



# Wolverhampton Joint Strategic Needs Assessment

## Physical Inactivity 2023



## **Acknowledgements**

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## Contents

City of Wolverhampton Council: Physical Inactivity Needs Assessment .....	4
Scope .....	4
Definition of Terms .....	5
Introduction .....	8
Active Wulfrunians.....	25
Active Wulfrunians: Residents Voice.....	47
Active Wulfrunians: Stakeholder Voice.....	48
Active Wulfrunians: Evidence Review .....	49
Active Wulfrunians: Section Summary .....	55
Active Wulfrunians: Recommendations.....	57
Active City .....	59
Active City: Wulfrunians Voice .....	90
Active City: Stakeholder Voice .....	92
Active City: Evidence Review.....	93
Active City: Section Summary .....	96
Active City: Recommendations .....	97
Active Spaces and Places.....	99
Active Spaces and Places: Wulfrunians Voice .....	118
Active Spaces and Places: Stakeholders Voice .....	120
Active Spaces and Places: Evidence Review .....	121
Active Spaces and Places: Section Summary.....	124
Active Spaces and Places: Recommendations .....	125
Active System .....	127
Active Systems: Wulfrunians View .....	138
Active Systems: Stakeholder Voice.....	140
Active System: Evidence Review .....	141
Active System: Section Summary .....	143
Active System: Recommendations.....	144
Physical Inactivity Needs Assessment Summary and Next Steps .....	145
References.....	146



## City of Wolverhampton Council: Physical Inactivity Needs Assessment

This Physical Inactivity Needs Assessment looks at key local needs surrounding the physical inactivity and activity landscape in Wolverhampton.

### Scope

This needs assessment covers people who live and work in Wolverhampton, systems that influence physical activity levels, activities, space, and places that are in the city.

## Definition of Terms

Table 1: Definitions of physical inactivity and activity related terms.

Physical Activity	Any bodily movement produced by skeletal muscles that requires energy expenditure.
Physical Inactivity	An insufficient physical activity level to meet present UK physical activity recommendations.
Leisure physical activity	Physical activity performed by an individual that is not required as an essential activity of daily living and is performed at the discretion of the individual.  Such activities include sports participation, exercise conditioning or training, and recreational activities such as going for a walk, dancing, and gardening.
Household physical activity	Physical activity undertaken in the home for domestic duties (such as cleaning, caring for children, gardening etc.)
Work-based physical activity	Physical activity that is undertaken within a work, employment setting.
Active Travel	Physical activity performed for the purpose of getting to and from places, and refers to walking, cycling, and wheeling (the use of non-motorized means of locomotion with wheels, such as scooters, rollerblades, manual wheelchair etc.).
Movement	Physical activity and exercise that increase skeletal muscle strength, power, endurance, and mass (e.g., strength training, resistance training, or muscular strength and endurance exercises).
Sport	Sport covers a range of activities performed within a set of rules and undertaken as part of leisure or competition. Sporting activities involve physical activity carried out by teams or individuals and may be supported by an institutional framework, such as a sporting agency.
Exercise	A subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. “Exercise” and “exercise training” frequently are used interchangeably and generally refer to physical activity performed during leisure time with the primary purpose of improving or maintaining physical fitness, physical performance, or health
Muscle Strengthening Activity	Physical activity and exercise that increase skeletal muscle strength, power, endurance, and mass (e.g., strength training, resistance training, or muscular strength and endurance exercises).

Active Adult	An adult who completes at least 150 minutes of moderate intensity physical activity a week.
Fairly Active Adult	An adult who completes between 30 and 150 minutes of moderate intensity physical activity a week.
Inactive Adult	An adult who completes less than 30 minutes of moderate intensity physical activity a week.
Active Child	A child who completes more than 60 minutes of moderate intensity physical activity a day.
Fairly Active Child	A child who completes between 30 and 60 minutes of moderate intensity physical activity a day.
Less Active Child	A child who completes less than 30 minutes of moderate intensity physical activity a day.
Metabolic equivalent of task (MET)	The metabolic equivalent of task, or simply metabolic equivalent, is a physiological measure expressing the intensity of physical activities. One MET is the energy equivalent expended by an individual while seated at rest.
Light Intensity physical activity	Light-intensity physical activity is between 1.5 and 3 METs, i.e., activities with energy cost less than 3 times the energy expenditure at rest for that person. This can include slow walking, bathing, or other incidental activities that do not result in a substantial increase in heart rate or breathing rate.
Moderate Intensity Physical activity	On an absolute scale, moderate intensity refers to the physical activity that is performed between 3 and 6 times the intensity of rest.  On a scale relative to an individual's personal capacity, moderate-intensity physical activity is usually a 5 or 6 on a scale of 0–10.
Vigorous Intensity	On an absolute scale, vigorous intensity refers to physical activity that is performed at 6.0 or more METS. On a scale relative to an individual's personal capacity, vigorous-intensity physical activity is usually a 7 or 8 on a scale of 0–10
Adult	A person aged over 18.
Children	A person aged between 5 – 18.
Early Years	A person aged under 5.
Older Adult	A person aged over 65.
Sedentary behaviour	Any waking behaviour characterized by an energy expenditure of 1.5 METS or lower while sitting, reclining, or lying. Most desk-based office work, driving a car, and

	<p>watching television are examples of sedentary behaviours; these can also apply to those unable to stand, such as wheelchair users. The guidelines operationalize the definition of sedentary behaviour to include self-reported low movement sitting (leisure time, occupational, and total), television (TV viewing or screen time, and low levels of movement measured by devices that assess movement or posture).</p>
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## Introduction

Wolverhampton is a city with considerable health inequalities, both life expectancy and healthy life expectancy are lower than national averages. There are inequalities in levels of physical activity across the city and physical inactivity is a contributing factor to many health inequalities.

### **Context**

Physical inactivity levels in Wolverhampton are worse than the national average and out of 309 local authorities is the 12th worst for adult physical activity levels and 3<sup>rd</sup> worst for children (Active Lives, 2023). It is recognised by the City of Wolverhampton Council and the Health and Wellbeing Board, Health and Wellbeing Together, that the levels of physical inactivity need to be addressed.

Tackling physical inactivity is a Public Health Cabinet Member Priority and through the Health Inequalities Strategy set by Health and Wellbeing Together is a priority action and is part of their strategy, Wolverhampton Joint Local Health and Wellbeing Strategy (Health and Wellbeing Together, 2023).

Owing to this, work started in September 2021 to take a whole city approach to tackling physical inactivity. Partners were brought together as a collective to change the system as a whole and address this wicked issue.

This led to the creation of the Physical Inactivity Discovery Document, which advised a need for better local data to understand the true picture of physical activity and recommended the development of the physical inactivity steering group and five task and finish groups. These task and finish groups are:

- Strategy and System Development
- Children Young People and Families
- Active Ageing
- Place-based Working and Community Safety
- Communications and Engagement

The task and finish groups are thematic, and evidence based and can be adjusted, and changes will be guided by the outcome of this needs assessment and future strategy. The production of the needs assessment has been scheduled in line with the publication of the Health-Related Behaviour Survey for Children and Young People in the city and adult City Lifestyle Survey, as both of these will provide a data source with a much greater sample size to the Active Lives Survey and will complement it with an enhanced local picture.

The outcome and recommendations from this Physical Inactivity Needs Assessment will inform a partnership strategy with the plan for the City of Wolverhampton to tackle physical inactivity and a range of key performance indicators to measure progress against the strategy. The strategy will be part of the golden thread from the

World Health Organisation's Global Action Plan for Physical Activity (2018), National Governments policy, Sporting Futures (2015) and Sport England Uniting the Movement (2022) to regional policy from Active Black Country, Creating an Active Black Country (2022) and be the city's response to tackling physical inactivity.

## **Physical Activity and Physical Inactivity**

The focus of the needs assessment is physical inactivity which is defined as not undertaking sufficient physical activity levels to meet government guidelines. It is important to set out what is meant by physical activity first and highlight the expected intensity, volume, and frequency that should be undertaken.

Physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure, these movements can be undertaken as part of leisure, household task, travel and through work. Physical activity is split into three intensities, tasks that fit into one of the above categories will depend on the person's ability and capability; the Metabolic Equivalent of a Task (MET) score is used to grade physical activity intensities. One MET is the energy equivalent expended by an individual while seated at rest.

1. Light physical activity = 1.5 – 3 MET Score
2. Moderate physical activity = 3 - 5 MET Score
3. Vigorous physical activity = 6 + MET Score

The UK's Government has guidelines, which are issued by the Chief Medical Officer of how much physical activity should be undertaken across the life course. Broadly, children should be undertaking at least on average 60 minutes of physical activity a day across the week which is of moderate-to-vigorous intensity. Adults should undertake activities that build strength on two days a week and complete across the week at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity.

### *Chief Medical Officers Physical Activity Guidelines (2019)*

The Chief Medical Officer (CMO) Physical Activity Guidelines were published in September 2019 and are an update of 2011 document. They draw from a global evidence base to establish physical activity guidelines across the life course, this includes the volume, duration, frequency, and type of physical activity. (1)

A key message is that the more time spent being physically active the better however, even small increases in levels of physical activity can contribute to improved health and quality of life. Compared to previous guidelines there is a greater importance of strength training to physical function, which is even more important in later life. Additionally, the report also demonstrates the increased risk of physical inactivity and sedentary behaviour to health and should be minimised. There is now greater flexibility in how people achieve their physical activity minutes. Prior to the updated guidelines, activity had to be completed in at least 10-minute blocks, there is now no minimum requirement to achieve health benefits. However, it

is recognised that the 10-minute bouts can be a useful behavioural goal for those starting with low levels of activity. The guidelines are summarised in easy-to-understand infographics that can be found on the [government website](#) and Table 2 highlights activity guidelines for key audiences.

Table 2: Summary of physical activity guidelines across the life course

<p><u>Under-5s Infants (less than 1 year):</u></p> <ul style="list-style-type: none"> <li>• Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g., crawling.</li> <li>• For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing, and pulling themselves independently, or rolling over); more is better.</li> </ul>
<p><u>Toddlers (1-2 years):</u></p> <ul style="list-style-type: none"> <li>• Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.</li> </ul> <p><u>Pre-schoolers (3-4 years):</u></p> <ul style="list-style-type: none"> <li>• Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.</li> </ul>
<p><u>Children and Young People (5 to 18 years):</u></p> <ul style="list-style-type: none"> <li>• Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sport.</li> <li>• Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.</li> <li>• Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.</li> </ul> <p><u>Disabled children and disabled young people</u></p> <ul style="list-style-type: none"> <li>• 20 minutes of physical activity per day</li> <li>• Challenging but manageable strength and balance activities 3 times a week</li> </ul> <p><u>Adults (19 to 64 years):</u></p> <ul style="list-style-type: none"> <li>• For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.</li> <li>• Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or</li> </ul>

resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.

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

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

#### Older Adults (65 years and over):

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance, and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.
- Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people

As defined by government strategy, Sporting Futures, physical inactivity for adults is where a person undertakes less than 30 minutes of moderate intensity activity a week.

For children, physical inactivity, which is also referred to as less active children are whereby a child does not complete at least on average 30 minutes of moderate intensity physical activity a day.

## **Benefits of Physical Activity and Risk of Physical Inactivity**

### **Benefits of physical activity and the risks of physical inactivity to an individual's health:**

Physical activity is a key contributor to good physical and mental health, there is strong evidence of the protective nature of being physical activity and that there is a dose response, the more time spent being physically active the better.

The Chief Medical Officers guidelines cites that there is compelling evidence for the benefits of physical activity. For children and young people this includes but is not exhaustive to:

1. Improved learning and attainment
2. Better mental health
3. Cardiovascular fitness
4. Healthy weight

For adults, the evidence is strong for the protective effect of physical activity from a range of non-communicable diseases and chronic conditions, including:

1. Coronary heart disease
2. Obesity
3. Type 2 diabetes
4. Mental health problems
5. Social isolation

Furthermore, the British Medical Association in their 2019 report, '*Get a Move On – Steps to increase physical activity levels in the UK*', cite that by meeting the physical activity guidelines that are set out by the CMO (2019), over 20 long term health conditions can be prevented or managed, it can support people to maintain a healthy weight and help to maintain or improve musculoskeletal strength. This is particularly poignant in supporting healthy ageing, reducing the risk of falls and the risk of hip fractures by 68%.

From a mental health perspective, physical activity reduces the risk of, and helps manage anxiety, stress and depression and increases motivation, drive, and self-confidence. However, people who are classed as inactive have on average a three times higher risk of moderate to severe depression as active people. Socially, it can support people's integration into their local community and support the building of stronger communities and provide opportunities for social interaction that can in turn reduce social isolation.

Having a sedentary lifestyle and being inactive increases the risk of many health conditions and even increases the risk of premature death. In a recent evidence review of the risks that sedentary behaviour has to health it was found that sedentary lifestyles were linked to increased:

- Cardiovascular disease mortality

- Cancer risk
- Metabolic disorders such as type two diabetes, hypertension
- Musculoskeletal disorder such as arthralgia and osteoporosis
- Depression
- Cognitive impairment

The above benefits and risks to individual health demonstrate the importance of ensuring people are incorporating movement into their everyday lives and where they are able, strive to meet the outlined CMO guidelines.

### **Benefits of physical activity and the risks of physical inactivity to population health:**

Having a population that is active can have great benefits on a city-wide level, whereas an inactive and sedentary population creates many layers of problems.

Owing to the fact being active reduces the risk of many non-communicable diseases and being inactive increases the risk of them, by creating an active population whether at village, town, city, region, or country level, this has widespread benefits.

Firstly, a healthier and happier population has less demand on the NHS and other statutory services, which in turn is cost saving and enables funds to be distributed in a different manner. It is currently estimated that the cost of physical inactivity to the UK is £7.4 billion per year (BMA, 2019). Physical inactivity is the fourth leading cause of disease and disability in the UK, and is responsible for one in six deaths, up to 40% of many long-term health conditions and around 30% of later life functional limitations and falls (DHSC, 2020).

Having a physically active population is also associated with having a positive impact on climate change and air pollution, as the usage of motorised transport which is a key contributor to the above issues is reduced by people opting for active forms of transport such as walking and cycling (BMA, 2019).

Furthermore, active populations have more opportunities to interact, be part of their local community through participation in group physical activity opportunities or interacting with people when exercising. This can enhance the connectivity of communities. It is also reported that participation in activity is associated with increased educational attainment and reduced crime rates (BMA, 2019).

Similarly, to the individual benefits of being active and risks of being inactive, population level benefits and risks demonstrate the importance of supporting people to move and then widespread impact that this can have across various parts of people's lives and sectors of communities.

### **Overview of International, National and Regional Physical Activity Policy**

#### **International**

The World Health Organisation (WHO, 2019) report one in four adults do not meet global recommended levels of physical activity and that 80% of world's adolescent

population is insufficiently physically active. However, its well reported and recognised the protective nature of being active is to health and reducing the risk of noncommunicable diseases. The WHO have guidelines on physical activity and sedentary behaviour, all guidelines recognise that doing some physical activity is better than none and doing something will benefit their health. People who are increasing their levels of physical activity should start by doing small amounts and gradually increase frequency, intensity, and duration. People should also limit the amount of time that they are sedentary.

Furthermore, in 2017 the WHO Executive Board agreed for the creation of an Action Plan to improve rates of physical activity worldwide. The Global Action Plan for Physical Activity (GAPPA) was published in 2018 and covers the period until 2030. The action plan aims to take a systems-based approach to increase physical activity levels.

The table 3 summarises the purpose and framework of the document.

Table 3: Summary of WHO Global Action Plan for Physical Activity

<b>Mission</b>	<b>More active people for a healthier world</b>
<b>Vision</b>	To ensure that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural, and economic development of all nations.
<b>Target</b>	A 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030.
<b>Objectives</b>	<p><b>Create Active Societies:</b> To create positive social norms and attitudes and a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.</p>
	<p><b>Create Active Environments:</b> Create supportive spaces and places that promote and safeguard the rights of all people, of all ages and abilities, to have equitable access to safe places and spaces in their cities and communities in which they can engage in regular physical activity.</p>
	<p><b>Create Active People:</b> Outline the multiple settings in which an increase in programmes and opportunities can help people of all ages and abilities to engage in regular physical activity as individuals, families, and communities,</p>

<b>Mission</b>	<b>More active people for a healthier world</b>
	<p><b>Create Active Systems:</b> Outline the investments needed to strengthen the systems necessary to implement effective and coordinated international, national, and subnational action to increase physical activity and reduce sedentary behaviour. These actions address governance, leadership, multisectoral partnerships, workforce capabilities, advocacy, information systems and financing mechanisms across all relevant sectors.</p>
<b>Guiding Principles</b>	Human rights approach
	Equity across the life course
	Evidence-based practice
	Proportional universality
	Policy coherence and health in all policies
	Engagement and empowerment of policy makers, people, families, and communities
	Multisectoral partnership

The WHO have their ACTIVE: A toolkit for action, it looks at how to practically apply the action plan. The key areas are:

- Whole system approach: co-ordination of policy and action across sectors
- Scaling for success: trial and test ways of working at sub-national level including city level.
- Partnerships are vital across key sectors including education, transport, urban planning, sport, and health.
- Promoting synergies: invest in areas that achieve many outcomes that are relevant to multiple stakeholders.
- Ensure sustainability: implementation and action need to be sustained over time.
- Connect health policy priorities: showcasing and evidencing how increase physical activity can also lead to achieve other health aims. Such as improving mental health and air quality.

In 2022 the Global Status Report on Physical Activity was issued which looks at progress against the Action Plan.

The report further emphasises the importance of tackling physical inactivity, getting people to move more and reduce their time being sedentary. It outlines that without change, the negative impact that inactivity has on individuals over their life course,

their families and communities, health systems and to society. It highlights that the COVID-19 pandemic has further increased inequalities and slowed down the target set out in the Global Action Plan of Physical Activity to reduce world inactivity by 15% by 2030. Additionally, physical activity should be a core component of public policy and countries should ensure there is equitable opportunities for all populations to be active.

The report cites that the cost of physical inactivity is growing, and between 2020 - 2030 globally there will be nearly 500 million new cases of non-communicable diseases if there is no change in the prevalence of physical inactivity, which has an annual cost of INT\$48 billion.

“There are few areas in public health – such as physical activity – where evidence on required action is so convincing, cost effective and practical.” WHO, 2022

The report looks at the global progression against the GAPPA framework and has five recommendations that influence countries at both a national and sub-national level to facilitate and speed up progress:

- 1) Strengthen whole-of-government ownership and political leadership
- 2) Integrate physical activity into relevant policies and support policy implementation with practical tools and guidance
- 3) Strengthen partnerships, engage communities, and build capacity in people
- 4) Reinforce data systems, monitoring and knowledge translation
- 5) Secure sustainable funding and align with national policy commitments

### **National**

In 2015 national government published, Sporting Future – A new strategy for an Active Nation, the strategy focuses on sport but also recognises physical activity. It looks at the world of sport from a wider viewpoint which encompasses elite sport, hosting of major events, to participation, volunteering, experiencing live sport and development of the workforce and the sector.

It showcases both the importance of measuring the number of people participating, as well as the impact that that participation has. The impact will be measured by five key outcomes:

1. Physical Wellbeing
2. Mental Wellbeing
3. Individual Development
4. Social and Community Development
5. Economic Development

There are three outputs that support these outcomes,

1. Maximising international and domestic sporting success and the impact of major events
2. More people from every background regularly and meaningfully taking part in sport and physical activity, volunteering and experiencing live sport
3. A more productive and responsible sport sector

It recognises that funding needs to be allocated to those who do not participate in sport: women and girls, people with a disability, people from lower socio-economic groups and older people.

Within the strategy it outlines the role that local government has in supporting the implementation of this strategy. It views that local authorities have important leadership roles and are key to bringing cross sector partners together, from schools, to health and private sectors. Local authorities are the key to forging relationships and removing barriers to participation, whilst enhancing the local delivery system.

