 are significantly worse. Kensington and Chelsea, for example, receives a settlement almost three times than of Plymouth and yet the majority of their health indicators are better than the English average and the scale of their public health challenges are significantly less than Plymouth’s. Unless addressed, this will continue to have serious implications for improving the health and wellbeing of Plymouth’s population and tackling physical inactivity and sedentary lifestyles.
Delivery of national initiatives and policies at the local level

2.33 Supporting people to be more active in Plymouth will help to deliver a number of national initiatives and policies at the local level including:

- NHS Health Checks
- Smoking
- Obesity
- Chronic Obstructive Pulmonary Disease (COPD)
- Cancer prevention and survivorship
- Learning disabilities
- Mental health and wellbeing
- Older people including dementia and falls prevention

These are not discussed in detail here but more information can be found on the Plymouth City Council website.

Looking to the future – what’s next

2.34 As mentioned previously, Plymouth City Council has recently launched Thrive Plymouth which is a framework for reducing health inequalities through tackling the four key lifestyle behaviours (and the environments which affect them) that lead to mortality and morbidity in Plymouth. Physical inactivity (along with excess weight) is one of these. Although the key strategic actions for tackling physical inactivity are captured in Plymouth’s Healthy Lives for Healthy Weight Action Plan (currently in draft format), a Physical Activity Strategic Group has been set up by the Office of the Director of Public Health (ODPH), Plymouth City Council, with relevant partners to inform the Thrive Action Plan. The ODPH is also collaborating with Public Health England to establish a Peninsula-wide Physical Activity Network Group dedicated to increasing levels of physical activity locally. The work of this group will link with the existing Peninsula Healthy Weight Network.
3. PROCESS FOLLOWED

Introduction

3.1 The process followed was based on a rapid health needs assessment. A comprehensive needs assessment takes longer and typically generates new or primary data. It would require more detailed investigation of the local population to understand motivators and barriers to being more physically active. A rapid assessment does not generate primary data and concentrates on collecting data that already exists. This approach still provides sufficient intelligence for decision makers to improve existing service provision to better meet local need and can be completed within a shorter timescale. The steps taken are summarised below.

Establishment of Physical Activity Steering Group

3.2 A small and focused Steering Group was established compromising the following members:

- Sarah Ogilvie - Specialty Registrar in Public Health, Office of the Director of Public Health, Plymouth City Council
- Neil Minion - Advanced Public Health Practitioner, Office of the Director of Public Health, Plymouth City Council
- Sarah Lees - Consultant in Public Health, Office of the Director of Public Health, Plymouth City Council
- Ruth Harrell - Consultant in Public Health, Office of the Director of Public Health, Plymouth City Council
- Louise Kelley - Sports Development Manager, Homes & Communities, Plymouth City Council
- Martin Lees - Community Sports Manager, Homes & Communities, Plymouth City Council
- Liz Slater - Leisure Partnership Manager, Joint Commissioning and Adult Social Care, Plymouth City Council

Additional input was provided by Simon Hoad (Senior Public Health Analyst, Office of the Director of Public Health) with regards to assessing local need (see Acknowledgments).

Project plan and timetable

3.3 The Steering Group was established in April 2014, with a deadline of December 2014 for completion of a first draft of the report. A project plan and Gantt chart were drawn up to guide the process and establish individuals’ roles and contributions.

Evidence review (Chapter 4)

3.4 The evidence review was conducted by an Advanced Public Health Practitioner. The stages of the evidence review process were discussed by the Steering Group and it was agreed that the review should focus on:

- Strategic context (national and local)
- Identifying national/local policy guidance documents and other relevant evidence
- Identifying barriers to physical activity (with focus on population groups least likely to be active)
- Highlighting key recommendations grouped into themes
- Identifying relevant tools to assist with examining cost-effectiveness of interventions
3.5 A rapid but comprehensive literature review was undertaken to inform the above. An initial internet search was conducted using Google and then the following websites were searched for additional relevant literature:

- NICE National Institute for Health and Care Excellence http://www.nice.org.uk/
- Sport England http://www.sportengland.org/
- Plymouth City Council http://www.plymouth.gov.uk/

This search resulted in additional searches through clicking on relevant links. Identified papers were then screened for relevance. A detailed evidence review (in tabled format) is available from the Office of the Director of Public Health. Key documents are summarised in this Needs Assessment.

Assessing need (Chapters 5-9)

3.6 The needs based chapters cover the following:

- Plymouth’s geography (Chapter 5)
  - Data were obtained from the Public Health Team (Office of the Director of Public Health (ODPH)) from routinely available sources.
- Plymouth’s demography (Chapter 6)
  - As above
- Key health needs related to physical activity (Chapter 7)
  - As above
- Physical activity profile of children and young people (Chapter 8)
  - Currently available information about levels of physical activity among children and young people in Plymouth is limited. The most recent insight comes from Plymouth’s Health-Related Behaviour Survey (results published January 2015) by the Schools Health Education Unit.
  - Some data from relevant documents and/or nationally available sources are presented.
- Physical activity profile of adults in Plymouth – aged 16+ years (Chapter 9)
  - Currently available information about levels of physical activity among adults in Plymouth (and across England) is relatively limited. The two main sources of information used were Sport England’s Active People Survey and Plymouth City Council’s Wellbeing Survey 2014.
  - Issues inherent in assessing levels of physical activity are discussed.

Mapping current provision (Chapters 10 and 12)

3.7 The mapping exercise was conducted by gathering information from key stakeholders (providers or commissioners). Initially, a table based template was used to capture information about current provision (e.g. type of provision, audience, location and cost); this was then incorporated into the text of the document. Given that provision of physical activity (of any form) is so diverse in the city, the mapping exercise focused largely on Plymouth City Council commissioned or provided activities. It was not possible to map opportunities in the Voluntary and Community Sector adequately, such as activities that take place in the local community hall. Consequently, this Chapter only provides a ‘snapshot’ of present activity and is unlikely to be fully comprehensive. This is reflected in the report’s recommendations (Chapter 12). In order to help inform work going forward, the mapping of current provision, key findings, and gaps and recommendations are presented by the population groups we know are least likely to be
physically active or those groups that make up a significant proportion of the Plymouth population:

- women and girls
- children and young people
- adults of working age
- older adults
- socially disadvantaged groups (low income)
- lone parents
- Black and Minority Ethnic (BME) groups
- people with disability and/or long-term limiting illness
- Lesbian, Gay, Bisexual and Transgender (LGBT) people

Universal recommendations are also highlighted.

**Engagement, consultation and final approval**

3.8 The first draft was developed through consultation with relevant partners and discussion with Steering Group. The first draft was then approved by the Steering Group before wider internal consultation for sense checking purposes. The revised draft was then circulated to external stakeholders for additional comments and edits.
4. WHAT WORKS TO INCREASE LEVELS OF PHYSICAL ACTIVITY?

Introduction

4.1 This chapter provides an overview of national and local policy and guidance regarding physical activity, and outlines barriers to being physically active. Key recommendations are summarised by themes, with particular focus on population groups who are least likely to be physically active.

Caveats

4.2 It is important to acknowledge that this review is only accurate from the date of publication. It is by no means exhaustive and highlights the wide range of policies, initiatives and resources relating to physical activity. Many of the existing documents focus on sport and sporting opportunities, whilst only a minority promote lifetime physical activity or focus on lifestyle and unstructured activities. This has been addressed in the new National Physical Activity Framework (Everybody Active, Every Day) which was published in October 2014.

4.3 As highlighted in the All-Party Commission on Physical Activity Report (2014), there is currently a need to develop standardised measures of physical activity and standardised evaluation of physical activity interventions (an overview of recently published economic tools which can be used to assist this locally is provided in Appendix 5). The All-Party Report states that it is currently impossible to identify which interventions have been successful and which have failed as the majority are not objectively assessed or evaluated over a sufficient time-frame. In light of this, this review focuses on national guidance and policy documents rather than intervention studies. Everybody Active, Every Day includes evidence on ‘promising’ and ‘good’ practice interventions that can be used to increase physical activity at the local level. Selection of interventions should take place alongside the recommendations of this report.

Key national guidance, policies and strategies

4.4 A summary of key national guidance, policies and strategies in chronological order is provided in Appendix 1.

Relevant NICE Guidance

4.5 The National Institute for Health and Care Excellence (NICE) has published a number of guidance documents that are specifically relevant to physical activity. These are summarised in table form in Appendix 2. It also should be noted that guidance exists in which physical activity is included but not does not form the main focus of the document for example (but not exhaustive):

- Behaviour Change (PH6)
- Mental wellbeing and older people (PH16)
- Prevention of cardiovascular disease (PH25)
- Weight Management before, during and after pregnancy (PH27)
- Obesity – working with local communities (PH42)
- Managing overweight and obesity among children and young people (PH47)
- Overweight and obese adults – lifestyle weight management: guidance (PH53)

Other relevant national documents

4.6 There are a number of other relevant documents relating to physical activity, produced by Sport
England, the National Leisure and Culture Forum, Public Health England and other organisations. These documents are summarised in table form in Appendix 3.

## Local guidance, policies and strategies

4.7 A summary of local guidance, policies and strategies related to physical activity is provided in Appendix 4.

## Identified barriers to being physically active (from the evidence review)

4.8 There are many reasons why people may not want to participate in physical activity. Understanding barriers to participation can help to identify strategies to address these. Based on a review of the evidence, key barriers for target groups are listed below. Identified barriers typically cover individual, social and structural factors.

### Women and girls

- The barriers for women and girls are extremely varied, and differences can be seen between different groups, e.g. different ethnic or social class groups.
- Lack of confidence, self-esteem and body image issues can prevent women and girls from exercising. In addition to concerns about safety (e.g. jogging after dark).
- For girls, social determinants, such as parental support, can also influence participation.
- Environmental factors such as poor access to suitable facilities and the lack of opportunity to exercise in a female only facility/class contribute to poor participation levels.
- Females’ perceptions of femininity, and their opinion that being sporty was not an aspirational female characteristic, have been identified as barriers to participation.

### Children and young people

- Children and young people's opportunities to be active can be affected by environmental, economic and social factors, and perceptions about safety and accessibility.
- Weather conditions – and their perception of what type of conditions make it suitable to be outside – can also affect the opportunities they take.
- Parents' and service providers' fears of injury can be barriers to participation, although the fear of risk may not necessarily correspond to reality.
- Bad school experiences have also been identified as barriers to being more physically active or participating in sport (e.g. no sport they like, being told they are no good at sport, sport means getting red/sweaty, fear of being laughed at).
- Sport outside of school can be considered too structured, competitive or serious.
- If no-one in the child or young person’s friendship circle organises sport, it is left to individuals, which can be isolating.
- Children and young people tend to prefer social events.
- Some see sport as physically painful or stressful.
- Sporting environment seen as unpleasant or intimidating.
- Some children and young people report not feeling fit enough to participate.
- Friends and family can often take precedence over other activities.
- Self-image is typically defined by other activities.

### Older people

Barriers for older people include:
- lack of time
- cost – especially of gym membership
- health and physical limitations
• fear of injury
• feel unsafe going out alone and after dark
• lack of (very) local opportunities
• lack of companion
• poor weather
• lack of interest
• don’t enjoy being active
• don’t look the part
• don’t need to – because active and busy already

**Socially disadvantaged groups (SDGs; low income)**

• Cost is a major barrier to participation for SDGs.
• There may be fewer opportunities to be physically active in areas of high deprivation – this relates to perceptions of personal safety locally, the location and accessibility of facilities such as leisure centres and parks, and lack of activities such as organised walks and sports events.
• Areas of greater deprivation have reduced access to environments that support physical activity such as parks, gardens or safe areas for play, and are more likely to have transport environments less amenable to active travel.

**Lone parents**

• One of the key factors affecting participation in physical activity is the age of the children and how many children they have.
• Childcare is a central issue - as well as it being provided, it needs to be in a convenient location, at the right time, at the right price and with the right people.
• The financial cost of participating in sport and physical activity is a substantial barrier, especially if they have more than one child.
• Transport is a factor in determining what types of sport and activities people do, especially if they did not have their own car.
• Lack of confidence is a major barrier at all levels from actually participating in a class to not even having the confidence to go into a gym or leisure centre.

**Black and Minority Ethnic (BME) groups**

Barriers for BME groups include:
• religious concerns about dress, segregation and prayer times
• previous bad experiences of service provision
• family advice that being active is not culturally appropriate for older people, particularly women, or that they can only do certain things
• lack of confidence
• absence of BME role models from within the community
• lack of activities BME people may prefer to get involved with
• lack of culturally appropriate facilities/settings

**People with disability and/or long-term limiting illness**

• Activities need to be tailored to meet their needs and be fully accessible, including access to specialist coaches and equipment.
• There are two very important intrinsic barriers:
  1. *Knowledge about the benefits of physical activity*: inaccurate beliefs about activity are widespread, for example, it is common for people to believe that any activity is bad for arthritic joints.
  2. *Attitudes*: There may be strong negative attitudes towards physical activity and exercise amongst people with disabilities.
The following social and environmental barriers may also limit physical activity opportunities for many people with a disability:
- attitudes of others
- architectural barriers
- ecological barriers
- transportation (access)
- economic barriers
- training
- communication barriers

Lesbian, Gay, Bisexual and Transgender (LGBT) people
- Research examining barriers to physical activity for members of the LGBT community is limited. However, prevalence of homophobia in sport suggests the need for promotional materials which promote a more equitable ideal of masculinity and femininity in sport.
- Studies on the LGBT community and its relationship to sport and physical activity tend to focus on issues of identity and prejudice.
- In addition, the heterogeneous nature of individuals from the LGBT community (i.e. LGBT is only one marker of identity intersecting with many others) makes it difficult to identify any overarching practical barriers.

All target groups
- Time is the most commonly cited barrier to participation in physical activity.
- Complex household routines (especially for those with young children) are a barrier to physical activity.
- Work commitments, lack of leisure time, caring for children or older people and not having enough money are major barriers to being more physically active.
- For many people, it is a combination of circumstances that prevent them from walking or cycling for everyday travel - these include the logistics of organising and travelling with children, pressures of time and other commitments, and concerns about safety.
- Motor traffic is a major deterrent for many cyclists (potential and current) and pedestrians in rural areas – and for children in all areas.
- Fear of violence or robbery is another deterrent - many potential walkers restrict their journeys on foot because of their perception that empty streets, particularly at night, are dangerous.
- There is a perception that walking and cycling are not things to do as a matter of routine.
- Traffic volume and speed act as barriers to walking and cycling (for recreation, as well as for transport purposes).

Summary of key recommendations (from the evidence review)

Based on a review of the evidence and identified barriers to participation, key recommendations relating to physical activity are outlined below.

Government policy recommendations
- Develop and deliver a cross-party, cross-government and cross-sector national physical inactivity strategy.
- Improve the collation, coordination and breadth of physical inactivity data for adults and children within a single UK-wide framework.
- Extend the National Child Measurement Programme to include the measurement of children’s physical activity and fitness levels alongside weight and height.
- Work with schools, Ofsted and their partners to ensure full implementation of the new
National Curriculum, so that no child leaves school without the core skills to be competent in a broad range of physical activities and understand and apply the long-term health benefits of physical activity.

- Provide effective, evidence-based social marketing campaigns, such as Change4Life, to promote physical activity across the life course, and support tailoring of these campaigns at local level and in specific settings such as businesses and institutions.
- Develop and maintain a coherent national picture of physical inactivity and activity in England to monitor progress.
- Work with partners to build the capacity and enthusiasm of educators as part of the wider public health workforce by promoting effective practice and signposting the tools and resources to help promote physical activity.
- Support wider understanding of the role and impact of physical activity through publications and develop targeted learning and development tools for specific groups of professionals.
- Work with NICE and other national partners to promote evidence-based interventions to reduce inequalities and improve health, social and wellbeing outcomes across the life course which focus on active and healthy lifestyles.
- Work with funding bodies such as Sport England and the Arts Council, to increase the evidence base and our understanding of how participation translates into everyday activity across the life course.
- Provide advice and tools to support effective commissioning of health interventions and behaviour change interventions, including diet and weight management, physical activity, and the NHS Health Check programme.

### Local policy recommendations

- Local policy makers, commissioners and managers, together with primary care practitioners, should monitor the effectiveness of local strategies and systems to promote physical activity.
- Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the cultural needs of hard to reach and disadvantaged communities, including minority ethnic groups, when developing service infrastructures to promote physical activity.
- Involve all local communities and experts at all stages of the development to ensure the potential for physical activity is maximised.
- Undertake research to fully understand local opportunities for addressing health inequalities.
- Consult public health colleagues on how to best use social marketing tools to engage with target markets and promote the right health and wellbeing messages.
- Equip Councillors with the evidence to make the case for culture and leisure to those responsible for public health.
- Put greater investment into researching inactivity programmes that can be applied to everyday settings.
- Ensure that healthcare professionals receive comprehensive training on the specific physical, mental and social risks of physical inactivity.
- Demonstrate local leadership through clinical commissioning groups to activate networks of professionals to promote physical activity in clinical care, such as supporting local physical activity champions in primary and secondary care.
- Integrate active lifestyle messages into every service, so every contact counts.

### Children and young people

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Introduce a ‘second chance to swim’ scheme so that any child who didn’t learn to swim in primary school gets another opportunity to learn this essential skill.
- Parents, carers and other family members have a crucial role in encouraging young children to be physically active and in developing their movement skills.
- The influence of peers is important and can serve to encourage or discourage physical activity.
- Attitudes to sport and physical activity are more complex - young people don’t either love or hate sport.
- Many young people who are positive about sport are inactive at any one time - some of their more disinterested peers actually find reasons to take part.
- Young people are looking for their experiences to be fun - whilst the activity may be sport, the message does not need to be.
- Helping children and young people to be involved in the design of activities or play spaces is an important way of encouraging them to be more physically active.
- Commission training programmes for staff to promote increased physical activity in early years.
- Support cycle training for children to keep them safe on the road.
- Ensure pathways are in place to support healthy weight and diet for children and young people, and promote physical activity to children and young people.
- Using NICE guidance on behaviour change and processes and training to make every contact count for use with children and young people.

### Older people

- Brief advice from a health professional, supported by written materials, is likely to be effective in producing a modest, short-term (6-12 weeks) effect on physical activity.
- Interventions targeting individuals in community settings are effective in producing short-term changes in physical activity, and are likely to be effective in producing mid- to long-term changes in physical activity.
- Interventions that promote moderate-intensity physical activity, particularly walking, and are not facility dependent, are also associated with longer-term changes in behaviour.
- Interventions restricted to adults aged 50 years and older are effective in producing short-term changes in physical activity and there is limited evidence that they can be effective in producing mid- to long-term changes in physical activity.
- Convey a clear message that exercise is different and better than being generally active.
- Reinforce safety to overcome fear of injury and the need for recovery time from exercise.
- Offer taster sessions of activities likely to appeal.
- Position it as fun and enjoyable, and highlight the social aspect.
- Avoid using the word ‘sport.
- Make opportunities inexpensive and good value for money.
- Stress that there are exercises suitable for their age group and for people who haven’t exercised for some time.
- Improve competency and skills of health and social care staff to support older people, including integration of key skills around physical activity for older adults.

### Socially disadvantaged groups (SDGs)

- Reach target groups through community leaders, community settings and local organisations.
- Undertake qualitative research on which SDGs to include in projects.
- Make projects easily accessible, relevant, attractive and interesting for the target group.
- Reflect, before developing interventions, on whether SDG should be included in general
population interventions or targeted specifically.

- Identify and address barriers that prohibit equality groups from accessing services (e.g. geographic, physical, economic).

**People with disability and/or long-term limiting illness**

- According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities 'a lot' and has lasted, or is expected to last, at least 12 months (including problems related to old age). This means that activities will need to be tailored to meet their needs and be fully accessible, including access to specialist coaches and equipment.
- The key to achieving and maintaining a more active lifestyle is for people with disabilities to participate in activities which they personally enjoy, perceive as supportive in maintaining activities of daily living and can be easily incorporated into their routine.
- Meet the specific needs of people with disabilities.
- Take account of the current physical activity recommendations where appropriate.
- Take place in a safe and supportive environment.
- Consider safety issues associated with a particular disability.
- Appropriate medical advice should always be sought by individuals with particular health problems before beginning an activity programme.

**Inactive people**

- Primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on five days of the week (or more).
- When providing physical activity advice, primary care practitioners should take into account the individual's needs, preferences and circumstances.
- Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.
- Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.
- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity - they should also be accessible by public transport.
- Ensure public open spaces and public paths are maintained to a high standard.
- Those involved with campus sites, including hospitals and universities, should ensure different parts of the site are linked by appropriate walking and cycling routes.
- Ensure new workplaces are linked to walking and cycling networks.
- Implement integrated behaviour change programmes, which influence behavioural change at population level to increase healthy lifestyles, promote wellbeing and reduce the burden of disease.
- Use community pharmacy teams to support people at every age to lead healthy lifestyles via opportunistic advice on topics including physical activity.
- Integrate health advice into every health and social care contact and in all care pathways – from pharmacists and physiotherapists to dental nurses and care assistants – including information on support for physical activity.
Additional recommendations when considering work and built environments

The workplace

- Develop an organisation-wide plan or policy to encourage and support employees to be more physically active.
- Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active.
- Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan).
- Offer support to employers who want to implement this guidance to encourage their employees to be more physically active.
- Work with local enterprise partnerships and local chambers of commerce to integrate physical activity through active travel and workplace health into every level of economic growth and infrastructure planning.
- Integrate physical activity into local workforce development programmes and training for staff.
- Implement the national standards for the workplace wellbeing charter, and support local businesses to take part and work towards excellence, particularly supporting action to increase physical activity in workplaces.
- Lead by example in implementing evidence-based interventions to promote physical activity in the workplace, including workplace-based NHS Health Checks, to improve staff health and wellbeing, and encourage walking and cycling to work, and other forms of active travel and physical activity in the workplace.
- Increase physical activity opportunities in the working day through support for active travel, or for evidence based workplace approaches.
- Participate in the public health responsibility deal and workplace wellbeing charter to learn good practice and share it with others.
- Take part in the national cycle to work scheme and support adults to take up cycling classes and opportunities to increase their safety on the road.
- Lead by example, being advocates for the evidence base for physical activity in the workplace to support staff and volunteers to be active in their own lives.
- Ensure new workplaces are linked to walking and cycling networks.

The built environment (facilities and green spaces)

- Activity and community sports providers should focus on engaging and supporting inactive people.
- Local authorities should work in partnership with all local activity and sports providers to deliver a local ambition of a one per cent reduction in inactivity year-on-year for the next five years.
- Activity providers should better record, analyse and evaluate the users of their facilities and effectiveness of their programmes to improve the evidence base.
- Local authorities should be required to consider the impact of physical inactivity in regeneration and spatial plans.
- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity - they should also be accessible by public transport.
- Ensure public open spaces and public paths are maintained to a high standard.
- Ensure new workplaces are linked to walking and cycling networks.
- Ensure that green spaces are developed to make them safe and accessible whilst integrating them into leisure and physical inactivity strategies.
- Extend the management and administration of green spaces to include leisure and public health planning teams.
- Ensure that planning transport and housing policies support strong, vibrant and healthy communities that prioritise physical activity and active travel.
- Provide evidence about different dimensions of health and the built environment, and tools to inform local good practice.

Relevant physical activity-economic tools

4.9 There are a number of physical activity-economic tools available for use at the local level. These are summarised in Appendix 5. Public England has published a useful guide: http://www.noo.org.uk/securefiles/150107_0954//online_tools_briefing_300914_FINAL.pdf.
5. **ASSESSING NEED: PLYMOUTH’S GEOGRAPHY**

### Overview of Plymouth

5.1 The current population of Plymouth stands at 259,175 (Office for National Statistics (ONS) mid-year estimate 2013). Plymouth is an ocean city and a popular tourist destination which attracts large numbers of visitors. It has the tenth largest university in the United Kingdom by number of students, and the largest operational naval base in Western Europe – HMNB Devonport.

### Plymouth boundaries – localities and neighbourhoods

5.2 For the purposes of this Needs Assessment, Plymouth was divided into its six established localities\(^3\) (aggregations of the city’s 20 electoral wards) and its 39 neighbourhoods in order to help identify local need (Figure 4; Table 4). Some data is presented at ward level although additional information can be found on the Plymouth JSNA website.\(^4\)

Figure 4: Plymouth’s neighbourhoods and locality boundaries

\[^3\] A locality is a distinct population cluster in which the inhabitants live in adjoining neighbourhoods, and that has a name or a locally recognised status.

\[^4\] Plymouth JSNA: [http://www.plymouth.gov.uk/jsna](http://www.plymouth.gov.uk/jsna)
Table 4: The Plymouth localities by neighbourhood

<table>
<thead>
<tr>
<th>Locality</th>
<th>Neighbourhood</th>
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<tbody>
<tr>
<td>Central &amp; North East</td>
<td></td>
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<tr>
<td>Plymouth</td>
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<tr>
<td>Beacon Park</td>
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<tr>
<td>Eggbuckland</td>
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<tr>
<td>Estover, Glenholt, &amp; Derriford East</td>
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<tr>
<td>Higher Compton &amp; Mannnamead</td>
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<tr>
<td>Leigham &amp; Mainstone</td>
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<tr>
<td>Manadon &amp; Widey</td>
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<tr>
<td>Mutley</td>
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<td>Peverell &amp; Hartley</td>
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<tr>
<td>Barne Barton</td>
<td></td>
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<tr>
<td>Derriford West &amp; Crownhill</td>
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<tr>
<td>Ernesettle</td>
<td></td>
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<tr>
<td>Honicknowle</td>
<td></td>
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<tr>
<td>Southway</td>
<td></td>
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<tr>
<td>St. Budeaux &amp; Kings Tamerton</td>
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<tr>
<td>Tamerton Foliot</td>
<td></td>
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<tr>
<td>Whitelie</td>
<td></td>
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<tr>
<td>Widewell</td>
<td></td>
</tr>
<tr>
<td>Plympton</td>
<td></td>
</tr>
<tr>
<td>Colebrook, Newnham, &amp; Ridgeway</td>
<td></td>
</tr>
<tr>
<td>Plympton St. Maurice &amp; Yealmpton</td>
<td></td>
</tr>
<tr>
<td>Woodford</td>
<td></td>
</tr>
<tr>
<td>Plymouth St. Maurice &amp; Yealmpton</td>
<td></td>
</tr>
<tr>
<td>Plymouth St. Maurice &amp; Yealmpton</td>
<td></td>
</tr>
</tbody>
</table>

Source: Public Health Team, Plymouth City Council
6. ASSESSING NEED: PLYMOUTH’S DEMOGRAPHY

Introduction

6.1 The following chapter outlines key demographic characteristics of the Plymouth population and their relevance to delivery of physical activity across the city. It focuses on known health inequalities in relation to levels of physical activity as outlined previously.

GENDER

Gender - The Plymouth picture (where we are now):
- Overall, 50.5% of Plymouth’s population are female, with similar proportions of males and females across all age groups (Figure 5).
- Across the Plymouth neighbourhoods there is some variation (Figure 6). 55.6% of Keyham’s population are male and 44.4% are female. This compares to Elburton & Dunstone where 47.1% of the population are male and 52.9% are female, representing an 8.4 percentage point difference between the two neighbourhoods.

Figure 5: Population pyramid - Plymouth against England (2012)

[Diagram showing population pyramid]

Source: Mid-year population estimates (2012), Office for National Statistics
Figure 6: Gender profile by Plymouth neighbourhoods, 2012

Source: Mid-year population estimates (2012), Office for National Statistics

**Gender - Implications for delivery of physical activity across the city:**
- Only one in ten men compared to one in 20 women are active enough for good health (national picture).
- Girls are less likely to take part in physical activity than boys, and participation begins to drop even more from the age of ten to 11 (national picture).
- There is a largely equal distribution of males and females across the city, suggesting that a city-wide approach to increasing physical activity levels among both women and girls (particularly those aged ten to 11) is needed.

**AGE**

**Age - The Plymouth picture (where we are now):**
- Plymouth’s demographic profile is similar to that of a typical metropolitan city with presence of two universities - it has a large proportion of students and younger adults, with relatively fewer children and older people.
- Plymouth currently has a population of 259,175 (ONS mid-year estimate for 2013).
- Due to an estimated 35,000 to 40,000 students residing in the city, the proportion of 18-24 year olds (13.2%) is higher than that found regionally (8.8%) and nationally (9.3%).
- The proportion of the working-age (16-64 year old) population (65.7%) is higher than that regionally (62.1%) and nationally (64.1%).
- The city has the third lowest proportion of people aged 75 years and over, and the eighth lowest proportion of children and young people (aged under 18) of the 16 Southwest County and unitary authorities (2012).
- The age profile of the Plymouth neighbourhoods is variable (Figure 7), with Greenbank & University standing out as an outlier because the 16-24 age group make up 57.3% of the population. Barne Barton has the highest proportion of 0-15 year olds. Elburton & Dunstone has the highest proportion of the population in the 65+ age group.
- Plymouth’s population is predicted to increase by over 16,000 by 2030 (Table 5). The largest increase will be seen in 75+ year olds (54.6%), whilst it is estimated there will be a 5.2% reduction in the 30-64 year old population.
Figure 7: Age profile of Plymouth neighbourhoods, 2012

Table 5: Sub-national population projections by age group, 2012 to 2030

<table>
<thead>
<tr>
<th>Age group</th>
<th>2012</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>50,912</td>
<td>51,482</td>
<td>53,645</td>
<td>55,241</td>
<td>55,102</td>
<td>8.2</td>
</tr>
<tr>
<td>18-29</td>
<td>52,613</td>
<td>53,779</td>
<td>53,169</td>
<td>52,133</td>
<td>54,820</td>
<td>4.2</td>
</tr>
<tr>
<td>30-64</td>
<td>111,026</td>
<td>109,880</td>
<td>109,002</td>
<td>107,814</td>
<td>105,247</td>
<td>-5.2</td>
</tr>
<tr>
<td>65-74</td>
<td>23,367</td>
<td>24,964</td>
<td>25,584</td>
<td>25,569</td>
<td>28,205</td>
<td>20.7</td>
</tr>
<tr>
<td>75+</td>
<td>20,108</td>
<td>21,210</td>
<td>23,904</td>
<td>28,511</td>
<td>31,091</td>
<td>54.6</td>
</tr>
<tr>
<td>90+</td>
<td>2,119</td>
<td>2,296</td>
<td>2,700</td>
<td>3,475</td>
<td>4,432</td>
<td>109.2</td>
</tr>
<tr>
<td>All ages</td>
<td>258,026</td>
<td>261,315</td>
<td>265,304</td>
<td>269,268</td>
<td>274,466</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics, 2012-based subnational population projections released May 2014

**Age - Implications for delivery of physical activity across the city:**

- Nationally, the proportion of children aged 2-15 years meeting the recommended physical activity levels is falling. Moreover, only 21.0% of boys and 16.0% of girls aged 5-15 years in England take the amount of physical activity they need for good development. As Barne Barton has the highest proportion of 0-15 year olds, efforts could be targeted here in addition to city wide efforts to get more children moving more often.

- There is a larger than average student population – whilst they are likely to be more physically active than older age groups, young women aged 16-24 years are nearly half as active as their male counterparts and even less so in the cases of low income and black and minority ethnic (BME) women. Plymouth has two universities (Plymouth University and the University of St Mark and St John), in addition to three colleges (City College Plymouth, Plymouth College of Art, and Plymouth Devon International College). Their offer to students is included in the mapping.

- The city has a greater than average working-age population - levels of participation have been shown to decline gradually between the ages of 25 and 45 years, and time is the most commonly cited barrier to physical activity. Consequently, opportunities for physical activity should be provided by employers across the city.

- Levels of physical activity decline with increasing age for both men and women. Plymouth's older population is increasing meaning that a larger proportion of the population will be sedentary. Of the Plymouth neighbourhoods, Elburton & Dunstone has the greatest...
proportion of adults aged 65 and over (Figure 7). This is the most sedentary age group (spending around 10 hours or more each day sitting or lying down) with higher rates of falls, obesity, heart disease and premature mortality compared with the general population.

DEPRIVATION, INCOME AND LONE PARENTS

Deprivation, income and lone parents - The Plymouth picture (where we are now):

- The IMD 2010 score can be used to rank every Lower Super Output Area (LSOA) in England according to their relative level of deprivation. LSOAs typically contain four to six Output Areas (OAs) with a population of around 1,500. Plymouth is made up of 160 LSOAs, which are aggregations of the city's 823 OAs. Plymouth is ranked 72 out of 326 (1=most deprived; 326=least deprived). This places Plymouth just above the bottom 20% of local authorities in England. In comparison, Salford was ranked 18, Bristol 79, and Newcastle-upon-Tyne 150.

- Figure 8 shows the IMD values for the 160 LSOAs in Plymouth with the boundaries of the six localities overlain. Although it is useful to see data presented in this way, it does not show composite locality scores that can be used to identify, for example, the most or least deprived localities in the city. Therefore separate analysis has been carried out by the Public Health Team in Plymouth City Council to produce this (Table 6). On the basis of this analysis, the locality with the highest score (i.e. the most deprived) is the South West, with the North West and South East localities also scoring highly. The locality with the lowest score (i.e. the least deprived) is Plymstock, followed by Plympton and Central & North East localities.

- Employment type (using the National Statistics Socio-economic Classification from the 2011 Census) can be used as a proxy for income to compare the Plymouth neighbourhoods (see Appendix 6). Peverell & Hartley has the highest proportion (16.2%) of ‘higher managerial, administrative and professional occupations’ compared to 2.9% in Devonport. Stonehouse has the highest proportion (11.8%) of ‘never worked and long-term unemployed’ compared to 1.6% in Woodford.

- Across Plymouth, 10% of all households are lone parents. This increases to 14% in the North West locality compared to 9% in the Central & North East locality (Table 7).
Figure 8: Index of Multiple Deprivation (IMD) 2010 scores by locality and Lower Super Output Area (LSOA) within Plymouth

Table 6: Index of Multiple Deprivation (IMD) 2010 score by locality

<table>
<thead>
<tr>
<th>Locality</th>
<th>IMD 2010 SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central &amp; North East</td>
<td>16.4</td>
</tr>
<tr>
<td>North West</td>
<td>32.1</td>
</tr>
<tr>
<td>Plympton</td>
<td>12.1</td>
</tr>
<tr>
<td>Plymstock</td>
<td>11.4</td>
</tr>
<tr>
<td>South East</td>
<td>28.5</td>
</tr>
<tr>
<td>South West</td>
<td>39.7</td>
</tr>
<tr>
<td>Plymouth</td>
<td>25.6</td>
</tr>
</tbody>
</table>

Source: Public Health Team, Plymouth City Council, from Department for Communities and Local Government data
Figure 9: IMD 2010 - Income domain for Plymouth’s Lower Super Output Areas (LSOAs)

Deprivation, income and lone parents - Implications for delivery of physical activity across the city:

- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas. Cost has been identified as a major barrier to participation in physical activity. There may also be fewer opportunities to be physically active – this can relate to perceptions of personal safety locally, the location and accessibility of facilities, and lack of activities. The offer to Plymouth residents is captured in the mapping chapter.

- Areas of Plymouth have high levels of deprivation and higher proportions of low income households. These areas are typically located in the West of the city. Affordability and accessibility must be key considerations.
• The demands of being a lone parent, particularly on time and money, mean that it is extremely difficult for this group to take part in physical activity.

**ETHNICITY**

**Ethnicity - The Plymouth picture (where we are now):**

• According to the 2011 Census, 96.1% of Plymouth’s population considered themselves to be White (Table 8). This is significantly higher than the England average (79.8%).
• Plymouth has lower proportions of residents within each ethnic group compared with the national average. However, despite the small numbers, Plymouth has a rapidly rising BME population which has more than doubled from 7,906 individuals since the 2001 Census.
• The main ethnic minorities in Plymouth are the Polish (0.7%; just over 1,900) and the Chinese (0.5%; just over 1,200).
• There is variation across the Plymouth neighbourhoods. In Stonehouse 88.9% of the population are White and 4.7% of the population are Asian/Asian British. However, conversely 98.8% of the population of Elburton & Dunstone are White (see Appendix 7).

Table 8: Plymouth population by ethnic group and locality (%), 2011

<table>
<thead>
<tr>
<th>Locality</th>
<th>White (English/Welsh/Scottish/Northern Irish/British)</th>
<th>White other (Irish/Irish Traveller/Other)</th>
<th>Mixed/multiple ethnic groups</th>
<th>Asian/Asian British</th>
<th>Black/African Caribbean/Black British</th>
<th>Other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central &amp; North East</td>
<td>96.4</td>
<td>2.9</td>
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<td>0.4</td>
</tr>
</tbody>
</table>

Source: Census 2011, Office for National Statistics

**Ethnicity - Implications for delivery of physical activity across the city:**

• National evidence suggests that physical activity is lower for Black and Minority Ethnic groups, with the exception of African-Caribbean and Irish populations.
• Only 11% of Bangladeshi women and 26% of men are sufficiently active for good health compared with 25-37% of the general population (national picture).
• Whilst we have increasing diversity in the city, the numbers from any given ethnic background are relatively small. This could lead to people being indirectly socially excluded and removed from mainstream society.
• The Plymouth localities with the greatest BME populations (particularly Asian/Asian British) are the South East and South West. These are also the most deprived localities in the city where physical activity levels are generally lower than in other areas of Plymouth.

**DISABILITY AND/OR LONG-TERM LIMITING ILLNESS**

**Disability and/or long-term limiting illness - The Plymouth picture (where we are now):**

• According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities ‘a lot’ and has lasted, or is expected to last, at least 12 months (including problems related to old age) (Table 9). The national value was 8.3%. 20.4% of Plymouth’s population reported that their day-to-day activities were ‘limited’. The North West had the greatest proportion (23.2%) and the South East the smallest proportion (16.8%) (Table 9).
• There is variation across the Plymouth neighbourhoods with 27.8% of the population in Ernesettle reporting that their day-to-day activities were ‘limited’, compared to 12.2% of the population of Greenbank & University (Figure 10). This was similar for ‘limited a lot’ (Figure 11), which may reflect the age distribution (Greenbank & University has a significant student population).

• Plymouth has a higher proportion of patients aged 18 years plus on the learning disabilities register compared to South West and England’s average in 2011/12 (Figure 12).

Table 9: Proportion (%) of adult population reporting that their day-to-day activities were ‘limited’ by locality, 2011

<table>
<thead>
<tr>
<th>Locality</th>
<th>Day-to-day activities limited a lot</th>
<th>Day-to-day activities limited a little</th>
<th>Day-to-day activities limited</th>
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</thead>
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<tr>
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<td>18.5</td>
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<td>Plymstock</td>
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<td>20.4</td>
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<td>South East</td>
<td>8.2</td>
<td>8.6</td>
<td>16.8</td>
</tr>
<tr>
<td>South West</td>
<td>11.2</td>
<td>10.9</td>
<td>22.1</td>
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<tr>
<td>Plymouth</td>
<td>10.0</td>
<td>10.4</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Source: Census 2011, Office for National Statistics

Figure 10: Proportion (%) of adult population reporting that their day-to-day activities were ‘limited’ by neighbourhood, 2011

Source: 2011 Census, Office for National Statistics
Figure 11: Proportion (%) of adult population reporting that their day-to-day activities were 'limited a lot' by neighbourhood, 2011

Source: 2011 Census, Office for National Statistics

Figure 12: Proportion of adults with learning disabilities, 2011-12

Source: Community Mental Health Profile 2013, Public Health England

Disability and/or long-term limiting illness - Implications for delivery of physical activity across the city:

- Participation rates are lower amongst people with disability or limiting long-term illness:
  - 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults (national picture).
  - Only one in four people with learning difficulties take part in physical activity each month compared to over half of those without a disability (national picture).
  - Plymouth has a higher proportion of patients aged 18+ years on the learning disabilities register compared to South West and England’s average.
A number of barriers have been identified including: inaccurate beliefs about the benefits of physical activity (e.g. it is common for arthritic people to believe that any activity is bad for arthritic joints); negative attitudes towards physical activity; social and environmental barriers.

Opportunities should be created for carers to take part in physical activity.

Plymouth has a higher proportion of residents whose day-to-day activities are ‘limited a lot’ than the England average. The North West locality has the greatest proportion of residents reporting that their day-to-day activities are limited, in addition to high levels of deprivation. The population of Ernesettle is more likely to have a disability or limiting long-term illness and so the needs of this population are likely to be greater.

SEXUAL ORIENTATION AND GENDER IDENTITY

The Plymouth picture (where we are now):

- There is no precise local data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but nationally it is estimated at 5.0% to 7.0%. This would suggest that approximately 13,300 of people aged 16 years and over in Plymouth are LGB.
- In 2010, it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. The median age for treatment for gender variation is 42 years. There is no precise number of the transgender population in Plymouth.

Implications for delivery of physical activity across the city:

- Whilst there is limited information for Plymouth, national research has shown that half of all LGB and transgender people say they would not join a sports club. This is twice the number of their heterosexual counterparts.
- Barriers to physical activity need for LGB and transgender people to be addressed.

MOSAIC BREAKDOWN – understanding the Plymouth population

6.2 Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 ‘Groups’ and 66 detailed ‘Types’. This resource is used by local authorities and public health teams in particular in order to better understand the local population. This information can be helpful when examining the current offer for physical activity across the city and when considering ways of encouraging people to be more physically active.

6.3 Using postcode data from the 2012 GP registration database, the top three Mosaic Groups in Plymouth are:

- M Family Basics (families with limited resources who have to budget to make ends meet) - 13.4% of postcodes
- J Rental Hubs (educated young people privately renting in urban neighbourhoods) - 12.8%
- H Aspiring Homemakers (younger households settling down in housing priced within their means) - 11.4%

6.4 However, across the localities the Groups are unevenly distributed (Table 10):

- Central & North East (top three):
  - H Aspiring Homemakers - 19.6%
  - F Senior Security – 19.0% (elderly people with assets who are enjoying a comfortable retirement)
  - E Suburban Stability - 11.3% (mature suburban owners living settled lives in mid-range housing)
• North West:
  o **M Family Basics** - 29.8%  
  o **K Modest Traditions** – 17.5% (mature homeowners of value homes enjoying stable lifestyles)  
  o **H Aspiring Homemakers** - 10.1%  

• Plympton:
  o **E Suburban Stability** - 31.6%  
  o **H Aspiring Homemakers** - 20.7%  
  o **F Senior Security** - 16.5%  

• Plymstock:
  o **F Senior Security** - 29.6%  
  o **E Suburban Stability** - 23.7%  
  o **H Aspiring Homemakers** - 12.9%  

• South East:
  o **J Rental Hubs** - 42.9%  
  o **L Transient Renters** - 17.3% (single people privately renting low cost homes for the short term)  
  o **M Family Basics** - 15.4%  

• South West:
  o **L Transient Renters** - 20.8%  
  o **J Rental Hubs** - 19.5%  
  o **M Family Basics** - 16.7%  

### Table 10: Proportion (%) of Mosaic Groups by locality (based on postcodes)

<table>
<thead>
<tr>
<th>MOSAIC GROUPS</th>
<th>Central &amp; North East</th>
<th>North West</th>
<th>Plympton</th>
<th>Plymstock</th>
<th>South East</th>
<th>South West</th>
<th>Total</th>
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<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
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</table>

Source: Mosaic 2014 lookup table and 2012 GP registration database

6.5 The main Mosaic Type for the city is L52 Midlife Stopgap at 6.4% (maturing singles in employment who are renting short-term affordable homes). A breakdown of Type by locality is provided in Table 11 and summarised below and overleaf:

• Central & North East - **H35 Primary Ambitions** – 10.5% (forward-thinking younger families who sought affordable homes in good suburbs which they may now be out-growing)
• North West - **M55 Families with Needs** – 13.2% (families with many children living in areas of high deprivation and who need support)
• Plympton - **E21 Family Ties** – 13.6% (active families with teens and adult children whose
prolonged support is eating up household resources)
- Plymstock - F24 Bungalow Haven – 13.3% (peace-seeking seniors appreciating the calm of bungalow estates designed for the elderly)
- South East - J42 Learners & Earners – 23.8% (inhabitants of the university fringe where students and older residents mix in cosmopolitan locations)
- South West - L52 Midlife Stopgap - 11.0%

Table 11: Proportion (%) of Mosaic Types by locality (based on postcodes)

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Central &amp; North East</th>
<th>North West</th>
<th>Plympton</th>
<th>Plymstock</th>
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<td>0.0</td>
<td>1.1</td>
<td>1.4</td>
</tr>
<tr>
<td>O62 Low Income Workers</td>
<td>0.1</td>
<td>3.8</td>
<td>0.0</td>
<td>0.0</td>
<td>0.5</td>
<td>2.0</td>
<td>1.3</td>
</tr>
<tr>
<td>N57 Seasoned Survivors</td>
<td>0.6</td>
<td>2.7</td>
<td>0.2</td>
<td>0.4</td>
<td>1.3</td>
<td>1.9</td>
<td>1.3</td>
</tr>
<tr>
<td>L49 Disconnected Youth</td>
<td>0.6</td>
<td>1.6</td>
<td>0.0</td>
<td>0.3</td>
<td>0.6</td>
<td>2.4</td>
<td>1.1</td>
</tr>
<tr>
<td>E18 Dependable Me</td>
<td>1.7</td>
<td>0.6</td>
<td>3.4</td>
<td>3.2</td>
<td>0.1</td>
<td>0.0</td>
<td>1.1</td>
</tr>
<tr>
<td>N59 Pocket Pensions</td>
<td>1.4</td>
<td>1.6</td>
<td>0.7</td>
<td>1.1</td>
<td>0.5</td>
<td>0.8</td>
<td>1.0</td>
</tr>
<tr>
<td>F22 Legacy Elders</td>
<td>2.6</td>
<td>0.4</td>
<td>0.7</td>
<td>3.3</td>
<td>0.0</td>
<td>0.1</td>
<td>1.0</td>
</tr>
<tr>
<td>J41 Central Pulse</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>3.5</td>
<td>0.9</td>
</tr>
<tr>
<td>B06 Bank of Mum and Dad</td>
<td>1.6</td>
<td>0.6</td>
<td>1.2</td>
<td>2.7</td>
<td>0.0</td>
<td>0.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Row Labels</td>
<td>Central &amp; North East</td>
<td>North West</td>
<td>Plympton</td>
<td>Plymstock</td>
<td>South East</td>
<td>South West</td>
<td>Plymouth</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
<td>------------</td>
<td>----------</td>
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<td>----------</td>
</tr>
<tr>
<td>N60 Dependent Greys</td>
<td>0.3</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0</td>
<td>1.0</td>
<td>1.9</td>
<td>0.7</td>
</tr>
<tr>
<td>D15 Modern Parents</td>
<td>0.2</td>
<td>0.2</td>
<td>4.3</td>
<td>1.9</td>
<td>0.0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>N58 Aided Elderly</td>
<td>0.5</td>
<td>0.0</td>
<td>1.6</td>
<td>0.8</td>
<td>0.0</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td>D14 Cafés and Catchments</td>
<td>2.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>B09 Diamond Days</td>
<td>1.2</td>
<td>0.4</td>
<td>0.0</td>
<td>0.4</td>
<td>0.0</td>
<td>0.1</td>
<td>0.4</td>
</tr>
<tr>
<td>B07 Alpha Families</td>
<td>0.5</td>
<td>0.5</td>
<td>0.1</td>
<td>2.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.4</td>
</tr>
<tr>
<td>O64 High Rise Residents</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>1.5</td>
<td>0.3</td>
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<tr>
<td>J40 Career Builders</td>
<td>0.8</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.2</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>H32 Flying Solo</td>
<td>0.6</td>
<td>0.3</td>
<td>0.5</td>
<td>0.4</td>
<td>0.3</td>
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</tr>
<tr>
<td>H33 New Foundations</td>
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<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>C13 Uptown Elite</td>
<td>0.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>B08 Premium Fortunes</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>O66 Inner City Stalwarts</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
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<td>I37 Community Elders</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>G29 Satellite Settlers</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>A04 Village Retirement</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Grand Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Mosaic 2014 lookup table and 2012 GP registration database
7. ASSESSING NEED: KEY HEALTH NEEDS RELATED TO PHYSICAL ACTIVITY

Introduction

7.1 The following section outlines key health needs of the Plymouth population which are relevant to delivery of physical activity across the city. This is not exhaustive but highlights some of the key health outcomes that are associated with being physically inactive.

LIFE EXPECTANCY AT BIRTH

*Life-expectancy at birth – what the evidence tells us:*

- Physical inactivity is one of the leading causes of mortality in developed countries.
- There is a three-year difference in life expectancy between people who are inactive and people who are minimally active.
- Being active at every age increases quality of life and everyone’s chances of remaining healthy and independent.

*Life-expectancy at birth - the Plymouth picture (where we are now in terms of need):*

- Life expectancy at birth for 1991-93 was 73.3 years for males and 79.0 years for females (a 5.7 year differential). By 2010-12, life expectancy of males in the city increased to 78.3 years (+5.0 years) whilst life expectancy for females increased to 82.1 years (+3.1 years). The result of these increases is the closing of the gap between females and males to 3.8 years in 2010-12.
- The gap between neighbourhoods with the lowest life expectancy and the Plymouth average has not closed significantly over time (Figure 13).
- Plymouth’s life expectancy compared to England’s average both for males and females it has increased over time since 2000-02, but England’s average has increased slightly more since 2000-02 (Figure 14).

Figure 13: Life expectancy at birth - Plymouth mapped against the combined lowest 20% of Plymouth neighbourhoods, 1991-93 to 2010-12

Source: Public Health Team, Plymouth City Council
ALL-CAUSE MORTALITY

All-cause mortality – what the evidence tells us:
- There is a clear inverse relationship between physical activity and all-cause mortality (Department of Health 2012).

All-cause mortality - the Plymouth picture (where we are now in terms of need):
- There is variation across the city in terms of the directly age-standardised rate of mortality from all causes for persons of all ages (Figure 15). Tamerton Foliot has a rate of 184 deaths per 10,000 population compared to Barne Barton with a rate of 66 deaths per 10,000 population.

Figure 15: Directly age-standardised mortality rates (all ages) per 10,000 population by Plymouth neighbourhoods, 2012

Source: Public Health Team, Plymouth City Council
CIRCULATORY DISEASES (CVD, CHD, STROKE)

Circulatory diseases – what the evidence tells us:
- There is a clear inverse relationship between physical activity and cardiorespiratory disease (Department of Health 2012).
- People who are physically active have a 20% to 35% lower risk of cardiovascular disease (CVD), coronary heart disease (CHD) and stroke (Department of Health 2012).
- For an average practice of 20,000 patients (made up equally of men and women), each year there are 68 new cases of CHD and 32 new cases of stroke that could be mitigated by promoting physical activity effectively in primary care (using QOF data; statistics are relevant for the year of the study; see Department of Health 2012 for the study references).

Prevalence of circulatory diseases - the Plymouth picture (where we are now in terms of need):
- The prevalence of circulatory diseases in Plymouth adults (aged ≥16 years) is similar to the prevalence for England (Table 12). For Plymouth, the observed prevalence is less than the estimated prevalence.
- Using the estimated prevalence calculated by Public Health England (Figure 16), Plymouth has a lower proportion of the population with circulatory disease compared to the South West and England average across both genders.

Table 12: Prevalence (%) of circulatory disease for Plymouth and England, 2011-12

<table>
<thead>
<tr>
<th></th>
<th>CHD</th>
<th>Stroke</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plymouth</td>
<td>3.6</td>
<td>5.8</td>
<td>1.7</td>
</tr>
<tr>
<td>England</td>
<td>3.4</td>
<td>5.8</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Source: Cardiovascular Disease Health Profile, Public Health England

Figure 16: Public Health England’s modelled estimate of prevalence of circulatory disease, December 2011

Mortality from circulatory diseases - the Plymouth picture (where we are now in terms of need):
- The circulatory disease mortality rate is variable across the Plymouth neighbourhoods (Figure 17). In 2012, the mortality rate in Tamerton Foliot was 76 deaths per 10,000 population compared to 18 deaths per 10,000 population in Devonport.
Figure 17: Directly age-standardised cardiovascular disease mortality rates (all ages) per 10,000 population, by Plymouth neighbourhoods, 2012

Source: Public Health Team, Plymouth City Council

Circulatory disease-related hospital admissions (all ages) - the Plymouth picture (where we are now in terms of need):

- The hospital admission rate for circulatory diseases for Plymouth has increased by 10.0 per 10,000 population since 2008-09. For 2012-13, there were 116.2 admissions per 10,000 population (all ages).
- The rate of admissions in the under 75s has also increased by 2.7 per 10,000 population since 2008-09. There were 67.7 admissions per 10,000 population (under 75s) in 2012-13.
- The rate of admissions varies across the city and presents in a different order of neighbourhoods to that for circulatory disease mortality. For 2012-13, Devonport had 172 admissions per 10,000 population compared to Chaddlewood with 69 per 10,000 population (Figure 18 overleaf).

Figure 18: Directly age-standardised rate of hospital admissions for circulatory diseases (all ages) per 10,000 population, by Plymouth neighbourhoods, 2012-13

Source: Public Health Team, Plymouth City Council
**METABOLIC HEALTH – TYPE 2 DIABETES AND METABOLIC SYNDROME**

**Metabolic health – what the evidence tells us:**

- There is a clear inverse relationship between physical activity and risk of type 2 diabetes and metabolic syndrome (Department of Health 2012).
- There is a 30% to 40% lower risk of metabolic syndrome and type 2 diabetes in at least moderately active people compared with those who are sedentary (Department of Health 2012).
- People with diabetes can reduce their need for medication and the risk of complications by being more active (NICE 2007).

**Prevalence of diabetes - the Plymouth picture (where we are now in terms of need):**

- The prevalence of diabetes in Plymouth adults (aged ≥16 years) is predicted to increase by 1.1% by 2030 which is slightly less than the figure for England (Table 13).
- Based on the YHPHO diabetes prevalence model, they have estimated that we will see a percentage point increase in the prevalence of diabetes by 2030 if the level of obesity continues to rise at the current rate. But if the level of obesity is maintained at the 2010 level they have estimated we will see half a percentage point increase in the prevalence of diabetes by 2030 (Figure 19).

**Table 13: Diabetes prevalence (%) projections for Plymouth and England, 2012-30**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plymouth</td>
<td>6.5</td>
<td>6.6</td>
<td>6.7</td>
<td>6.7</td>
<td>7.1</td>
<td>7.4</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>(4.6-9.2)</td>
<td>(4.6-9.3)</td>
<td>(4.7-9.4)</td>
<td>(4.7-9.5)</td>
<td>(4.9-10.0)</td>
<td>(5.1-10.5)</td>
<td>(5.3-10.9)</td>
</tr>
<tr>
<td>England</td>
<td>7.3</td>
<td>7.4</td>
<td>7.5</td>
<td>7.6</td>
<td>8.2</td>
<td>8.6</td>
<td>8.8</td>
</tr>
<tr>
<td></td>
<td>(5.1-10.9)</td>
<td>(5.2-11.1)</td>
<td>(5.2-11.3)</td>
<td>(5.3-11.5)</td>
<td>(5.7-12.4)</td>
<td>(5.9-13.1)</td>
<td>(6.1-13.4)</td>
</tr>
</tbody>
</table>

Source: YHPHO Diabetes Prevalence Model

**Figure 19: Plymouth estimated prevalence of diabetes with obesity levels increasing and maintained**

Source: YHPHO, Public Health England
Mortality from diabetes (all ages) - the Plymouth picture (where we are now in terms of need):

- Mortality from diabetes has decreased in Plymouth and for England since 1993 (Figure 20).
- The mortality rate for Plymouth has seen a larger decrease when compared to the England average since 1993 (Figure 20).

Figure 20: Mortality from diabetes (ICD9 250 adjusted, ICD10 E10-E14)

Source: Compendium of Population Health Indicators, HSCIC

ENERGY BALANCE (HEALTHY WEIGHT)

Energy balance – what the evidence tells us:

- Physical activity helps to maintain a healthy weight and improves health, regardless of weight (Public Health England 2014).
- Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight) (Department of Health 2012).
- Physical activity alone has no effect on achieving 5% weight loss, except for exceptionally large volumes of physical activity, or when an isocalorific diet is maintained throughout the physical activity intervention (Department of Health 2012).
- Following weight loss, aerobic physical activity has a reasonably consistent effect on weight maintenance (Department of Health 2012).

Adults with excess weight - the Plymouth picture (where we are now in terms of need):

- For 2012, 60.0% of Plymouth’s adult population were estimated to have excess weight compared to the England average of 63.8% (Figure 21).
- In 2012-13, the percentage of adults with excess weight (i.e. classified as overweight or obese according to their Body Mass Index (BMI)) in Plymouth was 67.4% (Figure 22).
- The percentage of adults with excess weight by Plymouth neighbourhood ranged from 54.3% in the City Centre to 73.8% in Barne Barton (a difference of nearly 20 percentage points) (Figure 22). This information is based on the BMI of people who were referred to hospital (for any condition) and as such should be considered as a proxy measure of excess weight in the Plymouth population as a whole.
Excess weight in children - the Plymouth picture (where we are now in terms of need):

- Children in Reception and Year 6 classes are weighed and measured on an annual basis as part of the National Child Measurement Programme (NCMP). Children whose BMI for their age and sex place them equal to or above the 85th centile are classified as having ‘excess weight’.

- The percentage of school children in Reception and Year 6 with excess weight varies across the neighbourhoods.

- Keyham has the highest proportion of children in Reception who have excess weight (36.8%) compared to Ernesettle with the lowest (17.2%) (Figure 23).

- In Year 6, Ernesettle has the highest proportion of children who have excess weight (44.6%) compared to Widewell with the lowest (16.0%) (Figure 24).
**Children who are very overweight - the Plymouth picture (where we are now in terms of need):**

- The percentage of very overweight school children in Reception and Year 6 varies across the neighbourhoods.
- Greenbank & University has the highest proportion of children in Reception who are very overweight (15.2%) compared to Beacon Park with the lowest (3.3%) (Figure 25).
- In Year 6, Ham & Pennycross has the highest proportion of children who are very overweight (28.8%) compared to Widewell with the lowest proportion of children who are very overweight (4.0%) (Figure 26).
- Overweight = BMI greater than the 95th centile of the UK90 growth reference.
MUSCULOSKELETAL HEALTH

Musculoskeletal health – what the evidence tells us:
- There is an inverse association of physical activity with relative risk of hip fracture and vertebral fracture (Department of Health 2012).
- Increases in exercise and training can increase spine and hip bone marrow density (and can also minimise reduction in spine and hip bone density (Department of Health 2012).
- Risk reduction of hip fracture is 36% to 68% at the highest level of physical activity. The magnitude of the effect of physical activity on bone mineral density is 1% to 2% (Department of Health 2012).
- In the absence of a major joint injury, there is no evidence that regular moderate physical activity promotes the development of osteoarthritis. Participation in moderate intensity, low-impact physical activity has disease-specific benefits in terms of pain, function, quality of life.
and mental health for people with osteoarthritis, rheumatoid arthritis and fibromyalgia (Department of Health 2012).

- Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83%. Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability ES are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46 (Department of Health 2012).
- Increases in exercise training enhance skeletal muscle mass, strength, power and intrinsic neuromuscular activation (Department of Health 2012).
- The effect of resistance types of physical activity on muscle mass and function is highly variable and dose-dependent (Department of Health 2012).

Musculoskeletal health - the Plymouth picture (where we are now in terms of need):

- Falls are covered under ‘functional health’. The directly age and sex standardised rate of emergency hospital admissions in Plymouth for fractured neck of femur has decreased from 2010-11 to 2011-12 (Figure 27). The most recent year (2011-12) shows that Plymouth had a lower rate of admissions compared to England and the South West average.
- The directly age and sex standardised rate of primary hip replacement per 100,000 population for Plymouth and the South West is significantly higher than the England average (Figure 28).

Figure 27: Directly age-and-sex standardised rate of emergency hospital admissions for fractured neck of femur per 100,000 adults aged 65 years and over, 2011-12

![Figure 27: Directly age-and-sex standardised rate of emergency hospital admissions for fractured neck of femur per 100,000 adults aged 65 years and over, 2011-12](source)

Figure 28: Indirectly age-and-sex standardised rate of primary hip replacement for all ages per 100,000 population from 2008-09 to 2011-12

![Figure 28: Indirectly age-and-sex standardised rate of primary hip replacement for all ages per 100,000 population from 2008-09 to 2011-12](source)
FUNCTIONAL HEALTH

Functional health – what the evidence tells us:

- Long-term regular physical activity, including walking, is associated with significantly better cognitive function and less cognitive decline (Department of Health 2012).
- In one study, for every mile walked per day, over a sustained period of time, there is a 13% reduction in risk of cognitive decline (Weuve et al. 2004 in Department of Health 2012).
- There is an approximately 30% risk reduction in terms of the prevention or delay in function and/or role limitations with physical activity (Department of Health 2012).
- Falls are a leading cause of accidental death of older people in England, and fractured hips cost the NHS and social services £1.8 billion a year in England (Johansen and Stone 2000 in Department of Health 2012).
- Older adults who participate in regular physical activity have an approximately 30% lower risk of falls (Department of Health 2012).
- There is an approximately 20% to 30% lower risk for dementia for adults participating in daily physical activity (Department of Health 2012).

Falls - the Plymouth picture (where we are now in terms of need):

- The rate of hospital admissions for falls in the over 65s is 219.9 per 10,000 population for 2012/13 in Plymouth. During the period 2008-09 to 2012-13, the rate of hospital admissions for falls in adults aged ≥65 increased by 31.6 per 10,000 population.
- The rate of hospital admissions for falls in the over 75s is 381.7 per 10,000 population for 2012/13 in Plymouth. During the period 2008-09 to 2012-13, the rate of hospital admissions for falls in adults aged ≥75 increased in Plymouth by 62.8 per 10,000 population.
- Morice Town and the East End have the highest rate of emergency hospital admissions for fall-related injuries across all ages and in the over 75s (Figures 29 and 30).
- Ford has the lowest rate of emergency hospital admissions for fall-related injuries across all ages, while City Centre has the lowest rate of emergency hospital admission for fall-related injuries in the over 75s (Figures 29 and 30).

Figure 29: Directly age standardised rate of emergency hospital admissions due to falls (for all ages) by Plymouth Neighbourhoods, 2012-13

Source: Public Health Team, Plymouth City Council
Adults with dementia – the Plymouth picture (where we are now in terms of need):

- For 2011-12, the proportion of adults with dementia in Plymouth was similar to the England average and is less than the South West average (Figure 31).
- The estimated number of people with dementia in Plymouth is predicted to reduce for the 65-69 age group but increase in the over 69s by 2020 (Table 14).
- The younger age groups (30-64 year olds) are not predicted to change over time (Table 15).

Figure 31: Promotion of adults with dementia, based on number of patients on the dementia register, 2011-12

Source: Community Mental Health Profile 2013, Public Health England
Table 14: Projected Plymouth population with dementia by age group, 2012-20

<table>
<thead>
<tr>
<th>Age group</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69</td>
<td>13,500</td>
<td>14,100</td>
<td>13,900</td>
<td>12,600</td>
<td>12,200</td>
</tr>
<tr>
<td>People aged 70-74</td>
<td>9,800</td>
<td>10,500</td>
<td>11,300</td>
<td>12,900</td>
<td>13,000</td>
</tr>
<tr>
<td>People aged 75-79</td>
<td>8,200</td>
<td>8,500</td>
<td>8,500</td>
<td>8,900</td>
<td>9,600</td>
</tr>
<tr>
<td>People aged 80-84</td>
<td>6,200</td>
<td>6,300</td>
<td>6,500</td>
<td>6,700</td>
<td>7,000</td>
</tr>
<tr>
<td>People aged 85-89</td>
<td>3,600</td>
<td>3,800</td>
<td>4,000</td>
<td>4,300</td>
<td>4,500</td>
</tr>
<tr>
<td>People aged 90 and over</td>
<td>2,100</td>
<td>2,300</td>
<td>2,500</td>
<td>2,600</td>
<td>2,900</td>
</tr>
<tr>
<td>Total population 65 and over</td>
<td>43,400</td>
<td>45,500</td>
<td>46,700</td>
<td>48,000</td>
<td>49,200</td>
</tr>
</tbody>
</table>

Source: Projecting Older People Population Information (POPPPI)

Table 15: Projected Plymouth population with early onset dementia by age group and gender, 2012-20

<table>
<thead>
<tr>
<th>Age group</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males aged 30-39 predicted to have early onset dementia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Males aged 40-49 predicted to have early onset dementia</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Males aged 50-59 predicted to have early onset dementia</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Males aged 60-64 predicted to have early onset dementia</td>
<td>14</td>
<td>13</td>
<td>13</td>
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<tr>
<td>Total males aged 30-64 predicted to have early onset dementia</td>
<td>36</td>
<td>36</td>
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<td>Females aged 30-39 predicted to have early onset dementia</td>
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<td>1</td>
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<td>Females aged 40-49 predicted to have early onset dementia</td>
<td>4</td>
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<td>4</td>
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<td>3</td>
</tr>
<tr>
<td>Females aged 50-59 predicted to have early onset dementia</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Females aged 60-64 predicted to have early onset dementia</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total females aged 30-64 predicted to have early onset dementia</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: Projecting Adult Needs and Service Information (PANSI)

CANCER

Cancer - what the evidence tells us:
- There is an approximately 30% lower risk of colon cancer and an approximately 20% lower risk of breast cancer for adults participating in daily physical activity (Department of Health 2012).
- Physical activity also improves the lives of those living with cancer (Miller and Moyers 2006).