Sport England is a non-departmental public body responsible for growing and developing grassroots sport and getting more people active across England. Sport England's latest strategy, *Uniting the Movement* is a 10-year vision to transform lives and communities through sport and physical activity.

With the *Uniting the Movement* strategy, Sport England have moved away from the focus on 'sport' and there is a greater focus of getting people moving however that may occur. There are currently inequalities in levels of physical activity across England, a key objective is to reduce these inequalities and enable everyone to be active. The strategy looks at the sport and physical activity domain from a whole system approach methodology and recognises the myriad of factors that influence a person's ability to be active.

Summary of the strategy:

**Vision:** A nation of more equal, inclusive, and connected communities. A country where people live happier, healthier, and more fulfilled lives.

**Mission:** To invest in sport and physical activity to make it a normal part of life for everyone in England, regardless of who they are.

Sport England recognise that to achieve this there are five big issues:

1. *Connecting communities*  
Focusing on sport and physical activity's ability to make better places to live and bring people together.
2. *Recover and reinvent*  
Recovering from the biggest crisis in a generation and reinventing as a vibrant, relevant, and sustainable network of organisations providing sport and physical activity opportunities that meet the needs of different people.
3. *Connecting with health and wellbeing*  
Strengthening the connections between sport, physical activity, health, and

wellbeing, so more people can feel the benefits of, and advocate for, an active life.

4. *Active environments*

Creating and protecting the places and spaces that make it easier for people to be active.

5. *Positive experiences for children and young people*

Unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life.

Catalysts:

1. *Effective investment models*

The right kinds of investment, timed well and delivered skilfully can stimulate demand, provide opportunities to get active, enable innovation, encourage collaboration, reduce inequalities, and enable greater sustainability.

2. *Realising the power of people and leadership*

The people who spend their time helping others to be active are our most precious resource and their potential is limitless. They're the key to adopting and achieving the ambitions in this strategy.

3. *Applying innovation and digital*

Times are changing, and so are people's expectations. In the face of significant opportunity and change, its critical innovation, including digital, is applied to the big issues that are holding many more people back from being active.

4. *High quality data, insight, and learning*

Key to collaborative action is a shared understanding of the opportunities and the challenges that we face together

5. *Good governance*

Good governance, and a commitment to positive, effective, safe delivery of opportunities at every level is how intentions and ambitions are enshrined into ways of working.

Values

1. *Innovative*

Curious, optimistic, and relentless, we question established ways of working and learn from each other and from our experiences.

2. *Collaborative*

One team, committed to delivering together and working with others to make a difference to people's lives.

3. *Inclusive*

Harnessing our collective strength and respecting difference to create the conditions for everyone to engage and excel.

#### 4. *Ambitious*

Determined in pursuit of our goals, prioritising work and partnerships that will most advance our mission, help us succeed and make a positive impact on the nation.

### **Regional**

Active Partnerships are locally based strategic organisations that support the delivery of Sport England's vision. Active Black Country (ABC) are the active partnership for Dudley, Sandwell, Walsall, and Wolverhampton, a key partner and vital part of the physical activity structure and that provides the link from Sport England to the four black country local authorities.

ABC released their strategy in 2022: Creating an Active Black Country – A Strategy to unite the Black Country to create active, healthier people and places. The strategies vision is a future Black Country where all ages abilities and backgrounds can be active, move and play sport. With the mission to use the power of physical activity and sport to influence opportunities for everyone in the Black Country to lead an active healthy lifestyle.

Strategic Objectives:

1. Increase activity levels across the least active to support good mental and physical health and reduce inequalities in activity levels.
2. Provide young people and families with the best start in life through a range of varied and diverse opportunities to be active, move more and play.
3. Increase the range of opportunities to be active across Black Country communities. Ensuring they are inclusive, attainable and support stronger, better connected, resilient communities.
4. Champion and advocate the role being active can play in contributing to wider outcomes across the health system and tackling health inequalities.
5. Increase the diver range of physical assets, networks, facilities, and places that can get people active and take part in sport supporting wider health outcomes.
6. Lead the development of 'People Plan' for the Black Country to inspire motivate and guide other to active and support the development of sport.

### Summary of International, National and Regional Policy

The aforementioned policies, strategies and guidelines from the World Health Organisation, UK Government, Sport England, and Active Black Country provide the wider framework within which Wolverhampton's work to tackle physical inactivity sits. It provides a strong and in-depth evidence base for the benefits of the promotion of physical activity and supporting those who are inactive to change their behaviour and move more. Across all these documents there is a clear golden thread and connectivity that flows between documents. It is imperative that the local information

gathered in this needs assessment will create the narrative that informs the Wolverhampton strategy to tackle physical inactivity.

Key themes across these documents are:

- Importance of physical activity, reducing inactivity and sedentary behaviour at every stage of the life course
- Physical Inactivity is worldwide issue and is a major contributor to many non-communicable health conditions, a risk factor of premature death and presents wider societal issues.
- Levels of physical inactivity are an economic burden to governments and health systems.
- There are inequalities in those who are more likely to be inactive and these inequalities need to be challenged, reduced, or removed.
- To tackle physical inactivity, it takes many partners and sectors to address the ingrained and far-reaching determinants, it needs a whole system approach with strong leadership to start this process.

### **Behaviour Change and Physical Activity**

Previous research indicates that theories of behaviour have been used inconsistently and, in many cases, have not been applied to the design, implementation, and evaluation of interventions to target physical activity (Howlett et al., 2018).

The disparity between people's intentions or goals and their actual behaviours is referred to as the intention-behaviour gap and represents the challenge individuals face in translating their desired behaviours into concrete actions. In order to address this, theories of behaviour change such as the COM-B model can be operationalised in order to try to understand the barriers and facilitators of behaviour faced by a group or individual and to develop behaviour change techniques in order to promote changes in behaviour.

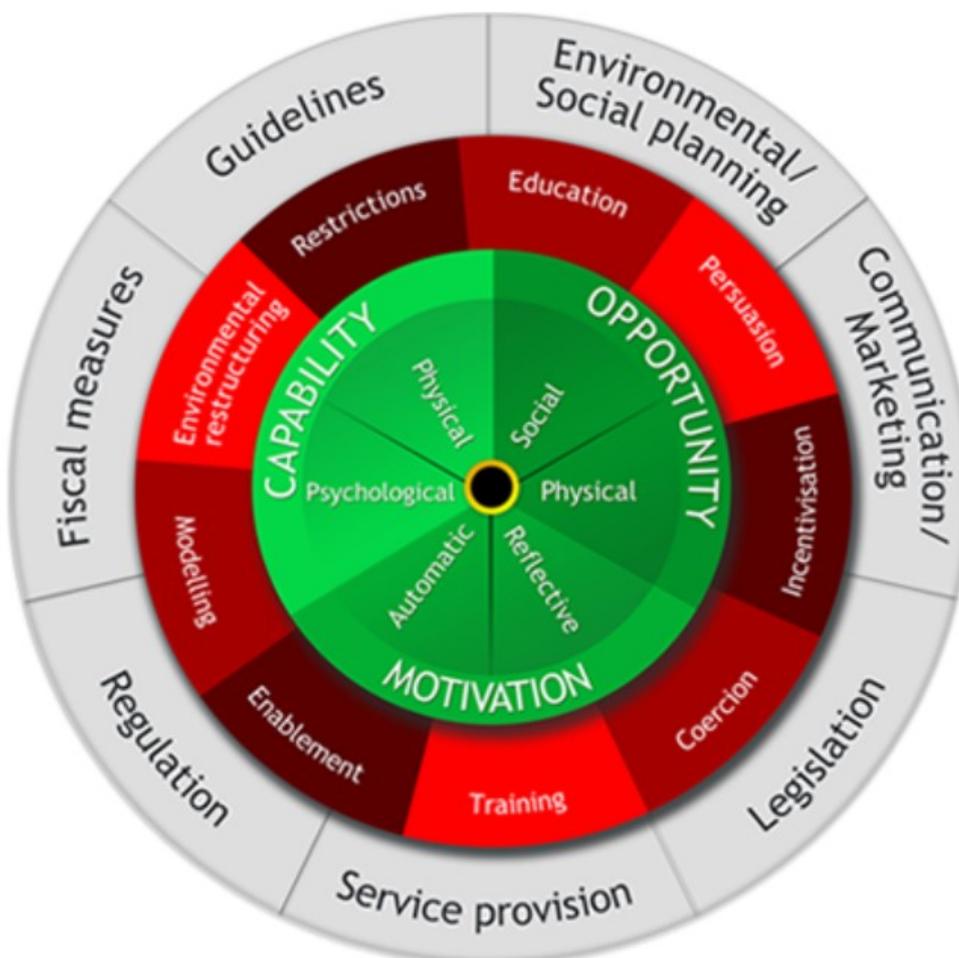
The COM-B model was developed specifically with the idea of being used to guide interventions and draws from a large number of behaviour change frameworks. The benefits of using the COM-B model over another single theory of behaviour change are that several distinct components are outlined which helps users to consider a number of potential influences on behaviour (McDonagh et al., 2018).

The COM-B model suggests that for any behaviour to take place, people must have the capability (C), opportunity (O) and be more motivated (M) to perform the behaviour (B) than a competing behaviour. According to the model, achieving behaviour change requires all the relevant enablers to be in place for the desired change to occur (West et al., 2019). The aspects of the model can be further broken down as follows:

- Capability can refer to both *physical* and *psychological* ability such as knowledge, mobility, strength, and mental skills).
- Opportunity can refer to both the *social* environment (culture social norms) and the *physical* environment where people live (proximity, time).
- Motivation can refer to *reflective* motivation (intentions and evaluations of the value of engaging in the behaviour) and *automatic* motivation (emotions and habits).

Additionally, to the COM-B model, the Behaviour Change Wheel further develops the process by supporting from behavioural diagnosis to intervention design. COM-B is at the centre of the wheel, surrounding it are nine intervention functions and then seven policy categories that support the delivery functions. Figure 1 demonstrates the wheel.

Figure 1: The Behaviour Change Wheel



(Michie et al. 2014)

The COM-B model has been shown to be predictive of physical activity across a range of different populations including healthy adults (Willmott et al., 2021),

pregnant women (Flannery et al., 2018), and inactive adults (Howlett et al., 2019).

The model has also been widely used to identify barriers and enablers to physical activity in a range of samples. For instance, McDermott et al. (2022) utilised the COM-B model as a lens to view data collected from focus groups of adolescents with learning disabilities who engaged in limited physical activity. In this sample, difficulties surrounding problems with motor skills and difficulty understanding instructions (Capability) were found to limit enjoyment in physical activity. This contrasts with barriers identified by other samples such as postnatal mothers who struggled with physical stamina following complicated births (Capability) and limited provision of child friendly environments to participate in PA (Ellis et al., 2019).

A behavioural analysis using the COM-B model that is tailored to the client group in question is therefore an important first step in the development of interventions to establish which underlying facets need to be changed in order to encourage a desirable behaviour. The Behaviour Change Wheel then provides a systematic way to identify the correct intervention.

## **Physical Inactivity System**

The system of influence around tackling physical inactivity is complex in nature and it has been described as a wicked issue. There is a requirement to change people's behaviour consistently each day, and their motivation, opportunity and competence can vary owing to both internal and external factors daily. The goal is to create a situation where there is sustained behaviour change. To do this it is highlighted that there are key influencing factors, people themselves, their routines and families and friends, the environments that they live in, the activities, facilities that are on offer and systems, knowledge and skills that people hold.

Owing to this complex system of influence the needs assessment will be dividing the realm of physical inactivity into four areas.

1. Active Wulfrunians
2. Active City
3. Active Spaces and Places
4. Active Systems

Each of these areas have a distinct remit, but also connect to each other and influence physical activity, by understanding where Wolverhampton is in each of these areas will provide the foundation for change.

Table 4: Description of themes

<b>Active Wulfrunians</b>	A city where everyone is active every day and has a positive attitude towards physical activity. Where everyone understands the benefits of being physically active and how to be active in a way that suits their ability.
<b>Active City</b>	Through the creation and promotion of suitable activities, programmes, and infrastructure, Wulfrunians will be able to engage in regular physical activity that meets their needs.
<b>Active Spaces and Places</b>	A city where we enhance, invest in, and protect our community spaces and places that encourage and promote physical activity and make them more accessible to our residents.
<b>Active System</b>	Through working collaboratively as a whole system, we will create leadership, governance and partnerships that enable practice and protocols that promote physical activity across all sectors.

# **Active Wulfrunians**

## Active Wulfrunians

A city where everyone is active every day and has a positive attitude towards physical activity. Where everyone understands the benefits of being physically active and how to be active in a way that suits their ability.

### Demographics

The city of Wolverhampton has a population of 264,326 people (Census, 2021), the city has slightly higher volume of females (134,000) compared to males (130,000). Figure 2 shows the population pyramid for Wolverhampton, there are increases in population between the ages of 5-10, 30-34 and 50-54.

Figure 2: City of Wolverhampton Population Pyramid: Census 2021  
Females: Coral Males: Teal

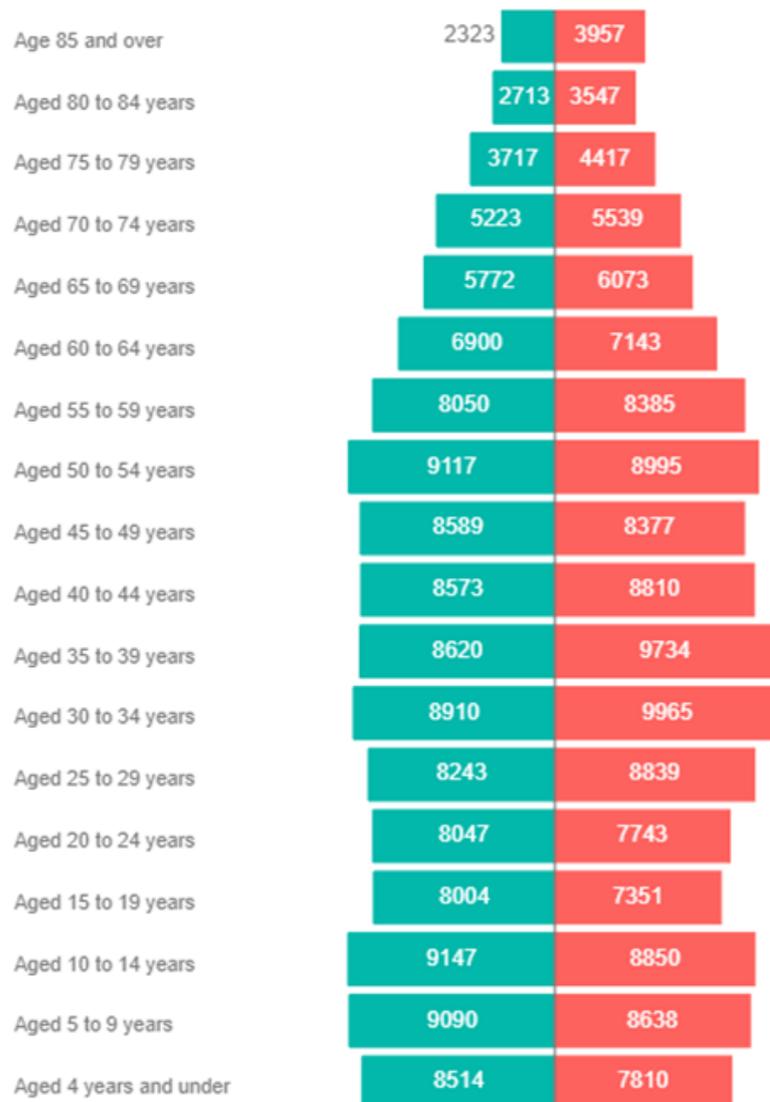
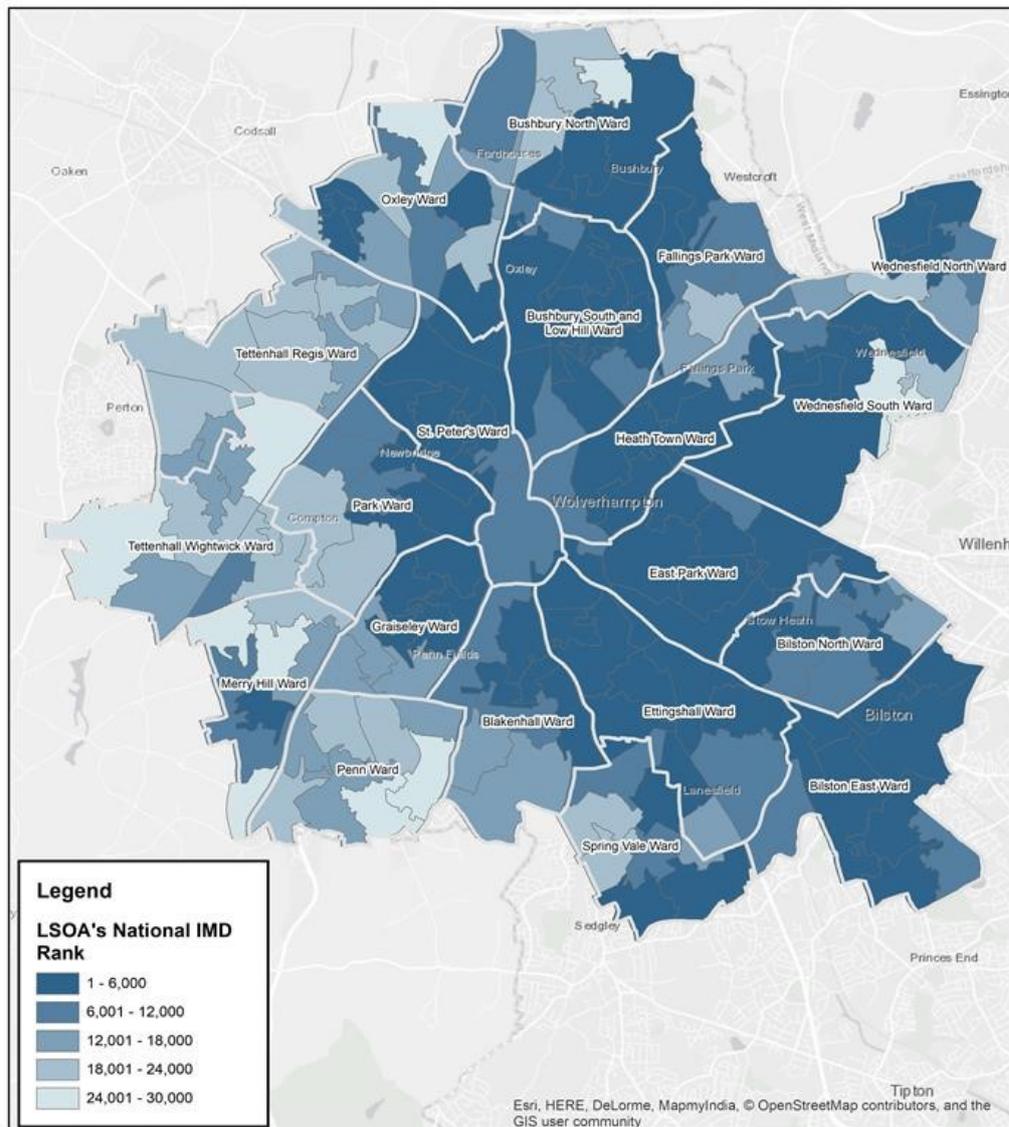


Figure 3 shows the spread of the population throughout the wards in the city, Ettingshall (21407) and Bilston East (20560) are the most populated wards and Wednesfield North (12367) and Merry Hill (12368) are the least populated wards.

Figure 3: Ward Population Map Census 2021



Wolverhampton Ethnicity breakdown compared to England.

Ethnicity	Wolverhampton (% of pop)	England (% of pop)
Asian, Asian British/ Welsh	21%	9 %
Black, Black British/ Welsh, Caribbean or African	9%	4%

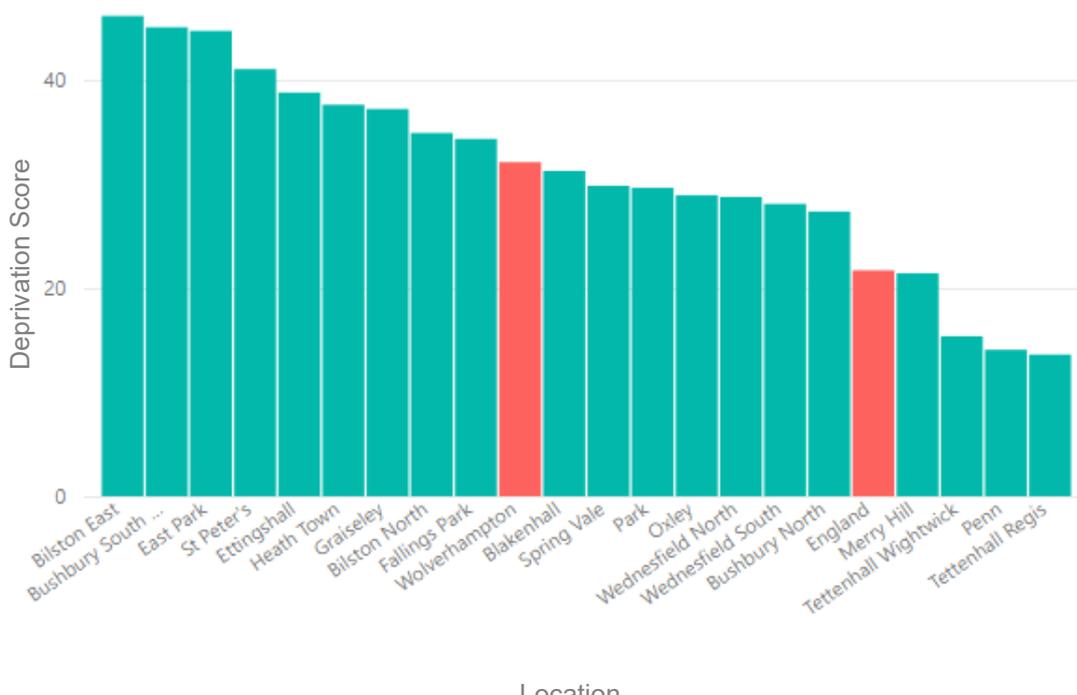
from Mixed or Multiple ethnic groups	5%	3%
Other	4%	2%
White	61%	82%

### Religion percentage of population compared to England Average

Religion	Wolverhampton (% of pop)	England (% of pop)
Christianity	44%	46%
Sikh	12%	1%
Muslim	6%	7%
Hindu	4%	2%
No Religion	28%	37%

Wolverhampton has higher than England average levels of deprivation, (Index of Multiple Deprivation Scores: Wolverhampton, 32.10 and England 21.70). It is ranked as the 24<sup>th</sup> most deprived local authority in England. All but four wards (Merry Hill, Tettenhall Wightwick, Penn and Tettenhall Regis) have higher levels of deprivation that the England average. The three wards with the highest levels of deprivation are Bilston East (46.14), Bushbury South and Low Hill (45.06) and East Park (44.71). 33.3% of children in Wolverhampton live in Relative Low-Income Families, this is significantly higher than England average of 19.9%. Graph 1 shows the location and Index of Multiple Deprivation score.

Graph 1: Index of Multiple Deprivations Scores, Wolverhampton, Wards, and England



## Health

Within the city the life expectancy at birth for males (1- year range) is 76.3 (England 79.7) and for females (1-year range) is 80.3 (England 83.20), both are significantly worse than the England average. Healthy life expectancy at birth is 60.0 for males (England 63.1) and 59.3 for females (England 63.9) which is significantly worse than the England average. (PHOF indicators A01b and A01a).

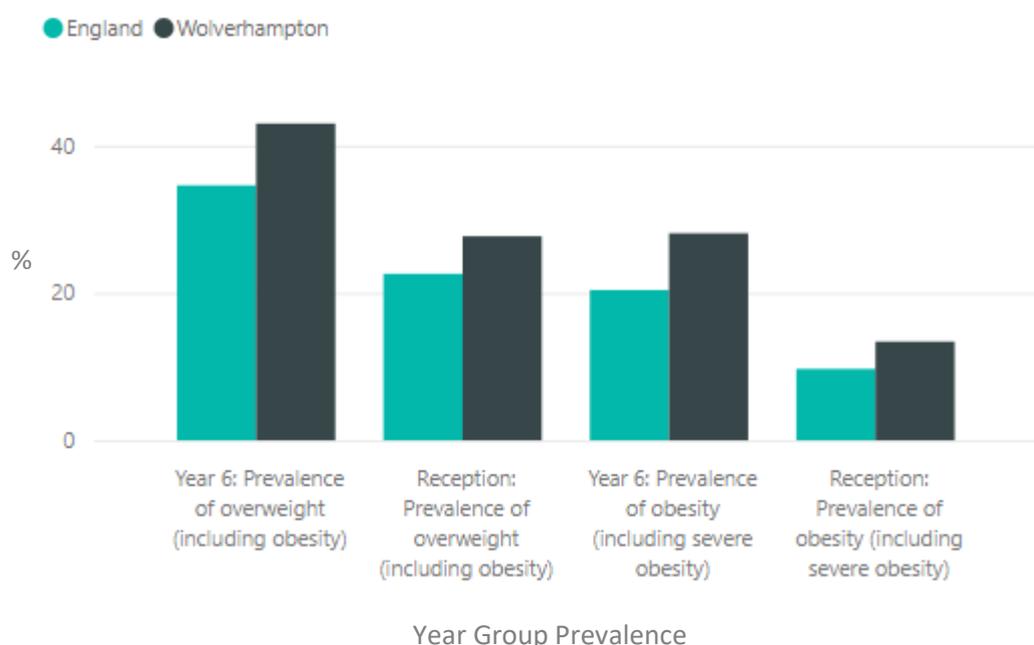
Table 5 shows levels of key health outcomes in Wolverhampton compared to the West Midlands and England. These indicators have been selected as for all of them there is evidence showcasing the risk of these conditions increases with physical inactivity. Levels of Coronary Heart Disease (CHD) and Stroke are lower in Wolverhampton compared to the West Midlands and England, where as diabetes levels are higher. Conditions that are more likely to be associated with ageing, dementia, falls, and hip fractures are all higher in Wolverhampton than the West Midlands and England. 20.5% of the population in Wolverhampton has a limiting long-term illness or disability this is higher than the England average (17.60%).

Table 5: Health Indicators, Wolverhampton, West Midlands, and England

Indicator	Wolverhampton	West Midlands	England
CHD (QOF Prevalence)	2.90%	3.10%	3.00%
Dementia:Recorded Prevalence 65+	4.30%	3.77%	3.97%
Diabetes (QOF prevalence)	8.80%	8.20%	7.30%
Emergency hospital admissions from falls (65+) per 100,000	2371	1986	2100
Hip fractures in people aged 65+	634	571	551
Stroke (QOF prevalence)	1.70%	1.90%	1.80%

69.7% of adults in Wolverhampton are not a healthy weight (obese or overweight) this is higher than England (63.8%) (PHOF C16). The National Child Measurement Programme (NCMP) show that in Wolverhampton at reception, 27.7% are overweight (England: 22.6%) and 13.4% are obese (England: 9.7%). Then at the year six measurement point these increases to 43% are overweight (England: 34.60%) and 28.1% are obese (England: 20.4%), shown in Graph 2.

Graph 2: Children Overweight and Obesity Figures (NCMP)



There is a wealth of evidence that physical activity is good for mental health, it is protective in terms of people developing anxiety and depression and can be used to support people to manage their mental health condition and stay in a state of positive mental wellbeing. The 2022 #wolveswellbeingandme survey indicated that mental wellbeing in Wolverhampton is lower than the general UK Population (Health Survey for England 2016 Wellbeing and Mental Health), additionally when comparing the Office of National Statistics (ONS) data it demonstrates that levels of anxiety are higher in Wolverhampton and feelings of worthwhile, happiness were lower.

## Physical Activity

For physical activity levels there are several measures, they are each valid and have their own methodology and rationale. For adults, there are the following data sources that will be included in this needs assessment.

1. Public Health Outcomes Framework Indicator (PHOF) (C17 a & b): The source of this data is from the Sport England Active Lives Survey but additionally to the Active Lives Indicator, it includes gardening to be in line with Chief Medical Officers Guidelines. It also classes adults as 19+.

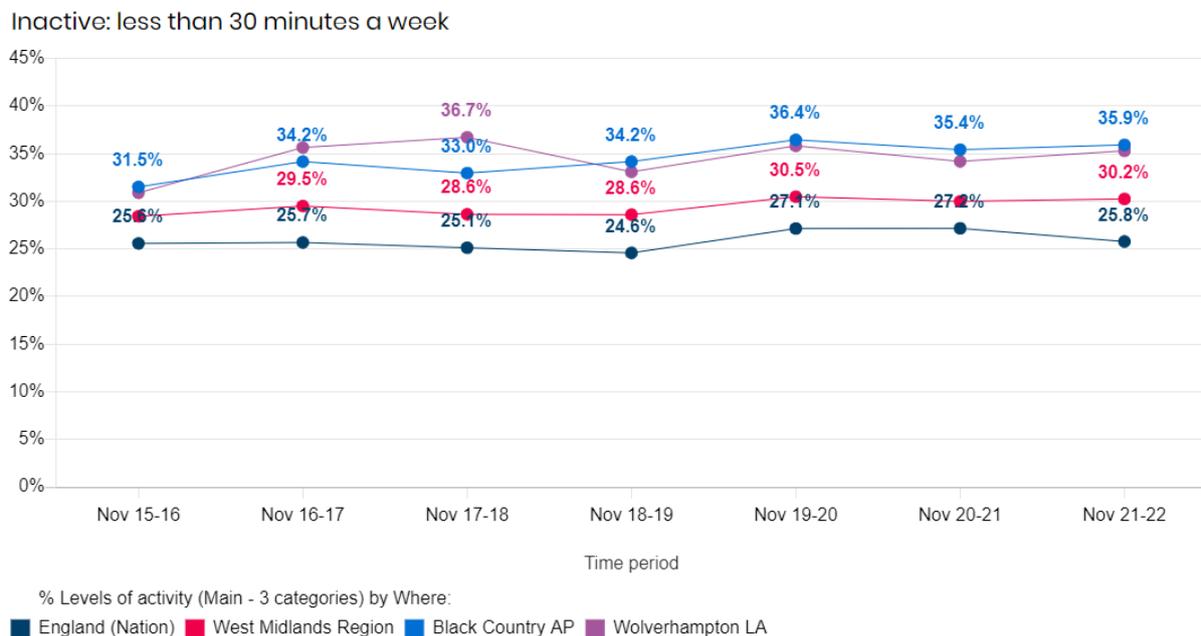
2. Sport England Active Lives: This is the national data source for physical activity and is the key performance indicator in the governments Sporting Futures Strategy. Adult is 16+.
3. City of Wolverhampton Council City Lifestyle Survey: Based on the questions asked in the Sport England Active Lives survey, the City Lifestyle Survey included several questions on physical activity behaviours of residents.

### Physical Activity Levels

The PHOF showcases that 57.2% of adults (aged 19+) in Wolverhampton are classed as physically active, this is significantly worse than the national average of 67.3% and 30.5% of adults are classed as physically inactive which is also significantly worse than the national average of 22.3%.

The Active Lives Survey, which does not recognise activities such as gardening as physical activity and measures adults from 16+, showcases that 53.9% are active, 10.8% are fairly active, and 35.3% are inactive (England average, 63.1%, 11.1% and 25.8%) these are from the 2023 Active Lives release.

Graph 3: Time series of inactivity levels across, England, West Midlands, Black Country and Wolverhampton.

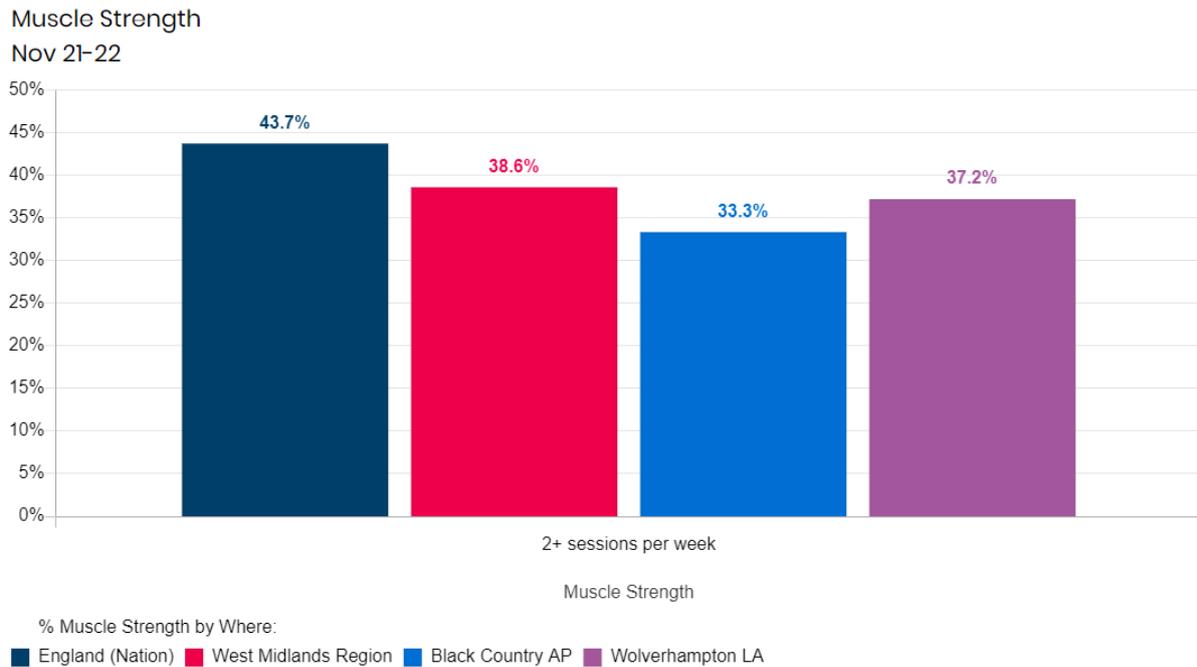


Graph 3 shows that the West Midlands, the Black Country, and Wolverhampton have consistently higher levels of physical inactivity than England. Wolverhampton has higher levels of physical inactivity consistently that the West Midlands Region and is on par with Black Country levels.

Additionally, Active Lives reports that 36.4% of adults conduct strength training on 2 or more days a week, compared to England average of 42.8%. Graph 4 shows the

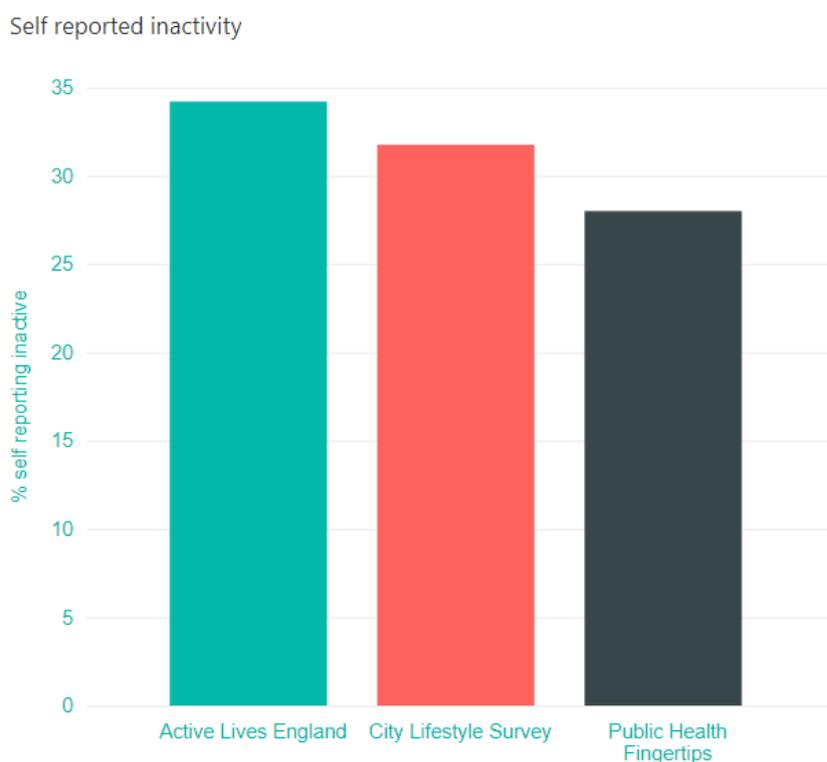
difference in muscle strength training between England, West Midlands, the Black Country. Wolverhampton has lower levels of muscle strength training than England and West Midlands but is higher than the Black Country average. Nationally 45.9% of males and 39.8% of females complete muscle strengthening exercises where in Wolverhampton 42.8% of males do and 29.4% of females. All information regarding strength training is taken from the November 2021 Active Lives survey.

Graph 4: Muscle Strength levels in England, West Midlands, Black Country, and Wolverhampton.



The City Lifestyle Survey 2023, which does include activities such as gardening and measures adults over the age of 16+, demonstrated that 31.8% of adults in Wolverhampton are inactive, 51.1% of adults are fairly active, and 17.1% of adults are active. Graph 5, show a comparison between the different measures of physical activity, although they have slightly different cohorts and definitions, inactivity levels are comparable.

Graph 5: % of inactive adults in Wolverhampton from Active Lives, PHOF and City Lifestyle Survey Data Sources



### **Physical Activity Levels and Demographic Breakdown**

Table 6 shows how these figures differ between demographic groups:

Table 6: City Lifestyle Demographic Table

Cohort	Inactive (%)	Fairly Active (%)	Active (%)
<b>All</b>	31.8	51.1	17.1
<b>Women</b>	34.3	51.2	14.5
<b>Men</b>	27.2	52.4	20.4
<b>Non-Binary</b>	28.2	21.1	50.7
<b>Use another term</b>	24.1	61.1	14.8
<b>Prefer not to say</b>	41.0	31.2	27.9
<b>Sexual Orientation</b>			
<b>Bisexual</b>	28.8	50.8	20.5
<b>Gay</b>	23.2	43.2	33.6
<b>Heterosexual/Straight</b>	31.7	52.3	16.0
<b>Lesbian</b>	19.2	34.6	29.0
<b>Use another term</b>	31.6	39.5	29.0
<b>Prefer not to say</b>	32.0	50.0	18.0
<b>Gender</b>			
<b>Gender same as at birth - Yes</b>	31.3	52.3	16.4

Cohort	Inactive (%)		Fairly Active (%)		Active (%)	
Gender same as at birth - No	26.2		29.7		44.0	
Not Answered	48.5		40.5		11.0	
Prefer not to say	40.4		37.2		22.3	
<b>16-24</b>	29.4		49.8		20.9	
	Men	Women	Men	Women	Men	Women
	25.8	33.0	50.8	51.4	23.4	15.5
<b>25-34</b>	24.4		53.1		22.5	
	Men	Women	Men	Women	Men	Women
	17.9	29.9	55.0	52.4	27.2	17.7
<b>35-44</b>	32.6		52.8		14.6	
	Men	Women	Men	Women	Men	Women
	25.6	35.8	58.7	51.3	15.7	12.9
<b>45-54</b>	35.4		50.1		14.4	
	Men	Women	Men	Women	Men	Women
	33.1	36.6	52.7	49.2	14.2	14.2
<b>55-64</b>	32.3		51.8		15.7	
	Men	Women	Men	Women	Men	Women
	30.6	33.5	49.1	53.9	20.2	12.5
<b>Older Adults (65+)</b>	39.1		48.0		13.0	
	Men	Women	Men	Women	Men	Women
	41.1	37.9	46.5	48.8	12.5	13.3
<b>Disability</b>	43.8		40.6		16.6	
	Men	Women	Men	Women	Men	Women
	36.1	47.0	44.1	39.6	19.8	13.4
<b>Asian, Asian British, Asian Welsh</b>	38.3		43.8		17.8	
	Men	Women	Men	Women	Men	Women
	34.8	41.7	47.6	43.2	18.0	15.1
<b>Black, Black British, Black Welsh, Black Caribbean or African</b>	36.4		47.1		16.5	
	Men	Women	Men	Women	Men	Women
	34.9	36.9	46.68	48.5	18.5	14.6
<b>Mixed or Multiple Ethnic Groups</b>	28.5		46.6		25	
	Men	Women	Men	Women	Men	Women
	22.8	32.0	41.9	50.8	35.3	17.3
<b>Other Ethnic Groups</b>	30.3		51.4		18.3	
	Men	Women	Men	Women	Men	Women
	31.3	29.2	53.1	52.3	15.6	18.5
<b>White</b>	28.9		54.4		16.7	
	Men	Women	Men	Women	Men	Women
	23.1	32.8	55.7	53.6	21.2	13.5

In further cohort analysis, activity levels and ethnic groups are shown below in Table

7.