Breast cancer - the Plymouth picture (where we are now in terms of need):
- For 2011, the directly age-standardised registration rate of breast cancer in Plymouth women was 137.66 cases per 100,000 females. The registration rate of breast cancer in Plymouth has been consistently lower than the rate for the South West and England since 2007 (Figure 32).
- For 2008-12, the directly age-standardised mortality rate for female breast cancer (all ages) was 3.2 deaths per 10,000 females (Figure 33). In the North West locality, the mortality rate
was 3.8 deaths per 10,000 females compared to 2.6 deaths per 10,000 females in the Central & North East locality.

Figure 32: Directly age-standardised registration rate of breast cancer in females

![Breast Cancer Registration Rate Graph]

Source: Compendium of Population Health Indicators

Figure 33: Directly age-standardised breast cancer mortality rate in females (all ages) per 10,000 population, by Plymouth localities, 2008-12

![Breast Cancer Mortality Rate Graph]

Source: Public Health Team, Plymouth City Council

**Colon cancer - the Plymouth picture (where we are now in terms of need):**

- For 2011, the directly age-standardised registration rate of colon cancer was 79.82 deaths per 100,000 population (Figure 34). This was lower than the rate for the South West but higher than the rate for England for the same period.
- For 2008-12, the mortality rate for colon cancer was 3.0 deaths per 10,000 population (Figure 35). In the South West locality, the mortality rate was 3.9 deaths per 10,000 population compared to 2.4 deaths per 10,000 population in the South East locality.
Mental health and wellbeing – what the evidence tells us:

- Being active is central to our mental health (Darzi 2008).
- Depression is increasing in all age groups.
- People who are inactive have three times the rate of moderate to severe depression of active people (Department of Health 2010).
- There is an approximately 20% to 30% lower risk for depression for adults participating in daily physical activity (Department of Health 2012).
- Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples and in individuals with established morbidity, especially coronary heart disease.
- There is some evidence that physical activity improves sleep (Department of Health 2012).
• There is limited evidence that physical activity reduces distress and anxiety (Department of Health 2012).

**Adults with depression - the Plymouth picture (where we are now in terms of need):**
• For 2011-12, Plymouth had a higher proportion of patients aged 18+ years on the depression register compared to the South West and England average (Figure 36).

Figure 36: Proportion of adults (%) with depression based on patients on the depression register, 2011-12

![Bar chart showing proportion of adults with depression in Plymouth, South West, and England.](chart1.png)

Source: Community Mental Health Profile 2013, Public Health England

**Mental health contacts - the Plymouth picture (where we are now in terms of need):**
• In 2012-13, contacts with the mental health service were unevenly distributed across the city (a contact is defined as accessing the service for a spell of treatment; a person could have multiple contacts per spell). Stonehouse had a crude rate of 511 contacts per 10,000 population compared to Chaddlewood with 156 contacts per 10,000 population (Figure 37).

Figure 37: Mental Health Contacts with Plymouth Community Healthcare for adults aged >16 years, by Plymouth neighbourhoods, 2012-13

![Bar chart showing mental health contacts per 10,000 population in different Plymouth neighbourhoods.](chart2.png)

Source: Public Health Team, Plymouth City Council
**Specific mental health problems - the Plymouth picture (where we are now in terms of need):**

- The number of males and females with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder and two or more psychiatric disorders) in Plymouth is expected to increase (Table 16). Females are predicted to have a higher prevalence than males by 2020.

Table 16: Projected population with specific mental health problems by gender and age group, 2012 to 2020

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
</tr>
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<tbody>
<tr>
<td>Males aged 18-64 predicted to have a common mental disorder</td>
<td>10,350</td>
<td>10,388</td>
<td>10,450</td>
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<td>Males aged 18-64 predicted to have a borderline personality disorder</td>
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<td>251</td>
<td>250</td>
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<tr>
<td>Males aged 18-64 predicted to have an antisocial personality disorder</td>
<td>497</td>
<td>499</td>
<td>502</td>
<td>503</td>
<td>500</td>
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<td>Males aged 18-64 predicted to have a psychotic disorder</td>
<td>248</td>
<td>249</td>
<td>251</td>
<td>251</td>
<td>250</td>
</tr>
<tr>
<td>Males aged 18-64 predicted to have two or more psychiatric disorders</td>
<td>5,713</td>
<td>5,734</td>
<td>5,768</td>
<td>5,782</td>
<td>5,755</td>
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<td>Females aged 18-64 predicted to have a common mental disorder</td>
<td>16,075</td>
<td>16,193</td>
<td>16,272</td>
<td>16,331</td>
<td>16,292</td>
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<td>Females aged 18-64 predicted to have a borderline personality disorder</td>
<td>490</td>
<td>493</td>
<td>496</td>
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<td>Females aged 18-64 predicted to have an antisocial personality disorder</td>
<td>82</td>
<td>82</td>
<td>83</td>
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<tr>
<td>Females aged 18-64 predicted to have a psychotic disorder</td>
<td>408</td>
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<tr>
<td>Females aged 18-64 predicted to have two or more psychiatric disorders</td>
<td>6,120</td>
<td>6,165</td>
<td>6,195</td>
<td>6,218</td>
<td>6,203</td>
</tr>
</tbody>
</table>

Source: Projecting Adult Needs and Service Information (PANSI)

**Social isolation - the Plymouth picture (where we are now in terms of need):**

- The survey of health visitor caseloads suggests that 5.3% of parents with young children were considered to be socially isolated in 2014. Stonehouse has the highest proportion of families recorded as being in social isolation compared to Colebrook, Newnham & Ridgeway which has 1.4% (Figure 38).
- The proportion of adult social care users who have as much social contact as they would like is higher for Plymouth when compared to the England and the South West average (Figure 39).
Figure 38: The proportion of families recorded as being in social isolation, by Plymouth neighbourhood, 2014

![Bar chart showing the proportion of families in social isolation by Plymouth neighbourhood.](chart1.png)

*Data has been supressed - Source: Public Health Team, Plymouth City Council

Figure 39: The proportion of adult social care users who have as much social contact as they would like, 2012-13

![Bar chart showing the proportion of social care users with adequate social contact.](chart2.png)

Source: Public Health Outcome Framework, Public Health England

**Personal wellbeing - the Plymouth picture (where we are now in terms of need):**

- Plymouth residents’ life satisfaction, worthwhile, happiness and anxiety scores are not significantly different to England’s average (Figure 40).
Figure 40: Estimates of personal well-being from the Annual Population Survey, 2011-12

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

COPD – what the evidence tells us:
- Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways. Typical symptoms of COPD include: increasing breathlessness when active, a persistent cough with phlegm, frequent chest infections. The main cause of COPD is smoking.
- The symptoms of COPD make exercising an unpleasant experience, which many patients try to avoid. This coupled with a depressive mood status (in up to 30% of patients) further accelerates the process, leading to an inactive lifestyle. Muscle deconditioning, associated with reduced physical activity, contributes to further inactivity and as a result patients can get trapped in a vicious cycle of declining physical activity levels and increasing symptoms with exercise (see: http://respiratory-research.com/content/pdf/1465-9921-14-115.pdf).
- Increasing activity levels among COPD patients could lead to improved long-term outcomes.
- A recent systematic review found that physical activity level in COPD is consistently associated with mortality and exacerbations, but there is poor evidence about determinants of physical activity, including the impact of treatment (see: http://thorax.bmj.com/content/early/2014/02/20/thoraxjnl-2013-204763.full#abstract-1).

COPD - the Plymouth picture (where we are now in terms of need):
- The COPD mortality rate for Plymouth varies by locality and is higher in the more deprived localities (Figure 41). The South East has the highest mortality rate with 7.6 deaths per 10,000 population, compared to Plymstock with a rate of 3.4 deaths per 10,000 population.

Source: Office for National Statistics
Figure 41: Directly age-standardised COPD mortality rate (all ages) per 10,000 population, by Plymouth localities, 2008-12

Source: Public Health Team, Plymouth City Council

SMOKING

Smoking – what the evidence tells us:
- Smokers have less endurance, poorer physical performance, and increased rates of injury and complications from physical activity.
- Physical activity may help reduce tobacco withdrawal and cravings (Ussher et al. 2008).

Smoking - the Plymouth picture (where we are now in terms of need):
- The proportion of adults smoking in Plymouth is significantly worse than the England average. However, the proportion of patients being referred to Plymouth Hospitals NHS Trust (for any reason) who smoke in Plymouth has decreased by 2.1 percentage points from 2010-11 (21.0%) to 2012-13 (18.9%).
- The percentage of smokers by neighbourhood ranged from 9.4% in Woodford to 36.7% in Devonport (an almost four-fold difference) (Figure 42).
- It is important to note that the above data are based on the smoking status of adults who were referred to hospital (for any condition) as opposed to the population as a whole and as such should be considered as a proxy measure of smoking in the Plymouth population.
- According to the 2014 Health Visitor Survey, the percentage of families where ‘one or more parents smoke’ was 26.2% (Figure 43). This ranged from 4.0% in Woodford to 45.7% in Morice Town (an eleven-fold difference).
Figure 42: Proportion of adult smokers by Plymouth neighbourhood, 2012-13

Source: Tamar Referral and Appointments Centre data extract

Figure 43: Percentage of families with parents who smoke, according the Plymouth Survey of Health Visitor Caseloads 2014

Source: Survey of Health Visitor Caseloads 2014
8. **ASSESSING NEED: PHYSICAL ACTIVITY PROFILE OF CHILDREN AND YOUNG PEOPLE IN PLYMOUTH**

**Introduction**

8.1 The following section outlines the physical activity profile of children and young people (aged 0-15 years) in Plymouth based on currently available data.

**Sources of information about children and young people’s levels of physical activity in the city**

8.2 Currently available information about levels of physical activity among children and young people in Plymouth is relatively limited reflecting the national picture. The most recent insight comes from Plymouth’s Health-Related Behaviour Survey (preliminary report published November 2014) by the Schools Health Education Unit. The survey is aimed at young people of primary and secondary school age; however for the first round of the survey Year 8 and Year 10 pupils attending 15 of 18 secondary academic institutions (including 13 of 16 ‘traditional’ secondary schools and two pupil referral units) in the city were surveyed with regards to a number of health-related behaviours.

8.3 Key findings from the school survey are summarised below under ‘what we know locally’. These findings present a snapshot of young peoples’ attitudes and behaviours and they are by no means representative of all young people in Plymouth. There is currently no qualitative data available for Plymouth (that the author is aware of) regarding children and young people’s views about physical activity, current provision for this age group, and potential barriers to participation – although national findings are likely to be relevant.

**What we know (nationally)**

- Between 2008 and 2012, the proportion of children aged two to fifteen years meeting recommended physical activity levels fell from 28% to 21% for boys and 19% to 16% for girls (Public Health England 2014).
- 47% of boys and 49% of girls in the lowest economic group are ‘inactive’ compared to 26% and 35% in the highest (Public Health England 2014).
- Girls are less likely to take part in physical activity than boys and participation begins to drop even more from the age of ten to eleven (Public Health England 2014).
- Only 23% of girls aged five to seven meet the recommended levels of daily physical activity, by ages 13 to 15 only 8% do (Public Health England 2014).

**What we know (locally)**

8.4 The following findings are taken from the 2014 Health-Related Behaviour Survey for Plymouth. School staff were responsible for selecting classes for inclusion. In addition, anything special about the day of administration or the pupils present and absent on that day may have influenced the findings.

- **Background:**
  - The sample involved 820 boys and 970 girls from Year 8 and 899 boys and 1060 girls from Year 10.
  - 91% of pupils responded that they are White UK.
  - 55% of pupils responded that they live with their mother and father together; 19% responded that they live mainly or only with their mother.
• Physical activity specific questions:
  o 67% of pupils responded that they enjoy physical activities ‘quite a lot’ or ‘a lot’. Boys were more likely to report this than girls although it is not known if this is significantly different. Only 7% of pupils responded that they don’t enjoy physical activities at all.
  o 35% of pupils responded that they think they are ‘fit’ or ‘very fit’. 23% of pupils responded that they think they are ‘unfit’ or ‘very unfit’. Again girls appeared more likely to believe they were ‘unfit’ or ‘very unfit’ than boys.
  o 67% of pupils responded that they exercised enough to breathe harder and faster on at least three days in the week before the survey (again boys were more likely to have done so than girls). 7% of pupils responded that they didn’t exercise enough to breathe harder and faster at all in the week before the survey.
  o 81% of pupils responded that they do at least one of the physical activities listed at least ‘weekly’. 46% of pupils responded that they go for walks in their own time at least ‘weekly’, while 36% said they go jogging and 20% ride a bicycle.
  o 42% of pupils responded that they ‘rarely or never’ play games or sports or do other physical activities with their parents or carers (girls were slightly more likely to report this than boys). 26% of pupils responded that they play games or sports or do other physical activities with their parents or carers ‘once a month’, while 31% said they do so ‘once a week’.

  o Main barriers to physical activity (boys and girls):
    ▪ 44% of pupils responded that they don’t have enough time to do as much exercise or sport as they want.
    ▪ 37% said they are shy in front of other people.
    ▪ 33% said it costs a lot to get there or take part.

  o Top five barriers to physical activity for boys:
    1. “I don’t have enough time”
    2. “It costs a lot to get there or take part”
    3. “I know what I want to do but I don’t know where to go”
    4. “I am shy in front of other people”
    5. “Transport to get there is a problem”

  o Top five barriers to physical activity for girls:
    1. “I don’t have enough time”
    2. “I am shy in front of other people”
    3. “I'm not comfortable about how I look”
    4. “It costs a lot to get there or take part”
    5. “I know what I want to do but I don’t know where to go”

Other survey questions relevant to physical activity:

• Weight and dieting:
  o 43% of pupils responded that they are happy with their weight as it is.
  o 35% of boys and 61% of girls responded that they would like to lose weight.
  o 20% of boys and 53% of girls responded that they worry ‘quite a lot’ or ‘a lot’ about the way they look.

• Smoking:
  o 24% of pupils said they have smoked in the past or smoke now.
  o 44% of smokers responded that they want to give up smoking; 30% said that they don’t want to give it up.
• **Sleeping patterns:**
  o 59% of pupils responded that the amount of sleep they normally get is enough for their health. 15% said it isn’t enough.

• **Satisfaction:**
  o 9% of pupils responded that they are ‘not at all’ satisfied with their life at the moment.
  o 55% of pupils responded that they are ‘quite a lot’ or ‘a lot’ satisfied with their life at the moment.

• **Self-esteem:**
  o 33% of pupils had a med-low self-esteem score (9 or less).
  o 28% of pupils had a high self-esteem score (15 or more).
  o 45% of pupils responded that they feel confident in their own abilities and 47% feel in control of what happens in their life.

• **Spending:**
  o 30% of pupils responded that they spent more than £10 of their own money in the last 7 days.
  o 27% of pupils responded that they have spent their own money on clothes and footwear in the last 7 days, while 15% have spent money on mobile phones.

• **Leisure and money:**
  o 74% of pupils responded that they spent time watching TV, videos or DVDs after school on the day before the survey, while 55% did homework, 47% played computer games and 71% used the internet for socialising.
  o 34% of pupils responded that they met with friends after school on the day before the survey, while 52% cared for pets and 25% read a book for enjoyment.

• **Young carers:**
  o 8% of pupils responded that they are a ‘young carer’.
  o 7% of pupils responded that being a young carer takes up at least an hour of their time each day.

• **Travel:**
  o 27% of pupils responded that they travelled to school by car or van on the day of the survey.
  o 48% of pupils responded that they walked to school on the day of the survey.

• **Cycling:**
  o 43% of pupils responded that they don’t cycle, while 11% said they don’t have a safety helmet.
  o 15% of pupils responded that they ‘hardly ever or never’ wear a safety helmet when cycling, while 9% said they only ‘sometimes’ do.
  o 22% of pupils responded that they wear a helmet when cycling ‘most times’ or ‘always’.
9. ASSESSING NEED: PHYSICAL ACTIVITY PROFILE OF ADULTS IN PLYMOUTH

Introduction

9.1 The following section outlines the physical activity profile of adults (aged 16+ years) in Plymouth based on currently available data.

Sources of information about adult physical activity levels in the city

9.2 Currently available information about levels of physical activity among adults in Plymouth (as well as across England) is relatively limited. The two main sources of information are Sport England’s Active People Survey or Plymouth City Council’s Wellbeing Survey 2014.

9.3 Sport England’s Active People Survey is the most extensive telephone survey of adult (16-74 year olds) sport and active recreation participation levels at the national, demographic and local level (Plymouth level only). The survey is an official statistic and has been running annually since 2005. It measures levels of participation and provides details of how participation varies from place to place and between different population groups. It does not include walking and cycling for transport, however. The survey also measures other sport-related issues such as volunteering, club membership, tuition or coaching, and overall satisfaction with levels of sporting provision in the local community. The survey is conducted across every local authority in England and collects self-reported physical activity levels in the four weeks prior to interview, with an average of 500 interviews per local authority.

9.4 Sport England summarises the findings of the Active People Survey for local areas via their Local Sport Profile Tool and much of the data presented below has been taken from this tool: [http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/](http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/).

The tool is based on data collected via the Active People Survey 7 (AP7, October 2012-2013). Shortly prior to the publication of this Needs Assessment, the data from the Active People Survey 8 (AP8, October 2013-October 2014) was released. As the Tool has not yet been updated to reflect the latest survey findings, these data have not been included but the picture is unlikely to be significantly different.

9.5 Plymouth City Council commissioned Marketing Means to undertake a wellbeing survey of Plymouth residents in the autumn of 2014. The main focus of the survey was on personal wellbeing, community wellbeing and four lifestyle behaviours (diet, smoking, drinking alcohol, physical activity). The questions about physical activity referred to any activity that resulted in expenditure of calories and a raised heart rate, including:

- everyday activities (e.g. housework, gardening, DIY, active travel such as cycling and walking to work)
- active recreation (e.g. recreational walking, recreational cycling, recreational dancing)
- sport (e.g. swimming, exercise and fitness training, competitive activities)

Respondents were asked to think about this definition and record how many times they had participated in 30 minutes of moderate intensity physical activity in the past seven days. They were also asked whether they would like to be more physically active and what stops them for being more physically active.

9.6 The survey was undertaken using a postal self-completion questionnaire supported by an online survey. Based on a sampling framework, 6,327 Plymouth households were selected for the
survey. Plymouth is made up of 20 ward areas and the aim was to achieve 100 surveys in each ward. The survey was initially sent to all households in the sample on 29 August 2014. Those who had not responded were sent a full pack reminder on 17 September 2014. The closing date for returns was the 3 October 2014. Anyone resident in the household and who was aged 18 years or over could complete the survey. A total of 1,647 valid surveys were returned, giving a response rate of 26.3% (this included 45 online surveys). The response by ward was between 56 and 110 surveys. The final respondent profile was ‘weighted’ by ward, age and gender where possible in order to be reflective of Plymouth’s population as a whole.

9.7 For both surveys, the possibility of measurement error is high. The surveys rely on self-reported measures of physical activity (which are likely to be overestimated) and the ability of respondents to recall their activity levels over a particular time period. The reliance on self-report and recall may introduce bias as respondents could have recalled doing more or less activity than they actually did. For the Active People Survey, it is not clear whether the sample is truly representative of the study population and it is based on a relatively small sample of the Plymouth population (n=500). Neither survey considers those aged under 16.

9.8 There is currently no qualitative data available for Plymouth (that the author is aware of) regarding Plymouth adults’ views about physical activity in its broadest sense (not just focusing on sport), perceptions of current provision across the city, and potential barriers to participation – although national findings are likely to be relevant.

What we know about adults in the city

Levels of physical activity among Plymouth adults

- For 2012-13, 59.2% of adults in Plymouth were **physically active** compared to 58.1% of adults in the South West and 56.6% nationally (Figure 43; Active People Survey 2012-13).

- 27.6% of adults were classified as **physically inactive** with similar proportions across the South West and England as a whole (Figure 44; Active People Survey 2012-13).

Figure 44: Proportion of physically active and inactive adults (aged 16+) doing at least 150 minutes of at least moderate intensity physical activity per week, and proportion doing less than 30 minutes per week during 2012-13

![Graph showing proportion of physically active and inactive adults in Plymouth, South West, and England](source)

Source: Sport England’s Local Sport Profile Tool 2014
9.9 Of Plymouth residents completing Plymouth City Council’s Wellbeing Survey 2014 (sample=1,647 Plymouth residents):

- 26.3% reported that they had participated in 30 minutes of moderate intensity physical activity **five times** in the past seven days and 18.6% **three times** in the past seven days
- 17% reported that they had not participated in any moderate intensity physical activity in the past seven days:
  - **Geography:**
    - Wards (Figure 45) with the lowest proportion of residents reporting no moderate physical activity were:
      - Compton - 7%
      - Sutton & Mt Gould – 8%
      - Peverell – 8%
    - Wards (Figure 45) with the highest proportions reporting no moderate activity were:
      - Budshard – 28%
      - Plymstock Radford – 27%
      - Devonport - 25%
    - The North West, Plymstock and the South West localities had the greatest proportions of the population reporting no moderate activity (Figure 46).
  - **Gender:** There was no difference between males and females.
  - **Age:** Older residents were the most likely not to have engaged in any physical activity in the past seven days (25%) compared to 14% of 35-59 year olds and 11% of 18-34 year olds.
  - **Socioeconomic class:** Unemployed respondents and those with ‘Other’ occupations (mainly retired) were the most likely not to have taken any moderate physical activity (23% and 22% vs. only 10% of managerial/clerical staff).
  - **Ethnicity:** White British respondents were marginally more likely to report no moderate activity in the past seven days (18% vs. 11% of others).
  - **Disability:** Disabled people were much more likely to report no moderate activity (41% vs. 12% of others).

Figure 45: Proportion (%) of Plymouth adults taking no moderate physical activity of 30 minutes duration in past seven days by Plymouth neighbourhood, 2014

Source: Plymouth City Council’s Wellbeing Survey 2014
Figure 46: Proportion (%) of Plymouth adults taking no moderate physical activity of 30 minutes duration in past seven days by Plymouth locality, 2014

<table>
<thead>
<tr>
<th>Plymouth Overall 17%</th>
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<tbody>
<tr>
<td>NORTH WEST 23%</td>
</tr>
<tr>
<td>CENTRAL &amp; NORTH EAST 12%</td>
</tr>
<tr>
<td>PLYMPTON 14%</td>
</tr>
<tr>
<td>SOUTH EAST 11%</td>
</tr>
<tr>
<td>SOUTH WEST 21%</td>
</tr>
<tr>
<td>PLYMSTOCK 22%</td>
</tr>
</tbody>
</table>

Source: Plymouth City Council’s Wellbeing Survey 2014

**Being more physically active**

- 71.9% of the sample of Plymouth residents from the Wellbeing Survey 2014 reported that they would like to be more physically active:
  - **Geography:** People in the South East and Plymstock localities were more likely to report that they wanted to be more physically active than other localities (77% and 75% respectively)
  - **Gender:** Females were only slightly more likely than males to report that they wanted to be more physically active (74% vs. 69%).
  - **Age:** Younger people were more likely to report that they wanted to be more physically active than older people (83% of 18-34 year olds compared to 76% of 35-59 year olds and 59% of those aged 60+)
  - **Socioeconomic class:** Unemployed people (79%) and managerial/clerical workers (76-83%) were more likely to report that they wanted to be more physically active.

**Barriers to being more physically active**

- The main barriers to being more physically active given by residents completing the Wellbeing Survey 2014 (Figure 47) were:
  - lack of time (48%)
  - physical or other health barriers (34%)
  - lack of money (31%)
  - lack of motivation (29%)
- Residents aged 60+ (53%) and residents with a disability (87%) were more likely to report physical or other health barriers.
- Relatively few residents mentioned having only limited opportunities to participate in physical activity (10%) or being unable to access facilities (5%).

Figure 47: Barriers to becoming more physically active for Plymouth residents, 2014

Source: Plymouth City Council’s Wellbeing Survey 2014

Participation in sport (data taken from the Active People Surveys)

- 36.9% of adults in Plymouth participate in sport at least once a week compared to 36.7% for the South West and England (Figure 48). Levels of participation in sport have fluctuated in Plymouth from 2005-06 to 2012-13.

- **Gender**: Whilst physical activity rates have increased, 46% of Plymouth men compared to 29% of Plymouth women participate in sport at least once a week reflecting the regional and national picture (Table 17).

- **Age**: Participation in sport declines with age, with only 13% of 55+ year olds in Plymouth participating in sport at least once a week compared to 21% regionally and nationally. Participation for this age group has decreased by 2% from 2005-06 to 2012-13 (Table 17).

- **Socioeconomic class**: Participation declines with lower socioeconomic class, although Plymouth adults in SEC 5-8 are more active (34%) than the South West (31%) and national average (29%) for this group (Table 17).

- **Ethnic group**: Data regarding ethnicity and limiting disability cannot be reported for Plymouth due to small sample sizes (Table 17). However, given that Plymouth typically reflects the South West and England averages, it can be estimated that around 18-19% of those with a limiting disability participate in sport at least once a week.
Figure 48: Adult (aged 16+) participation in sport at least once a week (defined as at least four sessions of at least moderate intensity for at least 30 minutes in the previous 28 days) - based on the Active People Survey 2005-06 to 2012-13

Table 17: Adult (aged 16+) participation in sport (at least once a week\(^*)\), by year and demographic breakdown taken from the Active People Survey 2005-06 to 2012-13

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>32.4%</td>
<td>37.3%</td>
<td>33.8%</td>
<td>35.8%</td>
<td>34.2%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Male</td>
<td>37.9%</td>
<td>46.1%</td>
<td>37.8%</td>
<td>38.4%</td>
<td>38.9%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Female</td>
<td>27.2%</td>
<td>28.9%</td>
<td>30.1%</td>
<td>33.3%</td>
<td>29.8%</td>
<td>30.7%</td>
</tr>
<tr>
<td>White</td>
<td>32.1%</td>
<td>38.2%</td>
<td>33.7%</td>
<td>35.9%</td>
<td>34.3%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Non-White</td>
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<td>*</td>
<td>37.0%</td>
<td>35.0%</td>
<td>33.2%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Limiting Disability</td>
<td>*</td>
<td>*</td>
<td>15.6%</td>
<td>19.1%</td>
<td>15.1%</td>
<td>18.5%</td>
</tr>
<tr>
<td>No Limiting Disability</td>
<td>36.5%</td>
<td>43.5%</td>
<td>37.3%</td>
<td>39.3%</td>
<td>37.8%</td>
<td>39.2%</td>
</tr>
<tr>
<td>16-25</td>
<td>57.0%</td>
<td>*</td>
<td>59.2%</td>
<td>58.3%</td>
<td>55.7%</td>
<td>53.7%</td>
</tr>
<tr>
<td>26-34</td>
<td>44.8%</td>
<td>*</td>
<td>47.4%</td>
<td>47.6%</td>
<td>45.2%</td>
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</tr>
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<td>35-54</td>
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<td>39.1%</td>
<td>35.3%</td>
<td>38.5%</td>
<td>35.2%</td>
<td>37.7%</td>
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<tr>
<td>55+</td>
<td>15.3%</td>
<td>13.2%</td>
<td>18.8%</td>
<td>21.4%</td>
<td>18.8%</td>
<td>21.3%</td>
</tr>
<tr>
<td>NS SEC 1-2</td>
<td>34.6%</td>
<td>39.8%</td>
<td>38.9%</td>
<td>41.3%</td>
<td>40.1%</td>
<td>42.1%</td>
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<tr>
<td>NS SEC 3</td>
<td>32.6%</td>
<td>*</td>
<td>33.1%</td>
<td>35.2%</td>
<td>32.3%</td>
<td>34.7%</td>
</tr>
<tr>
<td>NS SEC 4</td>
<td>*</td>
<td>*</td>
<td>29.5%</td>
<td>31.7%</td>
<td>32.4%</td>
<td>33.6%</td>
</tr>
<tr>
<td>NS SEC 5-8</td>
<td>28.4%</td>
<td>34.1%</td>
<td>28.1%</td>
<td>30.9%</td>
<td>26.9%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

\(^*)1 session per week = at least four sessions of at least moderate intensity for at least 30 minutes in the previous 28 days
\(^\#)data has been suppressed due to sample size
Source: Sport England's Local Sport Profile Tool 2014

### Participation in sport and active recreation (taken from the Active People Survey)

9.10 Adult participation in sport and recreation is defined as ‘30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks’. This definition
includes five light intensity sports for those aged 65 and over - Yoga, Pilates, indoor and outdoor bowls, archery and croquet and are included on the basis that they place a degree of physical demand on older participants and subsequently are considered ‘moderate intensity’ for people aged 65 and over. The data are based on the Sport England Active People Survey 6/7 2011-13.

- In Plymouth, 27.1% of adults (16+) took part in sport and active recreation three or more times a week compared to 25.2% regionally and 24.7% nationally. This has increased locally by 8% since 2005-06 (Figure 49).

- 47.5% of adults do no sport or active recreation at all (although this number has decreased by around 5.0% since 2005-06) compared to 46.4% regionally and 47% nationally.

- **Gender:** Male and female participation has increased since 2005-06 although female participation (23.9%) remains lower than males (30.3%). The proportion of males not undertaking any sport or active recreation in Plymouth is 42% compared to 52.8% for females, reflecting the national picture (41.9%; 51.9%) (Figures 50 and 51).

- **Age:** Some of the data are suppressed due to sample size and so the following findings are taken from the Active People Survey 2005-06. Levels of physical inactivity increase with age: 75.9% of survey respondents aged 55+ years reported that they participated in no sport or active recreation per week (including light intensity sports) (Table 18).

- **Socioeconomic class:** Some of the data are suppressed due to sample size and so the following findings are taken from the Active People Survey 2011-13. 58.9% of survey respondents in socioeconomic classification groups 5-8 (lower supervisory and technical occupations, semi-routine and routine occupations, never worked and long-term unemployed) reported that they participated in no sport or active recreation per week compared to 48.9% in socioeconomic classification groups 1-2 (higher and lower managerial, administrative and professional occupations) (Table 18).

- **Ethnic group:** As non-white participation is not available for Plymouth, regional and national data are reported only (Figures 52 and 53). Participation has increased since 2005-06, although non-white participation (22.7%) remains slightly lower than white participation (25%) nationally. In the South West, the proportion of white adults not undertaking any sport or active recreation is 46.2% and the proportion of non-white adults 46.9%, compared to 46.7% and 48.4% nationally (Active People Survey 2011-13).

- **Disability:** As participation by those with a limiting disability is not available for Plymouth, regional and national data are reported (Figures 54 and 55). Participation has increased since 2005-06, although participation by those with a limiting disability remains substantially lower (12.6%) in the South West than those with no limiting disability (27.8%), with a similar picture nationally (12.2% and 27.2%) (Active People Survey 2011-13). The proportion of adults with a limiting disability who are not undertaking any sport or active recreation in Plymouth is 76.2% compared to 40.6% for adults with no limiting disability reflecting the South West (69.6%; 41.5%) and national picture (69.9%; 42.5%) (Active People Survey 2011-13).
Figure 49: Total adult participation in sport and active recreation (3x30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks)

Source: Sport England’s Local Sport Profile Tool 2014

Figure 50: Male adult participation in sport and active recreation (3x30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks)

Source: Sport England’s Local Sport Profile Tool 2014

Figure 51: Female adult participation in sport and active recreation (3x30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks)

Source: Sport England’s Local Sport Profile Tool 2014
Table 18: Adult (16+ years) participation in sport and active recreation by year, frequency, age band and socioeconomic class taken from Active People Survey 2005-06 and 2011-13

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>All</th>
<th>16-25</th>
<th>26-34</th>
<th>35-54</th>
<th>55+</th>
<th>NS SEC 1</th>
<th>NS SEC 2</th>
<th>NS SEC 3</th>
<th>NS SEC 4</th>
<th>NS SEC 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 days / 0x30</td>
<td>2005/06</td>
<td>52.3%</td>
<td>31.3%</td>
<td>32.7%</td>
<td>48.0%</td>
<td>75.9%</td>
<td>48.9%</td>
<td>53.8%</td>
<td>52.4%</td>
<td>58.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011/13</td>
<td>47.5%</td>
<td>*</td>
<td>*</td>
<td>46.2%</td>
<td>71.6%</td>
<td>37.3%</td>
<td>53.8%</td>
<td>45.7%</td>
<td>56.2%</td>
<td></td>
</tr>
<tr>
<td>1-11 days / 1-2x30</td>
<td>2005/06</td>
<td>28.9%</td>
<td>43.0%</td>
<td>37.4%</td>
<td>32.9%</td>
<td>13.8%</td>
<td>25.7%</td>
<td>29.8%</td>
<td>*</td>
<td>24.6%</td>
<td>*</td>
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<tr>
<td></td>
<td>2011/13</td>
<td>25.5%</td>
<td>31.2%</td>
<td>39.3%</td>
<td>27.7%</td>
<td>15.1%</td>
<td>27.7%</td>
<td>*</td>
<td>*</td>
<td>22.0%</td>
<td></td>
</tr>
<tr>
<td>12+ days / 3x30</td>
<td>2005/06</td>
<td>18.8%</td>
<td>25.7%</td>
<td>29.9%</td>
<td>19.0%</td>
<td>10.3%</td>
<td>25.4%</td>
<td>*</td>
<td>*</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011/13</td>
<td>27.1%</td>
<td>*</td>
<td>*</td>
<td>26.1%</td>
<td>13.3%</td>
<td>34.9%</td>
<td>*</td>
<td>*</td>
<td>21.8%</td>
<td></td>
</tr>
<tr>
<td>20+ days / 5x30</td>
<td>2005/06</td>
<td>10.4%</td>
<td>*</td>
<td>10.3%</td>
<td>*</td>
<td>15.2%</td>
<td>*</td>
<td>*</td>
<td>9.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011/13</td>
<td>14.1%</td>
<td>*</td>
<td>16.8%</td>
<td>6.6%</td>
<td>19.8%</td>
<td>*</td>
<td>*</td>
<td>12.2%</td>
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</tr>
</tbody>
</table>

*indicates that data has been suppressed due to sample size

Source: Sport England’s Local Sport Profile Tool 2014

Figure 52: White adult (16+ years) participation in sport and active recreation by year, frequency, age band and socioeconomic class taken from Active People Survey 2005-06 and 2011-13

![Graph showing white adult participation in sport and active recreation by year and frequency](null)

Source: Sport England’s Local Sport Profile Tool 2014

Figure 53: Non-white adult (16+ years) participation in sport and active recreation by year, frequency, age band and socioeconomic class taken from Active People Survey 2005-06 and 2011-13

![Graph showing non-white adult participation in sport and active recreation by year and frequency](null)

Source: Sport England’s Local Sport Profile Tool 2014
Figure 54: Adults (16+ years) with limiting disability participation in sport and active recreation (3x30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks) - with Plymouth data suppressed due to sample size

![Disabled Participation Graph](image1)

Source: Sport England’s Local Sport Profile Tool 2014

Figure 55: Non-disabled adults’ (16+ years) participation in sport and active recreation (3x30 minutes of moderate intensity activity three or more times a week or 12 or more days over the last four weeks) - with Plymouth data suppressed due to sample size

![Non-Disabled Participation Graph](image2)

Source: Sport England’s Local Sport Profile Tool 2014

**Sports volunteering**

9.11 5.6% of Plymouth residents (aged 16+ years) are regular sports volunteers (volunteering at least one hour per week), compared to the South West average of 7.3% and national average of 6% (Active People Survey 2012-13).

**Sport club membership**

9.12 27% of Plymouth residents (aged 16+) had sports club membership (in the last four weeks), compared to 22.7% regionally and 21% nationally (Active People Survey 2012-13). Locally, this
has seen a 6% increase since 2009-10.

**Sports tuition and coaching**

9.13 14.2% of Plymouth residents (aged 16+) had received tuition or coaching to improve their performance in sport or recreational physical activity in the last 12 months, compared to 17.3% regionally and 15.8% nationally (Active People Survey 2012-13).

**Participation in organised competitions**

9.14 13.3% of Plymouth residents (aged 16+) have taken part in an organised completion in the last 12 months, compared to 15.7% regionally and 11.2% nationally (Active People Survey 2012-13). Locally, this has declined by 3% since 2009-10 with a similar picture for England.

**Satisfaction with local sport provision**

9.15 69.5% of adult Plymouth residents were satisfied with local sports provision (defined as responding very or fairly satisfied) compared to 64.1% regionally and 60.3% nationally (Active People Survey 2012-13). Locally, satisfaction levels have increased by 2% since 2009-10, whereas the South West has seen an 8% decrease in satisfaction and a 9% decrease nationally.

**Top five participation sports in Plymouth**

9.16 Figure 56 shows participation in the ‘top five sports’ in Plymouth compared to regionally and nationally. For Plymouth, gyms have the highest participation rates (14.1%) compared to other sports and the South West (9.1%) or England (10.9%). Plymouth also reports greater participation rates for swimming and athletics. Football had the lowest participation rates for Plymouth residents.

Figure 56: The top five sports\(^\dagger\) in Plymouth with regional and England comparison based on the number of adults (aged 16+) that participate in the sport at least once per month regardless of duration or intensity - Active People Survey 7 2012-13

\(^\dagger\) Swimming is defined as all pool based swimming. Fitness and conditioning activities including weight training, running machine, cross training and circuit training.

Source: Sport England’s Local Sport Profile Tool 2014
'Latent’ demand (adults who want to do more sport)

9.17 Based on the Active People Survey 7 (2012-13), 54% of adults in Plymouth (aged 16+ years) want to do more sport, compared to 54.7% regionally and 57.5% nationally. Of ‘active’ Plymouth adults (i.e. they have participated in at least one session of the sport, at any intensity or duration, in last 28 days), 34.2% would like to do more, compared to 35.5% regionally and 36.4% nationally. Of ‘inactive’ adults (i.e. those who have not participated in the sport in last 28 days), 19.8% would like to do more, compared to 19.4% regionally and 21% nationally. For Plymouth residents, the sport they would like to do the most is swimming.

Sport England market segmentation

9.18 Using data from the Active People Survey, Sport England has developed 19 sporting segments to understand people’s sporting habits in a particular street, community, local authority or region. The findings are presented in Appendix 8. It is important to acknowledge that this is based on 2010 market segmentation data although it is still useful in terms of profiling the population.

9.19 ‘Retirement Home Singles’ make up the greatest proportion of the Plymouth population followed by ‘Sports Team Lads’, ‘Comfortable Mid-Life Males’ and ‘Pub League Team Mates’:

- ‘Retirement Home Singles’ – mainly aged 66+, retired singles or widowers, predominately female, living in sheltered accommodation – much less active than the average adult population but their activity levels are more consistent with other segments in this age range, likely to be doing less sport than 12 months ago, mainly due to health or injury, 10% take part in ‘keep fit/gym’, 7% swimming and 3% bowls (for a full profile see Appendix 9)

- ‘Sports Team Lads’ – mainly aged 18-25, young blokes, enjoy football, pints and pool – very active type that takes part in sport on a regular basis particularly football (Appendix 10)

- ‘Comfortable Mid-Life Males’ – mainly aged 46-55, sporty males with older children and more time for themselves, mid-life professional – sporting levels are above national average, keen cyclists, also enjoy keep fit/gym, swimming, football, golf and athletics (running) (Appendix 11)

- ‘Pub League Team Mates’ – mainly aged 36-45, blokes who enjoy pub league games and watching live sport, average levels of sports participation, mainly keep fit/gym, football, cycling and swimming (Appendix 12)
10. MAPPING CURRENT PROVISION ACROSS PLYMOUTH

Introduction

10.1 There is a high volume of activity across the public, private, community and voluntary sector in Plymouth which caters for different population groups, differing interests and ability levels. The methods by which members of the public will access and discover these activities are equally diverse. Consequently, the following attempt to map current provision across the city will only provide a ‘snapshot’ of present activity and is unlikely to be fully comprehensive. This review is accurate as of December 2014.

Overview of Plymouth

10.2 Plymouth is an ocean city in a unique location. The city is located between the mouths of the rivers Tamar and Plym, and surrounds the harbour of the Plymouth Sound. It is also located adjacent to nationally recognised landscapes including Dartmoor National Park, South Devon and Tamar Valley Areas of Outstanding Natural Beauty. There are around 1,500 hectares of open space including parks, woodlands, local nature reserves and public rights of way where people can relax, enjoy nature, grow food, take children to play, and participate in sport or active recreation. The city’s green spaces and play spaces are mapped overleaf. Plymouth also has a wide range of facilities available for competitive and non-competitive sport, exercise and leisure (also discussed overleaf). One of the main challenges for the city, particularly in terms of promoting active travel (e.g. cycling to work), is its topography.

(1) General access to opportunities for physical activity

10.3 The city is well served by public transport links, with multiple bus operators (Figure 57 overleaf). However, it is important to acknowledge that these routes do not always provide direct access to all existing opportunities for physical activity. For example, residents of the city may need to take more than one bus to reach an indoor facility, which may create additional barriers to participation including cost and time. In addition, the current routes and timetables are subject to commercial viability. Plans are currently in place to improve access to green space, play space and blue space across the city.
10.4 Despite good public transport links, car ownership (72.2%) in Plymouth is slightly below the national average (74.2%) (Table 19). Car ownership is unevenly distributed, with the South West locality having the smallest proportion of car owners per household (58.7%) and Plympton having the largest proportion of car owners (86.3%).

Table 19: Proportion (%) of car or van owners per household by locality

<table>
<thead>
<tr>
<th>Locality</th>
<th>No cars or vans in household</th>
<th>1 car or van in household</th>
<th>2 cars or vans in household</th>
<th>3 cars or vans in household</th>
<th>4 or more cars or vans in household</th>
<th>1 or more car or van in household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central &amp; North East</td>
<td>19.7</td>
<td>47.9</td>
<td>26.1</td>
<td>4.9</td>
<td>1.4</td>
<td>80.3</td>
</tr>
<tr>
<td>North West</td>
<td>27.9</td>
<td>47.3</td>
<td>20.4</td>
<td>3.5</td>
<td>1.0</td>
<td>72.1</td>
</tr>
<tr>
<td>Plympton</td>
<td>13.7</td>
<td>45.0</td>
<td>32.7</td>
<td>6.6</td>
<td>2.0</td>
<td>86.3</td>
</tr>
<tr>
<td>Plymstock</td>
<td>15.4</td>
<td>46.9</td>
<td>29.4</td>
<td>6.4</td>
<td>1.8</td>
<td>84.6</td>
</tr>
<tr>
<td>South East</td>
<td>35.4</td>
<td>44.5</td>
<td>15.6</td>
<td>3.3</td>
<td>1.3</td>
<td>64.6</td>
</tr>
<tr>
<td>South West</td>
<td>41.3</td>
<td>42.9</td>
<td>13.1</td>
<td>2.2</td>
<td>0.5</td>
<td>58.7</td>
</tr>
<tr>
<td>Plymouth</td>
<td>27.8</td>
<td>45.7</td>
<td>21.3</td>
<td>4.0</td>
<td>1.2</td>
<td>72.2</td>
</tr>
</tbody>
</table>

Source: Census 2011, Office for National Statistics

(2) Green space and play space

10.5 Green spaces are places where people can relax, enjoy nature, take children to play, or take part in sport or recreation. Green space is important because it is free, easy to access and beneficial to our health and wellbeing. Play is also important in increasing the fitness of both children and adults.

10.6 Plymouth’s Green Space Strategy 2008-2023 provides a detailed audit of green space and play space in the city although key information has been summarised overleaf. (http://www.plymouth.gov.uk/green_space_strategy_2008_2023.pdf).
10.7 The character of Plymouth’s green spaces reflects the historic development of the city. The city centre and waterfront evolved as three separate settlements which later coalesced and expanded, creating a dense urban area south of the A38 with little green space. The area north of the A38 and east of the River Plym was largely undeveloped until after the Second World War and these areas were developed in a more planned way, allowing for more generous provision of green space.

10.8 As highlighted previously, Plymouth benefits from its location adjacent to nationally recognised landscapes. Within the city, there are many sites that are nationally and internationally recognised for their biodiversity value. Plymouth Sound and Estuaries is recognised as a European Marine Site. Plymouth’s green spaces currently include nine areas recognised as Sites of Special Scientific Interest, seven Local Nature Reserves and 24 County Wildlife Sites. Plymouth also has six parks that have been registered as historic parks and gardens by English Heritage in recognition of their heritage value. Plymouth has a wealth of smaller parks and green spaces that are used on a more local basis for relaxation, play and exercise, and that contribute to the sustainability of neighbourhoods.

10.9 Plymouth’s Green Space Strategy aims to remove existing deficiencies in access to green space and play space and to ensure that new development encompasses good access. The key outcomes that will be achieved as a result of this strategy are:

- two new large, high quality, accessible green spaces will be delivered at Derriford and North Plymstock by 2021
- at least six green spaces will be managed to Green Flag Award standards by 2012
- Central Park will have a regionally significant Life Centre for sport and recreation (COMPLETED), and the park’s facilities and amenities will be significantly improved by 2021
- over 100 hectares of green space will be designated as new Local Nature Reserves by 2016
- all green spaces across the city will be at least ‘good’ according to an adopted city-wide quality standard by 2023
- all new or enhanced green spaces will be designed to be accessible so that all in the community can enjoy them
- all green spaces will be more welcoming, safer, cleaner and more sustainable by 2023
- the number of neighbourhoods in the city where there is currently a deficiency of green space or play space will be reduced by 2023
- play provision for all age groups will be enhanced, and play areas will be better integrated with green spaces
- new and enhanced green spaces and play spaces will be provided alongside new developments in line with local quantity, quality and accessibility standards as set out in the Green Space Strategy and the Local Development Framework
- Plymouth residents should not have to walk more than 400 metres to their nearest green space and not more than 600 metres to their nearest play space

10.10 Plymouth’s green space is mapped in more detail below -

**Informal green space:**

- Informal green spaces are informal in layout and character and their primary function is for informal recreation. They generally have few or no additional facilities.
- Plymouth currently has about 400 hectares of informal green space, much of which is small in size and serves mainly local green space needs.
- The new quality standard for informal green space (outlined in the Green Space Strategy) will ensure that informal green space is provided in line with city growth, in recognition of its importance for local recreation needs and for the sustainability of neighbourhoods.
Natural green space:
- Natural green space includes woodland, natural grassland, wetlands and cliffs/shoreline, where people can experience nature. They range from small local spaces to larger, biodiverse spaces.
- Plymouth has a wealth of accessible natural green space (around 500 hectares) especially in the north of the city. The priority is to enhance these spaces for wildlife and recreation.

Parks and gardens:
- Parks and gardens include urban parks, country parks and formal gardens that have been landscaped and offer a range of amenities for recreation. For this reason, parks and gardens often attract visitors from a wide area and are generally designated as ‘city’ green spaces although they also serve local needs.
- Plymouth currently has about 300 hectares of parks and gardens, most of which are in the south and east of the city.
- The provision of parks will be increased as the city grows. There are two major new parks proposed – one in Plymouth’s eastern corridor and one at Derriford. These will include existing areas of natural green space.

Local nature reserves:
- Local Nature Reserves are accessible natural green spaces managed for people and wildlife. They are places with wildlife or geological features that are of special interest locally. For this reason they are classified as ‘city’ green spaces.
- There are currently seven designated Local Nature Reserves in Plymouth covering about 150 hectares.
- About 100 hectares of new Local Nature Reserve have been identified and will be designated over the Green Space Strategy period.
- Stepping Stones to Nature delivers regular and free family activities on Local Nature Reserves during Easter, Summer and half-term school holidays (for example: Efford Marsh, Woodland Wood, Southway Valley, Forder Valley, Ham Woods, Kings Tamerton). They also support the Marine Biological Association to run the free, family Beach Rangers programme in school holidays on blue spaces, such as Kinterbury Creek, Pottery Quay and Devil’s Point. These events encourage families to explore and engage in their neighbourhood natural spaces and encourage physical activity through walks, games, arts/crafts and wildlife activities.

Play space:
- The Green Space Strategy has a specific objective to ensure good provision of play space in Plymouth and to ensure that, as Plymouth grows, so new play space is provided. This also reflects a need to develop more provision for young people up to 18.
- It is the Council’s policy to provide play areas for mixed aged groups and to avoid providing Local Areas for Play on their own because of the limited opportunities for play that they offer and their relatively high maintenance costs.
- New play spaces will be located within or adjacent to accessible green space, to provide opportunities for children to combine free and static play.
- Plymouth plans to develop a city-wide network of ‘play hubs’ with a minimum size of 1,000m². Play hubs will cater for young people up to 18 and will include at least one of the following: a Multi-Use Games Area (MUGA), skate park, BMX track or other sports facility as well as play equipment. Play hubs are proposed for Central Park, Devonport Park, Tothill Park, Mount Gould Park, Kit Hill Open Space, Ernesettle, Plympton, Plymstock Quarry, Derriford, Southway, Efford and Hooe.
- A 600m maximum walking distance standard (which equates approximately to a 10 minute walk) will be adopted for provision of equipped play space. This distance standard means
that every child will be able to access an equipped play space within 600m or less of where they live.

- In areas which are over-provided with play space, where there are several play areas within the maximum walking distance, then the action should be to remove play areas that are poorly located or poorly maintained and to invest in improving the quality of the remaining play areas, without adversely affecting people’s access to play space.
- In addition, the Play Strategy includes a proposal for an inclusive Play in the Park programme which will be delivered in the following areas of the city over the next three years: Barne Barton, North Prospect, Honicknowle, Efford, Lipson and Laira, Devonport, Ernesettle, East End, Chaddlewood, Plymstock, Southway, Estover and Morice Town.

**Playing pitches:**

- It is estimated that in excess of 6,000 people regularly play competitive sport in community leagues on city pitches.
- Plymouth City Council is the main provider of community playing pitches in the area. The city’s playing pitches were audited separately for the Plymouth Playing Pitch Strategy 2007-2016 that was adopted by the Council in December 2007. This strategy assesses the ‘current actual’ and ‘future predicted’ needs of local community sports teams for access to appropriate Plymouth playing pitches in relation to: cricket, football, hockey, rugby union; American football, baseball and softball (see: [http://www.plymouth.gov.uk/plymouth_playing_pitch_strategy_2007_.pdf](http://www.plymouth.gov.uk/plymouth_playing_pitch_strategy_2007_.pdf)). The strategy does not address the needs of schools or the Ministry of Defence (MoD). Neither does it consider the informal needs of the local community for access to amenity areas and/or ‘kick about’ areas. Some key findings or observations are included below:
  - There has been a marked decline in participation in men’s football in Plymouth over the last 20 years according to local sports forum representatives. By contrast there has been a dramatic increase in mini soccer participation over the last eight years or so, and locally there is a thriving junior soccer programme.
  - In addition to football, many other pitch sport clubs are now beginning to forge effective school-club links in the Plymouth area with the aim of developing new junior sections.
  - With the continuing success of the city’s high profile professional football and rugby clubs and the associated ‘good news’ media coverage of those pitch sports supported by the ‘Argyle’ and ‘Albion’ brands – there is potential for sustained interest and for an increase in participation levels in those sports amongst local people (especially the young).
  - The recent improvements made in the quantity and quality of specialist sports pitch facilities, such as the city’s new half-size and full-size synthetic turf pitches, together with the significant progress that has been made in improvements to several grass playing pitches in Central Park (the latter being grant aided by the New Opportunities Fund) have already had a very positive effect on sports participation rates. There are now more young people playing competitive hockey in Plymouth than ever before, as well as a wide cross-section of age-groups now regularly playing small-sides soccer under floodlights on the city’s new synthetic turf pitches.
  - Three grass playing pitches that had been derelict for some years in Central Park have now been fenced and drained and are now back in full use by local competitive sports leagues in response to local demand.

**Allotment provision:**

- Plymouth’s current provision of allotments is 0.12 hectares per 1,000 population. Plymouth currently experiences waiting lists on all allotment sites suggesting that there is unmet demand. However, there is a continuous needs-based monitoring system in place to ensure that allotment waiting times are kept to a minimum.
The Green Space Strategy highlights that opportunities to create new allotment provision will need careful consideration and need to be tied in with the wider mapping of all green space and allotment provision.

New ‘city’ green spaces:

- ‘City’ green spaces attract visitors from beyond the immediate vicinity because of their size and/or range of attractions. They include parks and gardens, Local Nature Reserves and some informal and natural green spaces.
- Plymouth’s Local Development Framework includes proposals to create new ‘City’ green spaces in line with planned new residential developments.
- A major new accessible green space will be created in Eastern Plymouth and Northern Plymouth, and the waterfront walkway has been developed as a linked green/blue space.
- All city green spaces will be accessible by public transport.
- The adopted North Plymstock Area Action Plan proposes a new network of accessible, high quality, multi-functional green spaces with Saltram Park at their heart. This countryside park will incorporate the historic Saltram Estate and a wider area of land under different management regimes and land ownerships. The park will seek to deliver new areas of accessible green space alongside strategic recreational links, providing opportunities for pedestrians, cyclists and horse riders to move between the local neighbourhoods and the surrounding countryside.
- The emerging Derriford and Seaton Area Action Plan proposes the creation of a new Community Park in the Seaton Valley on what is currently inaccessible farmland. It is proposed to create approximately 70 hectares of new accessible green space and link with the existing Local Nature Reserves.
- There are opportunities to invest in existing ‘Local’ green spaces to bring them up to ‘City’ green space standard. Efford Valley green space has been identified as one example where this type of enhancement can take place. This can help to address areas that are deficient in ‘City’ green space.
- It is proposed to create a series of linked green spaces in other parts of the city to further enhance the experience of residents that do not have access to larger green spaces and where opportunities to develop new green spaces of ‘city’ importance are limited. Linked green spaces will provide the opportunity for people to travel safely on foot or bicycle between adjacent green spaces, thereby raising their amenity value for residents and visitors. One example of a potential linked green space is the ‘green arc’ proposal in the Devonport Area Action Plan to link Devonport Park, the Brickfields and Mount Wise with a series of safe walking and cycling routes. Another example is the waterfront walkway which runs from Stonehouse Creek (with a ferry link to Mount Edgcumbe) to Jennycliff (and beyond to South Hams). This links several waterfront green spaces and the foreshore, and is included within the Local Development Framework Core Strategy.

Outdoor activities using green space:

- A wide range of physical activity-related activities take place in Plymouth’s green spaces. For example, there are a number of organised walks that take place across the city making the most of nature (Walks for Health) and there are family activities organised on local nature reserves. We currently do not have a clear understanding of the range of activities that take place across Plymouth’s green space and how these are used, particularly with regards to the demographic characteristics of users, user feedback, ease of access, frequency of provision, and cost.
10.1 Plymouth, with its rich seafaring heritage, stunning waterfront and natural harbour, is nationally renowned as Britain’s Ocean City. Consequently, Plymouth’s ‘blue space’ provides plentiful opportunities for physical activity and can have a positive impact on our health and wellbeing.

10.2 Blue space is typically used to refer to the sea, rivers and lakes although it also includes urban water features. A brief overview of Plymouth’s blue spaces and related activities is provided below. This was informed by a recent audit of Marine Recreation Activities in the Plymouth Sound and Tamar (2014). A list of all clubs and associations who make use of Plymouth’s blue spaces for recreation is available in this document.

- Plymouth’s coastal and marine environment is recognised for its natural beauty and diverse marine fauna and flora which are supported by the outstanding coastal and marine habitat.
- The Plymouth Sound and its estuaries are a designated European Marine Site. It contains a Special Area of Conservation (SAC) and a Special Protection Area (SPA). Much of the area is also notified as Sites of Special Scientific Interest (SSSI).
- The River Tamar valley together with the River Lynher and River Tavy is classified as an Area of Outstanding Natural Beauty (AONB). It also contains Europe’s largest military port, three commercial harbour authorities, five international marinas, 26 boatyards, four local authorities and two county councils.
- The South West Coast Path (SWCP) is a national trail which runs from Minehead in Somerset to Poole Harbour in Dorset. The whole path is 630 miles (1,014 Km) long, making it the longest continuous walking route in the country. It is an internationally important recreational walking route providing opportunities to enjoy some of Britain’s finest coastal landscapes, many of which benefit from some form of special protection or designation. There are 9.3 miles (14.9Km) of the South West Coast Path in Plymouth running between Admiral’s Hard in Stonehouse and Jennycliff in Plymstock (known as Plymouth’s Waterfront Walkway).
- There are number of launch ramps for trailered boaters to access the water, landing stages, slipways, jetties and walls for public use. Plymouth City Council also manages moorings for the Tamar estuaries.
- There are a number of water-based facilities in the city, including the Mountbatten Water Sports Centre, Plymouth Rowing Club and various sailing and yacht clubs.
- A wide range of activities take place via Plymouth’s blue spaces, including but not exhaustive:

  - **Swimming:**
    - There are public and private indoor swimming pools
    - There are two council commissioned outdoor pools which are open in the Summer months
    - There are six EC designated bathing beaches and five beaches designated under the Port of Plymouth Order which are marked by spherical buoys, within which vessels are not to exceed eight knots and are to proceed with extreme caution giving way to swimmers. Other areas are also used, in particular Batten Bay, Jennycliff and Cellars Beach.

  - **Sailing and motor boating:** sailing is the main recreational usage of the estuaries. The popularity of sailing and yachting is reflected in the 20 yacht clubs and associations affiliated to the Port of Plymouth Sailing Association and the numbers of boatyards and chandlers serving their interests. Numbers of boats in Plymouth are generally increasing with the most significant increases in the number of smaller craft such as canoes and kayaks, RIBS and towable boats and personal watercraft. The exception is the number of
small sailing boats which has seen a decrease in quantity. Activities tend to be concentrated in the summer months.

- **Windsurfing and kite-surfing:** There are five RYA sailing clubs offering windsurfing within the area. In practice, kite-surfing does not occur as a regular activity within the waters of the Plymouth Sound and the Tamar Estuaries. Windsurfing occurs in small numbers and is centred in St Johns Lake with launching taking place from Marine Dive slipways; small numbers from Batten Bay and also from Cawsand and Kingsand. Given the local conditions, neither is seen as having significant growth potential for the local waters and it is expected that they will continue at the same relatively low level.

- **Water skiing:** There is one dedicated water ski club in Plymouth (Plymouth Water Ski Club), who mainly uses the designated area on the River Plym. There are thought to be a number of individual skiers which was estimated in 2001 to be 15 to 20 per week. Water skiing takes place mainly in the summer months although there are a few people who water ski all year round.

- **Personal water craft (jet skis):** There are currently no RYA affiliated clubs/training centres in Plymouth. Many use rent craft from watersport centres or shops. The Tamar estuaries have three designated high speed areas on the Plym, the Tamar and Batten Bay, although informal use can occur throughout the whole system.

- **Rowing and gig racing:** There are 56 Gig clubs in the South West with four based in the Tamar estuary; Cattlewater, Caradon, Calstock and Rame. It is estimated that over 5,000 people row gigs, either recreational or to race each year and this number is increasing on an annual basis.

- **Canoeing, kayaking and stand-up paddle boarding:** In the Tamar estuaries precise levels of participation are difficult to estimate and although canoeing does take place in organised groups, it is thought that there are many independent canoeists as there are club members. Canoeing is a very popular seven day a week activity and varies from teaching novices in sheltered areas to sea kayaking.

- **Diving and snorkelling:** There are many excellent dive sites in the Plymouth area. There are six BSAC clubs/centres and three PADI shops/centres. At Fort Bovisand there is a recreational and commercial diving centre, Discovery Divers, and a dive club run by the Students Association at the University of Plymouth (UoP).

- **Sea angling:** There are a number of clubs however the number of sea anglers is unknown.

- **Wildfowling:** All wildfowling activity takes place during the winter season (1 September to 20 February) with the peak shooting period in December and January. The Tamar Estuaries habitats are a major frost-free feeding area for wildfowl and wading birds in winter. Wildfowling occurs in the area mainly under private management and the control of the Tamar Valley Association for Shooting and Conservation (TVASC). There is no information available for wildfowling on private land.

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### (4) Indoor and outdoor sport and recreation facilities

10.13 Plymouth has a variety of formal and informal sport and recreation facilities, which are operated by a range of providers including Plymouth City Council, the private sector and charitable
organisations. The nature of the current provision provides facilities that can be categorised as follows -

**National and regional facilities:**
- Plymouth Life Centre (aquatics and sports hall)
- University of St Mark and St John (based on quality and quantity of facilities)
- Mountbatten Water Sports Centre (based on quality and quantity of facilities)

**City-wide facilities:**
- Brickfields athletics track and field (six-lanes)
- Mountbatten Water Sports Centre
- Plymouth Life Centre (indoor bowls, climbing)
- Devonshire Health and Racquet Club (indoor tennis courts)
- Plymouth Ski-slope and Snowboard Centre
- Pavilions Ice Rink
- Goals Soccer Centre (five-aside pitches)
- Plymouth Golf Centre (driving range)

**Sub area facilities:**
- Full-size artificial turf pitches
- Outdoor tennis courts
- Outdoor bowls rinks
- Swimming pools (council owned, privately owned, school and MOD based)

**Local community facilities:**
- These consist of stand-alone or smaller facilities that serve the local community and local sports clubs e.g. football pitches, multi-sport games areas, community gyms and sports halls.
- Currently, 52% of grass pitches, 84% of sports halls and 53% of artificial pitches in the city are located on educational sites, providing a valuable supply of facilities across the city. There are also a number of MoD facilities, however, access is restricted and there is some uncertainty about the future of some of these facilities.
- It is important to recognise the provision of informal facilities, including public parks, natural green and blue spaces here (green and blue spaces have been mapped previously), as well as Multi-Use Games Areas (MUGAs). There are also multiple non-traditional facilities in the city that accommodate or could accommodate physical activity (e.g. church halls, community halls) although it is not possible to map these accurately.
- There are a range of educational activities that also take place outdoors across the city, such as orienteering, rock climbing, caving, free running, street dance (e.g. Street Motion), bush craft groups, walking (including navigation on the Moors and expedition skills). The English Outdoor Council reports that ‘learning outside the classroom raises educational standards’. These learning experiences also provide young people with an opportunity to have contact with nature. The design of our natural spaces therefore must incorporate features that allow them to become exciting and thought provoking learning environments where students can flourish.

**Mapping of users of indoor and outdoor sport and recreation facilities:**

10.14 As part of this Needs Assessment, geographical maps showing the locations of known users of a range of indoor and outdoor sport and recreation facilities in Plymouth were drawn up. These were largely based on postcode data of active members of different facilities. From this mapping, it was possible to draw some assumptions about residents’ use of Plymouth facilities for sport and recreation:
• Plymouth has a range of facilities within a reasonably small geographical area. This is reflected in Sport England data for Plymouth which shows that few residents reported having only limited opportunities to participate in physical activity (10%) or being unable to access facilities (5%).

• Residents will travel across Plymouth and the Plymouth boundaries to use different facilities, particularly specialist facilities such as the 50 metre pool at the Plymouth Life Centre and the Brickfields Athletics Track. There is also evidence that residents from the neighbouring districts of South Hams, West Devon and East Cornwall also attend these facilities. Conversely, we also know that there are patterns of swimming participation within the Saltash area from Plymouth residents who live in the West of the city.