Table 7: Ethnicity analysis of activity level

	<b>Inactive %</b>	<b>Fairly Active %</b>	<b>Active %</b>
<b>Bangladeshi</b>	22.0	35.2	42.9
<b>Indian</b>	39.6	46.7	13.7
<b>Pakistani</b>	42.3	37.1	20.6
<b>Black African</b>	34.4	46.4	19.2
<b>Black Caribbean</b>	36.7	49.0	14.3
<b>Chinese</b>	29.7	31.7	39.0
<b>Arab</b>	66.7	16.7	16.7

*Note: All sample sizes are more than 1% of the relative adult population size in Wolverhampton.*

Of the people who provided information on their gender, women had the highest levels of physical inactivity (34.3%) and the lowest number of people being active (14.50%). This in line with national findings from the Active Lives Survey.

Of those who answered the question of whether their gender is same as it was at birth, people who answered no to this question are more like to be active (44.0%) than those answered yes (16.4%).

For sexuality people who identify as their sexuality as lesbian are more likely to be active than all other sexualities (46.2% = active) and is higher than the Wolverhampton average level of 17.1%. People who identify as heterosexual/straight have the highest percentage of respondents who are classed as inactive (31.7%) and the lowest percentage of people are active (16.0%).

For the age categories, Wulfrunians who are aged over 65 had the highest level of inactivity at 39.10% and the lowest level of active 13.00%. The 16-24 age group were more inactive than the 25-34 age group, after this inactivity levels increased with age. With the exception of the over 65 age group females are more inactive than men at every age point, with the biggest variance being at the 25-34 age group (men: 17.87% and women: 29.89%) and 35-44 age group (men: 25.62%, women: 35.80%).

Adults who have a disability were more inactive than the all-resident Wolverhampton rate, with 43.77% be classed as inactive compared to the all-response figure of 31.76%. Additionally, women with a disability had a higher rate of inactivity, 46.97% than men with a disability 36.09%. However, men with a disability still had a higher rate of inactivity than the all-resident response figure.

Adults from an Asian (38.33%) and Black (36.42%) ethnic group had higher levels of physical inactivity than the all-respondent figure (31.76%) and other ethnic groups (Mixed or Multiple: 28.45%, Other: 30.29% and White: 28.92%). In all ethnic group females had higher levels of physical inactivity than men and in all but the Other group had higher than the total respondent figure of 31.76%. On further examination of ethnic groups, where there was a sample size of more than 1% of the relative adult population size in Wolverhampton. People from Bangladeshi heritage had low

levels of physical inactivity at 21.98%, whereas people from Arab heritage had high levels of inactivity at 66.67%. Additionally, people from Indian, Pakistani, Black African, Black Caribbean heritage had higher levels of inactivity than the all-respondent figure.

Table 8: Cohort comparison Wolverhampton and England

W (CL) = Wolverhampton City Lifestyle Survey Data

E (AL) = England Active Lives Survey Data

Cohort	Inactive %		Fairly Active %		Active %	
	W (CL)	E (AL)	W (CL)	E (AL)	W (CL)	E (AL)
<b>All</b>	31.8	27.2	51.11	11.5	17.1	61.4
<b>Women</b>	34.3	27.8	51.2	11.9	14.5	59.8
<b>Men</b>	27.2	26.3	52.4	10.6	20.4	63.1
<b>Disability</b>						
	43.8	42.4	40.6	12.4	16.6	43.6

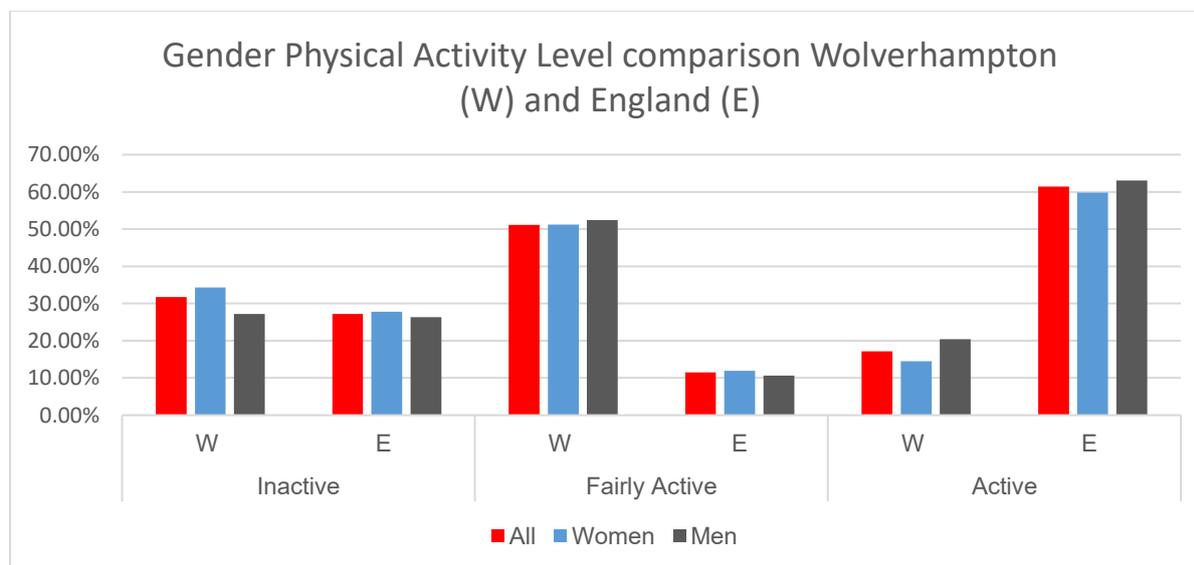
Note: 1. Data are taken from the November 2021 data release.

2. Not all cohorts were able to be compared owing to differences in inclusion criteria and segmentation

Graph 6: Gender Physical Activity Level Comparison Wolverhampton and England

W = Wolverhampton City Lifestyle Survey Data

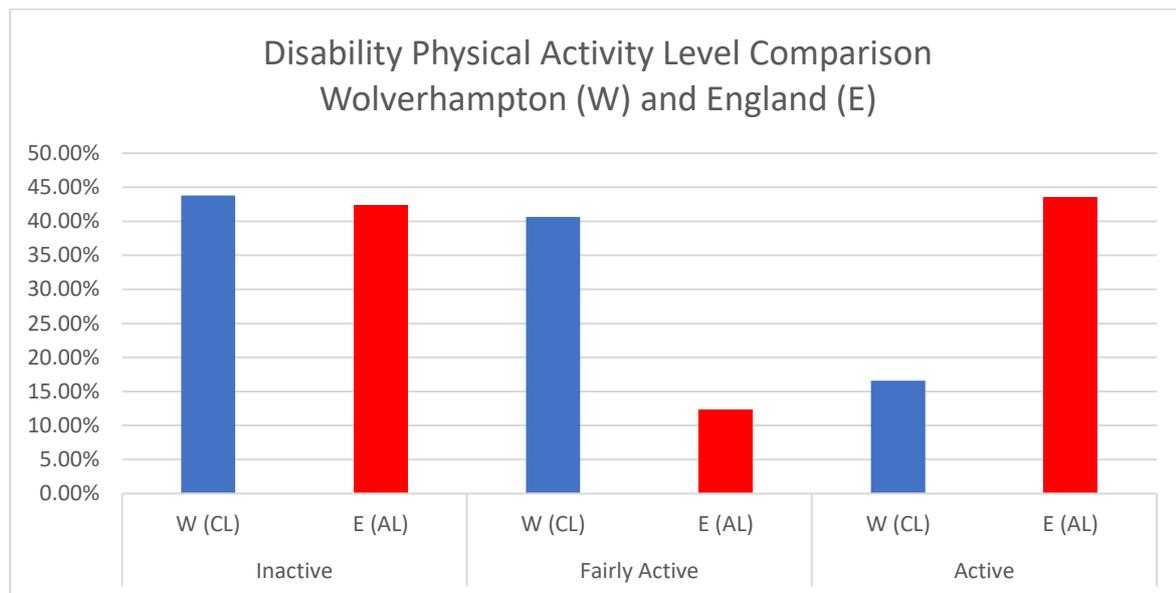
E = England Active Lives Survey Data



The Wolverhampton data shown in Table 8 and Graph 6 was taken from the city lifestyles survey, and the England data was taken from the Active Lives Survey. Although these surveys are different, questions and calculations were similar, with the same definitions used this has allowed a comparison to be made.

In both surveys the inactive rates are at a similar level, however when looking at fairly active and active categories there are great differences in the rates between the two surveys. According to the Active Lives Survey for England more people respond as being active, whereas in Wolverhampton through the City Lifestyle survey more people respond as being fairly active.

Graph 7: Disability Physical Activity Level Comparison Wolverhampton and England  
W = Wolverhampton City Lifestyle Survey Data  
E = England Active Lives Survey Data



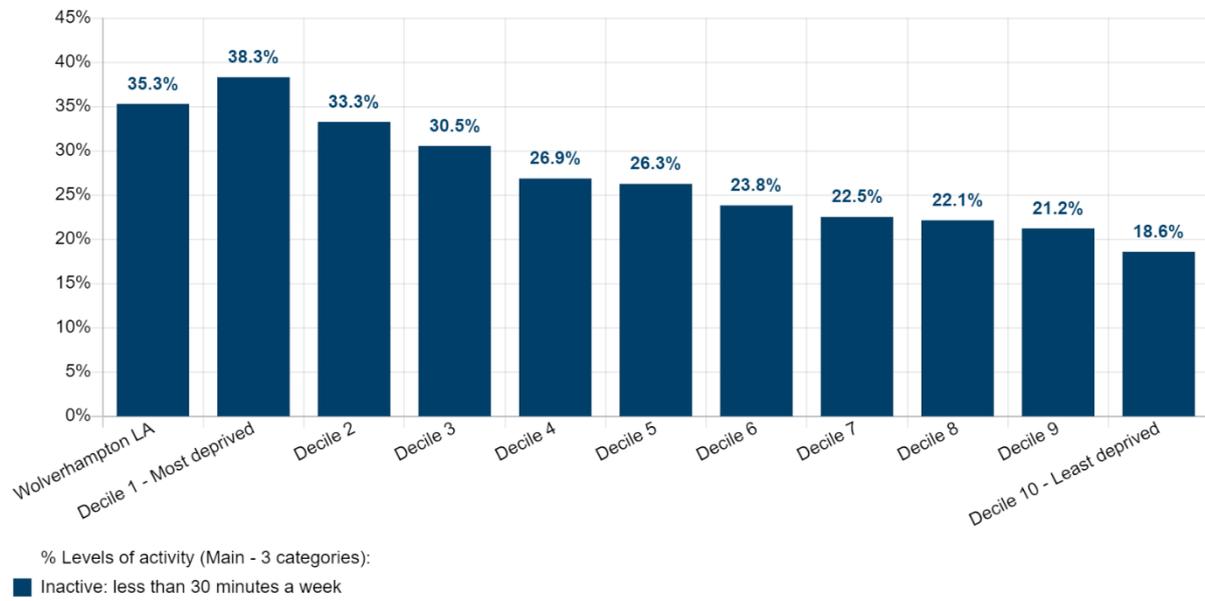
The disability data follows the same trend as the gender data when comparing Wolverhampton City Lifestyle and England Active Lives survey results, shown in Graph 7. Inactivity rates are similar, however there is big difference in fairly active and active. More residents in Wolverhampton responded to the City Lifestyle survey that they were fairly active than active, whereas this is the opposite way around for England.

#### Physical Inactivity and deprivation

The below graphs (8, 9, 10) showcase that if you are from the most deprived areas of Wolverhampton, you are more likely to be inactive (adult), less active (children) and not complete muscle strengthening exercise on two days a week (adult) compared to the least deprived areas of the city. In adults there is nearly a 20% negative difference in proportion of adults who are inactive from least deprived to most deprived, this is also reflected in the proportion of adults completing muscle strengthening activity on at least two days a week. The difference is less stark in the children’s data but still present, there is a 9% negative difference in proportion of children who are less active from least deprived to most deprived.

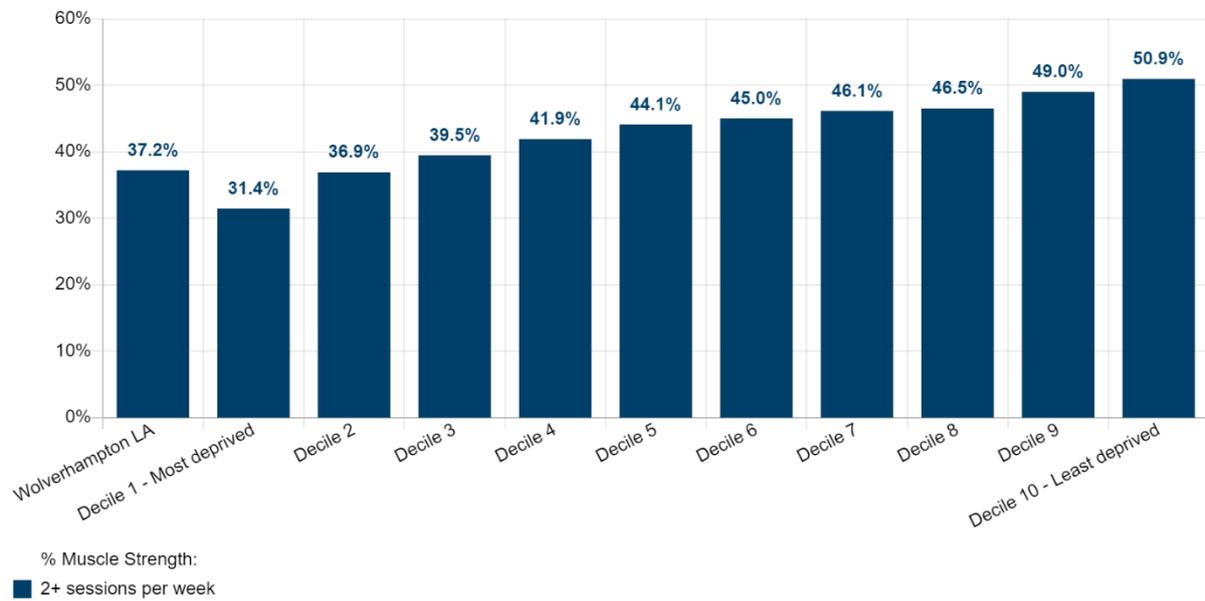
Graph 8: Active Lives: Inactive adults and deprivation

Levels of activity (Main - 3 categories)  
Nov 21-22

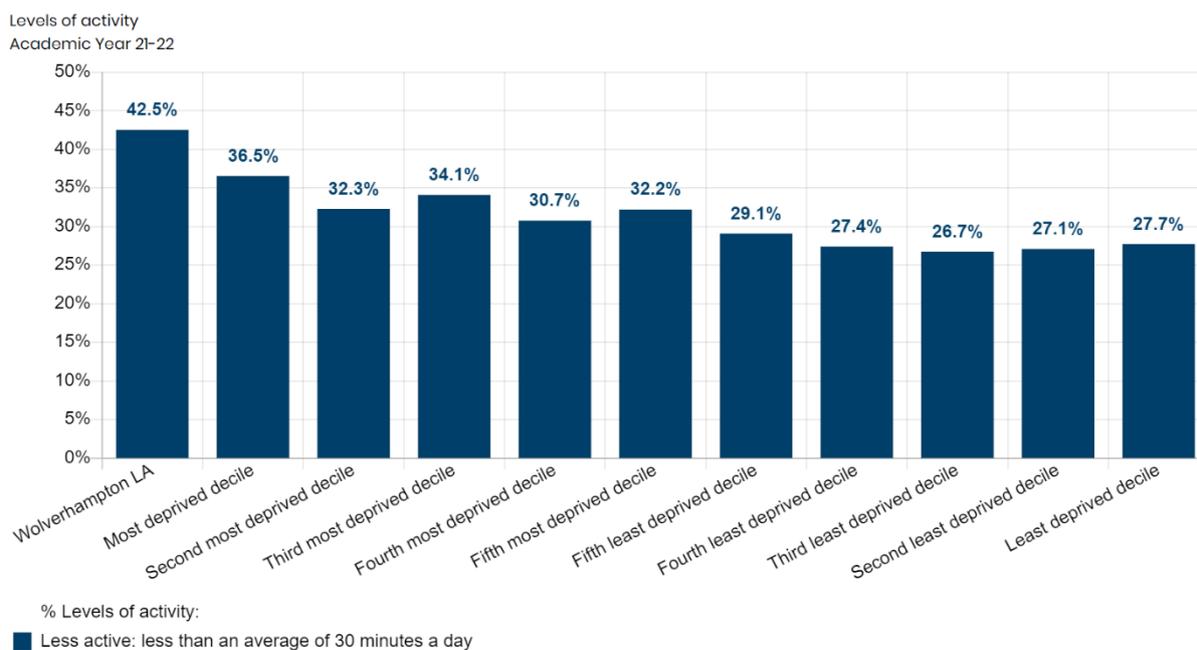


Graph 9: Active Lives: Muscle Strength 2 days a week and deprivation

Muscle Strength  
Nov 21-22



Graph 10: Active Lives: Less Active Children and Deprivation



### Perception of Physical Activity Levels vs Actual Levels of Physical Activity Levels

The City Lifestyle Survey asked what people's perception of their physical activity levels was. 5.85% of respondents said that they were not physically active at all, 27.68% stated that they were not very physically active, 51.41% thought they were fairly physically active, and 13.26% stated that they were very physically active.

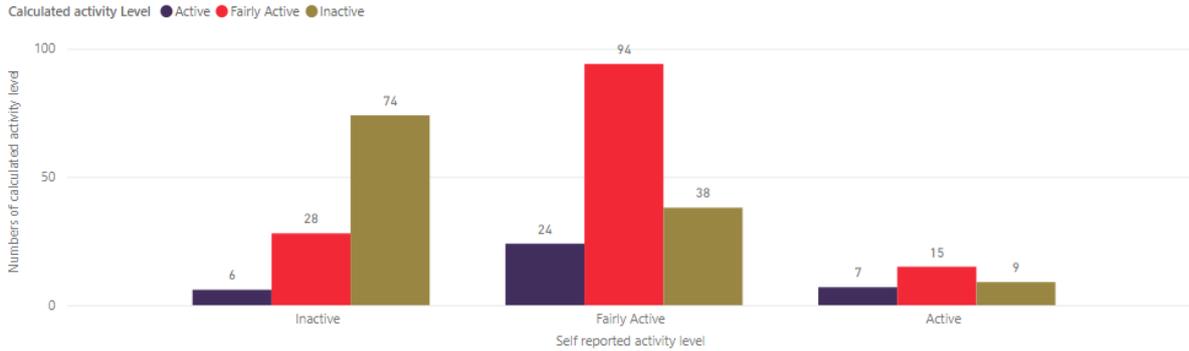
When comparing perceived physical activity levels and actual self-reported levels, the major difference is a slight under reporting of activity levels in the active category, shown in Table 9.