• Supported by local insight, the North West corner of Plymouth is underprovided by built facilities. Through the mapping, Ernesettle was also identified as a neighbourhood with low use or no use of particular facilities and activities in Plymouth. For example, based on postcodes of Plymouth residents attending ‘youth night’ at the Plymouth Life Centre on 7 March 2014, there were no participants from Ernesettle. These findings are particularly significant as we know that residents in the West of the city are more likely to experience poor health and residents within Ernesettle are more likely to have a disability and/or long-term limiting illness.

• Neighbourhoods in the Plympton locality do not have easy access to all-weather pitches for sport and active recreation, although this does not account for widely accessible green space across the city.

10.15 The mapping of facilities and users has not been included in this report as they are based on postcode data and tell us very little about who uses these facilities. For example, knowing that someone has a full membership at the Plymouth Life Centre gives no indication of their actual levels of physical activity and their use of that facility. Locally gathered insight regarding barriers to use of Plymouth facilities, such as cost of use and need for equipment/clothing, would be more informative.

Provision of new indoor and outdoor sport facilities:

10.16 Sport England’s sports facility calculator is a planning tool which helps to estimate the amount of demand for key community sports facilities that is created by a given population. Table 20 estimates this demand for the expected population growth of Plymouth. However, it is important that this information is considered alongside a number of other factors and is not used for strategic gap analysis as it has no spatial dimension.

Table 20: Sport England’s estimated demand for key community sports facilities in Plymouth

| Estimated Plymouth population by 2031 = 309,173 people |
|----------------------------------|--|
| Swimming Pools                   | 62.08 lanes |
|                                  | 15.52 pools (with four lanes) |
| Sports halls                     | 88.84 courts |
|                                  | 22.21 halls (with four courts) |
| Artificial grass pitch           | 10.83 pitches (full-size) |
| Indoor Bowls                     | 19.86 rinks |
|                                  | 3.31 centres (with six rinks) |

10.17 Standards of provision for sports facilities need to be developed with caution, given the variety of
sports, sizes of sites and facilities involved. Whilst a numerical standard can be useful in terms of securing an overall level of provision, the quality and ease of accessibility to facilities are just as important.

10.18 The Plymouth Plan will set out a planned approach to the future provision of sports facilities and opportunities, which will build upon the Council’s wider Playing Pitches and Leisure Facilities evidence base. This will then help direct investment to where improvements can have the greatest impact.

10.19 The current Sports Facilities Strategy, published in 2009, will need to be reviewed and updated as an evidence base document to support future infrastructure planning and delivery in the city.

(5) Active design

10.20 In order for Plymouth to be a healthier city, the built and natural environment should encourage more walking and cycling opportunities and reduce reliance on the private car. Sport England believes that being active should be an intrinsic part of everyone’s life pattern. Therefore the master planning of new housing proposals has a vital role in providing easy access to a choice of opportunities for physical activity to suit all age groups and for making new communities more active and healthy. Sport England has commissioned David Lock & Associates to investigate the contribution that master planning can make to creating new environments that maximise opportunities for participation in physical activity. This work, including a developer’s checklist, has been completed and can be accessed via www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design. They are now looking to develop a guidance document with Public Health England which may have implications for the city.

10.21 Plymouth City Council has recently invested in walking and cycling infrastructure. Recently delivered schemes include:

- Central Park to Honicknowle - delivered August 2014
- Madeira road cycle contraflow - delivered summer 2014
- Marjons link road providing improved walking and cycling link to Derriford Hospital
- Plymouth train station improvements - 2013

Soon to be delivered schemes include:

- Saltram gateway improvements along the ride - currently under construction
- Laira rail bridge - opening for pedestrians and cyclists spring 2015 and part of an East-West route right across the city from Devonport and Stonehouse in the West to Plympton and Plymstock in the East
- Northern corridor cycle network enhancements
- Eastern corridor and city centre cycle network enhancements - subject to funding confirmation

(6) Events related to promoting physical activity in the city

10.22 Plymouth hosts a variety of formal and informal events related to physical activity. One such example is Sky Ride, the national programme to increase cycling, which Plymouth City Council has been part of since 2012/13. Sky Rides are big, fun events that take over a town or city centre so that cyclists of all ages and abilities can ride safely together on a traffic-free route (see http://www.goskyride.com/SkyRideCity). This year’s event (2014/15) on the Hoe attracted nearly 4,000 cyclists. In addition 35 local weekly led rides are being delivered for 2014/15 through the Sky Ride programme. These fun guided bike rides follow the annual event encouraging cyclists of
all abilities to cycle more. Cyclists can sustain and develop their participation through finding places to ride and people to ride with at a time that suits the individual, either in groups or just with a “buddy”. There are also a number of family cycle rides and Breeze bike rides aimed at women.

10.23 Clearly, whilst it is not possible to map all of physical-activity related events here, organisers should make sure that Plymouth City Council and other key organisations are aware of events that can be used to promote physical activity in advance and should ensure continued legacy for increased community participation.

**Plymouth City Council commissioned or provided services and activities**

10.24 Plymouth City Council (PCC), through different parts of the organisation and allocated budgets, provides and commissions a number of services and activities supporting the physical activity agenda – some of which have been outlined previously in this Chapter. Some of the main PCC providers and/or commissioners for physical activity are described below:

**The Office of the Director of Public Health**

10.25 The Office of the Director of Public Health (ODPH) commissions existing providers of physical activity facilities or activities in the city to offer bespoke provision for groups of individuals who are least likely to be physically active. Currently commissioned activity for 2014/15 includes:

- supporting a community-based fitness suite within Ernesettle Primary Care Centre to offer various exercise and activity interventions
- provision of a community-based physical activity programme, particularly for adults living with learning disabilities or mental health problems (Active 4 Life, Plymouth Guild)
- provision of a community-based fitness suite and community outreach programme offering exercise and activity interventions, with specific groups for weight loss (10% club gym sessions), women only, people with disabilities, and 10-18 year olds (Activ8 Community Gym, Wolesley Trust) – sessions are run at low cost with a maximum capacity of around 15 people and tend to be used more by people from PL2 area but are open to people from anywhere in the city
- delivery of the Healthy Futures Project (Wolesley Trust), which promotes physical activity by supporting and enabling local community organisations to run activities for children, families and adults, including (but not exclusively) dance classes and supported swimming sessions - part of this work has involved the development of appropriate service standards for a social prescription service, linking people directly with professional assessment and advice, and support for local community organisations in delivering physical activity interventions
- commissioning the Livewell Team (Plymouth Community Healthcare) to provide an integrated health improvement service based on a whole-systems and life course approach that contributes to improvement of the health and wellbeing of all residents of Plymouth - part of their work includes encouraging people to be more physically active and provision of a multi-component weight management intervention that includes physical activity

**Plymouth City Council’s sport and leisure services**

10.26 SLM is the current leisure management operator for Plymouth City Council’s sports and leisure services. This contract is due to expire in 2022. SLM is behind the Everyone Active brand and is the longest established leisure contractor in the UK. Current provision in Plymouth includes the promotion of physical activity and health across the following council owned facilities (this information has been bulleted for ease of reading):
• Tinside Lido
  o Facilities: Outdoor salt water swimming pool open in summer months
  o Cost: Pay and play with concessions (<3 year olds swim free), free access for Plymouth City Council registered carers
  o Audience: Citizens of Plymouth and surrounding area, visitors to Devon
  o Accessibility: Wheelchair accessible, fixed graduated steps, pool hoist available, no designated car park, accessible by public transport
  o Location: Plymouth Hoe, PL1 3DE
  o Restrictions: Cost, closed outside of summer months, no designated car park (although there is some disabled parking on the foreshore)

• Mount Wise Swimming Pools
  o Facilities: Outdoor 25m main pool, paddling pool and activity pool open in summer months
  o Cost: FREE
  o Audience: Citizens of Plymouth and surrounding area, visitors to Devon
  o Accessibility: Pool hoist available and wheelchair accessible, disabled parking, parking, accessible by public transport
  o Location: Devonport, PL1 4HG
  o Restrictions: Closed outside of summer months

• Plympton Swimming Pool
  o Facilities: 25m main pool and adjoining teaching pool also offering disabled swim, aqua fit and swimming lessons
  o Cost: Pay and play with concessions (<5 year olds swim free), membership options and family swim, free access for Plymouth City Council registered carers, Free Access for National Sportspeople (FANS) Scheme (to assist elite sportspeople)
  o Audience: Citizens of Plymouth and surrounding area, visitors to Devon
  o Accessibility: Pool hoist available and wheelchair accessible, disabled parking, parking, accessible by public transport
  o Location: Plympton, PL7 2AS
  o Restrictions: Cost, access may be restricted due to club use or specific target sessions

• Plymouth Life Centre
  o Facilities: Family leisure pool, climbing zone, aerial assault course and bouldering, eight lane indoor bowls centre, 12-court multi-use sports hall suitable for badminton, five-a-side football, basketball, netball, trampolining and other sports, fitness suite, 10-lane 50-metre swimming pool with moveable floors and 'booms', diving pool with moveable floor, dry side training facility, multi-purpose areas for dance and martial arts, youth gym, squash, training and studio spaces, crèche 09:00-13:00 Mon-Fri
  o Activities: Mini activities (<5), junior activities (6-16 years), multi-agency Youth Night (Fri 2 hrs – 11-17 year olds), adult activities (16+), seniors’ activities (50+) including Mayflower Wheelchair Dancers, holiday activities including Fit For Sport Kids’ Holiday Camps
  o Additional health and wellbeing related services
  o Cost: Pay and play with concessions (<3 year olds swim free), membership options and family swim, free access for Plymouth City Council registered carers, Free Access for National Sportspeople (FANS) Scheme (to assist elite sportspeople), free swimming sessions for Plymouth University staff and students
  o Audience: Citizens of Plymouth and surrounding area, and visitors to Devon, wide range of targeted sessions for different population groups e.g. the Indoor Bowls Club has one of the largest disabled sections in the country, which includes provision for the visually impaired and the severely disabled
  o Accessibility: Range of accessible facilities including accessible parking bays, dedicated changing rooms, accessible showers and toilets, lifts and pool access (hoist, portable
steps, pool lift, graduated steps, beached entrance), range of accessible activities, parking, accessible by public transport

- Location: City Centre, PL2 3DG
- Restrictions: Cost for some groups, access may be restricted due to club use or specific target sessions

- Brickfields Sport Centre and Recreation Ground
  - Facilities: Sports Hall accommodating four badminton courts, dance studio, fitness gym and Shokk Youth Gym for 8-15 year olds, outdoor athletics track and field, grass football pitches (two senior pitches and one junior pitch), full size floodlit all weather pitch for variety of sports including football and hockey
  - Activities: Kids’ activities for 8-12 year olds, adult activities for 16+ year olds
  - Additional health and wellbeing related services
  - Cost: Pay and play, membership options, free access for Plymouth City Council registered carers, Free Access for National Sportspeople (FANS) Scheme (to assist elite sportspeople)
  - Audience: Citizens of Plymouth and surrounding area, and visitors to Devon, some targeted sessions for different population groups, Exercise Referral Scheme for people with long term conditions
  - Accessibility: Four accessible parking bays and changing rooms, accessible showers, toilets and lift, parking, accessible by public transport
  - Location: Devonport, PL1 4NE
- Restrictions: Cost for some groups, limited disabled parking (four bays), access may be restricted due to club use or specific target sessions

10.27 In addition to providing a universal offer to the population of Plymouth, the above contract commissions SLM to target underrepresented groups within the city and offer specific activities to promote health and wellbeing including an exercise referral scheme.

10.28 The contribution that facilities play in the promotion of physical activity is evident through the high levels of attendance at the above facilities which typically range from 1.5-1.6 million attendances per year, depending upon the weather conditions and availability of facilities (e.g. Tinside is closed outside of the summer months). In particular, the Plymouth Life Centre has exceeded its original projection of just under one million visits to 1.3 million visits in the second year of operation. The penetration of usage, as demonstrated by the mapping of membership postcodes, illustrates that this facility is accessed by residents across the city. Since the opening of the Life Centre, attendances have more than doubled when compared to the previous facilities located within Central Park. It is now considered to be one of the busiest sport centres in Britain. Approximately, 60% of attendances are recorded for the aquatic facilities within the Life Centre. An interesting participation trend for Plympton Swimming Pools and the Plymouth Life Centre is that whilst overall aquatic attendances have continued to rise over a three year period, those visits apportioned to casual public swimming have dropped. There is now a greater propensity towards accessing structured and programme aquatic activities.

10.29 Whilst the collection of data for the leisure management contract has extended to total participation and sub facility attendance, along with individual postcodes, this does not enable understanding of individuals’ use of the facilities, including physical and behavioural characteristics, duration of use and physical activity levels.

**Plymouth City Council’s Sports Development Unit**

10.30 The Sports Development Unit (SDU) is committed to maintaining and improving the provision of sport and physical opportunities in the city and increasing the number of people participating in sport and physical activity on a regular basis. They aim to do this in a targeted manner, by:
- reaching those who need it,
- working with key partners,
- promoting opportunities in the natural environment,
- supporting community sport and
- attracting external funding

10.31 They coordinate a wide range of free and low-cost activities such as family tennis, SEND climbing, youth football and women’s beginner running. They also deliver a number of national initiatives including Sportivate and Street Games Door Step SportsClubs, as well as informal/introductory sporting opportunities (e.g. No Strings Badminton, Back to Netball, Breeze Cycling and Instant Ping!) The SDU uses a number of national campaigns that help to raise awareness, change behaviours and encourage participation such as ‘This Girl Can’ and ‘Change 4 Life’. They are also fully supportive of the Thrive Plymouth movement and helping to improve the health and wellbeing of everyone in the city.

10.32 The SDU is currently leading on a three year project, in partnership with the Plymouth Sports Board, which is funded by Sport England’s Community Sports Activation Fund to increase physical activity levels of people (14yrs+) living within deprived neighbourhoods. They are also working in partnership with Active Devon, who is delivering a county-wide Inclusive Sports Initiative, to increase regular sport participation by disabled people (14yrs+). As a result, the SDU will create an Inclusive Sports Forum and develop nine accessible sports clubs within Plymouth over the next three years.

10.33 Last year (2013/2014) the SDU received over 62,000 attendances at their activities and events, of which 24.66% were from people living in deprived neighbourhoods. They also trained/supported 523 individuals to become activators, coaches and officials.

Other parts of the organisation

10.34 There are other parts of the organisation that make a significant contribution to the physical activity agenda such as through related policy, early years and education settings (including outdoor education), youth services, planning and infrastructure. For example, there are dedicated teams within the council that look at natural infrastructure, public transport and smarter transport choices. Some of their work is captured in the mapping of provision by population groups overleaf.
11. MAPPING THE CITY ‘OFFER’ BY POPULATION GROUP

Introduction

11.1 To provide more informative mapping of services and activities provided or commissioned by Plymouth City Council (PCC), other organisations, partnerships or initiatives across the city, the following section has been grouped by the population groups that are least likely to lead active lifestyles or who constitute a significant proportion of Plymouth’s population such as students. The mapping is by no means exhaustive but attempts to provide an overview of the additional offer to these population groups to inform the recommendations of this Needs Assessment.

(1) Additional offer to women and girls identified through mapping

- It is not possible to map the offer to women and girls across the city comprehensively.
- We know that a number of facilities offer women only swimming sessions for ethnic minorities, women only exercise or gym and body toning sessions (e.g. Ernesettle Primary Care Centre and Activ8 Community Gym), and activities which are more likely to attract women such as Back to Netball and the Central Venue Netball League which operates from the Plymouth Life Centre. Some facilities offer pre- and post-natal exercise classes and some have childcare facilities. Sessions are also run at the Plymouth Life Centre for women who have excess weight and who are recovering from invasive surgery such as mastectomies.
- Management information confirms that male participants for the indoor bowls hall at the Plymouth Life Centre are twice that of the women’s participation. To encourage uptake by women there are women only leagues and sessions in addition to those that are open to all members.
- The Sports Development Unit (PCC) coordinates a number of running groups across the city to cater for all abilities, from the complete beginner to the half-marathon runner. They also train and support volunteers across the city to become active running leaders. This project has had a particular focus on women and girls. The Unit also coordinates Breeze Cycling which promotes women’s only community cycle-led activity. They also train and support volunteers across the city to become Breeze cycle leaders.
- The voluntary and community sector organise activities which are aimed at women. At this point in time, it is not possible to map these comprehensively.
- Knowledge of provision tailored specifically for girls outside of school based opportunities is limited.

(2) Additional offer to children and young people

- There are a wide range of opportunities, activities and clubs in Plymouth that are aimed at children and young people. It is not possible to map current provision accurately or comprehensively. In addition, data regarding children and young people’s use of this provision is limited or not available.

Current provision – green spaces and play spaces:

- Plymouth City Council’s Green Space Strategy has a specific objective to ensure good provision of play space in Plymouth and to ensure that, as Plymouth grows, so new play space is provided. This also reflects a need to develop more provision for young people up to 18.
- Plymouth plans to develop a city-wide network of ‘play hubs’ with a minimum size of 1,000m². Play hubs will cater for young people up to 18.
- Through implementation of Plymouth City Council’s Green Space Strategy, every child will be able to access an equipped play space within 600m or less of where they live.
- In terms of known activities, Stepping Stones to Nature delivers regular and free family activities on Local Nature Reserves during Easter, Summer and half-term school holidays.
(for example: Efford Marsh, Woodland Wood, Southway Valley, Forder Valley, Ham Woods, Kings Tamerton). They also support the Marine Biological Association to run the free, family Beach Rangers programme in school holidays on blue spaces, such as Kinterbury Creek, Pottery Quay and Devil’s Point. These events promote families exploring and engaging in their neighbourhood natural spaces and encourage physical activity through walks, games, arts/crafts and wildlife activities.

**Current provision - early years’ settings (0-5 years):**

- Plymouth City Council works to ensure the continued promotion of initiatives to promote physical activity in Early Years’ settings through a number of key strategies and policies.
- There are numerous early years’ providers across the city, including nurseries, pre-schools, crèches, child-minders, and out of school provision. In addition, there are 16 operational children’s centres. Children’s centres act as the hub for community-based services for all families during pregnancy, birth and until the child is five years old.
- All Early Years providers have to offer opportunities for free play, including indoor and outdoor opportunities. For those that do not have their own outdoor areas, use is made of local parks and green spaces to varying degrees.
- The Early Years Foundation Stage Statutory Framework expects early years’ settings to promote seven areas of learning and development. One of these is physical development. This includes moving and handling and health and self-care. The quality of this is monitored through Ofsted Inspections.
- Plymouth City Council is piloting the Healthy Child Quality Mark for Early Years (see below) with particular focus on young parents in Plymouth. The pilot process will be completed by 2014, rolling out to establishments in 2015.
- Some children’s centres run specific physical play sessions - such as Team DELL and Jump and Jive. These are centre specific and not consistent across the city, therefore mapping is tricky.

**Current provision - children attending primary and secondary schools:**

- The government is providing funding to maintained primary schools and academies that is specifically targeted at improving the provision of physical education (PE) and sport.
- All secondary schools in Plymouth provide high quality PE opportunities within the curriculum and outside. They also promote opportunities to develop young leaders in sport.
- The Healthy Child Quality Mark programme is an evolution of the previous Healthy Schools approach and builds upon the Healthy Schools Plus initiative which has been piloted in the South West. The Healthy Child Quality Mark aims to continue to give schools a framework to plan, deliver and assess healthier behaviour change, but also to streamline the process, keeping the delivery elements and providing greater assistance with the reporting requirements of the process. Plymouth City Council is working to achieve a year-on-year increase in number of schools achieving the Healthy Child Quality Mark Bronze (to 40%), with at least 90 schools (approximately 95%) engaged with the programme by 2015. 72% schools are currently engaged and 30% achieved Bronze status (accurate April 2014). They are also aiming for a year-on-year increase in the number of schools achieving Healthy Child Quality Mark Silver and Gold (at least 10 schools by 2015).
- There are 21 schools in the city actively engaged in Change4Life clubs along with nine schools who have plans in place.
- The Plymouth School Sports Partnership (hosted by Sir John Hunt and Plymstock Schools) coordinates and delivers a number of initiatives across 64 schools with primary-aged children, including Special Schools, and 18 secondary schools. Their vision is to create a sustainable PE, School Sport and Physical Activity system as part of the core provision for all children and young people. The partnership organises 82 citywide
primary events for a variety of sports including both competitive and non-competitive festivals. They also involve 16 schools in 50 different competitions in 12 different sports involving 381 teams from across the partnership. The Partnership has also supported schools to gain the School Games Mark.

- There is a thriving junior soccer programme in the city.
- There are effective school-club links for sport.
- Three Professional Sports Clubs deliver a number of programmes within schools and local communities e.g. Plymouth Argyle’s Football in the Community.
- There are now more young people playing competitive hockey in Plymouth than ever before.
- All secondary schools open up their sporting facilities (including their fitness suites) to the community outside of school hours. However, true community access is limited due to a high volume of block bookings in place e.g. by sports clubs.
- Following the opening of the Plymouth Life Centre, there is significant evidence that aquatic participation has grown significantly. However, uptake is not universal amongst all social groups, with a relatively low level of swimming attainment amongst young people aged 10 and 11.
- The current Key Stage 2 swimming attainment level of all Year 6 pupils in Plymouth is 57% (this compares to 45% nationally). Four out of ten pupils currently leave Plymouth primary schools being unable to swim. The revised Plymouth swimming attainment targets are 61% for 2014/2015 and 65% for 2015/2016. However, Plymouth City Council is currently looking to address swimming attainment levels through second chance swim offers. Key factors in a child being able to swim, relate to personal safety, and the importance of embedding a cultural sporting habit for life.
- Bike It Plus aims to increase the number of children (and parents and staff) travelling actively to school – using many of the new and improved routes to cycle, scoot or walk for the school run. The programme has a particular focus on areas that have seen infrastructure improvements and experience health inequalities. Approximately six new schools per annum are supported through the Bike It Plus programme and there is no cost to participating schools.
- Bikeability is ‘cycling proficiency’ for the 21st century, designed to give the next generation the skills and confidence to ride their bikes on today’s roads. Thanks to successful funding bids by Plymouth City Council (PCC) to the Department for Transport, cycle training in Plymouth schools is taking place in greater numbers than ever before. PCC is on track to deliver 3,600 places this financial year (2014/15) from beginners (level 1) through to advanced, on-road cycling (level 3). Bikes can be provided to children who do not have access to a bike during training.
- In addition, Plymouth City Council has been able to support the Plymouth School Sports Partnership (discussed previously) to increase delivery of balanceability cycle training aimed at four to six year olds teaching them the most fundamental skill of cycling – balance.
- Allotment associations in Plymouth provide opportunities for school visits, social interaction and support.
- SHINE (Self Help, Independence, Nutrition and Exercise) Plymouth is a 12 week programme for 5-17 year olds and their families, who would like to learn more about healthy lifestyles. It is specially designed to support young people who are above a healthy weight range for their height and age. Each week there are interactive and practical sessions on simple steps to healthier eating and being more active. The programme is delivered in a small group and aims to build self-confidence and self-esteem to make positive lifestyle changes for the long-term. There are three age groups (5-8s, 9-12s, 13-17s). The 13-17 runs three times a year and the other age groups run once a year. Once the programme has finished they are offered a further 12 months support through a
maintenance programme, including review sessions, drop-ins, gym and physical activity sessions.

**Current provision - young people attending Plymouth colleges:**

- Both Plymstock School in the South East of the city and Sir John Hunt Community College in the North West used to be specialist Sports Colleges.
- The Plymouth Studio School is opening within the University of St Mark and St John from September 2015 (for 14-19 year olds). This will specialise in sport leisure and tourism.
- Two colleges are to achieve the Healthy Child Quality Mark Bronze status by 2015.
- Through the College Sports Maker Programme, a Sports Maker Development Officer is based across City College and Plymouth College of Art with a focus to develop health, fitness and sport opportunities for young people aged 16-18 years and particularly for 'inactive students'. The Programme is funded by Sport England.
- Two new schools have recently opened in Plymouth – the Plymouth School of Creative Arts in Millbay (a free school, with closed links to the Plymouth College of Art) and the University Technical College in Devonport.

**Current provision - university student population:**

- The University of St Mark and St John’s campus provides sport and physical activity opportunities for students and staff alongside a public leisure facility (Marjon Sport). The facilities are available on a pay-as-you-go basis although memberships are also available. They have wide range of facilities on site including a swimming pool, large fitness site, 12-court sports hall, climbing wall, dance studio and a number of artificial and grass pitches. The university is a member of the University Sport Federation - British Universities and Colleges Sports Competitions (BUCS). The university coordinates a student volunteering programme called Give to Sport and is currently delivering a three year Sport England funded project called ‘Sport Activate’ to increase its recreational sports offer to students.
- The Plymouth University campus provides sport and physical activity opportunities for students and staff alongside a public leisure facility (Nancy Astor Sports Centre). These facilities are available on a pay-as-you-go basis although memberships are also available. Facilities on site include a multi-purpose sports hall, squash courts, large fitness suite and dance studio. They have a very proactive Student Union that organises and offers a wide range of activities and clubs, coordinates a universal volunteering programme, and is currently delivering a three year Sport England funded project called ‘Motivate, Generate, Activate’ to increase student participation in sport and provide an opportunity to try new sports and activities.

**Current provision – Youth Services:**

- Plymouth City Council’s Youth Services works with young people in Plymouth who are aged between 11 and 19 (and up to 25 years old where there is a specific additional need or disability). They provide informal learning opportunities to enable young people to feel safe, to develop as individuals, and to participate and contribute as valued members of our community. As well as delivering key programmes and activities, they support external and partnership projects that promote the same values and skills for young people. The service is made up of a variety of teams that focus on different aspects of young people’s lives. The area teams and participation teams in particular deliver a number of sport and activity programmes in a universal and targeted manner. The participation team coordinate the Duke of Edinburgh award scheme and Summer Mix. The latter is a free, annual programme of fun and exciting activities and courses, including sports and fitness. They also deliver a city-wide football project in partnership with the Sports Development Unit. The area teams provide more local opportunities and intensive support to young people. Current activity programmes include a skate project and a Just Play football project. There are also a number of youth centres across the city that the areas teams work from. These provide a variety of sport and activities, such as basketball,
table tennis and Zumba, and are based and designed on young people consultation and demand. Alongside the delivery of activities, young people are also encouraged and supported to become volunteers and peer mentors.

- Ford Youth & Community Centre (FYCC), commissioned by Plymouth City Council, offers free or subsidised gym sessions to youths/students. They also offer young martial arts for 5-16 year olds. They work with young people who may be disadvantaged to improve their life chances and focus on raising levels of aspirations and increasing young people’s self-esteem. They also work with young offenders, the unemployed and those with disabilities.

- This year an exercise programme was delivered by Ford Youth and Community Centre in partnership with the Police, under the name ‘Justice Gym’. This was aimed at 14-25 year olds who were vulnerable or at risk of becoming involved in risky behaviours.

- The Wolseley Trust’s Activ8 Community Gym offers exercise sessions for young parents at the Lark children’s centre. This forms part of a broader programme for parents that includes the opportunity to undertake healthy cooking. The exercise sessions are funded through the Healthy Futures Programme.

(3) Additional offer to adults of working age

- The offer to employees across the city is not consistent.

- We know that some employers provide opportunities for employees to be physically active at work such as through onsite facilities (e.g. the sport and fitness facilities provided on the university sites or the health and leisure centre at Derriford Hospital) and through active travel schemes or other initiatives e.g. lunchtime walks.

- Some employers also offer concessions for employees.

- Employers and workplaces are the current focus of Thrive Plymouth, which is the Office of the Director of Public Health’s plan to address health inequalities in the city.

- Under the premise of Thrive, the Livewell Team at Plymouth Community Healthcare is currently implementing Public Health England’s Workplace Wellbeing Charter through Live Well @ Work. As of 13 January 2015, 28 employers have registered their interest and are working towards achieving the Charter. Current employment areas include education, business/finance, health occupations, sales and service, trade, transport and equipment, natural resources, agriculture and related occupations, and manufacturing. Through working with employers, the Livewell Team supports just short of 20,000 Plymouth residents of working age in improving their health and wellbeing. In addition to promoting physical activity (e.g. through walking group leader training), the Livewell Team are also able to provide guidance to employers and employees in the following areas:
  - 10% weight management programme
  - In-house Quit Smoking Groups
  - NHS Health Checks
  - Plymouth Health Champion training
  - Training in Mental Health including
    - Mental Health First Aid
    - Mental Health First Aid Lite
    - Asist – Applied Suicide Prevention Skills
    - Understanding Mental Health and Wellbeing
  - Alcohol Identification and Brief Advice
  - Cancer Awareness
  - Support in implementing a health and wellbeing programme within the workplace

- Plymouth City Council, working in partnership with CTC (the national cycling charity), offer free cycle training to anyone 16 or older who lives, works or studies in Plymouth (called Plymotion). The training is delivered by experienced trainers and offers those who have never cycled before the opportunity to learn to ride and those who can ride but are not confident to ride on neighbourhood streets, the skills and competencies to use their
bikes as a sustainable and active alternative transport mode. The training takes place in various locations across Plymouth to meet the needs of the trainees. Training for participants without access to a bike takes place in Devonport Park where participants have access to a bike for the duration of the training session.

- Since the Thrive Launch, Plymotion has launched a match funded grant scheme which invites companies across the city to bid for funding for grants of up to £5,000 to provide facilities or initiatives to encourage employees to leave their cars at home and travel to work by foot, by bus or by bike. For example, companies may wish to improve cycle facilities for staff or introduce initiatives such as dedicated car sharing or subsidised bus passes.

- Bike links provides good value bikes and accessories along with cycle training to individuals for whom a bike can help overcome barriers to education, employment or training. In addition, the scheme can help organisations set up pool bike schemes. If a partner organisation identifies a client for whom a bike can help overcome difficulties in accessing education, employment or training, they can be referred to the scheme. Individuals are provided with a bike in return for a small deposit and completion of national standard cycle training. Employers wishing to reduce costs and carbon emissions and improve the health of their staff can receive help and advice in setting up a pool bike scheme for the use of employees.

- Plymouth City Council’s Transport Smarter Choices Team has previously run successful walking challenges. Their CTC Cycling Development Officer is able to offer accompanied cycle rides to work on an individual and small group basis as well as visit companies and hold a ‘welcome to cyclists’ session, all free of charge.

- Car Share Devon discourages single occupancy short car journeys and also promotes social and mental wellbeing through interaction.

- Plymouth City Council currently has waiting lists on all allotment sites suggesting that there is unmet demand.

(4) Additional offer to older adults

- It is not possible to map the offer to older adults (particularly aged 65+) across the city comprehensively.

- The voluntary and community sector coordinate a variety of activities which are aimed at older people. At this point in time, it is not possible to map these comprehensively.

- We know that most of the local leisure centres run specific activity sessions targeting over 50s, including short mat bowls, swimming and more.

- The Sports Development Unit (PCC) is promoting and supporting a number of activity sessions specifically targeting older people (60+ years). This includes a Movement to Music session at the Plymouth Life Centre and seated exercises classes in the Devonport area working with Eldertree.

- The Activ8 Community Gym hosts Tai Chi and Active Steps sessions for older people which are delivered by Eldertree.

- Plymouth Argyle’s ‘Football in the Community’ delivers a programme called Extra-Time. This makes sport and social activities available to over 55s. Extra-Time sees a different sporting activity delivered each week, encouraging people of all abilities to come and have a try at a new activity and make new friends. Activities include golf, skittles, new age curling, tai-chi, snooker and orienteering, as well as nature walks on and around Dartmoor National Park.

- Age UK Plymouth coordinates a health and wellbeing programme designed to help older people, aged over 50, live a healthier, more active and fulfilling life. Activities include yoga, Tai Chi, chair-based aerobics and dance.

- The University of the Third Age (U3A) movement is a unique organisation which provides life-enhancing and life-changing opportunities for retired and semi-retired
people. Local activities include country dancing, a 'gardens group' and walking groups.

- Plymouth City Council currently has waiting lists on all allotment sites suggesting that there is unmet demand.

(5) **Additional offer to people from low income backgrounds**

- Whilst it is not possible to map the offer to people from low income backgrounds comprehensively, we know that the particular areas of the city provide opportunities for individuals to be physically active at little or no cost.
- Plymouth has an abundance of green space which is free to use and accessible by foot although use may be restricted on particular days or at particular times (e.g. in the evenings due to safety concerns).
- The Office of the Director of Public Health (PCC) commissions two community gyms (Plymouth YMCA community-based fitness suite within Ernesettle Primary Care Centre and the Wolseley Trust's Activ8 Community Gym) to offer various exercise and activity opportunities for all ages, abilities and conditions at little or no cost. Activ8 work with young offenders and the unemployed. Both are accessible via public transport. These opportunities are restricted to small numbers of people, however.
- The Sports Development Unit (PCC) coordinates Active Devonport. This local initiative aims at engaging Devonport residents to become active. This programme uses local workforce and facilities to offer a wide range of informal opportunities for people to participate in affordable sport and physical activity.
- The SDU is currently leading on a three year project, in partnership with the Plymouth Sports Board, which is funded by Sport England’s Community Sports Activation Fund to increase physical activity levels of people (14yrs+) living within deprived neighbourhoods.
- The leisure and management contract (PCC) has a requirement to provide concessions for memberships and core activities such as public swimming.

(6) **Additional offer to lone parents**

- There is very limited information about the offer to lone parents in the city. It appears that there is not a specific offer for lone parents but a universal one.
- Opportunities are likely to be limited in terms of the timing of crèches and activities, access and associated costs.

(7) **Additional offer to BME groups**

- It is not possible to map the offer to BME groups across the city comprehensively.
- We know that a number of facilities offer women only swimming sessions for ethnic minorities and women only exercise sessions (e.g. Ernesettle Primary Care Centre and Activ8 Community Gym).
- The voluntary and community sector organise activities which are aimed at the BME community. At this point in time, it is not possible to map these comprehensively.
- The Sports Development Unit (PCC) works with a range of organisations that support BME communities to lead a healthier, active lifestyle. This has included midnight football for the Kurdish community, swimming for refugee and asylum seekers and basketball for the Filipino community.

(8) **Additional offer to adults with disability or limiting illness**

- It is important to acknowledge that the mapping below is unlikely to be fully comprehensive. Activities offered by the voluntary and community sector need to be further explored. In addition, many clubs and facilities are regularly accessed by people with a disability that are able to participate in a mainstream session with little or no additional support (e.g. climbing at the Plymouth Life Centre or rowing at the Mayflower Offshore Rowing Club). These sessions would not necessarily be identified or marketed
as disability specific or disability friendly.

- The Office of the Director of Public Health (PCC) commissions:
  - Plymouth YMCA to provide a community-based fitness suite within Ernesettle Primary Care Centre. Registered patients have priority and the suite is provided at little or no cost to participants. GPs can refer patients to the gym for exercise. The suite also undertakes pulmonary rehabilitation.
  - Plymouth Guild to provide Active 4 Life. This is a free, community-based physical activity programme, particularly for adults living with learning disabilities or mental health problems. They offer provision of support to care settings and carers to increase skills and resources and promote provision of physical activity. They also provide information and advice about physical activity and healthy eating. They offer a weekly walking group and deliver taster sessions and courses to support people to try different activities to find out what they enjoy and provide support for them to be able to continue this. They run and promote community activities accessible for clients, such as boccia and football. They also provide a Buddying Service which provides volunteer buddies to accompany someone for their first few weeks/sessions to provide that little bit of extra support in trying out a new activity or joining a new club. The programme is managed on a day-to-day basis by an Active for Life Manager, supported by a walk co-ordinator and support assistant. The programme also involves volunteers in the delivery of the work. Volunteers will possibly be engaged through the target settings or through the Guild’s volunteering service. The programme operates at times to suit the needs of the target settings, which may include some unsocial hours.
  - Wolseley Trust to provide Activ8 Community Gym. Whilst this is open to the general population, they offer sessions for people suffering from mental ill health. The service also delivers, in partnership with the Livewell Team (Plymouth Community Healthcare) “exercise on referral” for people entering the 12 week weight management programme (10% Club Provision of fitness suite based activity sessions).
  - Healthy Futures for residents of the Wolseley Trust catchment area with mental ill health. Adults aged over 18 years can be referred by participating GP practices or other health professionals or services.
  - The Livewell Team to provide Walking for Health – these are regular weekly and monthly walks from 30-90 minutes lead by a member of the Livewell Team although there a number of other volunteers to lead and assist the walks following walk leader training.

- The Ford Youth & Community Centre (FYCC), commissioned by Plymouth City Council, works with those with disabilities.
- The MS Society Plymouth Liskeard Branch offers one hour Tai Chi and exercise sessions for people living with MS twice a month in the church hall at low cost.
- The Sports Development Unit (PCC) coordinates and supports a range of disability activities and sports clubs across the city. This ranges from supporting families with a disabled child to setting up new wheelchair sports clubs. They are also working in partnership with Active Devon, who are delivering a county-wide Inclusive Sports Initiative, to increase regular sport participation by disabled people (14yrs+). As a result, the SDU will create an Inclusive Sports Forum and develop nine accessible sports clubs within Plymouth over the next three years. Sports Development Unit offers a para-badminton session (which is not listed on the website) that runs on Sunday for one hour in the morning, at low cost. This is open to anyone aged over 14 years with a disability.
- Plymouth City Council, working in partnership with CTC (the national cycling charity) offer cycle training to people with disabilities.
- The Plymouth Life Centre hosts a variety of activities aimed directly at people with a disability. Details of those sessions are on their website: [http://www.everyoneactive.com/Centre/Plymouth-Life-Centre/72/Accessibility](http://www.everyoneactive.com/Centre/Plymouth-Life-Centre/72/Accessibility).
• Other opportunities in the city include:
  o **Plymouth Storm Wheelchair Basketball Club** - both able bodied and disabled people can play wheelchair basketball. People of all ages and experience are welcome.
  o **Armada Arrows** – disability athletics club offering wheelchair racing and all of the disability athletics disciplines for ages eight plus.
  o **Special Olympics** - a multi-sport club for people with a learning disability aged 16 years plus.
  o **On-Side @ YMCA Plymouth** - this multi-sport club is open to anyone, aged 8-30 years with a disability or additional need.
  o **On-Side Gym Sessions** - supervised sessions in the gym at YMCA Plymouth for people with a disability aged 14-30 years old.
  o **Horizons Sailing Charity** - sailing and water sports for people with a disability aged 8-19yrs old.
  o **Disability football sessions, teams or clubs:**
    ▪ Across the County, the Devon Ability Counts League offers competitive and participation opportunities for youth and adult players with physical and learning disabilities. Within Plymouth there are opportunities to join local disability Football teams and sessions within the area including Plymouth Argyle Youth, Keyham Kolts, Plymouth YMCA Football sessions and Special Olympics Plymouth Football sessions.
    ▪ Power Chair Football club.
    ▪ YMCA All Saints Football Club has started adult and youth disability football sessions at the Plymouth YMCA Kitto Centre.

• There are a number of private coaches and community interest companies in Plymouth that offer disability sports coaching for closed groups, bespoke sessions and through grant funding for fixed term projects, including 1st for tennis (boccia, sonic tennis, wheelchair tennis).

• The University of St Mark and St John is working in partnership with Peninsula Cancer Network and Macmillan Cancer Support to provide opportunities for those that have been diagnosed with cancer to engage with physical activity. The University supports a programme of activity and education for cohorts of 12-15 patients signed up by the Macmillan team. Staff and students have also organised a series of Memory Cafes in collaboration with the Alzheimer’s Society. The café provides a safe and welcoming environment for people with memory problems along with their carers.

• Whilst the mainstream swimming pools in Plymouth provide aquatic opportunities for the majority of the population, there are individuals with health conditions where an increase in water temperature above that recommended for public pools is beneficial. Hydrotherapy pools are currently provided at the Naval Service Recovery Centre at HMS Drake, at Derriford Hospital and at some special schools that have limited public availability. The following document looks at access to hydrotherapy in the South West conducted by the South West Muscle Group in 2010: [http://www.muscular-dystrophy.org/assets/0001/5549/Access_to_Hydrotherapy_in_the_South_West.pdf](http://www.muscular-dystrophy.org/assets/0001/5549/Access_to_Hydrotherapy_in_the_South_West.pdf).

• Some community gardens in Plymouth have been set up specifically to support vulnerable members of our communities and by offering a safe social environment they enable people to improve their mental health and overall wellbeing.

**Additional offer to LGBT people**
- It is not possible to map the offer to LGBT people comprehensively.
- No tailored opportunities are commissioned by Plymouth City Council outside of the generic offer.
- The voluntary and community sector provide activities and opportunities for LGBT people but comprehensive mapping is not available.
12. **SUMMARY OF FINDINGS AND RECOMMENDATIONS**

**Introduction**

12.1 This final Chapter summarises the findings and recommendations of the Physical Activity Needs Assessment for Plymouth. It is important to acknowledge that the findings are based on a rapid Needs Assessment process using currently available data. In addition, in order to align with the national policy direction, the term ‘physical activity’ was used in its broadest sense encompassing sport, exercise, recreational and occupational activity, ‘active travel’ and heavy domestic activity (as outlined on page 9).

12.2 Data regarding levels of physical activity in the city has been limited and largely quantitative in nature. If we are moving towards the national ambition to encourage everyone to be more active every day, it will be near impossible to accurately capture activity levels in the city. Nonetheless, monitoring residents’ use of facilities and uptake of opportunities, activities and programmes, as part of on-going evaluation of commissioned activity, will be helpful. The new and on-going Plymouth resident Wellbeing Survey and School Wellbeing Survey (page 75) will now enable long-term monitoring of levels of physical activity in the city. This will also supplement data captured nationally for Plymouth by Sport England (page 75). The impact on health inequalities and health and wellbeing at the local level can continue to be assessed through routinely collected data and public health indicators.

12.3 The high volume of activity across the public, private, community and voluntary sector (and the diverse methods of provision, delivery and discovery), means that the mapping of current provision is by no means fully comprehensive. Consequently, a number of the recommendations below highlight the need for primary qualitative research to identify local insight regarding facilitators and barriers to being more physically active. Wider consultation and engagement on the report and the report’s findings is also required.

**Summary of findings and recommendations**

12.4 The findings and recommendations of this Needs Assessment have been grouped into overarching recommendations and then separate themes which align to the mapping chapter presented previously. Page numbers have been provided linking the following summaries to the relevant section of the mapping chapter with additional information when required.

**Overarching recommendations:**

1) Gather local insight regarding barriers and facilitators to being more physically active through qualitative methods and greater consultation with local people.

2) Develop a greater understanding of the role of the voluntary and community sector and how they can help to promote active lifestyles in the city through supporting local communities and capacity building.

3) Avoid referencing ‘sport’ and use the term ‘physical activity for all’.

4) Promote initiatives which encourage people to be more active, every day. This will include greater emphasis on social and recreational activities that might not require formal commissioning, are more appealing to a wider audience and are more sustainable in the long-term.

5) We should be innovative and creative with our opportunities such as taking activities to people in the community and better use of community assets and non-traditional facilities or spaces. Plymouth has an abundance of green space and blue space that could be better utilised by a broader population group.

6) Physical inactivity and sedentary lifestyles should not be seen in isolation but two health behaviours that often go hand-in-hand with others e.g. tobacco use and poor diet.
7) Where there is evidence of multi-level need, such as in the North West of the city where some residents experience a lack of facilities and significant health needs, then these areas should be considered as a priority for action.

8) Efforts should focus on the early years and families to ensure that we create active lifestyles for life.

9) The ageing population, the current and future physical activity needs of the over 65s and the growing number of retired people living alone (particularly women) should be considered as priority groups in relation to improving mobility, core strength, mental health and wellbeing and tackling social isolation and helping people to live independently for longer.

10) Any commissioned activity should adhere to the latest guidance/evidence base. For example, there have been recent academic challenges made against the impact of exercise referral schemes as an example of best practice.

11) Commissioning decisions should reflect consideration of whether or not a universal or more targeted offer is most appropriate for the identified groups that are least likely to be physically active in Plymouth. A universal offer may be more appropriate for LGBT people, for example. In addition, inactive residents in the city may be likely to fit into more than one of the population groups and therefore barriers are likely to be exacerbated for these individuals.

12) Ensure more effective monitoring of residents’ use of facilities and uptake of opportunities, activities and programmes to better inform need in the city and commissioning going forward.

13) Ensure appropriate evaluation of any commissioned activities related to physical activity, particularly with regards to reach, user profiles and accessibility.

14) No activity should be commissioned without clear evidence that it meets the needs of the population of Plymouth.

15) Every offer to residents of the city should take account of the groups identified as least likely to be physically active and this should inform future investment and commissioning.

16) There should be better linkage among opportunities taking place locally to avoid duplication, play to the strengths of each provider and ensure a diverse offer to Plymouth residents. This should be reflected in more joined-up and collaborative commissioning of opportunities related to physical activity.

17) Local opportunities should link more effectively with local and national campaigns, such as Change4Life, and ensure lasting legacy. Thrive Plymouth provides a clear mechanism with which to do this.

18) Campaigns may be more effective if targeted at those who are receptive to making small lifestyle changes.

19) There should be a move towards positive framing of health-related messages which promote active lifestyles as ‘the norm’.

20) The possibility of extending the capacity for health champion training should be explored so that more people are better able to signpost residents into local opportunities and ensure that every contact counts.

21) Local champions or leaders from each social group are needed in order to bring about significant change. The mentoring of local leaders, particularly with regards to developing their motivational skills, will be key.

22) Health advice should be integrated into every health and social care contact and in all care pathways – from pharmacists and physiotherapists to dental nurses and care assistants – including information on support for physical activity.

(1) General access to opportunities for physical activity (page 87)

Key findings and gaps in provision:

(1.1) The city is well served by public transport links although these routes do not always provide direct access to all existing opportunities for physical activity (e.g. at particular times of the day). Currently the routes and timetables are subject to commercial viability.
The proportion of car owners in Plymouth is slightly below the national average, and is significantly lower in the South and West of the city.

When reviewing opportunities for physical activity, accessibility and associated barriers (e.g. timing and cost) should be a key consideration, particularly when looking to promote active lifestyles among residents living in the South West, South East and North West localities. Plans are already in place to improve access to green space, play space and blue space across Plymouth. These plans will ensure that city green spaces are accessible by public transport and within short walking distances.

Recommendations:
(1.4) Easy and low cost access to physical activity via public transport, walking or other means should be a key consideration when promoting active lifestyles among residents in the South West, South East and North West localities as car ownership is lower than anywhere else in the city.
(1.5) Any commissioned activity relating to physical activity should include consideration of accessibility for Plymouth residents, including public transport routes, associated costs (direct or indirect) and timing of activities.
(1.6) Wherever reasonably practical, the delivery of physical activity opportunities should be delivered in local communities.

Green space and play space (page 88)

Key findings and gaps in provision:
(2.1) Despite being a city, Plymouth has an abundance of green space and play space where people can relax, enjoy nature, take children to play, or take part in sport or recreation.
(2.2) Green spaces are diverse, free and easily accessible for the majority of the population.
(2.3) The city has a clear strategy in place to remove existing deficiencies in access to green space and play space, and to ensure that new development encompasses good access. Importantly, all new or enhanced green spaces will be designed to be accessible so that everyone in the community can enjoy them. The number of neighbourhoods where there is currently a deficiency of green space or play space will be reduced by 2023.
(2.4) Through implementation of the Green Space Strategy, Plymouth residents should not have to walk more than 400 metres to their nearest green space and not more than 600 metres to their nearest play space. In addition, all city green spaces will be accessible by public transport.
(2.5) It is not possible to accurately assess people’s use of green space in Plymouth due to the informal nature of the activities taking place.

Recommendations:
(2.6) Barriers to use and opportunities for greater use among local residents should be explored. For example, in the winter months, use may be reduced due to concerns over safety (e.g. a young woman jogging after work) and families may be more likely to use city spaces at the weekends.
(2.7) Initiatives to get everyone active everyday should utilise Plymouth’s abundant green space and play space, particularly as this space is diverse, free and easily accessible for the majority of the population.

Blue space (page 93)

Key findings and gaps in provision:
(3.1) Plymouth is an Ocean City in a unique location. Plymouth’s ‘blue spaces’ (including the Plymouth Sound and Tamar) and associated water-based recreational activities offer significant opportunities for people to be physically active, particularly in the summer months.

(3.2) The Plymouth Hoe open space is exceptionally well used.

(3.3) The majority of the population live within one mile of water (sea or rivers) and identify ‘blue space’ as an important recreation resource. In addition, swimming is the main activity that people in Plymouth want to do more of and sailing and gig racing are popular activities.

(3.4) It is not possible to accurately assess people’s take-up of the water-based offer in Plymouth. However, there are known barriers to informal and formal water-related recreation activities including access, cost and timing of activities (seasonal, tidal and time of day). Water-based offers also require a basic swimming competence.

(3.5) There is currently no strategy which looks specifically at promoting use of ‘blue space’ and water-based activities in Plymouth.

Recommendations:

(3.6) Efforts should focus on addressing barriers and promoting use of water-based opportunities among the population groups we know are least likely to be physically active and who are least likely to make use of blue spaces. Evidence from Sport England suggests that swimming is the main activity that people in Plymouth want to do more of.

(3.7) Consider the development of a strategy to promote use of blue space and water-based activities in Plymouth with focus on barriers, particularly among population groups who are the least active and the least likely to take up the existing offer.

(3.8) Future commissioning should consider the water-based offer to residents of Plymouth, with particular regards to the early years, to ensure that interest and healthy lifestyles are developed early in life. A current priority for the city is to offer a ‘second chance to swim’ scheme so that any child who did not learn to swim in primary school gets another opportunity to learn this essential skill. Barriers to participation, particularly in terms of lack of swimming gear, should be addressed to make this an affordable option for Plymouth families.

(4) Indoor and outdoor sport and recreation facilities (page 94)

Key findings and gaps in provision:

(4.1) Plymouth has a variety of formal and informal sport and recreation facilities, operated by a range of providers, within a reasonably small geographical area. In particular, the flagship Plymouth Life Centre is now considered to be one of the busiest sport and recreation centres in Britain, and draws in residents from across the city.

(4.2) The majority of grass pitches, sports halls and artificial pitches are located on educational sites and therefore access for wider public use needs to be further explored. MoD facilities offer additional potential but access is currently restricted.

(4.3) Supported by local insight data (see page 95), the North West corner of Plymouth is underprovided by built sport facilities. In addition, Ernesettle was identified as a neighbourhood with low use or no use of particular facilities and activities. This is particularly significant as we know that residents in the West of the city are more likely to experience poor health and Ernesettle has a greater proportion of residents with disability and/or long-term limiting illness.

(4.4) Neighbourhoods in the Plympton locality do not have easy access to all-weather pitches for sport and active recreation.

(4.5) A formal indoor and outdoor sport and recreation offer has restricted appeal to the population. Given the abundance of green and blue space in the city, it is important to recognise the potential for greater provision through informal facilities (e.g. public parks) and non-traditional facilities (e.g. church halls and community halls). These spaces can provide locality based provision and thereby enhance accessibility.

(4.6) The Plymouth Plan will set out a planned approach to the future provision of sports and recreation facilities and opportunities, which will build upon the Council’s wider Playing Pitches and Leisure Facilities evidence base. This will then help to direct investment to where it can have the greatest impact. This will include consideration of significant new
population hubs in line with planned development for the city (including Derriford and Seaton and Sherford new town to the East of the city).

**Recommendations:**

(4.7) Explore access to grass pitches, sports halls and artificial pitches on educational sites for wider public use.

(4.8) Explore access to MoD facilities for wider public use.

(4.9) Focus efforts to address the lack of built facilities for sport and active recreation in the North West of the city.

(4.10) Explore low use or no use of facilities and activities for sport and active recreation in Ernesettle - less formal opportunities may be more appropriate and should be suitable for residents with disability and/or long-term limiting illness.

(4.11) Review Plympton residents’ access to all-weather pitches for sport and active recreation and explore alternatives.

(4.12) Explore the potential for greater provision through informal facilities (e.g. public parks) and non-traditional facilities (e.g. church halls and community halls) to meet unmet demand in the city.

(4.13) Direct investment in new facilities where it will have the greatest impact.

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**Active design (page 97)**

**Key findings and gaps in provision:**

(5.1) The promotion of physical activity levels in Plymouth can be enhanced through planned infrastructure for a healthier city.

(5.2) Plymouth City Council has recently invested in walking and cycling infrastructure with additional schemes to be delivered going forward.

(5.3) One of the main challenges for the city, particularly in terms of promoting active travel (e.g. cycling to work), is its topography.

**Recommendations:**

(5.4) Enhance the promotion of physical activity levels through planned infrastructure for a healthier city.

(5.5) Continue to invest in walking and cycling infrastructure and initiatives.

(5.6) Identify opportunities to address the challenge of Plymouth’s rugged and hilly nature.

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**Events related to promoting physical activity in the city (page 97)**

**Key findings and gaps in provision:**

(6.1) Organised events across Plymouth, both big and small, can act as a catalyst for people to become more physically active e.g. Race for Life.

**Recommendations:**

(6.2) Organisers of events should ensure that key organisations in the city are aware of planned events with advanced notice and should factor in a legacy element for increased community participation.

(6.3) Utilise opportunities to link with national events. For example, Plymouth links with Wimbledon and promotes the use of free tennis courts across the city as part of Great British Tennis Weekend.

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**Plymouth City Council commissioned or provided services & activities (page 98)**

**Key findings and gaps in provision:**

(7.1) Plymouth City Council (PCC) provides and commissions a number of services and activities supporting the physical activity agenda.

(7.2) This Needs Assessment should help to highlight to commissioners and providers the range of activity that takes place so that current provision can be reviewed to ensure alignment to need and avoidance of duplication.

**Recommendations:**
(7.3) Ensure future commissioning of PCC services and activities supporting the physical activity agenda is aligned to need and avoids any unnecessary duplication of the ‘offer’ to Plymouth residents.

(7.4) Ensure wherever possible that commissioned activities have the potential to provide long-term behaviour change.

(7.5) Ensure future commissioning requires providers to build in appropriate evaluation and data capture to provide greater understanding of individuals’ use of facilities and uptake of activities or programmes.

(7.6) Undertake qualitative research to gather local insight to inform commissioning going forward.

(8) Women and girls (page 102)

Key findings and gaps in provision:

(8.1) 50.5% of Plymouth’s population are female, with similar proportions of males and females across all age groups. There is some minor variation across neighbourhoods with a higher proportion of females in Elburton & Dunstone (although <10% difference).

(8.2) The recent survey of Plymouth schools identified that 19% of Year 8 and Year 10 pupils live mainly or only with their mother which may influence barriers to participation.

(8.3) Nationally, we know that women are less active than men in virtually every age group. For girls, participation begins to drop even more from the age of ten to eleven (national picture). Levels of inactivity are also higher among girls from the lowest economic group compared to the highest.

(8.4) Locally, whilst activity levels were generally low, there was no difference between males and females responding to the Wellbeing Survey. Women were only slightly more likely than males to report that they wanted to be more physically active (74% vs. 69%). This contrasts with Sport England data for Plymouth which suggests that whilst physical activity rates have increased, 46% of Plymouth men compared to 29% of Plymouth women participate in sport at least once a week reflecting the regional and national picture. This may be due to the method of data collection: the Sport England survey focuses on sport and the local survey encompasses all forms of physical activity including housework and gardening.

(8.5) Plymouth women have lower life expectancy than the England average.

(8.6) Females are expected to have a higher prevalence of mental health problems in Plymouth than males. Evidence suggests that there is an approximately 20% to 30% lower risk for depression and dementia for adults participating in daily physical activity.

(8.7) National evidence tells us that the barriers for women and girls are extremely varied and differences can be seen between different groups e.g. by ethnicity or social class. For example, Muslim women are unable to go swimming if there are male lifeguards. Lack of confidence, self-esteem and body image issues can prevent women and girls from exercising (national picture), in addition to concerns about safety (e.g. jogging after dark). For girls, social determinants, such as parental support, can also influence participation. Environmental factors such as poor access to suitable facilities and the lack of opportunity to exercise in a female only facility/class contribute to poor participation levels. Females’ perceptions of femininity, and their opinion that being sporty was not an aspirational female characteristic, have been identified as barriers to participation.

(8.8) Sport England has launched a national campaign to persuade more women to adopt lifelong sporting habits (https://www.sportengland.org/our-work/equality-diversity/women/). This Girl Can is a related national campaign developed by Sport England and a wider range of partnership organisations which focuses on addressing judgment as a barrier to participation (http://www.thisgirlcan.co.uk/). A promotional video is currently being played on national television and there is national advertising (e.g. posters at bus stops).

(8.9) Locally we know that the majority of Year 8 and Year 10 girls in Plymouth enjoy being
physically active (only 7% of boys and girls reported that they did not enjoy activities at all). Walking and jogging were the most popular activities among both girls and boys and 20% reported riding a bicycle in their own time at least weekly.

(8.10) Evidence from Sport England suggests that girls in particular can be more influenced by sporty mums than sporting heroes or big sporting events, yet 42% of Plymouth pupils responded that they ‘rarely or never’ play games or sports or do other physical activities with their parents or carers (and girls were slightly more likely to report this than boys).

(8.11) Girls were more likely to believe they were ‘unfit’ or ‘very unfit’ than boys. In addition, boys reported that they were more likely to exercise on at least three days in the week before the survey than girls.

(8.12) Locally, the top five barriers to physical activity for girls were: “I don’t have enough time”, “I am shy in front of other people”, “I’m not comfortable about how I look”, “It costs a lot to get there or take part”, “I know what I want to do but I don’t know where to go”. The barriers were not significantly different to the barriers for boys with the exception of barrier 3. Interestingly this is being addressed through Sport England’s This Girl Can campaign for women. Related to this, nearly two thirds of girls surveyed in Plymouth wanted to lose weight and over half responded that they worry ‘quite a lot’ or ‘a lot’ about the way they look.

(8.13) Using the Sport England mosaic profiling tool, we know that ‘Retirement Home Singles’ make up the greatest proportion of the Plymouth population. These are predominantly women, aged 66+ years, living in sheltered accommodation. They are much less active than the average adult population but their activity levels are more consistent with other segments in this age range. They are likely to be doing less sport than 12 months ago, mainly due to health or injury, 10% take part in ‘keep fit/gym’, 7% swimming and 3% bowls (for a full profile see Appendix 9).

(8.14) At the Plymouth Life Centre 65% of indoor bowlers are male. Whilst the Plymouth Life Centre has seen a significant increase in bowling activity since opening in March 2012, the gender profile of those participating has not changed.

Recommendations:

(8.15) Local initiatives should build on women’s desire to be more physically active (willing audience – identified through Wellbeing Survey). Year 8 and Year 10 girls also felt that they were unfit.

(8.16) Initiatives to encourage women and girls to be more active should adopt a family-based approach to encourage active lifestyles for life, with focus on parental support and addressing time and cost as barriers to participation.

(8.17) Mother-daughter activities should be promoted which address barriers to participation (e.g. cost, time including time of day, personal safety) and self-confidence. Consideration should be given to lone parents who are more likely to be mothers as barriers to participation are likely to be greater for this group.

(8.18) Targeted work is needed with girls aged 10-11 where activity levels fall off significantly – this should be based on greater understanding of the barriers for this age group.

(8.19) We need greater knowledge of provision tailored specifically for girls outside of school-based opportunities.

(8.20) Efforts are needed to tackle the findings that Year 8 and Year 10 girls felt unfit and wanted to lose weight – this should focus on confidence building and highlighting the benefits of maintaining a healthy weight.

(8.21) More opportunities should be created for girls from low income and/or BME backgrounds.

(8.22) Improvements in teacher training, particularly at primary level and a more diverse and inclusive offer (which moves away from the current focus on competitive sport in PE to a broader range of activities to meet the needs of a wider group of children especially girls), is needed.

(8.23) There should be a varied ‘offer’ for the city that addresses key barriers to participation...
for women and girls with particular emphasis on addressing low self-confidence.

(8.24) Walking and jogging appear to be popular activities among pupils in Plymouth. The current offer in the city includes specific running groups for both women and girls. These could be further promoted.

(8.25) A key area of engagement will be opportunities for retired women who live alone, particularly as this is a growing social group who are more likely to experience social isolation.

(8.26) Local activity should align with national campaigns run by Sport England and other partnership organisations.

(8.27) Local work should continue the movement created by the This Girl Can campaign.

(9) Children and young people (page 102)

Key findings and gaps in provision:

(9.1) The city has the eighth lowest proportion of children and young people (aged under 18) of the 16 Southwest County and unitary authorities (2012).

(9.2) Due to an estimated 35,000 to 40,000 students residing in the city, the proportion of 18-24 year olds (13.2%) is higher than that found regionally (8.8%) and nationally (9.3%).

(9.3) The age profile of the Plymouth neighbourhoods is variable, with Greenbank & University standing out as an outlier because the 16-24 age group make up 57.3% of the population. Barne Barton has the highest proportion of 0-15 year olds.

(9.4) According to Mosaic profiling: the North West locality has a greater proportion of families with many children, living in areas of high deprivation and who need additional support; Plympton has a greater proportion of active families with teens and adult children whose prolonged support is eating up household resources; Central & North East has a greater proportion of forward-thinking younger families who sought affordable homes in good suburbs which they may now be out-growing.

(9.5) The School Wellbeing Survey (involving 820 boys and 970 girls from Year 8 and 899 boys and 1060 girls from Year 10) found that: 91% of pupils responded that they are White UK; 55% of pupils responded that they live with their mother and father; 19% responded that they live mainly or only with their mother; 8% responded that they are a 'young carer'; 7% responded that being a young carer takes up at least an hour of their time each day.

(9.6) Plymouth has a greater proportion of children living in poverty than the England average.

(9.7) Although not presented elsewhere in this assessment, we know from the Plymouth Report 2014 that there were a total of 395 looked after children (children in care) in Plymouth (as of 31 March 2014; rounded to the nearest five), with a higher rate (77 per 10,000 children aged under 18 years) compared to the England average (60 per 10,000). There were also a total of 3,402 children starting a children-in-need episode (referred and subsequently accessed to be in need of social care in Plymouth throughout 2013/14). The rate of children-in-need of 665.1 per 10,000 children was 1.8 times that of the national rate (372.6). There were also a total of 501 children who became the subject of a child protection plan through the same period, with a higher rate (97.9 per 10,000 children) compared to the England average (42.1 per 10,000 children). In this Needs Assessment, we have not been able to specifically cover these children, although we recognise that they are a vulnerable group and will have specific needs/barriers when it comes to physical activity. We recognise that this is a gap in our current knowledge and something that will need to be addressed in the future (see recommendations).

(9.8) Plymouth has higher rates of teenage pregnancy than the England average.

(9.9) Keyham and Greenbank & University are priority neighbourhoods for promoting healthy weight among reception school children. Ernesettle and Ham & Pennycross are priority neighbourhoods for promoting healthy weight among children in Year 6. Ernesettle has the lowest proportion of children in Reception with excess weight but the highest proportion of children with excess weight in Year 6.
35% of boys and 61% of girls responded that they would like to lose weight (School Wellbeing Survey 2014). 20% of boys and 53% of girls responded that they worry ‘quite a lot’ or ‘a lot’ about the way they look.

5.3% of parents with young children were considered to be socially isolated in 2014 (Health Visitor Survey 2014). Stonehouse has the highest proportion of families recorded as being in social isolation compared to Colebrook, Newnham & Ridgeway which has 1.4%.

The percentage of families where ‘one or more parents smoke’ was 26.2% (Health Visitor Survey 2014). This ranged from 4.0% in Woodford to 45.7% in Morice Town (an eleven-fold difference).

24% of Year 8 and Year 10 pupils said they have smoked in the past or smoke now (School Wellbeing Survey). 44% of smokers responded that they want to give up smoking; 30% said that they don’t want to give it up.

59% of pupils responded that the amount of sleep they normally get is enough for their health. 15% said it isn’t enough (School Wellbeing Survey 2014). 55% responded that they are ‘quite a lot’ or ‘a lot’ satisfied with their life at the moment. 45% responded that they feel confident in their own abilities and 47% feel in control of what happens in their life.