Table 9: Perceived physical activity vs actual physical activity

	Perceived Physical Activity %	Actual Physical Activity (CL) %
<b>Inactive</b>	33.5	31.8
<b>Fairly Active</b>	51.4	51.1
<b>Active</b>	13.3	17.1

Further examination into this looked at whether respondents self-reported calculated physical activity levels correlated with their self-reported physical activity status (inactive, fairly active, active). This demonstrated that the majority of people who reported themselves to be inactive were actually inactive. The Graph 11 does show there are people who think their activity status is higher than their actual levels of activity. This is the most worrying cohort, as they perceive they do not need to increase their activity levels.

Graph 11: Comparison of self-reported calculated physical activity levels with self-reported physical activity status.



### **Life Satisfaction and Adult Physical Activity**

The 2023 City Lifestyle survey collected information on residents of Wolverhampton’s life satisfaction. Those who rated themselves as being ‘extremely dissatisfied’ with their life 52.00% were classed as inactive, 35.00% fairly active, 13.00% as active, whereas people who rated themselves as being ‘extremely satisfied’ 19.40% were inactive, 54.23% were fairly active and 26.37% were active. The percentage of people who are classed as physically inactive decreases as life satisfaction increases, shown in Table 10.

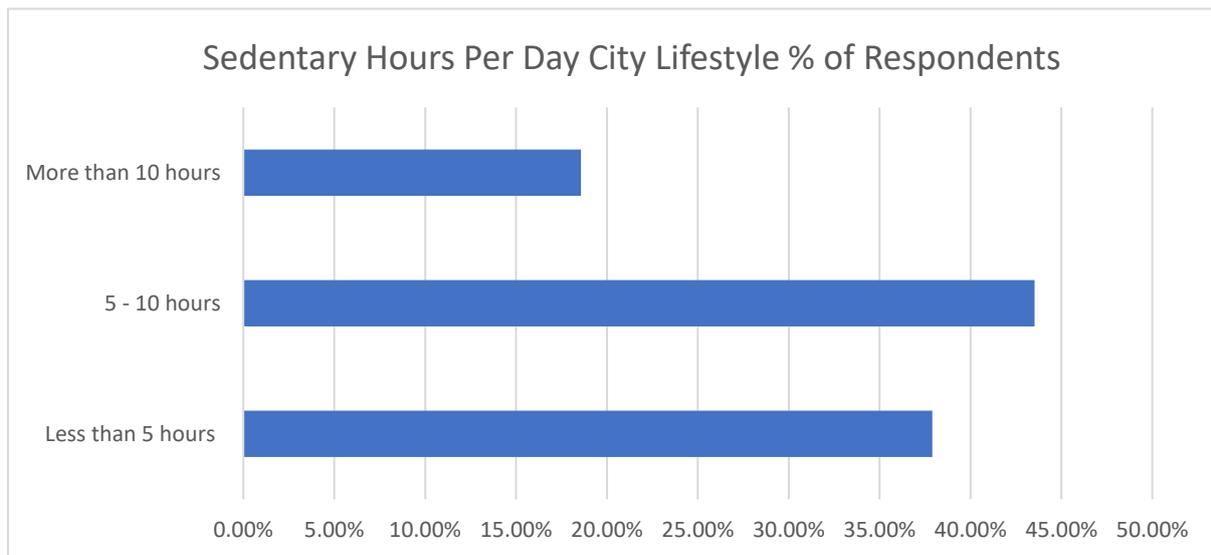
Table 10: Life Satisfaction and Physical Activity Status

<b>Life Satisfaction / Activity Status</b>	<b>Inactive %</b>	<b>Fairly Active %</b>	<b>Active %</b>
Low	35.8	46.4	17.8
Medium	34.5	47.6	17.9
High	29.6	54.8	15.6
Very High	21.1	58.1	20.9

### **Sedentary Behaviour**

The CMO guidelines outline that all ages should reduce the amount of time spent being sedentary, the lifestyle survey asked how many hours on average a day people spent being sedentary. The majority of residents spend less than 10 hours a day being sedentary, however they do spend more than 5 hours, shown in Graph 12.

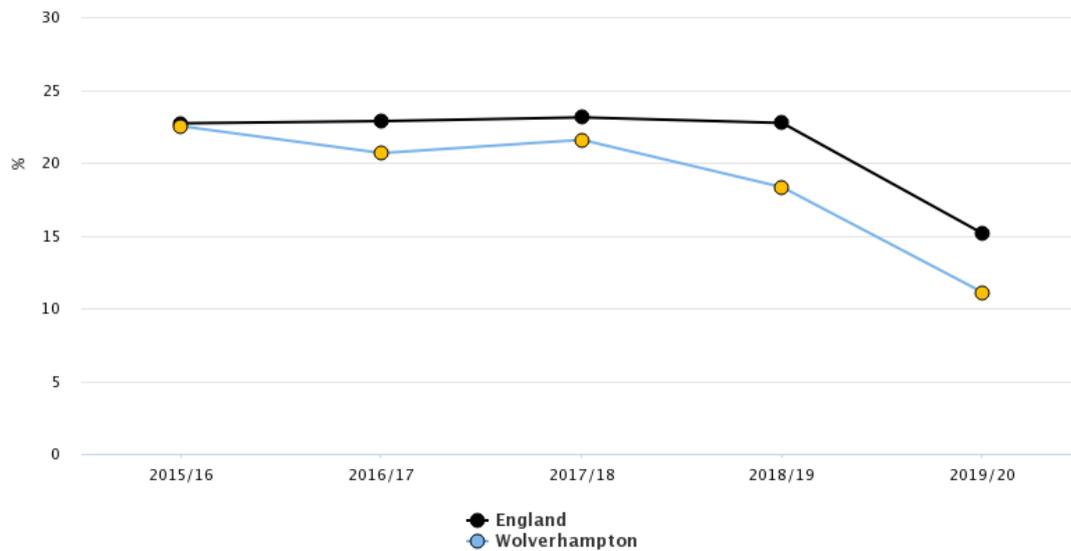
Graph 12: Sedentary hours per day



### **Active Travel**

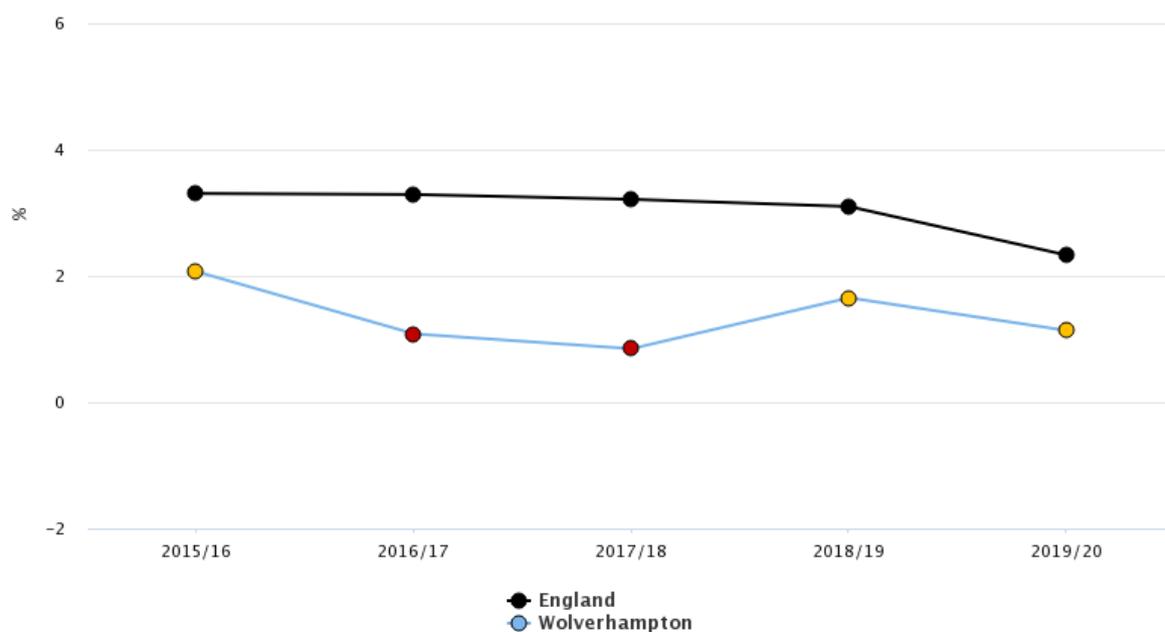
It is reported that 11.1% of Wolverhampton Adults walk for travel at least three days a week, this is lower than both the regional level of 12.6% (West Midlands) and the England figure of 15.1% (Department of Transport 2019/20). 1.1% of adults cycle for travel for at least three days per week in Wolverhampton compared to 1.4% in the West Midlands and 2.3% in England (Department of Transport 2019/20).

Graph 13: Adult Walking for Travel at least three days per week for Wolverhampton and England



Graph 13 shows that Wolverhampton has lower rates of adults walking for travel for at least three days a week than England and there has also been a steady downward trend since 2015.16 and had a dramatic drop for both Wolverhampton and England between 2018/19 and 2019/20.

Graph 14: Adult Cycling for Travel at least three days per week for Wolverhampton and England



Graph 14 shows that Wolverhampton has lower rates of adults cycling for travel for at least three days a week than England. However, whilst England has seen a

decrease in the percentage of people cycling for travel, over the last two-time points Wolverhampton has seen a slight increase.

### **Physical Activity Enablers and Motivation**

The City Lifestyle asked Wulfrunians if they would like to be more physically active, 79.35% of residents responded that they would like to be more active. There were no noticeable differences between cohorts, except people aged over 55+. The percentage of people who wanted to be more physically active reduced to 69.74% and for over 65's this reduced further to 63.83%.

Additionally, it was asked what would motivate residents to be more active, the answer which over 25% of responded answered are:

1. Having more time
2. Free facilities
3. Range of local facilities
4. Someone to exercise with
5. Affordable facilities
6. Knowing what is on

### **Children and Young People Physical Activity**

For children and young people there are two data sources to measure physical activity levels:

1. Active Lives Children and Young People Survey which is collected through each academic year.
2. City of Wolverhampton Council Health Related Behaviour Survey (HRBS): Based on the questions asked in the Sport England Active Lives survey, the HRBS included several questions on physical activity behaviours of residents. The full survey is undertaken every two years.

Children and Young People Active Live Survey measures children and young people aged between five -16 years old. There is no physical activity measure for under-fives. In Wolverhampton 35% of children are active (England: 47.2%), 22.5% are fairly active (England 22.7%) and 42.5% are less active (England: 30.1%). The Active Lives sample shows there is no difference in gender physical activity levels, the sample is not sufficient to analyse by other key demographic data.

### **Active Travel to School (Active Lives and HRBS)**

Active Lives (academic year 21-22) shows that 42.3% of pupils walked to school once a week or more. Pupils who are from the most deprived parts of the city (IMD: one - three) are more likely to walk to school than those from the least deprived part

of the city (IMD eight - ten). 45% of children from the most deprived part of the city walked to school once a week or more, those in the mid deprived category (IMD four - seven) 40.8% walked to school once a week or more and in the least deprived areas this was 38.6% walked to school once a week or more.

52.1% of pupils reported that they travel actively at least once a week (Active Lives Academic year 21-22), children from the most deprived parts of the city (IMD one - three) were more likely to travel actively (58.9%).

### **Enjoyment in physical activity**

The HRBS has demonstrated that physical activity is well received at primary school age with 85% of key stage one pupils said they enjoy being active at school 'quite a lot' or 'a lot' in the 2022 survey, this has increased compared to 2018 where 79% of pupils they enjoy being active at school 'quite a lot' or 'a lot' in school. 76% of key stage two pupils in 2022 said that they enjoy being active at school 'quite a lot' or 'a lot' compared to 80% in 2018.

Enjoyment in physical activity at school drops off between primary and secondary school in Wolverhampton, however this more significant in girls. In year two, 63% of girls report that enjoy physical activity at school 'a lot' whereas in year ten only 17% of girls reported to enjoy physical activity 'a lot'. In boys in year two 61% of pupils reported they enjoyed physical activity 'a lot' and in year ten this had reduced to 41%.

### **Swimming**

The national curriculum states that schools should provide sufficient swimming opportunities to ensure all pupils make progress and achieve their best in swimming and water safety.

The requirement is for all year six pupils to meet the statutory minimum standard of capability and confidence in swimming and safe self-rescue, as set out in the national curriculum. The minimum requirement is that, by the time they are ready to leave key stage two, every child is proficient across three key areas:

**25M Proficiency:** Every child, by the time they are ready to leave key stage two is able to swim confidently, competently, and proficiently over a distance of at least 25m.

**Range of strokes:** Pupils should be able to make choices about the strokes used to achieve different outcomes, evidence alternating and simultaneous strokes and adapt strokes for a range of outcomes.

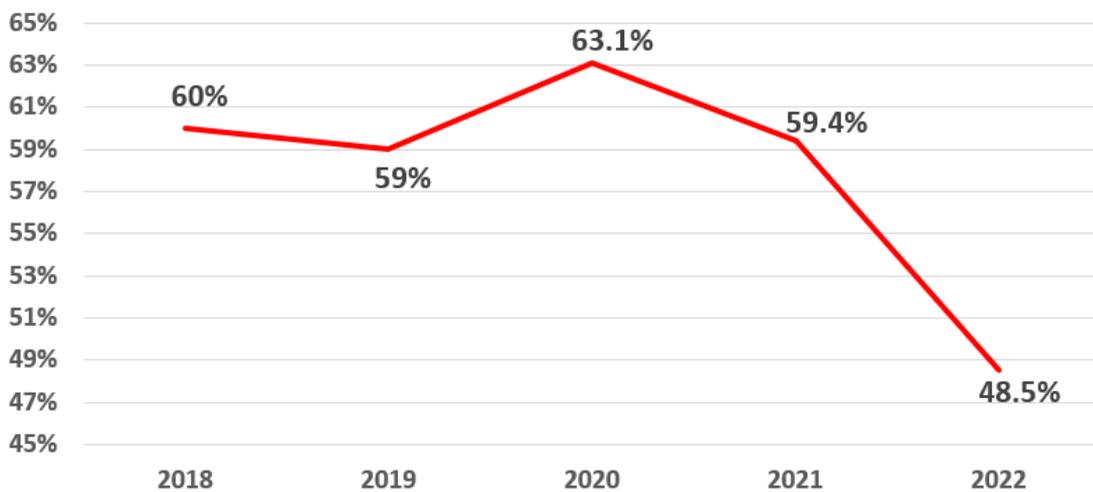
**Water safety:** Every year six pupil should be able to demonstrate safe self-rescue and evidence this in different water-based situations.

Active Black Country collect annually Primary School Swimming for the Black Country dataset. In Wolverhampton 2022, 52.2% of year six pupils could swim 25m,

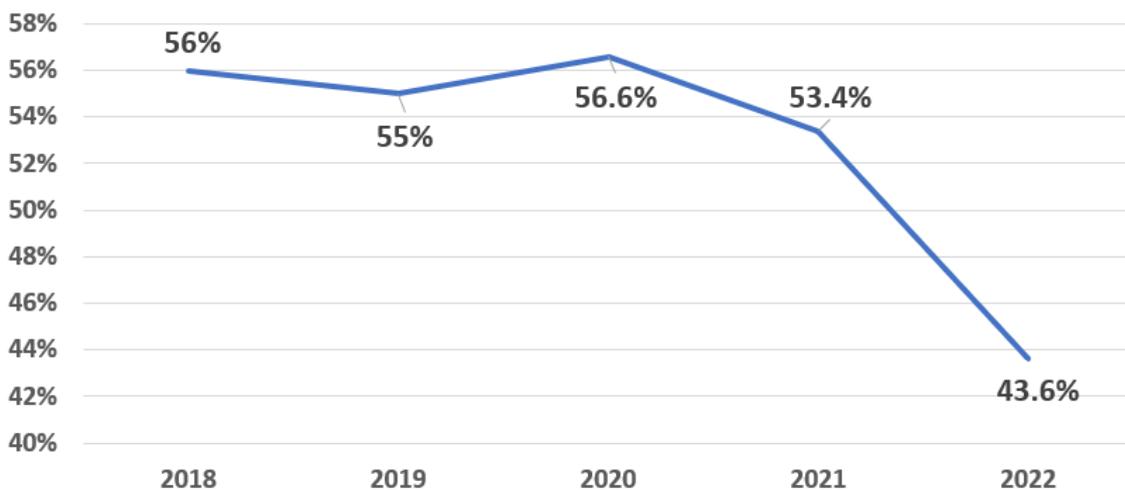
there are 2,496 year six pupils in Wolverhampton who are not able to swim 25m. The wards who have the lowest number of year six pupils being able to complete 25m are Heath Town, Fallings Park, and Blakenhall. 50% of year six pupils in 2022 could effectively use a range of strokes, 55% of year six pupils are able to perform a self-rescue and 2,523 pupils in year six are able unable to perform a safe self-rescue in Wolverhampton. The wards that have the lowest number of children being able to perform safe self-rescue are Heath Town and Fallings Park.

Graph 15 shows that prior to the COVID pandemic in 2020, swimming proficiency had been steadily around the 60% mark, however, since the children returned to school and regular swimming assessment in 2022, there has been a dramatic reduction in swimming proficiency in the Black Country. These results are measured in the range of strokes and water safety indicators (Graph 16 and 17).

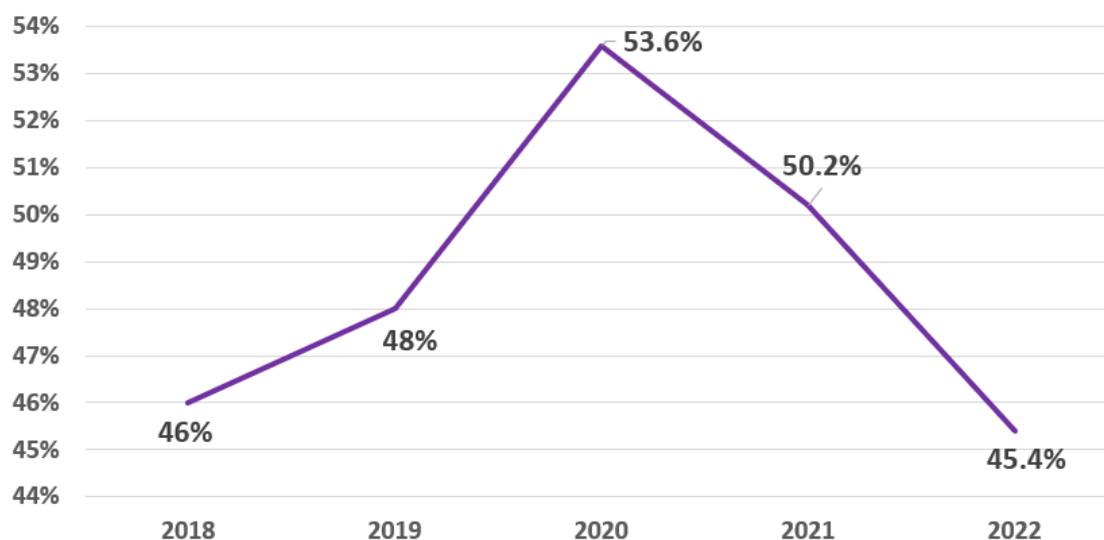
Graph 15: 25m Swimming Proficiency in the Black Country 2018 - 2022



Graph 16: Ability to Demonstrate a Range of Strokes in Swimming in the Black Country 2018 - 2022



Graph 17: Ability to demonstrate a Safe Self-recue in Swimming the Black Country 2018 - 2022



Additionally, the HRBS survey completed by the City of Wolverhampton Council has demonstrated that there have been some negative changes in swimming ability in the city since the 2018 survey, which is in line with the Active Black Country dataset. Key Stage two, three and four pupils in 2022 are less likely to report that they are able to swim more than a length easily than in the 2018 survey. In 2018 43% of key stage two pupil said they can swim more than a length (25 meters) easily, this has reduced to 30% in 2022. For key stage three and four, in 2018 52% of pupils said they could swim 25 meters easily this has reduced to 47%. Since 2016 there has been a reduction by 19% of the percentage of key stage one children that at least sometimes go swimming after school or at weekends, (2016 = 70%, 2018 = 62%, 2022 = 51%).