Levels of activity among Year 8 and Year 10 school pupils in Plymouth (2014):
- 67% responded that they enjoy physical activities ‘quite a lot’ or ‘a lot’. Boys were more likely to report this than girls although it is not known if this is significantly different.
- Only 7% of pupils responded that they don’t enjoy physical activities at all.
- 35% of pupils responded that they think they are ‘fit’ or ‘very fit’. 23% of pupils responded that they think they are ‘unfit’ or ‘very unfit’.
- 67% of pupils responded that they exercised enough to breathe harder and faster on at least three days in the week before the survey (again boys were more likely to have done so than girls). 7% of pupils responded that they didn’t exercise enough to breathe harder and faster at all in the week before the survey.
- 81% of pupils responded that they do at least one of the physical activities listed at least ‘weekly’. 46% of pupils responded that they go for walks in their own time at least ‘weekly’, while 36% said they go jogging and 20% ride a bicycle.
- 42% of pupils responded that they ‘rarely or never’ play games or sports or do other physical activities with their parents or carers (girls were slightly more likely to report this than boys). 26% of pupils responded that they play games or sports or do other physical activities with their parents or carers ‘once a month’, while 31% said they do so ‘once a week’.
- 27% of pupils responded that they travelled to school by car or van on the day of the survey. 48% of pupils responded that they walked to school on the day of the survey.
- 43% of pupils responded that they don’t cycle.

Main barriers to physical activity (boys and girls):
- 44% of pupils responded that they don’t have enough time to do as much exercise or sport as they want.
- 37% said they are shy in front of other people.
- 33% said it costs a lot to get there or take part.

Top five barriers to physical activity for boys:
- “I don’t have enough time”
- “It costs a lot to get there or take part”
- “I know what I want to do but I don’t know where to go”
- “I am shy in front of other people”
- “Transport to get there is a problem”

Top five barriers to physical activity for girls:
- “I don’t have enough time”
- “I am shy in front of other people”
- “I’m not comfortable about how I look”
“It costs a lot to get there or take part”
“I know what I want to do but I don’t know where to go”

(9.19) Nationally identified barriers to participation:

- Children and young people's opportunities to be active can be affected by environmental, economic and social factors, and perceptions about safety and accessibility.
- Weather conditions – and their perception of what type of conditions make it suitable to be outside – can also affect the opportunities they take.
- Parents' and service providers' fears of injury can be barriers to participation, although the fear of risk may not necessarily correspond to reality.
- Bad school experiences have also been identified as barriers to being more physically active or participating in sport (e.g. no sport they like, being told they are no good at sport, sport means getting red/sweaty, fear of being laughed at).
- Sport outside of school can be considered too structured, competitive or serious.
- If no-one in the child or young person’s friendship circle organises sport, it is left to individuals, which can be isolating.
- Children and young people tend to prefer social events.
- Some see sport as physically painful or stressful.
- Sporting environment seen as unpleasant or intimidating.
- Some children and young people report not feeling fit enough to participate.
- Friends and family can often take precedence over other activities.
- Self-image is typically defined by other activities.

Recommendations:

(9.20) Ensure physical activity is encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

(9.21) Early years’ settings are key – early engagement has huge potential within the broader family setting to change culture and behaviours particularly around healthy lifestyles for healthy weight.

(9.22) In addition to a universal offer, priority neighbourhoods for promoting healthy weight are Keyham, Ernesettle, Greenbank & University, and Ham & Pennycross.

(9.23) The finding that Ernesettle has the lowest proportion of children with excess weight in reception yet the highest proportion of children with excess weight in Year 6 needs to be explored. We know that parents in this area are more likely to have a disability or long-term limiting illness.

(9.24) Map the physical activity offer to young families provided by Plymouth’s children’s centres.

(9.25) Review current training for early years’ staff to ensure increased physical activity is promoted in the early years.

(9.26) As Barne Barton has the highest proportion of 0-15 year olds, efforts could be targeted here in addition to city-wide efforts to get more children and young people moving more often.

(9.27) Active schools should be the norm. A whole school approach is needed across the breadth of the school day. Fundamental to achieving this are improvements in teacher training particularly at primary level and a more diverse and inclusive offer (the current focuses on competitive sport in PE should be complemented by a broader range of activities to meet the needs of a wider group of children).

(9.28) Whilst formal provision of PE is delivered within national framework, this should not deter those who promote physical activity to work with schools and colleges with regards to the extracurricular offer.

(9.29) Increase the number of schools in Plymouth that are actively engaged in Change4Life clubs.

(9.30) School-based healthy weight interventions may be more effective if targeted at boys or girls separately given that girls in Plymouth are much more likely to want to lose weight
and are more likely to worry about their appearance than boys, and the locally identified barriers are different.

(9.31) The offer to pupils from BME groups and/or pupils with learning disability or long-term limiting illness and/or pupils who are young carers should be greater explored to ensure that it is meeting need.

(9.32) School-based interventions should address pupil’s self-confidence as a barrier to greater participation and ensure that there is a varied offer to pupils to cater for different interests and instil good habits for life.

(9.33) Pupils should be better signposted to opportunities across the city, particularly where access and cost are not barriers to take-up.

(9.34) The finding that exercise improves sleep with associated benefits for school attainment should be promoted to parents in attempts to encourage children to be more physically active on school nights.

(9.35) Aim to ensure that all children leave primary school being able to swim – where this is not happening currently, introduce a ‘second chance to swim’ scheme so that any child who did not learn to swim in primary school gets another opportunity to learn this skill.

(9.36) Walking, cycling and jogging are popular activities among school pupils and should therefore be promoted, particularly as activities that parents or carers can also participate in. These should be promoted alongside addressing safety concerns e.g. through wider provision of 20mph zones.

(9.37) Continue to support Bikeability cycle training for children to keep them safe on the road.

(9.38) Explore community access to primary and secondary schools across the city and address barriers to greater use e.g. avoidance of block bookings.

(9.39) Whilst there is a larger than average 18-24 year old population, there is good provision of sporting opportunities at the colleges and universities in the city. Potential for greater involvement in non-sporting opportunities should be explored, in addition to the role of the colleges/universities and students in increasing participation in physical activity by the wider community. Of note, the 16-24 age group make up 57.3% of the population of the Greenbank & University neighbourhood. The offer to female students, particularly those from low income backgrounds and/or BME groups, should be further explored to ensure that current provision is meeting need.

(9.40) The North West locality should be well served by accessible, free or low cost opportunities for low income families and lone parents with multiple children.

(9.41) Stonehouse (South West locality) would benefit from group-based, low cost opportunities for families who feel socially isolated.

(9.42) As nearly a third of school pupils are likely to come from families where one or more parents smoke, and 24% of Year 8 and Year 10 pupils smoke now or have smoked in the past – family-based opportunities could address smoking cessation and physical activity together or be provided at the same time. Morice Town is a priority neighbourhood.

(9.43) A need for family-based opportunities during the working week has been identified.

(9.44) Maintain a discounted entrance fee for children, young people and families to city leisure services.

(9.45) Opportunities for physical activity for young families should be promoted in the Central & North East locality.

(9.46) The offer for teen parents needs to be explored to ensure it is meeting need. Teen parents and particularly lone teen parents are likely to face additional barriers to participation, including time, cost and low self-confidence.

(9.47) Understand the needs and barriers to physical activity for looked after children (children in care) and children-in-need.

(9.48) Given that time was the main barrier to school pupils being more physically active - and that this is also the main barrier for adults in the city - opportunities to be more physically active need to be built into everyday life e.g. through education and work...
settings, active travel (mainly walking as this is free) and through family-based low cost or free weekend activities.

(9.49) Non-sporting opportunities for children and young people in the city should be greater promoted.

(9.50) The Plymouth Fairness Commission made a specific recommendation to ensure that every young person in the city should be able to access free recreational and cultural activities within one bus ride.

(9.51) Interventions aimed at children and young people should acknowledge the influence of peers in terms of encouraging or discouraging physical activity.

(9.52) Opportunities should be fun and designed with children and/or young people and/or families.

(9.53) Ensure that professionals make every contact count with children and young people in terms of promoting active, healthy lifestyles for life.

(10) Adults of working age (page 106)

Key findings and gaps in provision:

(10.1) The proportion of the working-age (16-64 year old) population (65.7%) is higher than that regionally (62.1%) and nationally (64.1%).

(10.2) Plymouth has lower life expectancy for both men and women compared to the national picture, and higher levels of adults smoking (and smoking-related deaths). For 2011-12, Plymouth also had a higher proportion of patients aged 18+ years on the depression register compared to the South West and England average.

(10.3) Levels of participation decline gradually between the ages of 25 and 45 years (national picture).

(10.4) Participation declines with lower socioeconomic class, although Plymouth adults in Social-economic Classification (SEC) 5-8 are more active (34%) than the South West (31%) and national average (29%) for this group. Peverell & Hartley has the highest proportion (16.2%) of ‘higher managerial, administrative and professional occupations’ compared to 2.9% in Devonport. Stonehouse has the highest proportion (11.8%) of ‘never worked and long-term unemployed’ compared to 1.6% in Woodford. Locally, the Wellbeing Survey found that unemployed people (79%) and managerial/clerical workers (76-83%) were more likely to report that they wanted to be more physically active.

(10.5) Based on the Active People Survey 7 (2012-13), 54% of adults in Plymouth (aged 16+ years) want to do more sport, compared to 54.7% regionally and 57.5% nationally. Of ‘active’ Plymouth adults (i.e. they have participated in at least one session of the sport, at any intensity or duration, in last 28 days), 34.2% would like to do more, compared to 35.5% regionally and 36.4% nationally. Of ‘inactive’ adults (i.e. those who have not participated in the sport in last 28 days), 19.8% would like to do more, compared to 19.4% regionally and 21% nationally. For Plymouth residents, the sport they would like to do the most is swimming.

(10.6) 69.5% of adult Plymouth residents are satisfied with local sports provision compared to 64.1% regionally and 60.3% nationally (Active People Survey 2012-13).

(10.7) Using the Sport England mosaic profiling tool, we know that ‘Sports Team Lads’, ‘Comfortable Mid-Life Males’ and ‘Pub League Team Mates’ make up a significant proportion of the Plymouth population (see Appendix 9-12 for detailed profiles). These are typically sporty males.

(10.8) Nationally identified barriers:
- Time is the most commonly cited barrier to participation in physical activity.
- Complex household routines (especially for those with young children) are a barrier to physical activity.
- Work commitments, lack of leisure time, caring for children or older people and not having enough money are major barriers to being more physically active.
For many people, it is a combination of circumstances that prevent them from walking or cycling for everyday travel - these include the logistics of organising and travelling with children, pressures of time and other commitments, and concerns about safety.

Motor traffic is a major deterrent for many cyclists (potential and current) and pedestrians in rural areas – and for children in all areas.

Fear of violence or robbery is another deterrent - many potential walkers restrict their journeys on foot because of their perception that empty streets, particularly at night, are dangerous.

There is a perception that walking and cycling are not things to do as a matter of routine.

Traffic volume and speed act as barriers to walking and cycling (for recreation, as well as for transport purposes).

(10.9) We know there is reasonably high satisfaction with current facility provision across the city, particularly with the opening of the Plymouth Life Centre. Locally, lack of time was the most commonly cited barrier to being more physically active (48% of respondents to the Wellbeing Survey). Lack of money (31%) and lack of motivation (29%) were also commonly cited local barriers. Of relevance, the Plymouth Fairness Commission highlighted the escalating cost of living.

Recommendations:

(10.10) Given that Plymouth has a greater than average working-age population and levels of participation decline gradually between the ages of 25 and 45 years, adults of working age are a priority group.

(10.11) There is a desire among unemployed people and managerial/clerical workers in Plymouth to be more active which should be acted upon.

(10.12) Promoting physical activity in all workplace settings and opportunities in Plymouth would reach a large audience and would help to overcome some of the barriers to participation, including time, cost and issues around childcare. This would also enable participation to be translated into everyday activity.

(10.13) Work is already taking place to implement the Workplace Wellbeing Charter across the city and this should take priority. Workplace health is also the current focus of the Thrive Plymouth campaign to address health inequalities. Local businesses should continue to be supported to take part and to work towards excellence, particularly with regards to supporting action to increase physical activity in the workplace.

(10.14) All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

(10.15) Given that swimming is one of the main activities that Plymouth adults would like to do more of, opportunities to facilitate participation should be promoted, particularly among employees.

(10.16) All employees should be encouraged to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work. This includes suppliers and visitors. The introduction of a travel plan or sustainable transport policy will help to get companies to think about how to encourage more sustainable and active travel.

(10.17) Physical activity through active travel and workplace health should be integrated into every level of economic growth and infrastructure planning.

(10.18) Active lifestyles should be integrated into local workforce development programmes and training for staff and should ensure that every contact counts.

(10.19) New workplaces should ensure that they are linked to walking and cycling networks.

(10.20) Transport strategy should be re-focused over time to provide long-term continuity of resources to incentivise and facilitate walking and cycling as regular daily transport.
Older adults (page 107)

Key findings and gaps in provision:

(11.1) The city currently has the third lowest proportion of people aged 75 years and over compared to the national average, although the largest population increase will be seen in 75+ year olds.

(11.2) From 1991-93 to 2010-12, life expectancy at birth of males in the city increased to 78.3 years (+5.0 years) whilst life expectancy for females increased to 82.1 years (+3.1 years).

(11.3) During the period 2008-09 to 2012-13, the rate of hospital admissions for falls in adults aged ≥65 increased by 31.6 per 10,000 population. The rate of hospital admissions for falls in adults aged ≥75 increased in Plymouth by 62.8 per 10,000 population. Morice Town and the East End have the highest rate of emergency hospital admissions for fall-related injuries across all ages and in the over 75s.

(11.4) The directly age and sex standardised rate of primary hip replacement per 100,000 population for Plymouth and the South West is significantly higher than the England average.

(11.5) The estimated number of people with dementia in Plymouth is predicted to reduce for the 65-69 age group but increase in the over 69s by 2020.

(11.6) The proportion of adult social care users who have as much social contact as they would like is higher for Plymouth when compared to the England and the South West average.

(11.7) Levels of physical activity decline with increasing age for both men and women.

(11.8) Plymouth’s older population is increasing meaning that a larger proportion of the population will be sedentary. Of the Plymouth neighbourhoods, Elburton & Dunstone has the greatest proportion of adults aged 65 and over. This is the most sedentary age group (spending around 10 hours or more each day sitting or lying down) with higher rates of falls, obesity, heart disease and premature mortality compared with the general population.

(11.9) The Plymouth Wellbeing Survey 2014 found that older residents were the most likely not to have engaged in any physical activity in the past seven days (25%) compared to 14% of 35-59 year olds and 11% of 18-34 year olds.

(11.10) Participation in sport also declines with age, with only 13% of 55+ year olds in Plymouth participating in sport at least once a week compared to 21% regionally and nationally. Participation for this age group has decreased by 2% from 2005-06 to 2012-13.

(11.11) Older people in Plymouth are also less likely to report that they want to be more physically active than younger people.

(11.12) Using the Sport England mosaic profiling tool, we know that ‘Retirement Home Singles’ make up the greatest proportion of the Plymouth population. These are predominantly females, aged 66+, living in sheltered accommodation. They are much less active than the average adult population but their activity levels are more consistent with other segments in this age range. They are likely to be doing less sport than 12 months ago, mainly due to health or injury, 10% take part in ‘keep fit/gym’, 7% swimming and 3% bowls (for a full profile see Appendix 9).

(11.13) National evidence suggests that the main barriers to participation are:

- lack of time
- cost – especially of gym membership
- health and physical limitations
- fear of injury
- feel unsafe going out alone and after dark
- lack of (very) local opportunities
- lack of companion
- poor weather
- lack of interest
- don’t enjoy being active
Residents aged 60+ completing the Wellbeing Survey 2014 were more likely to report physical or other health barriers to being more physically active.

Recommendations:

We need a better understanding of the offer to older people across the city.

Efforts should focus on tackling sedentary behaviour in the 65+ age group. This should link with work around falls prevention, dementia and initiatives to tackle social isolation among older people and help them to live independently for longer.

Given that residents are generally happy with the level of social care contact they receive, health and social care professionals should use this contact to opportunistically promote key messages and local activities that meet the needs of the individual.

The competency and skills of health and social care staff to support older people, including integration of key skills around physical activity for older adults, should be improved.

Interventions that promote moderate-intensity physical activity, particularly walking, and are not facility dependent, are associated with longer-term changes in behaviour.

Interventions restricted to adults aged 50 years and older are effective in producing short-term changes in physical activity but there is limited evidence that they can be effective in producing mid- to long-term changes.

Clear messages should be conveyed that some physical activity is better than none, and that being more active provides greater health benefits.

Messages should also highlight that there are exercises suitable for their age group and for people who have not exercised for some time. NHS England, in partnership with Age UK, has recently published a Practical Guide to Healthy Ageing. This guide outlines how to keep fit and independent. It is aimed at people of any age, but is particularly relevant for people aged around 70 years or older who are beginning to find that everyday tasks now take them longer to do and may be suffering from mild frailty. The guide gives examples of how people can meet the recommended guidelines for physical activity including examples of activities that can improve or maintain health such as ballroom dancing and climbing the stairs. It also highlights the sort of activities that people can undertake to improve muscle strength, such as carrying or moving loads like groceries, gardening jobs and chair-based exercises.

Activities should be tailored to address physical and health barriers to being more active as well as any concerns over safety.

Older people should be offered taster sessions of activities that are likely to appeal.

Opportunities should be fun and highlight the social aspect.

Opportunities should be inexpensive and good value for money.

A key area of engagement will be opportunities for retired women who live alone, particularly as this is a growing social group who are more likely to experience social isolation.

Greater mapping of the walking offer across the city is needed, including better understanding of the quantity and timing of sessions and volunteering capacity.

People from low income backgrounds (page 108)

Key findings and gaps in provision:

Plymouth has significantly higher levels of material deprivation and greater proportions of children living in poverty than the national average.

The Plymouth Fairness Commission highlighted the escalating cost of living.

The most disadvantaged areas of the city are the South West, North West and South East localities.

There is variation by neighbourhood: Peverell & Hartley has the highest proportion
(16.2%) of ‘higher managerial, administrative and professional occupations’ compared to 2.9% in Devonport. Stonehouse has the highest proportion (11.8%) of ‘never worked and long-term unemployed’ compared to 1.6% in Woodford.

(12.5) Across Plymouth, 10% of all households are lone parents. This increases to 14% in the North West locality compared to 9% in the Central & North East locality.

(12.6) We know that socially disadvantaged groups are more likely to experience inequalities in health. In particular, there are higher rates of smoking and COPD mortality in the West of the city. Certain health behaviours and health conditions are likely to act as barriers to a more active healthy lifestyle.

(12.7) Participation declines with lower socioeconomic class, although Plymouth adults in Socio-economic Classification (SEC) 5-8 are more active (34%) than the South West (31%) and national average (29%) for this group.

(12.8) Nationally, unemployed respondents and those with ‘Other’ occupations (mainly retired) were the most likely not to have taken any moderate physical activity (23% and 22% vs. only 10% of managerial/clerical staff).

(12.9) Locally, we know that cost is a major barrier to participation.

(12.10) The Active People Survey 2011-13 found that 58.9% of survey respondents in socioeconomic classification groups 5-8 (lower supervisory and technical occupations, semi-routine and routine occupations, never worked and long-term unemployed) reported that they had not participated in sport or active recreation in the week compared to 48.9% in socioeconomic classification groups 1-2 (higher and lower managerial, administrative and professional occupations).

(12.11) Locally, unemployed people (79%) and managerial/clerical workers (76-83%) who responded to the Wellbeing Survey were more likely to report that they wanted to be more physically active.

(12.12) National evidence suggests that there may be fewer opportunities to be physically active in areas of high deprivation – this relates to perceptions of personal safety locally, the location and accessibility of facilities such as leisure centres and parks, and lack of activities such as organised walks and sports events. Areas of greater deprivation have reduced access to environments that support physical activity such as parks, gardens or safe areas for play, and are more likely to have transport environments less amenable to active travel.

Recommendations:

(12.13) Approaches should build on existing initiatives to offer opportunities for physical activity at little or no cost.

(12.14) Efforts to address levels of physical activity for this target group should focus on residents living within the South West, North West and South East localities, particularly the neighbourhoods of Devonport and Stonehouse. Additional focus should be given to families and older people living in poverty, lone parents and the unemployed (the unemployed will not benefit from workplace based initiatives).

(12.15) Initiatives should build on the desire of local unemployed people to be more physically active.

(12.16) Whilst a number of opportunities are currently provided, particularly in more deprived areas of the city, we know from anecdotal evidence that these offers are not always taken up. We need a better understanding of why this is the case and what can be done differently. Given the range of health and social need factors experienced by residents living in the more deprived areas of the city, simply addressing cost alone is unlikely to improve uptake.

(12.17) Any low cost or no cost initiatives to promote physical activity should consider possible indirect costs associated with the offer and whether these may act as a barrier to participation. For example, free swimming lessons might have poor uptake due to the cost of buying swimming costumes, particularly when buying for multiple family members.

(12.18) Residents should be reached through community leaders, community settings and local
Lone parents (page 108)

Key findings and gaps in provision:
(13.1) The demands of being a lone parent mean that it is extremely difficult for this group to take part in physical activity.
(13.2) Across Plymouth, 10% of all households are lone parents. This increases to 14% in the North West locality compared to 9% in the Central & North East locality.
(13.3) The recent Wellbeing Survey of Plymouth schools identified that 19% of Year 8 and Year 10 pupils live mainly or only with their mother which may influence barriers to participation. Evidence from Sport England suggests that women have a strong influencing role within their own families and that girls in particular can be more influenced by ‘sporty mums’ than sporting heroes or sporting events. 42% of pupils also responded that they ‘rarely or never’ play games or sports or do other physical activities with their parents or carers. Lone parents are likely to face additional barriers to participation.
(13.4) Areas of Plymouth have high levels of deprivation and higher proportions of low income households. These areas are typically located in the West of the city. Affordability and accessibility must be key considerations.
(13.5) No evidence is available regarding specific barriers for lone parents in Plymouth although they are likely to experience barriers faced by the general population to a greater degree. For example, cost and time have been identified as major barriers to participation for Plymouth residents.
(13.6) Nationally, one of the key factors affecting participation in physical activity is the age of the children and how many children they have.
(13.7) Childcare is a central issue - as well as it being provided, it needs to be in a convenient location, at the right time, at the right price and with the right people.
(13.8) The financial cost of participating in sport and physical activity is a substantial barrier, especially if they have more than one child.
(13.9) Transport is a factor in determining what types of sport and activities people do, especially if they did not have their own car.
(13.10) Lack of confidence is a major barrier at all levels from actually participating in a class to not even having the confidence to go into a gym or leisure centre.

Recommendations:
(13.11) We need a better understanding of the barriers to participation for lone parents in Plymouth.
(13.12) Opportunities for lone parents to be physically active should be promoted, particularly in the West of the city. These opportunities should be flexible, accessible, and affordable, with low cost childcare options where required. They should also seek to address lack of confidence where possible.
(13.13) Free or low cost opportunities for lone parent families in accessible locations should be promoted so that physical activity can become part of their everyday life, such as through walking to school or engaging with Plymouth’s green spaces. Stepping Stones to Nature already delivers regular and free family activities on Local Nature Reserves during the school holidays, for example.
(13.14) Opportunities provided through the workplace will enable employed lone parents to participate in greater levels of physical activity without the concerns associated with lack of childcare.

BME groups (page 108)

Key findings and gaps in provision:
(14.1) According to the 2011 Census, 96.1% of Plymouth’s population considered themselves to be White, which is significantly higher than the England average (79.8%).
(14.2) Whilst we have increasing diversity in the city, the numbers from any given ethnic
background are relatively small. This could lead to people being indirectly socially excluded and removed from mainstream society.

(14.3) The main ethnic minorities in Plymouth are the Polish (0.7%; just over 1,900) and the Chinese (0.5%; just over 1,200).

(14.4) The localities with the greatest BME populations (particularly Asian/Asian British) are the South East and the South West. They are also the most deprived localities in the city where physical activity levels are generally lower than in other areas of Plymouth.

(14.5) There is variation across the Plymouth neighbourhoods. In Stonehouse 88.9% of the population are White and 4.7% of the population are Asian/Asian British. However, conversely 98.8% of the population of Elburton & Dunstone are White.

(14.6) Nationally we know that physical activity levels are lower for BME groups, with the exception of African-Caribbean and Irish populations. This can lead to people being indirectly socially excluded and removed from mainstream society.

(14.7) Knowledge of levels of physical activity among the non-white participation in Plymouth is limited. In the South West, we know that the proportion of White adults not undertaking any sport or active recreation is 46.2% and the proportion of non-White adults is 46.9%, compared to 46.7% and 48.4% nationally (Active People Survey 2011-13). Locally, White British respondents to the Wellbeing Survey were marginally more likely to report no moderate activity in the past seven days (18% vs. 11% of others). These findings contrast the national picture.

(14.8) Locally identified barriers to participation are not known; although they are likely to be similar to national evidence. Identified barriers include:

- religious concerns about dress, segregation and prayer times
- previous bad experiences of service provision
- family advice that being active is not culturally appropriate for older people, particularly women, or that they can only do certain things
- lack of confidence
- absence of BME role models from within the community
- lack of activities BME people may prefer to get involved with
- lack of culturally appropriate facilities/settings

(14.9) The Plymouth Fairness Commission highlighted addressing discrimination and social exclusion as priorities for the city.

Recommendations:

(14.10) We need a better understanding of levels of physical activity among BME groups in Plymouth to inform analysis of need.

(14.11) We need a better understanding of the current offer to BME groups in the city.

(14.12) Local facilitators and barriers to participation need to be explored, particularly amongst different BME communities.

(14.13) Opportunities for BME groups to be more physically active should be promoted, particularly in the South East and South West localities and in the Stonehouse neighbourhood. These should take account of the different barriers to greater participation among different community groups. Local communities and ‘experts’ should be involved at all stages to ensure that the potential for physical activity is maximised.

(14.14) Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the cultural needs of hard-to-reach and disadvantaged communities, including BME groups, when developing service infrastructures to promote physical activity.

(15) Adults with disability or limiting illness (page 108)

Key findings and gaps in provision:

(15.1) 11,647 (4.65%) of people who live in Plymouth are permanently ill or disabled and are unable to work.
Plymouth has a higher proportion of residents whose day-to-day activities are ‘limited a lot’ than the England average. The North West locality has the greatest proportion of residents reporting that their day-to-day activities are limited (23.2%), in addition to high levels of deprivation. The population of Ernesettle is more likely to have a disability or limiting long-term illness and so the needs of this population are likely to be greater. Of note, the mapping of service users revealed that there were fewer users from this neighbourhood.

Plymouth has a higher proportion of patients aged 18+ years on the learning disabilities register compared to South West and England’s average in 2011/12.

In 2012-13, the percentage of adults with excess weight (i.e. classified as overweight or obese according to their Body Mass Index (BMI)) in Plymouth was 67.4%. The percentage of adults with excess weight by Plymouth neighbourhood ranged from 54.3% in the City Centre to 73.8% in Barne Barton (a difference of nearly 20 percentage points). This information is based on the BMI of people who were referred to hospital (for any condition) and as such should be considered as a proxy measure of excess weight in the Plymouth population as a whole.

In the Plymouth Wellbeing Survey, disabled people were much more likely to report no moderate activity (41% vs. 12% of others).

As participation by those with a limiting disability is not available for Plymouth from Sport England data, regional and national data are reported. Participation has increased since 2005-06, although participation by those with a limiting disability remains substantially lower (12.6%) in the South West than those with no limiting disability (27.8%), with a similar picture nationally (12.2% and 27.2%) (Active People Survey 2011-13). The proportion of adults with a limiting disability who are not undertaking any sport or active recreation in Plymouth is 76.2% compared to 40.6% for adults with no limiting disability reflecting the South West (69.6%; 41.5%) and national picture (69.9%; 42.5%) (Active People Survey 2011-13).

A number of barriers have been identified nationally including: inaccurate beliefs about the benefits of physical activity (e.g. it is common for arthritic people to believe that any activity is bad for arthritic joints); negative attitudes towards physical activity; and social and environmental barriers.

‘Physical or other health barriers’ were one of the top barriers to being more physically active given by residents (34%) completing the Wellbeing Survey 2014. Residents aged 60+ (53%) and residents with a disability (87%) were more likely to report physical or other health barriers.

As Plymouth has an ageing population, the demand for hydrotherapy pools is likely to increase.

Recommendations:

We need a better understanding of the current offer to adults with disability and/or long-term limiting illness in the city and whether a targeted or universal offer is more appropriate depending on the range of need. This is particularly important given that ‘physical or other health barriers’ were identified as one of the main barriers to being more physically active by Plymouth residents in a recent survey.

Local facilitators and barriers to participation need to be explored.

Given that ‘adults with disability and/or long-term limiting illness’ encompasses a broad population group, a varied offer is needed.

Opportunities need to be tailored to meet needs and be fully accessible, including access to specialist coaches and equipment. For example, opportunities in the Barne Barton area should be suitable for residents with health issues relating to excess weight as this is a key health need for this area.

Commissioners and providers of targeted opportunities for this population group should be more joined-up and coordinated across the city.

Given increasing demand, current provision of - and access to - hydrotherapy pools in
Plymouth should be explored.

(15.16) Opportunities should be created for carers to take part in physical activity.

(15.17) Opportunities should be low cost.

(15.18) Opportunities within the neighbourhood of Ernesettle should be explored as residents are more likely to have a disability and/or limiting long-term illness and are less likely to use current facilities in the city.

(15.19) The key to achieving and maintaining a more active lifestyle for people with disabilities and/or limiting illness is to participate in activities which they personally enjoy, perceive as supportive in maintaining activities of daily living and can be easily incorporated into their routine.

(15.20) All providers should consider safety issues associated with a particular disability and appropriate medical advice should always be sought by individuals with particular health problems before beginning an activity programme.

(16) LGBT people (page 110)

Key findings and gaps in provision:

(16.1) There is no precise data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but nationally it is estimated to be 5.0% to 7.0%. This would suggest that approximately 13,300 of people aged 16 years and over in Plymouth are LGB.

(16.2) In 2010, it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. The median age for treatment for gender variation is 42 years. There is no precise number of the transgender population in Plymouth.

(16.3) Research examining barriers to physical activity for members of the LGBT community is limited. However, prevalence of homophobia in sport suggests the need for promotional materials which promote a more equitable ideal of masculinity and femininity in sport.

(16.4) Studies on the LGBT community and its relationship to sport and physical activity tend to focus on issues of identity and prejudice. In addition, the heterogeneous nature of individuals from the LGBT community (i.e. LGBT is only one marker of identity intersecting with many others) makes it difficult to identify any overarching practical barriers.

(16.5) Half of all lesbian, gay, bisexual and transgender people say they would not join a sports club and this is twice the number of their heterosexual counterparts.

(16.6) The Plymouth Fairness Commission highlighted addressing discrimination and social exclusion as priorities for the city.

Recommendations:

(16.7) We need a better understanding of levels of physical activity among LGBT people in Plymouth to inform analysis of need.

(16.8) We need a better understanding of the current offer to LGBT people in Plymouth and whether a targeted or universal offer is more appropriate.

(16.9) Local facilitators and barriers to participation need to be explored.

(16.10) Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the cultural needs of hard-to-reach and disadvantaged communities when developing service infrastructures to promote physical activity.