### Summary of Data

Wolverhampton physical inactivity data is worse than the national average for adults, children, young people, and adults completing required strength training. There are certain cohorts of the city's population that are more likely to be inactive these are:

- Women and girls
- People living with a disability, especially women living a disability
- People from Asian and Black ethnic groups
- People from deprived backgrounds
- People living with low life satisfaction
- Older adults

The groups that have been identified through local data are in line with the groups that have been identified at a national level. The City Lifestyle Survey shows that there are a higher proportion of people who are in the fairly active category and lower proportion of people in the active category than the Active Lives Survey. There

is a clear motivation from Wulfrunians to move more as 79% of residents reported they want to increase their physical activity levels.

When focusing on children and young people's data there is a decline in enjoyment in physical activity as they get older, however, there is a stark difference between boys and girls. Between year two and year ten girls enjoyment levels drop by 46%. There is also a substantial issue with swimming in the city for children, with just over half of children being able to swim 25m at year six.

There are low levels of Active Travel in the city, particularly cycling, both walking and cycling levels for travel are lower than the England average. Active travel rates are higher in children for travelling actively to school and children from deprived backgrounds are more likely to travel actively.

## Active Wulfrunians: Residents Voice

Seven targeted group sessions were delivered focusing on communities that are less likely to be active. This included women, people from low socio-economic backgrounds, those living with a long-term health condition, those from ethnic minority backgrounds and older adults. There was a total 75 Wulfrunians who took part in the focus groups in March 2023.

For the Active Wulfrunians theme the following questions were asked:

1. What do you think the benefits are of an active lifestyle? By this, I mean being active for a period every day, in a way that raises your heart rate slightly.
2. Who is the person, or people, whereby if they suggested to you to be more active, you'd listen and act upon it? Why would you listen to that person/those people?
3. What would make you enjoy physical activity more?

The answers from the seven focus groups have been combined and analysed for common themes.

The first question asked people about the benefits of being active. It was clear that there was a good understanding across all groups that being physically active is good for you and has a positive impact on physical and mental wellbeing. The majority of participants understood it prevented some health conditions from developing, such as diabetes, cardiovascular disease, however it was less well known that being active can help manage some health conditions. Throughout all groups there was a strong theme of being active used as a tool for weight management and mainly weight loss, this was heightened in females. There was a less dominant theme of the social benefits of being active, the main benefit focus was physical, and mental coming second.

In summary, there was a good understanding that physical activity is good for you and the benefits range from physical, weight management, "good for blood pressure" to mental, "it gives your mood a boost" and "it can stop my mind going into a negative cycle" and social. A common theme was people knowing it was good for them and they should do more, but the motivation level, competence and opportunities is not great enough to turn this into action (intention behaviour gap).

The second question looked at who the people of influence are. There were three clear groups that came out of this question:

- a. Community leaders
- b. Friends
- c. Family.

Within the community leaders' group, it was people who ran groups, either on a voluntary or paid basis. These would not be physical activity specialists but people

who had built up a rapport with the individuals. Similarly, with friends and family, these people didn't need to have the knowledge they needed to have a positive and trusted relationship with individuals.

The final question of this section looked at enjoyment and enablers to physical activity. Fun and social sessions were reoccurring theme throughout the focus groups, people wanted opportunities where they can be in a group and "have a giggle". Another theme that came out of all focus groups was having sessions that were suitable for "my ability", a lot thought that the sessions that were available were too intense and would not be able to participate. Thus, having more sessions for lower abilities would mean they would attend. A common theme among women, were having sessions that were women only as they did not like the idea of having mixed sessions. If people were being active on their own such as going for a walk, they stated they would enjoy it far more and be willing to do more if they felt safer. Participants who had families, wanted family sessions where they can either play together or sessions happening at the same time in the same location so the whole family is catered for. Participants whose English was not their first language there was a demand for session that had a dual focus, be active and also improve English.

Summary: From the focus group it was clear that people from all backgrounds did know being active was good for them but there was a gap between that knowledge and the action of being active regularly. Community leaders play a strong role in influencing residents and more needs to be done to understand if they have the skills, knowledge, and competence to support people who trust them to be active. When looking what would help people enjoy being active, conversations centred around the format of sessions, and it needs to meet people's needs physically, mentally, and socially.

### Active Wulfrunians: Stakeholder Voice

Through the process of creating the Physical Inactivity Discovery document (Sept 2021 – June 2022) and follow up stakeholder engagement, system wide partners have been consulted with to understand their viewpoint. Stakeholders included representation from health, housing, planning, transport, education, communities, community safety, environment.

There was a consensus that partners knew it was beneficial to be active, from their personal perspective, for the residents of Wolverhampton and for the city. There was a general desire for people to be more active themselves as well as support Wulfrunians to increase their activity levels. Similarly, to the view of Wulfrunians, it is thought there often is an intention behaviour gap between residents who want to be more active, some of their actions and the outcome of levels of physical activity. An example of this is where people pay for a gym membership but do not use it. Stakeholders expressed that there needs to be better use of behavioural science theories and techniques to harness knowledge, motivation and turn these into action.

It was felt that professionals need to better understand their role and gain the skills to help create and facilitate that action.

Stakeholders themselves and wider people's initial perception of what is physical activity is usually extreme e.g., running, rather than starting slow and steady. This impacts on the advice that is being given to support people to be active and people's initial action to move more which can lead to negative experiences or the perception of negative outcomes, so people do not start to move more or sustain participation.

It was understood that there needs to be a personalised approach to supporting people, but unclear how best to undertake this and whose role it is to provide this. Several stakeholders mentioned that it is everyone's role but also no one's dedicated role to do this. It was raised that social prescribers can be part of the solution and play a key role in providing a personalised approach, with the caveat that more was needed to be done to understand the pathways into and out of social prescribing.

It was felt there are a lot of cultural factors at play and there needs to be a better understanding of the norm in different cultures in relation to physical activity.

A poignant point from stakeholders was that there need to be more opportunities that meet communities' needs and that build on community strengths, utilising their local physical and people assets.

## Active Wulfrunians: Evidence Review

Whilst almost 26% of adults nationally report participating in less than 30 minutes physical activity per week (Active Lives, 2023), certain groups such as people with disabilities, older people, some Ethnic Minority groups, and women are more likely to be physically inactive (Department for Digital, Culture, Media, and Sport, 2018). There is also regional variation in physical activity statistics which shows that in Wolverhampton, 35% of adults report participating in less than 30 minutes of physical activity per week compared to 26% of adults nationally based on Active Lives 2023. The following evidence review will examine the available literature on ways to support people who are inactive to change their behaviour and move more and look at specific cohorts who we know are more likely to be inactive and what support works to reduce the inequalities in activity levels they face. Additionally, there will be a review of the literature surrounding early years, as there is a lack of data available for this cohort, thus it is important to understand how this age group and physical activity interact.

### **Inactive People**

The biggest reductions in future health problems are often seen when moving people from inactive to moderately active lifestyles (Rhodes, 2017). Behavioural science puts forward that there is an important distinction between initial behaviour change and behaviour change maintenance, which is much harder to achieve. As a result of these factors, Howlett et al. (2019) conducted a literature review to determine if interventions targeting healthy inactive adults were effective at promoting behaviour

change and behaviour change maintenance. They found several interventions aiming to increase physical activity in healthy inactive adults were effective in promoting both behaviour change and maintenance change. Specifically, they found that interventions were more effective when they:

- Included an element of biofeedback (i.e., the inclusion of a heart rate monitors to track exertion during exercise)
- Provided a demonstration of the behaviour
- Prompted practice of the behaviour (often in supervised exercise classes)
- Increased the intensity and duration of exercise in progressive
- Encouraged people to detailed plans to perform the behaviour
- Encouraged the use of prompts/cues as a reminder to exercise
- Encouraged people to reward themselves for making efforts to increase physical activity

### **Ethnic Minorities**

On the Active Lives survey, all Ethnic Minorities in Wolverhampton reported higher levels of inactivity compared to White British adults (29%) except for Bangladeshi (22%) and Chinese (29%) adults. These figures are consistent with national data indicating that Ethnic Minorities engage in lower levels of PA and are therefore at higher risks of non-communicable diseases than White-British individuals (Health Survey for England, 2021).

One of the reasons for physical activity disparities between White adults and adults from Ethnic Minorities could relate to the additional barriers faced by Ethnic Minorities when engaging in physical activity. For instance, Koshoedo et al. (2009) found that on top of barriers faced by the general population such as environmental barriers (weather conditions) and personal barriers (lack of time and motivation), Ethnic Minorities also face a number of cultural barriers such as lack of women only sessions or social support to engage in physical activity from community members.

As a result of these additional barriers, Such et al. (2017) identified six principles from their review of 90 physical activity interventions in England that they argue should be used to tailor interventions to make interventions more effective:

1. The use of community centres to publicise interventions and increase accessibility.
2. Identifying barriers to access and participation and addressing them.
3. Developing communication strategies that address language use and different information requirements.
4. Identifying and working with cultural or religious values that either motivate or inhibit behavioural change.
5. Accommodating degrees of cultural affiliation in the planning and evaluation of targeted interventions.
6. Building local capacity for sustainability.

## **Older Adults**

Physical activity among older adults is particularly beneficial as it can increase mobility and lower the incidence of falls and fractures. Physical activity also presents opportunities to increase social capital which can help to combat social isolation that may be experienced by older adults once they retire (Afroditti, 2022). However, older adults face considerable barriers to being physically active owing to a higher prevalence of non-communicable diseases such as cardiovascular diseases and diabetes, as well as reductions in mobility (Nawrocka and Mynarski, 2017). In the Black Country 37% of adults aged 55-74 and 56% of those aged 75+ report being inactive (participating in less than 30 minutes of activity per week [Active Black Country, 2022]).

Research suggests that interventions to try and increase PA in older adults may be more effective if they target the underlying rationale for not exercising. If individuals are concerned about the risk of injuring themselves then the use of assisted devices for balancing can assist the elderly during exercise (Corrigall, 2019). In a systematic review of 38 studies targeting older adults (aged 50+), home-based, group-based, and educational physical activity interventions all showed promise in increasing physical activity levels. However, there was limited information about the effectiveness of these interventions long term. This could indicate lack of opportunities for older adults to be active in the community (van der Bij et al., 2002).

## **Women**

Significant inequalities exist for gender. Nationally 66% of men report participating in 150 minutes or more of activity per week compared to 61% of women (Sport England, 2022). Local data for Wolverhampton also shows disparities between the activity levels of men and women. For the period between November 2021 to November 2022, 34% of women reported participating in less than 30 minutes of physical activity per week compared to 27% of men (Sport England, 2022).

Peng et al., (2023) identified a number of barriers and facilitators to physical activity for young adult women globally across a wide range of studies in a systematic review. In particular, lack of time was recognised by nearly all women across studies as a major barrier and was exacerbated by life events such as having children and trying to balance work, education family and household obligations. Women commonly expressed safety concerns such as fear of being harassed and participating in physical activity at night. Body change goals such as trying to lose weight or get into better shape were the most common facilitators for younger women whereas for older women trying to be healthy was seen as being more important. The word “sport” was considered to relate more to men rather than women across the sample and for some was a deterrent to physical activity.

These findings are similar to insight work conducted by Sport England which recommends avoiding solely talking about “sport” as this may have negative

connotations for some groups. Instead, they recommend using the words “physical activity and exercise”. They also recommend hyperlocal venues for activities that are close to other important hubs (e.g., public transport and schools) with timings that would also fit for those with different routines such as after children’s bedtimes for mothers. They also recommend offering taster sessions which allow women to drop in without over committing (Sport England, N.D).

Sport England’s This Girl Can campaign was designed to try and tackle the physical activity gender gap and builds on their insight work. They used focus group data where women reported that *appearance* (e.g., being sweaty and wearing tight clothing), *ability* (e.g., not being fit enough or being seen as too competitive) and *other priorities* (e.g., feeling that time spent with the family should be a priority over exercising) were common barriers faced by women to engaging in exercise. A social marketing campaign featuring a video that was produced to show women engaging in various sport and fitness activities. Importantly, the women depicted were not athletes or models but represented ‘normal’ women who were breathing heavily, sweating, and laughing as they exercised. Sport England reports that 2.9 million women aged 14-60 reported being more active (e.g., tried a new type of exercise, or increased the amount of time spent exercising) as a result of seeing the campaign with 1.5 million have started or re-started exercise (Sport England, 2017).

Regular physical activity can also be a challenge for pregnant women. Physical activity is associated with positive maternal and foetal health outcomes such as decreased risk of delivery complications, pre-eclampsia, and gestational diabetes (Díaz-Burrueco, 2021). Both the UK Chief Medical Officer and the World Health Organisation (WHO) advise that pregnant women should still participate in 150 minutes of physical activity per week. Data gathered from focus groups conducted with pregnant women and midwives however highlights a number of barriers and facilitators for physical activity. Lack of knowledge about how much physical activity to do and how to do it safely was consistently reported by women. Having opportunities to participate in classes or group activities with other pregnant women combined with clear instructions from health professionals often addressed these underlying fears and helped to balance out some negative views about physical activity whilst being pregnant from some social contacts.

### **Early Years**

Physical activity is important in the early years (0-5) for social, cognitive, and motor skills development and is related to better physical and psychological health outcomes throughout the life span (Hinkley, 2008). There is evidence that physical activity behaviours established early in childhood may continue throughout an into later childhood, adulthood and establish this health behaviour at this point is vital (Telama, 2009). Additionally, reviews have shown that children of active parents are more likely to be active themselves (Hinkley et al., 2008).

### **Individuals with Long Term Health Conditions**

15 million people in England are living with one or more long-term health condition (chronic mental or physical health conditions that require ongoing management and treatment over a period of years or decades). This data indicates that one in three of the working age population have at least one long term condition and one in seven have multiple long-term conditions (Public Health England, 2023). Sport England (2021) conducted a review of scientific evidence and expert consensus and determined that the benefits of taking part in physical activity participants outweigh the risks for people who are living with long-term health conditions. In fact, Office of Health Improvement and Disparities (OHID) (2023) argue that physical activity is as good or better than treatment with drugs for many conditions, such as type 2 diabetes and lower back pain, and has a much lower risk of any harm. However, people who live with long-term health conditions face a range of barriers. This is particularly true for those living with musculoskeletal (MSK) conditions who often mistakenly believe that physical activity will make their conditions worse when engaging in PA to developing stamina, balance and strength is more likely to be beneficial (Public Health England, 2017).

Qualitative studies of people with MSK have highlighted a number of facilitators to undertaking physical activity. McPhail et al. (2014) found that having access to suitable facilities, having free time to participate in physical activity, and having people to exercise with were the most common facilitators for physical activity in a sample of 217 patients with MSK conditions. Participants in the study identified swimming pools and leisure centres as preferred environments to participate in physical activity but also reported that being able to walk indoors was beneficial when the weather was poor. The authors concluded that for interventions to be effective, they should be tailored to address the specific concerns of each individual. They argued that the diversity of responses suggest that an individualised goal-setting approach is the most effective.

Sport England recommends five points to consider when designing interventions for people with disabilities:

- Individualised: putting the individual at the heart of everything
- Integrated: strive to have a seamless, integrated offer between health, sport and physical activity for people with long-term conditions to be more active
- Influencers: recognise there are a range of people influencing how active a person with a long-term condition may be
- Inclusive: ensuring opportunities for physical activity are inclusive for people with long-term conditions
- Informed: everyone is informed of the benefits and opportunities of being more active with a long-term condition.

## **People with Disabilities**

People with a disability are twice as likely to be inactive when compared to people without a disability, this includes those with long term physical, sensory, or cognitive impairments (Public Health England, 2018). Data from Sport England shows that 43% of adults with disabilities are inactive (participating in less than 30 minutes of PA per week) compared to 21% for adults without disabilities (Sport England, 2020).

However, there is strong evidence for a positive association between physical activity and a number of beneficial outcomes such as falls prevention, physical wellbeing, pain, balance, quality of life, and community involvement (Public Health England, 2018).

Adults with disabilities who were involved in the review suggested that the 150 minute target for participating in physical activity per week could be demotivating and that instead messages should highlight the relationship between physical activity and improved health. In this way if people were only able to engage in 60 minutes, then they would not feel like a failure. Furthermore, messages about sedentary behaviours should not be ableist, the group highlighted those campaigns such as “stand up, sit less” made people with certain bodies feel excluded.

Table 11 shows a summary of recommendations for each cohort. Further reviews should be undertaken when creating a programme for a set cohort to ensure evidence-based practice occurs.

Table 11: Evidence Review Recommendations per Cohort

<b>Cohort</b>	<b>Recommendations</b>
<b>Ethnic minority groups</b>	Increasing perceived safety in areas such as parks and offering classes in community centres could help to target motivational and opportunity barriers reported by this sample. Furthermore, interventions that target Ethnic Minorities could benefit from utilising the six principles that Such et al. (2017) identified in their review and are outlined above.
<b>Older adults</b>	Interventions to try and increase physical activity in older adults may be more effective if they target the underlying rationale for not exercising. This may require a behavioural analysis in order to determine underlying beliefs prior to intervention design.  Older adults have also been shown to value the social aspect of physical activity more than other groups so instructors should be aware of this and be trained in ways to promote social interaction and respond to group dynamics.
<b>Women</b>	Hyperlocal venues for activities that are close to other important hubs (e.g., public transport and schools) with a wide range of sessions times are recommended by Sport England. Women may also benefit from being

	able to attend taster sessions to allow them to drop in without over committing to a programme.
<b>People with long-term health conditions</b>	Due to the wide-ranging needs reported by people in this group, an individualised goal-setting approach has been recommended as the most effective strategy to target inactivity. However, adequate facilities and opportunities to engage in physical activity as a group have also been reported as important facilitators.
<b>People with a disability</b>	The 150-minute target for participating in physical activity per week has been found to be demotivating for some individuals with a disability. Campaign messages about trying to reduce sedentary behaviours should avoid being ableist.

## Active Wulfrunians: Section Summary

The Active Wulfrunians section of the needs assessment provides a deep dive into the residents of Wolverhampton, who they are, their engagement in physical activity and associated behaviours. As set out in the scope of this needs assessment, the remit covers people who also work in the city; there is a distinct lack of information about the Wolverhampton workforce available on this subject.

Wulfrunians are more likely to be inactive than the average England population, with some resident's groups facing higher inequalities in terms of their physical activity levels. Wulfrunians are more likely to be inactive if they are:

- Women and girls
- People living with a disability, especially women living a disability
- People from Asian and Black ethnic groups
- People from deprived backgrounds
- People living with low life satisfaction
- Older adults

To change the behaviour of these groups, there needs to be dedicated work to address the barriers they face and, any work to address physical inactivity needs to include these communities in the planning, design, delivery, and evaluation. Programmes need to be evidence based, with consideration of how they take in the behaviour change wheel to influence all components of behaviour. From the focus groups there was a consensus that for people to attend physical activities, they need to be suitable 'for me' and met the needs of the person and, sessions need to be safe, accessible, social, and fun. People and personal connections matter, community leaders, both formal and informal play a key role in influencing inactive people, they are trusted and have built up relationships.

The local and national data sets are comparable when looking at levels of inactivity, however, there is a variance in the proportion of people who sit in the fairly active and active categories. The City Lifestyle Survey (local measure) show that more

people fall within the fairly active category than Active Lives (national measure); this reveals an opportunity to facilitate people to move more and transition into the active category. A second opportunity that was showcased in the City Lifestyle Survey was the that over three quarters of Wulfrunians want to move more, and focus groups demonstrated that there was general consensus among the adult of population that they knew physical activity is good for them. This highlights that there is an intention gap between wanting to move more and knowing that it's good for health and acting upon this. As previously highlighted work with Wulfrunians, evidence bases, and the behaviour change wheel can be used to help address the intention gap.

The data sets around children and young people's physical activity levels are concerning, especially when thinking of the negative impact this could have in years to come. As well as addressing low levels of physical activity in children and young people there needs to be better understanding of activity levels in under 5's, the low swimming ability in the city and low and reduced levels of enjoyment in physical activity by girls needs addressing.

The people of Wolverhampton make the city, their voices need to be heard and acted upon to make long term change to the physical activity landscape and reduce levels of physical inactivity.

## Active Wulfrunians: Recommendations

- Person centred approach to facilitate Wulfrunians to change their behaviour to move more based on evidence, and lived experience and include Wulfrunians in all levels of creating change
- Whilst the focus will remain on inactive people, there is an opportunity to support those who are 'fairly active' to build their activity level to transition to 'active'.
- Early Years: work in partnership with early years practitioners to establish a local measure of physical activity.
- Improve Wulfrunians understanding and participation of required physical activity levels, with a focus on the muscle strengthening training guidelines.
- Seek opportunities to improve life satisfaction and mental wellbeing through physical activity opportunities
- Build competence and confidence of Wulfrunians to choose active travel, with a focus on children and young people for school and short journeys.
- Investigate and address low levels of enjoyment in physical activity for girls.
- Maximise the use of people of influence to facilitate behaviour change, e.g.: community leaders
- Swimming:
  1. Support the work ABC are undertaking to address swimming inequalities in the Black Country
  2. Review CWC current swimming offer

# Active City

## Active City

Through the creation and promotion of suitable activities, programmes, and infrastructure, Wulfrunians will be able to engage in regular physical activity that meets their needs and creates an active city. This section of the needs assessment will review activities and programmes that are on offer in the city, the communication infrastructure that is in place and the factors that influence participation in activities such as personal budgets.

## Physical Activity Provision

The providers of physical activity in Wolverhampton come from many backgrounds, from private companies, community groups, community interest companies, sports clubs, and commissioned services. There is also a wide range of free, paid or subscription based digital platforms that facilitate physical activity opportunities such as 'Joe Wicks' and 'Couch to 5K'. Data is not readily available to understand the use of such tools by Wolverhampton residents, however, they should be used as part of a tool kit to support people to move more. As the sector has diverse and large volume of deliverers in the city, and the 'offer' is constantly moving, it is not possible to establish a full picture of the provision out there as they are delivered and communicated in different methods. This section covers partners who are already engaged in the physical activity system.

## Communication

There is currently no overarching marketing and communication plan for physical activity in the city, any promotion is ad-hoc, project focused and is not co-ordinated across partners. From the City of Wolverhampton's perspective, the majority of marketing and communication for physical activity is centred on the promotion of WV Active.

There are three platforms available in the city that acts as directories for physical activity, Wolverhampton Information Network (WIN), YO! Wolves which is the website for young opportunities and a new (October 2022) platform owned and facilitated by Active Black Country, Black Country Moving.

### **Wolverhampton Information Network (WIN)**

WIN is currently the City of Wolverhampton Councils directory for activities, services, and organisations across the city. There is a total of 1484 entries, of these four are categorised under physical activity, 64 under exercise, 92 under sport, three in movement and 91 under fitness. There are limitations with validity of the information, how much it reflects the true level of activities provided and has limited features such as search functionality.

## **Black Country Moving**

As part of the Birmingham Commonwealth Games legacy and Sport England's drive to make it easier to find sport and physical activity opportunities the Black Country Moving platform was developed and launched in October 2022 by Active Black Country in partnership with the four Black Country Local Authorities as a wayfinding platform. The site uses open data to pull activity information from a variety of sources. There are 203 activities available when searching within 15km of Wolverhampton city centre. The site is still in its infancy and the number of activities is a small proportion of what is occurring in the city and Active Black Country are keen to continue to grow the number of activities on the site.

Since the site launched in October 2022, the top referrals to the site are direct search, google and through the city of Wolverhampton webpage. Wolverhampton has the second highest search by location, with London being first, this is mostly likely to be owing to where people's location settings are set to. However, it does demonstrate that the site is being used in the city.

The top ten activities people have searched for since the site launch are:

1. All Activities
2. Outdoor
3. Badminton
4. Walking
5. Low Impact
6. Football
7. Netball
8. Holistic
9. Table Tennis
10. 5-a-side

## **YO! Wolves**

The YO! Wolves website offers information for children, young people and their families around the school holiday provision and the wider support they can access throughout the year. Under the support section of the website and filtered through healthy living there are 30 organisations and clubs which offer physical activity provision, mostly sports clubs for young people.

## **Digital Exclusion**

The majority of the communication and marketing methods and some provision surrounding physical activity are through digital means. Caution is needed when relying on digital platforms to be the route to physical activity as there are high levels of digital exclusion in the city. It is estimated 11,659 households in Wolverhampton are without broadband (Point Topic, 2020) and there are an estimated 118,000 limited and non-users of the internet in Wolverhampton (The Good Things Foundation). Although age is the biggest indicator of digital exclusion, older adults

are more likely to be digitally excluded, 44% of those that are offline are under the age of 60. Motivation and skills are a key factor also, another issue was access to devices and connectivity, often due to data poverty.

## Activities and Interventions

### **Better Health: Rewards**

Better Health: Rewards, run by the Department of Health and Social Care (DHSC) and the City of Wolverhampton Council, is a six-month digital pilot in Wolverhampton to see if rewarding people for making healthy lifestyle choices can improve their diet and physical activity levels. The pilot launched in Feb 2023 and is an example of a population health intervention to improve physical activity in the city. The City of Wolverhampton Council actively seek opportunities such as this to improve the health and wellbeing of Wulfrunians.

All adults in Wolverhampton (18+) were eligible to download the Better Health: Rewards app on their mobile phone or other electronic device and order a free Better Health: Rewards fitness tracker via the app to get access to personalised health goals and rewards. Over the course of the six-week recruitment period over 28,000 Wolverhampton residents signed up to the app.

Users who complete the baseline activity will get access to the app for 20-weeks and during this time will be provided a range of personalised health challenges focussed on moving more and eating better to choose from each week. By working on developing healthy habits in the app, users can earn points and unlock rewards in the form of vouchers.

The pilot is based on the latest research which shows that rewards can be effective at helping people to improve physical activity and diet behaviours. Other countries around the world, such as Singapore, have successful schemes like this, the Singaporean National Steps scheme.

The Better Health: Rewards pilot has been developed based on existing government guidance for physical and diet behaviours and aims to explore whether a digital reward scheme can support people in their everyday lives, improve health behaviours and reduce health inequalities.

Evidence suggests providing rewards may help people to improve their physical activity and diets. However, there are still many questions to explore, including what the most effective value and type of rewards are. To explore these questions, an independent evaluation of Better Health: Rewards is being conducted by an expert research organisation called 'The Behavioural Insight Team.'

The outcome of the pilot will be closely monitored in Wolverhampton and the evaluation will be used to inform future practice.

## **Living Streets WOW**

Living Streets is the UK Charity for everyday walking. They are the voice for pedestrians, working to achieve a better walking environment and to inspire people to walk more. Funded through the West Midlands Combined Authority, Living Streets offer free take up of their Walk to school challenge – WOW. WOW is a pupil led initiative that sees children self-report how they get to school every day using the interactive travel tracker. If they travel actively, walk, wheel, cycle, scoot or park and ride once a week for a month they get rewarded with a badge.

In the Autumn term of the 2022/2023 academic year there were 13 Wolverhampton schools who have continued with the programme, five new schools engaged and five schools that have lapsed.

The established schools are:

- Bantock Primary School
- Eastfield Primary School
- Fallings Park Primary School
- Graiseley Primary School
- Holy Trinity Catholic Primary School
- Lanesfield Primary School
- St Patrick's Catholic Primary School
- St Stephen's CofE Primary School
- Stowlawn Primary School
- The Royal Primary School
- Warstones Primary School
- Wilkinson Primary School
- Wodensfield Primary School

New schools since April 2022

- Long Knowle Primary School
- Oak Meadow Primary School
- Perry Hall Primary School
- Villiers Primary School
- Woden Primary School

Living Streets recorded in the last academic year 94,454 active trips have been recorded, 20,937 car journeys avoided, 3,85 kilos of CO2 emissions averted, and 14,336 WOW badges awarded.

## **Playing Out**

The City of Wolverhampton Council and grassroots movement Wolverhampton for Everyone are working together to bring Playing Out sessions to the city.

Playing Out was originally developed in Bristol. It enables the local community to organise short, stewarded road closures which allow children to play safely outside their homes. The aim is to make streets feel safer and friendlier for everyone.

Since September 2019 there has been 11 playing out events held in Wolverhampton. Additionally, for city wide celebrations such as the Jubilee and the Coronation playing out was actively encouraged as part of street parties that took place and this will continue going forward for any future celebrations.

### **Sports Clubs and the Sports Advisory Group**

There are a large number of sports clubs covering mainstream sports such as football, netball, cricket, tennis as well as less well-known sports such as cycle speedway and artistic rollerblading in the city. Sports provision in the city mainly focuses on offering opportunities for active people, however, there needs to be better understanding of the sector and seek to champion offering provision for people who are inactive, such as Back to Sport and Walking Sports. The number of sports clubs in the city is unknown as not all provision is registered with a governing body or affiliated to a league.

The Sports Advisory Group is a constituted group in Wolverhampton that looks to issue grants to support Sports Clubs in the city to improve provision, they oversee the Hall of Fame for Wulfrunians who have achieved sporting success and the Wolverhampton Sports Awards.

### **Wolves Foundation**

The Wolves Foundation is the official charity of Wolverhampton Wanderers Football Club and aims to educate and inspire local people and communities, creating opportunities and changing lives. They are a charity which encourages healthier and more active people, lifelong learning and skills and the development of safer, stronger communities.

The physical activity sessions offered by the Foundation are vast and span a variety of ages from birth to older adulthood. From pre-school child and family activities to primary school PE lessons, extra-curricular sports clubs, evening, and weekend football activities, walking football, Nordic walking, and older adult seated exercise, aiming to promote healthier and more active communities runs through all Foundation projects. Sessions are informal, enjoyable and are there for individuals that are just starting out on their physical activity journey or those that trying to maintain their fitness or try something new.

Over the last 2022-23, over 5000 individuals have been engaged in physical activity related sessions across all Foundation initiatives.

### **Active Black Country**

Active Black Country (ABC) is the Active Partnership that covers Wolverhampton, funded primarily by Sport England to be the strategic partner for physical activity and sport in the area. Through investment leveraged from a number of different partners, including Activity Alliance, London Marathon Charitable Trust and the National Lottery, ABC have developed specific programmes that have supported people to be more active in the city.

Get Out Get Active is a programme that explores the potential of faith groups and faith leaders to reach the most inactive disabled and non-disabled people. Since 2020, ABC have co-produced a series of initiatives to increase the number of activity-based opportunities in faith centres, including a well-established and popular programme of yoga in seven of the city's Gurdwaras and a social prescribing-type offer whereby faith leaders receive training in giving advice about being active to the community and are then set targets to activate residents.

Commonwealth Active Communities is a programme that has been developed to enable a legacy of grassroots participation in physical activity off the back of the Commonwealth Games. As part of this, Wolverhampton has 2 Community Connector posts who are hosted by WVCA and Canal & River Trust, working to build capacity on the ground to enable more activity opportunities. As part of this, a dedicated referral programme for Social Prescribers in Wolverhampton is being developed with activities including *Walks with a Therapist*, *Aqua Aerobics*, *Boxercise* and *Gentle Led Exercise* being available to local referral from the summer of 2023. In addition, two resources have been developed to support this work.

- Black Country Moving is an open data activity finder site – [www.blackcountrymoving.co.uk](http://www.blackcountrymoving.co.uk)
- Activation Academy is a learning platform supporting the entire workforce with conversations about activity – [www.blackcountryactivationacademy.co.uk](http://www.blackcountryactivationacademy.co.uk)

### **Active Black Country Swimming Support**

Across the Black Country there is a coordinated approach to tackle the low levels of swimming, below summarises the work that is being undertaken.

#### Interventions

Active Black Country continues to lever further interventions into the region to enable further aquatics interventions to be deployed across the region. This includes the Speedo test and learn 'Pop Up Pool' programme targeting low attainment schools and providing nine hours of additional learn to swim opportunities for pupils in year five and six who haven't met National Curriculum swimming attainment levels. This also includes the Swim England 'Inspire' programme which provides four hours of water safety lessons on top of their core swimming offer, targeting low attainment schools across the Black Country.

#### School Swimming Local Authority Action group

The Wolverhampton Swimming Action group continues to provide schools, providers, and partners with the opportunity to inform, share and discuss challenges, successes, and all areas school swimming across the local authority area. The Swimming Action group is chaired by Active Black Country

#### Insight and Data Gathering

Active Black Country will shortly be writing to all schools to notify them of their statutory requirement to publish their swimming attainment data on their websites.

The letter will be supported by partners in the West Midlands Water Safety network and outline the importance this data providers in addressing the local challenges around poor swimming attainment levels. ABC will then carry out the following swimming attainment capture over the following months:

- **August 2023:** School Website trawl
- **August to September 2023:** Leisure Operator Data Capture
- **September to October 2023:** Primary School Swimming Survey

Once compiled these will be collated into the 2023 Black Country Swimming Dashboard.

In partnership with Swim England, a piece of bespoke insight analysing latent demand has been carried out to develop a robust evidence base that will support these conversations and future case making. Considering water space analysis, competitor analysis and Swim England Insight on 'likelihood measures', in 2023 there is a total Aquatic Latent Demand of 43,338 in the Black Country.

#### Aquatics Workforce

The Black Country Aquatics Workforce group was created to welcome the opportunity to discuss the challenges and the opportunities that this presents. The working group aims to facilitate career and employment opportunities across the Black Country and have a workforce that has the right skills and behaviours in the right place with the right development support. The group looks at.

1. The current landscape and emerging need
2. What are the offers that are currently available and identify what might be missing
3. Discuss and agree how partners can work together to address the challenges

#### **Fit for a Fiver**

Fit for a Fiver is an exercise programme where participants pay £5 and get up to three months' worth of exercise if they meet certain eligibility criteria. If accepted into the programme, participants are entitled to either 12 community gym sessions or three months access to public swimming for £5. Since the COVID-19 pandemic the community gym option has not been available, the offer currently is solely swimming. There is the intention to re-include the community gym part of Fit for a Fiver. The swimming offer currently includes access to the public swimming sessions at WV Active Central, WV Active Bilston-Bert Williams and Wolverhampton Swimming and Fitness Centre (Bentley Bridge).

Eligibility criteria:

- City resident, registered with a Wolverhampton GP, or work in Wolverhampton

- 18 years+
- Considered obese or have Type II diabetes
- Currently inactive

Since July 2018, where the programme became a self-referral pathway, 855 people have been successfully accepted on to the Fit for a Fiver Scheme. In the year April 2022 – March 2023 there has been 356 successful applications. However, the number of people who have transitioned from application to taking out the membership is a lot lower. At the WV Active sites, since July 2018 there has been 120 Fit for Fiver Memberships taken out, and 38 people have then transitioned to WV Active membership a rate of 32%. Prior to the COVID-19 pandemic successful applicants could also access community gyms of the Fit for a Fiver Scheme, thus solely looking at WV Active FFF membership does not give an accurate picture of how many fully utilised the scheme. Since the COVID-19 pandemic successful applicants have only been able to access the WV Active FFF membership. Within the financial year of 22/23 42 out of the 356 successful applications transitioned to taking out a Fit for Fiver membership at a WV Active site.

The City of Wolverhampton Council currently has a partnership with the P3 Charity to offer a bespoke Fit for a Fiver for their service users, this has been in place since January 2019. The P3 Charity supports people who are aged between 18-65 either homeless or at risk of homelessness and living in Wolverhampton. The offer is participants pay £5 and get three months' worth of exercise in the form of gym or swim at WV Active sites, there is also an option for an extension of another three months for £5 per month.

### **St Peter's Physical Activity Project**

The St Peter's Physical Activity Project is a Wolverhampton Voluntary Community Action (WVCA) project funded through NHS funding. The scheme is working in the St Peter's ward and looking to fully understand primary aged (nine-11) children and their families' view of physical activity, local provision and then provide solutions and enablers to physical activity in the ward.

The project aim is to increase levels of physical activity amongst children and the wider community within the St. Peter's Ward of Wolverhampton.

Green Square Accord – Planning for Real (PFR) team were appointed to undertake intense consultation with the children in the ward. They have undertaken two stages of co-production exercise with the children and their findings are shown in Table 12.

Table 12: Summary of PFR St Peter's Project Co-Production Findings

Activity	Summary of Recommendations
Football	<p>Football was the most popular request from children and parents in stage one. Commissioning football interventions in the community could be more impactful as there is already some provision at each school.</p> <p>School Setting: Girls only extracurricular sessions</p> <p>Community Settings: Sessions focusing on skills and informal games</p> <p>Sessions catering for different age groups so multiple aged children can attend.</p>
Swimming	<p>Children and families wanted swimming lessons.</p> <p>School Setting: Children want to swim more.</p> <p>Community Setting: Separate girls and boys sessions. Viewed as a good activity to do with friends. Friday pm and weekends were suggested as time slots.</p> <p>Cost of going swimming as family or swimming lessons needs to be considered.</p>
Dance	<p>Dance Festival event has not run since Covid and could be a great option to explore.</p> <p>There is a lack of knowledge amongst children about local dance activities.</p> <p>Dance is an immensely popular activity, seen as an alternative to 'sport'.</p> <p>School Setting: Doing Tik Tok dances, and Just Dance extremely popular could this link into extracurricular school activity.</p> <p>Community Setting: Flash mob dancing was suggested.</p> <p>Having various activities happening at the same time so siblings can attend sessions that suit them.</p>

Activity	Summary of Recommendations
Walking	<p>Lends itself more to community setting than school setting.</p> <p>A good way of involving children and families who are less active.</p> <p>School setting: WOW tracker Community Setting: A local 'Beat the Street' type initiative to explore the ward and complete challenges.</p>
Gymnastics	<p>Children love having stages and certificates, aware of some provision. Cost was felt as a barrier and needing the correct equipment and instructor for safety.</p> <p>School setting: After school provision and lots of informal gymnastics happen at break times. Community setting: Sessions offering activities for all abilities rather than being a competitive route.</p>
Multi-Sports and Ball Games	<p>Community organisations need to be more proactive of raising awareness of their offers. Few children had awareness of local venues or spaces.</p> <p>Children talked about a local basketball court being closed and poor state of Dunstall Hill Community Centre was mentioned. Suggest research into state of local infrastructure in relation to being able to deliver different/broader physical activity sessions.</p> <p>School setting: Dodgeball and basketball were most favoured. Tennis, cricket, table tennis, volleyball and netball also mentioned. Community setting: Sessions offering a mix of activities were suggested for friends to attend together and try.</p>

Activity	Summary of Recommendations
Playing with Friends	<p>The importance of friends has been a constant through the sessions.</p> <p>Parents talked about arranging with friends and other parents to go to activities together.</p> <p>School setting: Playing with friends is happening at break times.</p> <p>Community setting: A lot of children lacked local knowledge to make suggestions.</p>

The next stage of the St Peter's physical activity project is to commission activity and fund changes in infrastructure where needed to help increase physical activity of the children using the above insight as the foundations.