Next steps

12.5 Clearly there is still much to do to truly understand the physical activity ‘offer’ to residents of Plymouth and the range of barriers and facilitators to active lifestyles. It is clear that we need a diverse offer to cater for different needs and opportunities to be more active. This should be accessible, convenient and provided at low cost.
12.6 We all have a responsibility to promote active, healthy lifestyles, and to build more physical activity into our daily lives. The findings and recommendations of this Needs Assessment should be reviewed alongside the new national, evidence-based framework for physical activity which aims to support all sectors to embed physical activity into the fabric of daily life (see page 16). This plan highlights that action is needed from providers and commissioners in health, social care, transportation, planning, education, sport and leisure, culture, the voluntary and community sector, as well as public and private employers. Local efforts to promote active lifestyles should align to the national ambition to:

- change the social 'norm' to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide

12.7 Whilst it is important to highlight physical inactivity as a priority for the city, it should not be looked at in isolation. Thrive Plymouth focuses on tackling health inequalities across the city through addressing lifestyles that encompass multiple rather than individual unhealthy behaviours, including physical inactivity, poor diet, tobacco use and excess alcohol consumption. Locally, the findings will be used specifically to inform the work of Thrive and Plymouth’s Healthy Lives for Healthy Weight Action Plan. A Physical Activity Group is being set up by the Office of the Director of Public Health (ODPH), Plymouth City Council, with relevant partners to inform this work. The ODPH is also collaborating with Public Health England to establish a Peninsula-wide Physical Activity Network Group dedicated to increasing levels of physical activity locally.
## APPENDIX 1: Key national guidance, policies and strategies

<table>
<thead>
<tr>
<th>Date</th>
<th>Source/author</th>
<th>Evidence title</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2014</td>
<td>Public Health England</td>
<td>Everybody Active, Every Day - An evidence-based approach to physical activity</td>
<td>This is a national, evidence-based approach to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective and ‘normal’ choice in every community in England. PHE has co-produced the framework with over 1,000 national and local leaders in physical activity. It calls for action from providers and commissioners in: health, social care, transportation, planning, education, sport and leisure, culture, the voluntary and community sector, as well as public and private employers. There are four key areas: creating a social movement; professionals (i.e. making every contact count); industrial scale implementation; environments for active lives (see page 16).</td>
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<tr>
<td>2014</td>
<td>All-Party Commission on Physical Activity</td>
<td>Tackling Physical Inactivity - A Coordinated Approach</td>
<td>This is the first of two reports from the Commission on Physical Activity, which was set up in 2013. This maps the specific areas in which we need to work for change. In the second report some tangible suggestions are made on how this ‘epidemic’ can be tackled.</td>
</tr>
<tr>
<td>Feb 2014</td>
<td>HM Government</td>
<td>Moving More, Living More - The Physical Activity Olympic and Paralympic Legacy for the Nation</td>
<td>The UK Government, the Mayor of London and Lord Coe as the Prime Minister’s Olympic and Paralympic Ambassador are making a commitment to promote physical activity across the country’s population, as part of the legacy from the London 2012 Olympic and Paralympic Games. The aim of the physical activity strand of the legacy is to have a much more physically active nation. The launch of ‘Moving More, Living More’ is the start of a sustained campaign by the Government and the Mayor of London to promote and increase physical activity.</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>UK active</td>
<td>Turning the tide of inactivity</td>
<td>This report provides the first detailed analysis of physical inactivity, both at a national and local level. It examines the rate of inactivity in each top tier local authority and analyses its relationship with premature mortality, cost and spend, leisure facilities and green spaces.</td>
</tr>
<tr>
<td>Jan 2012</td>
<td>Department for media, culture and sport</td>
<td>Creating a sporting habit for life - A new youth sport strategy</td>
<td>This aims to increase consistently the number of young people developing sport as a habit for life. Over the next five years, Sport England will invest at least £1 billion of Lottery and Exchequer funding to help to ensure that young people are regularly playing sport and to break down the barriers that, until now, have prevented young people from continuing their interest in sport into their adult life.</td>
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<tr>
<td>Feb 2012</td>
<td>Department of Health/Physical Activity Policy</td>
<td>Let’s Get Moving Commissioning Guidance - A physical activity care pathway</td>
<td>This commissioning guidance sets out an evidence-based behaviour charter model ‘Let’s Get Moving’ encouraging local commissioning of physical activity interventions in primary care. Let’s Get Moving can help individuals achieve the recommended levels of physical activity for health as set out in the Chief Medical Officers’ guidelines and supports local areas in meeting the health need priorities in their Joint Strategic Needs Assessment, demonstrating the value of working with local partners to commission an effective and high quality service.</td>
</tr>
<tr>
<td>2011</td>
<td>Chief Medical Officers</td>
<td>Start Active, Stay Active: A report on physical activity for health from the four home countries’ Chief Medical Officers</td>
<td>This UK-wide document presents guidelines on the volume, duration, frequency and type of physical activity required across the life course to achieve general health benefits. The document is intended for professionals, practitioners and policymakers concerned with formulating and implementing policies and programmes that utilise the promotion of physical activity, sport, exercise and active travel to achieve health gains.</td>
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<td>Date</td>
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| May 2013   | NICE Public Health Guidance 44 - Physical activity: brief advice for adults in primary care | This guidance aims to support routine provision of brief advice on physical activity in primary care practice. The recommendations cover:  
  - identifying adults who are inactive  
  - delivering brief advice  
  - following up brief advice  
  - incorporating brief advice in commissioning  
  - systems to support brief advice  
  - information and training to support brief advice |
| Nov 2012   | NICE Public Health Guidance 41 - Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation | This guidance aims to set out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). The recommendations cover:  
  - policy and planning  
  - local programmes  
  - schools, workplaces and the NHS |
| 2011       | NICE Pathway: Physical Activity                                                                 | This pathway includes recommendations for children, young people and adults, including teenage girls and women before, during and after pregnancy. The recommendations cover policies and strategies to improve the physical environment as a means of encouraging physically active travel and other physical activities. In addition, they advise on action that the NHS and others in the community, workplaces and schools can take to encourage people to be physically active. |
| Jan 2009   | NICE Public Health Guidance 17 - Promoting Physical Activity for Children and Young People | The guidance is for all those who have a direct or indirect role in – and responsibility for – promoting physical activity for children and young people. This includes those working in the NHS, education, local authorities and the wider public, private, voluntary and community sectors. It will also be of interest to parents, grandparents and other carers (including professional carers), children and young people and other members of the public. It includes recommendations for schools, but does not make recommendations for the national curriculum. |
| Jan 2008   | NICE Public Health Guidance 8 - Physical activity and the environment                                                                 | This document is the Institute's formal guidance on promoting and creating built or natural environments that encourage and support physical activity. The guidance offers the first national, evidence-based recommendations on how to improve the physical environment to encourage physical activity. It demonstrates the importance of such improvements and the need to evaluate how they impact on the public's health. |
| May 2008   | NICE Public Health Guidance 13 - Workplace health promotion: how to encourage employees to be physically active | This guidance is for employers and professionals in small, medium and large organisations who have a direct or indirect role in, and responsibility for, improving health in the workplace. This includes those working in the NHS, local authorities and the wider public, voluntary, community and private sectors, especially those working in human resources or occupational health. It will also be of interest to employees, trades union representatives and members of the public. |
| March 2006 | NICE Public Health Guidance 2 - Four commonly used methods to increase physical activity | This guidance is for professionals in the NHS, local authorities and the voluntary sector. It focuses on four methods of getting adults to be physically active:  
  - Brief interventions – advice delivered by GPs and other non-hospital-based health professionals  
  - Exercise referral schemes – referral to a tailored physical activity programme  
  - Pedometers – use of a device to measure how far you have walked  
  - Walking and cycling schemes |
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<th>Source/author</th>
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<tr>
<td>August 2014</td>
<td>Sport England</td>
<td>The challenge of growing youth participation in sport</td>
<td>A high proportion of young people regularly take part in sport but participation is not yet growing above its historic norm. This is a summary of the new insight into young people and the actions that are required if, as a sector, we are to broaden our reach with this key audience and grow participation levels:</td>
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<tr>
<td>April 2014</td>
<td>National Leisure &amp; culture Forum</td>
<td>The role of culture and leisure in improving health and wellbeing</td>
<td>The report aims to help providers of culture and leisure services in England: • acquaint themselves with the new public health structures, frameworks and outcomes; • prepare to engage by entering into the appropriate strategic commissioning processes and funding bids; • better demonstrate how culture and leisure can help tackle unhealthy lifestyles, address the social determinants of health, offer creative, cost effective approaches, and engage communities, families and individuals in activities conducive to wellbeing.</td>
</tr>
<tr>
<td>Nov 2013</td>
<td>Public Health England</td>
<td>Social and economic inequalities in diet and physical activity</td>
<td>This briefing paper describes social and economic inequalities associated with two of the main determinants of obesity - diet and physical activity - and provides possible explanations for these inequalities.</td>
</tr>
<tr>
<td>June 2013</td>
<td>Sport England</td>
<td>Economic value of sport in England</td>
<td>This work presents the first comprehensive assessment of the economic impact (in relation to the real world economy) and economic value (in terms of welfare or utility) of sport in England. It shows that sport has very substantial benefits.</td>
</tr>
<tr>
<td>June 2012</td>
<td>British Heart Foundation Health Promotion Research Group</td>
<td>Improving health through participation in sport: a review of research and practice</td>
<td>This report presents the findings from research commissioned by Sport England to review existing research and practice on improving health through sport. The research comprised: • A rapid purposive review of relevant literature on the promotion of sport targeting inactive people (i.e. people currently not doing any sport or physical activity) • A survey and series of key informant interviews to identify case studies of sports promotion practice in targeting, recruiting and engaging inactive participants in sports programmes</td>
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<td>2011</td>
<td>National Obesity Observatory (NOO)</td>
<td>Knowledge and attitudes towards healthy eating and physical activity: what the data tell us</td>
<td>The objective of this paper is to support public health practitioners who wish to gain a greater understanding of these issues. It presents new analyses of knowledge and attitudinal data on physical activity and dietary intake from national sources and investigates factors that may be mediators of behaviour change.</td>
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<tr>
<td>March 2011</td>
<td>National Obesity Observatory (NOO)</td>
<td>Data sources: environmental influences on physical activity and diet</td>
<td>This briefing paper is primarily aimed at public health and other professionals working in local authorities and other public health organisations who are interested in the role of the environment in influencing food and physical activity behaviour. It aims to: • Describe sources of national and local data relating to aspects of the environment, a which may influence food and physical activity behaviour • Help users understand the challenges and limitations of using the data sources available • Identify gaps in the data and help users understand the options available at a local level to improve data availability</td>
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<tr>
<td>Feb 2006</td>
<td>Sport England</td>
<td>Understanding participation in sport: what determines</td>
<td>This research aims to improve Sport England’s understanding of ‘what works’ in promoting</td>
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<tr>
<td>Year</td>
<td>Author</td>
<td>Title</td>
<td>Summary</td>
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<td>Feb 2005</td>
<td>Health Development Agency</td>
<td>The effectiveness of public health interventions for increasing physical activity among adults: a review of reviews</td>
<td>This briefing is intended to inform policy and decision makers, NHS providers, public health physicians and other public health practitioners in the widest sense. The limitations of this briefing and the data on which it is based, and alternative sources of evidence that may be helpful to inform policy and practice. The main research question used in producing this briefing was: “What evidence is there that physical activity can be increased in insufficiently active, non-institutionalised, free living adults?”</td>
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| 2015-2018  | Health and Wellbeing Board, Plymouth City Council | Plymouth’s Healthy Lives for Healthy Weight Action Plan 2015-2018 (currently in draft format) | The overall goal of this plan is to enable all Plymouth citizens to achieve and maintain healthy lives for healthy weight. The plan has four strategic aims:  
1. To build a strategic, sustainable and city-wide approach to promoting healthy lives for healthy weight  
2. To create and develop active, health promoting environments where we live, play, learn and work  
3. To give all children the best start and support the achievement of healthy lives for healthy weight in their families and communities  
4. To ensure effective prevention, identification, early intervention and management of obesity in children and adults |
| 2014-2031  | Plymouth City Council                              | The Plymouth Plan 2014-2031                       | The Plymouth Plan is a single strategic plan for the city, looking ahead to 2031 and beyond which brings together all the city’s long-term strategic plans into one place and will deliver a full review of the current Local Development Framework Core Strategy. It incorporates the strategic policy elements of the following:  
- Local Transport Plan  
- Local Economic Strategy  
- Waste Strategy  
- Health and Wellbeing strategies  
- Children and Young Peoples Plan  
- Sustainable Communities Strategy  
- Visitor Plan  
- Vital Spark Cultural Strategy |
| 2014-2015  | Sports Development Unit, Plymouth City Council     | SPORTS DEVELOPMENT PLAN 2014/2015                 | This Plan clearly sets out the aspirations of the Council’s Sports Development Unit in assisting Plymouth residents to become more active. The core aim of this plan is to create and enhance sporting, recreational and physical activity opportunities that lead to greater participation, particularly amongst under-represented groups. |
| March 2014  | The Plymouth Fairness Commission                   | CREATING THE CONDITIONS FOR FAIRNESS - The Plymouth Fairness Commission Final Report | The Plymouth Fairness Commission was launched in April 2013. It immediately began a statistical review to give us a socio-economic profile of Plymouth against key areas of fairness. These included health, education, housing and employment. In May, it launched ‘A Call for Evidence’, asking people and organisations in the city to give their evidence and views on a broad range of questions. Their evidence, the expert knowledge of the Commissioners and a review of the findings of other fairness commissions helped to develop the recommendations. |
| 2014       | Plymouth City Council - The Office of the Director of Public Health’s (ODPH) | Thrive – 4-4-54 Action Plan                       | Details of the Action Plan, which addresses poor diet, lack of exercise, tobacco use and excess alcohol consumption, and tackles health inequalities, can be found on page 16. |
| 2014       | Plymouth LABOUR 2014                               | More homes  
More jobs -  
The 2014 Plymouth Labour Party Manifesto | This manifesto outlines Labour’s 50 pledges that it promises to deliver if they were re-elected in the City Council elections on Thursday 22 May 2014. |
<p>| 2009       | Plymouth City Council                              | Plymouth Sports Facility Strategy                | This strategy presents the results of research and analysis during Spring/Summer 2009 into participation in sport and fitness in Plymouth and the facilities which are required to support, maintain and develop this. This main strategy document presents the background to sports participation in Plymouth and the key findings from the analysis of sports facility provision, together with statements of general |</p>
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<th>Year</th>
<th>Organization</th>
<th>Description</th>
<th>Details</th>
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<td>2009</td>
<td>Plymouth City Council</td>
<td>Plymouth's Green Space Strategy 2008-2023</td>
<td>This strategy is a key step towards protecting and improving Plymouth’s accessible green space and play space. It provides a vision, aims, a robust evidence base and a set of objectives that, together, provide a strategic framework for the planning and management of accessible green space, play space and allotments. The strategy aims to coordinate and improve decision-making in relation to the planning and management of green space and sets out to balance accessible green space provision with community needs and aspirations. The strategy will reinforce and promote the key role green space plays in supporting our health and wellbeing, providing access to nature, responding to climate change, and providing an educational resource.</td>
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## APPENDIX 5: Relevant physical activity-economic tools

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<tr>
<th>Date</th>
<th>Source/author</th>
<th>Tool title</th>
<th>Brief description</th>
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<tr>
<td>Unknown</td>
<td>World Health Organization</td>
<td>Health Economic Assessment Tool (HEAT) for walking and cycling</td>
<td>This tool can be used to conduct an economic assessment of the health benefits of walking or cycling by estimating the value of reduced mortality that results from specified amounts of walking or cycling. See: <a href="http://www.heatwalkingcycling.org/">http://www.heatwalkingcycling.org/</a>.</td>
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<tr>
<td>April 2014</td>
<td>Sport England</td>
<td>Local Sport Profile Tool</td>
<td>The Sport England Local Sport Profile Tool is designed to help you make the best use of a wide variety of data in thinking about how you invest in sport locally. This simple tool contains locally available data on a range of topics. The Local Sport Profile provides councils with a profile of up-to-date data for their local area, covering sports participation, facilities, health, economic and demographics, all in one place.</td>
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<td>Unknown</td>
<td>Sport England</td>
<td>Model for estimating the Outcomes &amp; Values in the Economics of Sport (MOVES)</td>
<td>This tool can be used to help to demonstrate the economic benefits of improved health through participating in sport and wider physical activity. The tool can be accessed from the Sport England website.</td>
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<tr>
<td>June 2013</td>
<td>Public Health England/ Sustrans</td>
<td>Health Impact of Physical Inactivity (HIPI) tool</td>
<td>Health Impact of Physical Inactivity has been developed to estimate how many cases of certain diseases could be prevented in each local authority in England; if the population aged 40-79 were to engage in recommended amounts of physical activity. Users can select geographical areas from a map or list. The data is also provided in a downloadable excel spreadsheet. See: <a href="http://www.apho.org.uk/resource/view.aspx?RID=123459">http://www.apho.org.uk/resource/view.aspx?RID=123459</a></td>
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<td>June 2013</td>
<td>NICE</td>
<td>Physical activity return on investment tool</td>
<td>The physical activity return on investment tool has been developed to help decision making in physical activity programme planning at local and sub-national levels. The tool enables the user to evaluate a portfolio of interventions in their geographical area (e.g. region, county or local authority) and models the economic returns that can be expected in different payback timescales. The different interventions included in the tool can be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no package of interventions' or any other specified package. See: <a href="http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Physical-activity-return-on-investment-tool">http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Physical-activity-return-on-investment-tool</a>.</td>
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<td>2013</td>
<td>Sport England</td>
<td>Economic value of sport - local model</td>
<td>This model uses national and published local data to provide an indicative, annual value for a range of different elements of the sports economy. These are presented in terms of Gross Value Added (wages and operating profits) and employment for local authority, county sport partnership and local enterprise partnership areas. See: <a href="https://www.sportengland.org/research/benefits-of-sport/economic-value-of-sport/">https://www.sportengland.org/research/benefits-of-sport/economic-value-of-sport/</a>.</td>
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APPENDIX 6: Employment type by Plymouth neighbourhood

Employment type (using the National Statistics Socio-economic Classification from the 2011 Census) can be used as a proxy for income to compare the Plymouth neighbourhoods:

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<th>Employment Type</th>
<th>Stonehouse</th>
<th>Devonport</th>
<th>Barne Barton</th>
<th>Morice Town</th>
<th>North Prospect &amp; Weston Mill</th>
<th>Ernesettle</th>
<th>Honicknowle</th>
<th>East End</th>
<th>Greenbank &amp; University</th>
<th>Whitleigh</th>
<th>St. Budeaux &amp; Kings Tamerton</th>
<th>Southway</th>
<th>Stoke</th>
<th>Efford</th>
<th>Ham &amp; Pennycross</th>
<th>City Centre</th>
<th>Mutley</th>
<th>Keyham</th>
<th>Ford</th>
<th>Plymouth</th>
<th>Lipson &amp; Laira</th>
<th>Mount Gould</th>
<th>Manadon &amp; Widey</th>
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<td>Manadon &amp; Widey</td>
<td>95.2</td>
<td>1.3</td>
<td>1.9</td>
<td>1.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Devonport</td>
<td>94.8</td>
<td>1.9</td>
<td>1.6</td>
<td>1.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Lipson &amp; Laira</td>
<td>94.6</td>
<td>1.7</td>
<td>1.8</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Mount Gould</td>
<td>94.0</td>
<td>2.0</td>
<td>2.8</td>
<td>0.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Stoke</td>
<td>93.4</td>
<td>2.1</td>
<td>2.4</td>
<td>1.4</td>
<td>0.8</td>
</tr>
<tr>
<td>East End</td>
<td>92.1</td>
<td>2.6</td>
<td>2.9</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Mutley</td>
<td>91.8</td>
<td>2.1</td>
<td>3.4</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>City Centre</td>
<td>91.5</td>
<td>2.8</td>
<td>3.3</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Greenbank &amp; University</td>
<td>90.0</td>
<td>2.6</td>
<td>4.6</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Stonehouse</td>
<td>88.9</td>
<td>2.9</td>
<td>4.7</td>
<td>2.0</td>
<td>1.5</td>
</tr>
</tbody>
</table>
APPENDIX 8: Sport England and Experian Ltd market segmentation, 2010

The table and figures below show each of the segments ranked by those that are most likely to be found in Plymouth down to those that are least likely to be found with the proportion of the population that they represent locally. It is important to acknowledge that this is based on 2010 market segmentation data although it is still useful in terms of profiling the population.

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
<th>Plymouth</th>
<th>South West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>A01</td>
<td>Ben</td>
<td>Competitive Male Urbanites</td>
<td>6.1</td>
<td>3.0%</td>
<td>205.2</td>
</tr>
<tr>
<td>A02</td>
<td>Jamie</td>
<td>Sports Team Drinkers</td>
<td>17.3</td>
<td>8.6%</td>
<td>198.2</td>
</tr>
<tr>
<td>A03</td>
<td>Chloe</td>
<td>Fitness Class Friends</td>
<td>4.4</td>
<td>2.2%</td>
<td>198.2</td>
</tr>
<tr>
<td>A04</td>
<td>Leanne</td>
<td>Supportive Singles</td>
<td>12.3</td>
<td>6.1%</td>
<td>151.5</td>
</tr>
<tr>
<td>B05</td>
<td>Helena</td>
<td>Career Focused Females</td>
<td>6.2</td>
<td>3.1%</td>
<td>203.5</td>
</tr>
<tr>
<td>B06</td>
<td>Tim</td>
<td>Settling Down Males</td>
<td>10.2</td>
<td>5.0%</td>
<td>381.0</td>
</tr>
<tr>
<td>B07</td>
<td>Alison</td>
<td>Stay at Home Mums</td>
<td>4.9</td>
<td>2.4%</td>
<td>183.7</td>
</tr>
<tr>
<td>B08</td>
<td>Jackie</td>
<td>Middle England Mums</td>
<td>12.0</td>
<td>5.9%</td>
<td>202.3</td>
</tr>
<tr>
<td>B09</td>
<td>Kev</td>
<td>Pub League Team Mates</td>
<td>15.4</td>
<td>7.6%</td>
<td>160.9</td>
</tr>
<tr>
<td>B10</td>
<td>Paula</td>
<td>Stretched Single Mums</td>
<td>10.4</td>
<td>5.1%</td>
<td>108.3</td>
</tr>
<tr>
<td>C11</td>
<td>Philip</td>
<td>Comfortable Mid-Life Males</td>
<td>16.2</td>
<td>8.0%</td>
<td>402.4</td>
</tr>
<tr>
<td>C12</td>
<td>Elaine</td>
<td>Empty Nest Career Ladies</td>
<td>10.1</td>
<td>5.0%</td>
<td>291.8</td>
</tr>
<tr>
<td>C13</td>
<td>Roger &amp; Joy</td>
<td>Early Retirement Couples</td>
<td>13.2</td>
<td>6.6%</td>
<td>355.4</td>
</tr>
<tr>
<td>C14</td>
<td>Brenda</td>
<td>Older Working Women</td>
<td>13.6</td>
<td>6.7%</td>
<td>143.6</td>
</tr>
<tr>
<td>C15</td>
<td>Terry</td>
<td>Local 'Old Boys'</td>
<td>11.2</td>
<td>5.5%</td>
<td>120.1</td>
</tr>
<tr>
<td>C16</td>
<td>Norma</td>
<td>Later Life Ladies</td>
<td>5.7</td>
<td>2.8%</td>
<td>61.6</td>
</tr>
<tr>
<td>D17</td>
<td>Ralph &amp; Phyllis</td>
<td>Comfortable Retired Couples</td>
<td>3.2</td>
<td>1.6%</td>
<td>257.2</td>
</tr>
<tr>
<td>D18</td>
<td>Frank</td>
<td>Twilight Year Gents</td>
<td>9.7</td>
<td>4.8%</td>
<td>182.9</td>
</tr>
<tr>
<td>D19</td>
<td>Elsie &amp; Arnold</td>
<td>Retirement Home Singles</td>
<td>20.0</td>
<td>9.9%</td>
<td>344.7</td>
</tr>
</tbody>
</table>

Total                                                                 202.0  100.0% | 4,141.3 100.0% | 40,252.4 100.0%
Comparison of Sport England and Experian Ltd market segmentation across geographies, 2010

Sport England and Experian Ltd dominant market segmentation by population for Plymouth, 2010

Catchment area:
Plymouth

- Ben - 1
- Jamie - 2
- Chloe - 3
- Leanne - 4
- Helena - 5
- Tim - 6
- Alison - 7
- Jackie - 8
- Kev - 9
- Paula - 10
- Philip - 11
- Elaine - 12
- Roger & Joy - 13
- Brenda - 14
- Terry - 15
- Norma - 16
- Ralph & Phyllis - 17
- Frank - 18
- Elsie & Arnold - 19

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APPENDIX 9: ‘Retirement Home Singles’ Sport England profile

Elsie & Arnold - 19
Retirement Home Singles

Retired singles or widowers, predominantly female, living in sheltered accommodation
8% of all adults; 2% of adult men, 14% of adult women

About Elsie & Arnold
Elsie and Arnold are aged 81 and live on their own in warden-controlled sheltered accommodation. Their spouses passed away three years ago and they are just about getting used to life on her own, thanks to the support of the other residents.

The sheltered housing is good and the warden checks if anything is needed, and they have card mornings, dance afternoons and bingo evenings in the community lounge each week. Despite this Elsie and Arnold find themselves on their own quite a bit, and like to fill the quiet with TV shows, particularly programmes on the War or black and white films.

They can no longer drive, due to their cataracts. Instead they look forward to a once a week walk to the post office to collect the pension, having a good natter with the lady who works there.

Ethnic origin
Individuals in this segment are predominantly of White British (88%), or of Other White origin (5%); or may also be of Irish heritage (5%), Asian/Asian British (1%), Black/Black British (0.5%), Chinese (0.5%) or belong to another ethnic group (0.5%).

Alternative names
Doris, Ethel, Gladys, Stanley, Walter, Harold

Elsie & Arnold: Sports Overview
- Elsie & Arnold are much less active than the average adult population, but their activity levels are more consistent with other segments in this age range (more details overleaf).
- They are likely to be doing less sport than 12 months ago, mainly due to health or injury.
- The top sports that Elsie & Arnold participate in are shown in the chart opposite: 10% of this group take part in ‘keep fit/gym’, 7% take part in swimming, and 3% take part in bowls.

Elsie & Arnold are similar to live near:
Frank (segment 18), other Elsie & Arnold (segment 19)

Elsie & Arnold are likely to live in towns such as:
Hartlepool, Pontefract, Durham, Scarborough, West Bromwich

Top sports that Elsie & Arnold participate in

<table>
<thead>
<tr>
<th>Sport</th>
<th>Elsie &amp; Arnold</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep fit/gym</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Squash</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Tennis</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Swimming</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Cycling</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Rowing</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Badminton</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Table Tennis</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Snooker</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Sport England Market Segmentation 2010. Sporting activity based on Sport England Active People Survey data (for the period April 2008 to April 2010); based on participation levels at once per month. This chart shows the top ten sports (or sport groups) that this segment participates in. Athletics includes jogging and road running.
APPENDIX 10: ‘Sport Team Lads’ Sport England profile

Jamie - 2
Sports Team Lads

Young blokes enjoying football, pints and pool
5% of all adults; 11% of adult men

About Jamie
Jamie is 20 and has just finished studying for an HND at his local college. Since leaving college he’s been unable to find a related job and currently works at the local supermarket, but hopes to find something better soon. Jamie lives with his parents in the family home, and still hangs out with his old school mates.

Jamie plays football in the local youth league, and often plays computer games with his mates from the team. Tight finances mean that Jamie puts a lot on his credit card. His spare cash goes on nights in the sports bar with the boys, either drinking or playing late night pool.

Jamie isn’t fussed about his health or diet. He may smoke, and enjoys fast food and takeaways.

Ethnic origin
Individuals in this segment are predominantly of White British (50%), or Other White (15%) origin; or may also be Asian/Asian British (14%), of Irish heritage (5%), Black/Black British (2%), Chinese (1%) or belong to another ethnic group (2%).

Alternative names
Ryan, Nathan, Ashley, Adeel, Pawel

Jamie: Sports Overview

- Jamie is a very active type that takes part in sport on a regular basis (more details overleaf).
- The top sports that Jamie participates in are shown in the chart opposite: 28% of this group play football, compared to 4% of all adults; 22% take part in ‘keep fit and gym’ compared to 17% of all adults; 12% take part in both athletics (running) and cycling, and 10% go swimming.
- Jamie may also take part in badminton, tennis, cricket, basketball and golf.

Jamie is similar to lives near:
Jackie (segment B), other Janies (segment 2)

Jamie is likely to live in towns/areas such as:
Hounslow, Groydon, Slough, Leeds, Coventry

Top sports that Jamie participates in

[Chart showing sports participation rates]

Source: Sport England Market Segmentation 2010. Sporting activity based on Sport England Action People Survey data for the period April 2008 to April 2010; based on participation levels at once per month. This chart shows the top two sports (for sport groups) that this segment participates in. Athletics includes jogging and road running.
APPENDIX 11: ‘Comfortable Mid-Life Males’ Sport England profile

Philip - 11

Comfortable Mid-Life Males

Mid-life professional, sporty males with older children and more time for themselves
9% of all adults; 18% of adult men

About Philip

Philip is 48, an owner-occupier, and married with two older children. One recently graduated and left home, the other is on a gap year before starting university next autumn. Whilst there are still some university fees to pay, Philip is at the height of his career, enjoying a comfortable salary at an established firm.

Philip still keeps up his love of sport, hindered only by office pressures. He plays badminton in a local team, and if he gets home early enough, enjoys a swim at the health club. He shares football season tickets with his son, and together they play cricket for the local Sunday side – alas, his rugby days are over.

Reasonably health conscious, Philip wants to stay healthy for later in life so he can keep playing sport for as long as possible. He’s not in any hurry to hang up his pads, and anyway, he’d keep up his involvement in the club as fixture secretary.

Ethnic origin

Individuals in this segment are predominantly of White British (82%), or Other White (7%) origin; or may also be of Irish heritage (8%), Asian/Asian British (4%), Black/Black British (1%), Chinese (0.5%) or belong to another ethnic group (0.5%).

Alternative names

Graham, Colin, Keith, Stuart, Clive

Philip: Sports Overview

- Philip’s sporting activity levels are above the national average (more details overleaf).
- The top sports that Philip participates in are shown in the chart opposite: Cycling is the top sport, and 18% of this segment do this at least once a month, almost double the national average.
- Philip also enjoys keep fit/gym, swimming, football, golf and athletics (running). His participation in most of his top sports is above the national average, which is indicative of the priority he places on sport.

Philip is similar to lives near:
Jackie (segment 8), Elaine (segment 12)

Philip are likely to live in towns such as:
Chippenham, Eastleigh, Aylesbury, Andover, Southport

Top sports that Philip participates in

- Source: Sport England Market Segmentation 2010. Sporting activity based on Sport England Active People Survey data (for the period April 2009 to April 2010) based on participation levels at least once per month. This chart shows the top ten sports (or sport groups) that this segment participates in. Athletics includes jogging and road running.
APPENDIX 12: ‘Pub League Team Mates’ Sport England profile

Kev - 9
Pub League Team Mates

Blokes who enjoy pub league games and watching live sport
6% of all adults; 12% of adult men

About Kev
Kev, 40, lives with his long-term partner and stepson, working as a self-employed plumber.

On Saturday mornings Kev occasionally trains with the pub football team, and sometimes makes the Sunday side – although he’s struggling more and more to keep up with the lads in the team. Alternatively Kev may spend his weekends doing DIY at home and watching TV. Evenings and weekends may see him down the local pub, smoking, drinking and watching sport, or taking part in other social activities, when work allows.

Kev used to enjoy lifting weights or using his punch bag at home, but lately his shoulder has been playing him up, so instead it is a few games of snooker or darts. He can’t understand healthy eating fads - salads just don’t seem like a proper meal to him, so he tends to stick to a relatively unhealthy processed food diet.

Ethnic origin
Individuals in this segment are predominantly of White British heritage (87%), or Asian/Asian British heritage (12%); or may be of Other White origin (11%), of Irish heritage (8%), Black/Black British (2%), Chinese (1%) or belong to another ethnic group (1%).

Alternative names
Lee, Craig, Steven, Tariq, Dariusz.

Kev: Sports Overview
- Kev has average levels of sports participation (more details overleaf).
- The sports that Kev participates in most are shown in the chart opposite: 14% of this segment take part in keep fit/gym compared to 17% of all adults; 12% of this segment take part in football compared to 4% of all adults. In addition, 11% of people in this segment take part in cycling, and 10% go swimming.
- Kev may also take part in athletics or running, golf, angling, badminton, archery or martial arts/combat sports.

Kev is similar to lives near:
Jackie (segment 8), Paula (segment 10)

Kev is likely to live in towns/areas such as:
Watthamstow, Walsall, Rotherham, Bradford, Wakefield

Top sports that Kev participates in

Source: Sport England Market Segmentation 2010. Sporting activity based on Sport England Active People Survey data (for the period April 2008 to April 2010) based on participation levels at once per month. This chart shows the top ten sports for sport groups that this segment participates in. Athletics includes jogging and road running,
REFERENCES

For ease of reading, hyperlinks for some references have been included in the document. Additional references are listed below. Appendix items 1-4 provide an overview of key documents used to inform this Needs Assessment.


Department of Health (2009). Be active, be healthy - a plan to get the nation moving. Available at: http://www.healthcared-today.co.uk/doclibrary/documents/pdf/151_be_active_be_health.pdf.