### School Provision

Schools offer multiple opportunities for children to be active within the school day, through being taught physical education, play times and after school provision.

The national curriculum in England for physical education should inspire all pupils to succeed and excel in competitive sport and other physically demanding activities. It should provide opportunities for pupils to become physically confident in a way which supports their health and fitness. Opportunities to compete in sport and other activities to build character and help embed values such as fairness and respect.

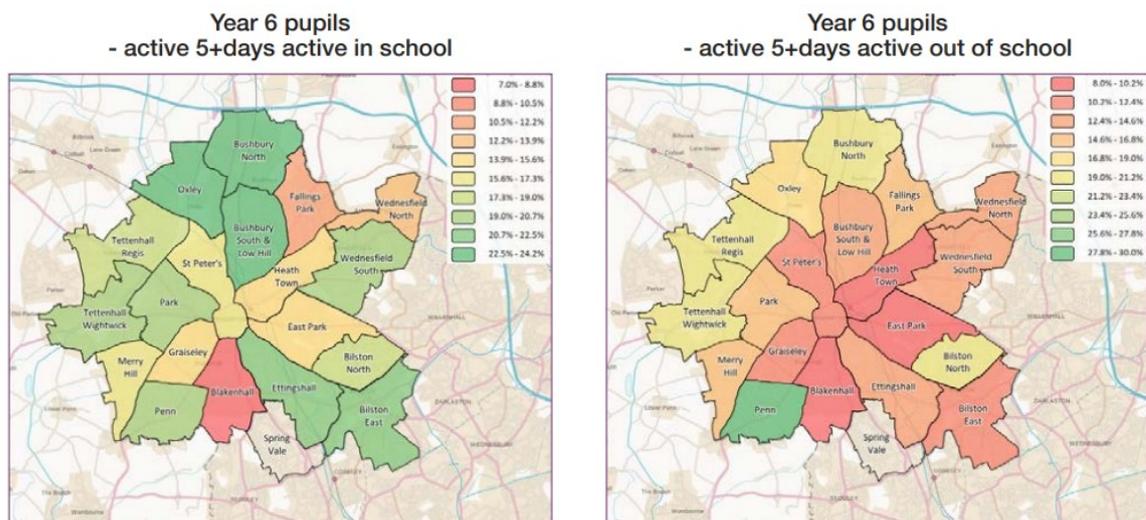
The national curriculum for physical education aims to ensure that all pupils:

- develop competence to excel in a broad range of physical activities
- are physically active for sustained periods of time
- engage in competitive sports and activities
- lead healthy, active lives

In 2019 the Government published the School Sport and Activity Action Plan, within this there is an ambition for all children to have access to 60 minutes of physical activity a day (CMO guideline), with at least 30 minutes of this taking places in the school day and the subsequent 30 minutes taking place outside the school day.

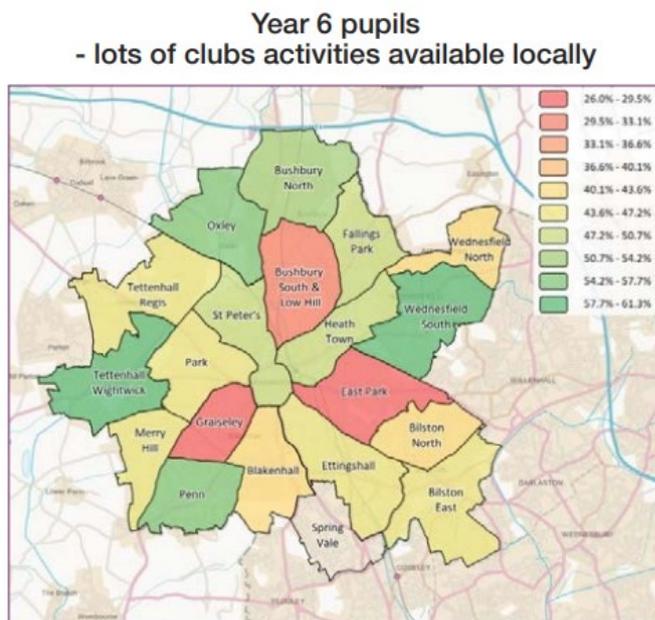
The HRBS 2022 study investigated whether pupils were active for 30 minutes inside and outside of school. 16% of key stage two pupils responded that they were active at school for at least 30 minutes where they had to breath harder and faster on five or more days in the week before the survey, this is compared to only 13% said they were active outside of school. The maps (Figure 4) below showcase the percentage in each ward that are active in and outside of schools for 30 minutes or more on five or more days. At year six a low number of pupils are active outside of the school day.

Figure 4: Active in and outside of school heat map per ward



Year six pupils were asked if they thought there were lots of clubs available locally, in Bushbury South and Low Hill, East Park and Graiseley less than a third of children felt this was true, whereas Tettenhall Wightwick and Wednesfield South had over 57.7% of pupils agreed with this statement. Figure 5 shows the ward heat map.

Figure 5: Ward heat map clubs available



### **School Games and Partnerships and School Sport (PASS)**

The School Games, which is funded by Sport England and delivered by the Youth Sport Trust, involves funded School Games Organisers (SGOs) at a local level and Active Partnerships at a county level working to create an annual calendar of competition for schools.

The School Games outcomes:

The School Games outcomes ensure there is a clear direction and a collective ask to the School Games network to work towards the same priorities for young people in years three -13 across all education settings:

1. Maintain and grow school engagement in the School Games and their delivery of 60 active minutes
2. Create positive experiences by ensuring physical activity and competition provision is designed to reflect the motivation, competence, and confidence of young people and has clear intent
3. Have a clear focus on secondary schools and transition points (year three and years six/seven)
4. Create positive experiences that support the character development of targeted young people
5. Advocate to key stakeholders how the School Games makes a meaningful difference to the lives of children and young people, including supporting schools to engage and educate parents.

In Wolverhampton there are three SGO's, each SGO has their own remit, primary, secondary and inclusion and diversity. Activities are arranged in three themes:

Inspire: Aimed at pupils who do not normally engage in activity

Engage: Aimed at pupils who want to participate at sport and physical activity but not necessarily in competition

Compete: Aimed at pupils who want to compete at sport

The wider PASS work includes facilitation of the delivery of the Wolverhampton Association for Sport in Primary Schools (WASPS) and Secondary Sport Association of Wolverhampton (SSAW), where a range of competitions across many sports are organised during the year and the groups develops and promotes traditional and new sports to give every child the opportunity to engage in a wide variety of sports that are open to all abilities.

In the Autumn and Winer term of 2022-23 academic year there 8447 pupils engaged in PASS activities, Table 13 shows the break down between activity categories.

Table 13: Pupils in engaged in PASS activities Autumn and Winter term 2022/23

<b>Level</b>	<b>Pupils Attendance</b>
Inspire	272
Engage	1079
Compete	7096

There are also a range of leadership opportunities for young people to engage in throughout the calendar of activity.

## **Barclays Girls Football School Partnership**

Barclays Girls' Football School Partnerships by England Football (BGFSPs) is a nationwide scheme that aims to mainstream football in schools for girls. Supported by the Youth Sport Trust, there is a dedicated education expert with knowledge and understanding of education and girls' football in Wolverhampton.

The Barclays investment will give girls the best chance to experience football in the PE curriculum, as well as the opportunity to participate, lead and compete – giving them the equal access to our much-loved national game as most boys currently enjoy.

The programme in Wolverhampton is increasing provision of girls football in schools and supports the development of young leaders within the sport.

## **Bikeability**

Bikeability is the government's national cycle training programme. It helps children learn practical skills and understanding of how to cycle on the road. Bikeability gives everyone the confidence to cycle and enjoy this skill for life. There are three levels to Bikeability:

- Level one: Is the gateway to start cycling for children, teaching them how to maintain a cycle, glide, have control of a bike, pedal and be aware of surroundings. This is done off-road.
- Level two: Teaches children how to grow more confident, start and stop, passing of stationary vehicles, understand the road and how to negotiate it.
- Level three: Equips children with the skills needed to stay safe in more challenging urban situations and learn more advanced skills.

In Wolverhampton all three levels are delivered. Level one is delivered to year four children, Level two to Years six/ seven, and then Level three to years seven/ eight. The councils main programme is geared to year seven children. Additionally, holiday courses at Easter, Whitsun, and during the summer holidays are delivered at WVActive Aldersley, these consist of Levels one - three and Learn to Ride courses. Also, delivered in the city is family learn to ride sessions.

In the financial year 2022- 2023 the Table 14 shows the number of places were delivered.

Table 14: Bikeability places delivered 2022-23

Level one	723
Level two	1417
Level three	155
Learn to ride	227
Family	27
Total places delivered	2549

## **Holiday Provision**

Through the school holidays Wolverhampton offers two programmes depending on the holiday, Holiday Activity and Food (HAF) and #YES, both of these come under the cities brand YO! Wolves. HAF is central government funded programme that offers day opportunities in the summer, Christmas and Easter school holidays, including the provision of food for children who are eligible: reception – year 11 (inclusive), and who are in receipt of benefits-related free school meals.

This programme is also open to:

- Those receiving free school meals from households with No Recourse to Public Funds (NRPF).
- Children and young people aged five – 25 with an Education, Health, and Care Plan (EHCP) and/or children and young people aged five – 25 with Special Educational Needs and Disabilities (SEND) or additional needs
- Children aged five – 18 known to local social services within the last three months.

Whereas for the holidays that are not covered by the HAF, are covered by the #YES holiday offer through funding from City of Wolverhampton Council, this programme is open to any school aged Wolverhampton child.

The activities provided are not solely physical activity provision, some do centre around sport, physical activity and movement, others incorporate it as part of their offer.

From Summer 2022 – Easter 2023, there was 46,936 attendances on holiday activities, with over 3000 unique children attending sessions. In the Summer and Christmas holidays the biggest proportion of children that attended were in the six to ten age group, owing to changes in the reporting for the Easter holiday this was five to nine years. The majority of children attending activities are of primary school age, there is lower attendance in the older age groups. In all holidays there was a greater number of males attending than any other gender. In Summer 2022 there were 46 providers of HAF activities, 33 at Christmas 2022 and 32 at Easter 2023.

## **Health and Social Care Services**

Supporting people to be physically active and increase their movement is used within the health and social care treatment and prevention pathways. The full knowledge of the pathways and their integration into community offers for sustained support and participation is not fully clear. Below are examples of where physical activity and movement is used.

- Falls prevention
- Diabetes prevention

- Cardiac and pulmonary rehabilitation
- Reablement
- Pain management
- Pre-operation care
- Social prescribing

## Community Provision

There are 17 formal community centres in the city, and a lot more community-based facilities such as faith centre halls, these sites offer the space for a range of community usage and private bookings.

Of the 17 community centres, 16 are run by Community Associations and one by the City of Wolverhampton Council – The Bob Jones Community Hub. There is a limited information available of community centre provision, the City of Wolverhampton Council website provides the information on all sites in terms of their facilities, opening timings but further information on what is offered at each site has to be searched via each community centre.

### **The Bob Jones Community Hub**

The provision offered at the Bob Jones Community Hub includes a gym, hire of badminton and table tennis courts, as well as hire of a dance studio and multi-use rooms. They currently have 560 active members that use the site.

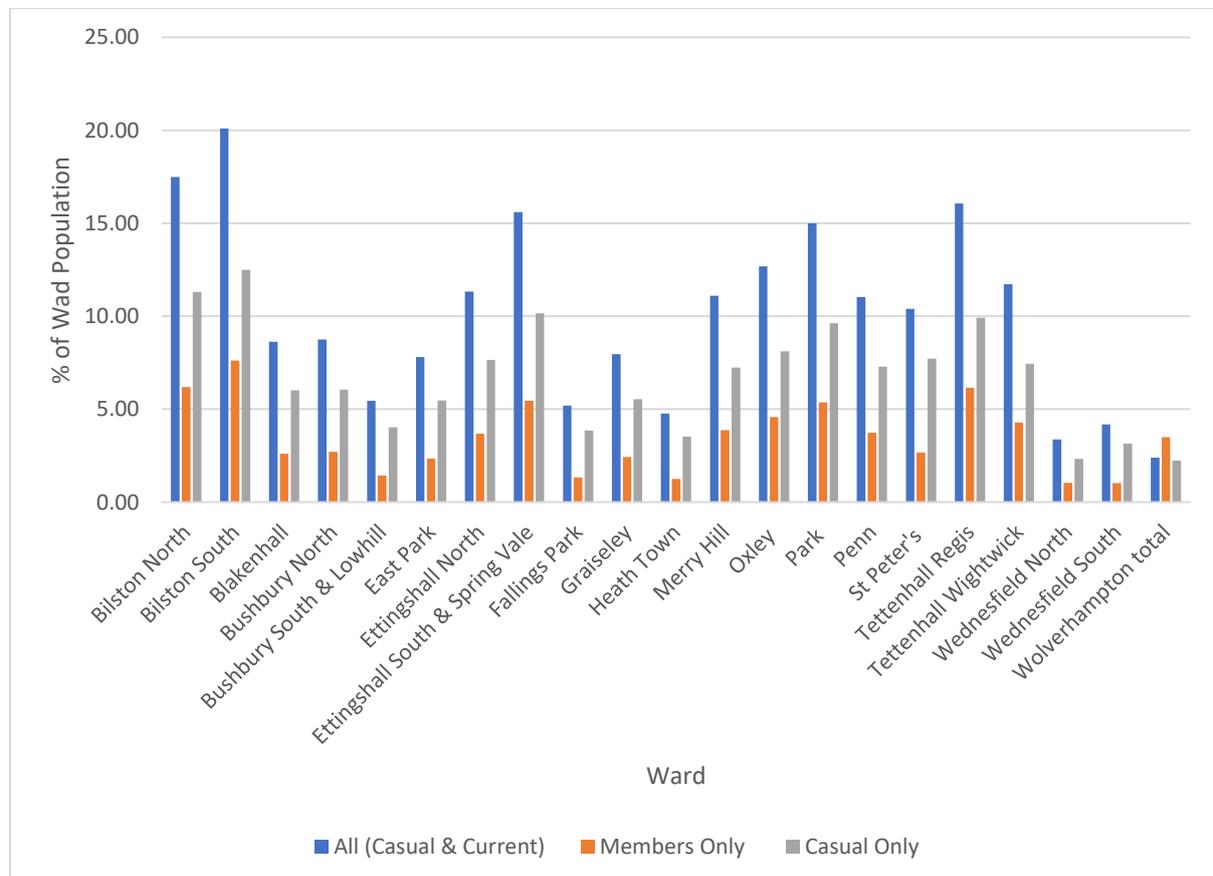
The gym facilities, Kinesis, Genesis, and Toning suites, have a joining fee of £6.00. There is then either a pay per session option or a bundle offer, these are shown in Appendix 1.

## Wolverhampton City Council Leisure Centres: WV Active offer

The City of Wolverhampton Council operate three leisure centres, WV Active Aldersley, Bilston Bert Williams and Central. The data recorded on users is split into categories of membership or casual members (unique casual members), these categories combined are WV Active registered users. Members are people who have opted for the monthly payment membership to the scheme, regardless of usage, whereas casual members are people who have opted for the pay as you go model. At the end of March 2023, the WV Active sites had 11 665 members and 28 511 unique casual users, which totals 40 176 registered users.

Of the WV Active membership, 79.1% are Wolverhampton residents. The wards that have the highest percentage of members (membership) according to the ward population size are, Bilston South (7.6%), Bilston North (6.2%), Tettenhall Regis (6.2%), whereas the wards that have the lowest are Wednesfield South (1.0%), Wednesfield North (1.0%) and Heath Town (1.2%), Graph 18, shows the percentage per ward. The lowest wards are in the vicinity of Wolverhampton Swimming and Fitness Centre and Walsall local authority facilities, these may be influencing factors into lower uptake of WV Active memberships.

Graph 18: Percentage of WV Active Registered Users per Ward Relative to Ward Population



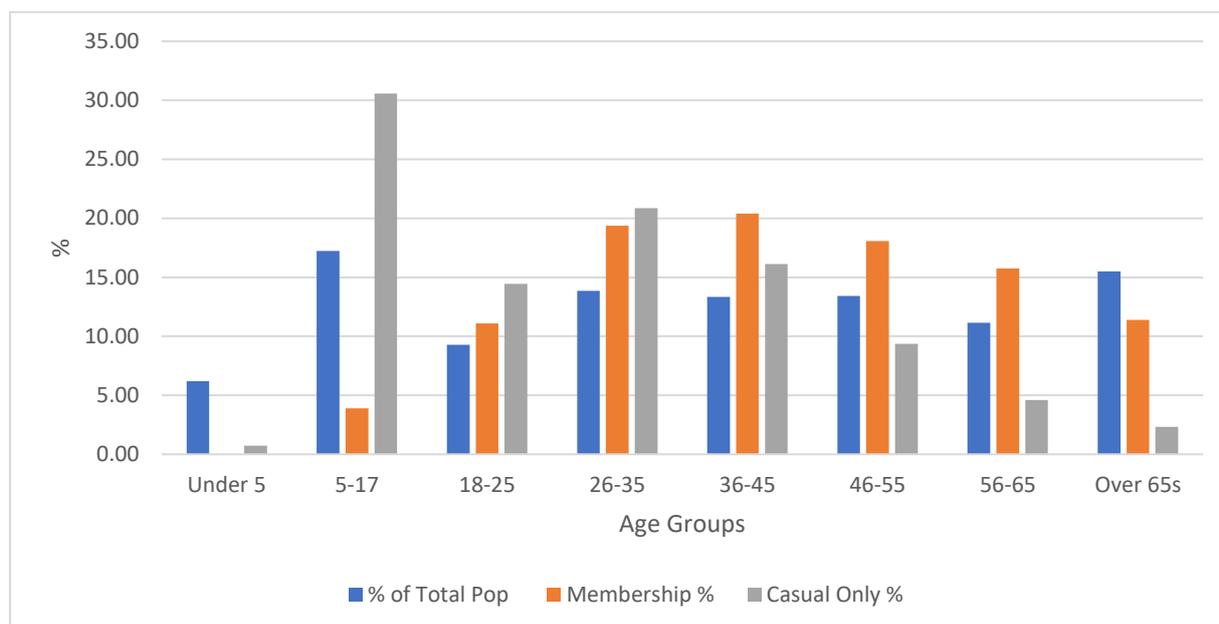
WV Active registered user data (Table 16) shows that the age group five -17 has the highest registered users, this maybe owing to Wolverhampton City Council free swimming offer to children, who are registered as casual users to access the free activity. The second highest age group is 26-35 years and the lowest being under 5's and over 65's. For members alone the highest uptake in memberships is for the 36-45 age group, closely followed by the 26-35 and 36-55 age groups. Under 16's are not able to have a full membership and a junior membership is available for 14 and 15 year olds, thus when looking at membership numbers the under-five and five -17 age group numbers are the lowest. Of the adult population the lowest age uptake in memberships is in the 18-25 and over 65's age groups.

There is a general trend with registered casual usage is that it reduces as the age groups increase. With the exception of the 26-35 age group where there is a slight increase. When looking at the percentage of each age group against the number of registered users, and the percentage of age group within the whole population (Graph 19), the majority of the age groups have a higher membership proportion when compared to whole population percentage. The age group that stands out on this comparison is the over 65's there is less members at this age point in both membership and casual. 15.51% of Wolverhampton residents are over 65, however only 11.40% of WV Active members are over 65 and 2.33% of WV Active casual registered users are in this age category. Adding to this, the over 65 age group are also more likely to inactive.

Table 16: Age Breakdown of WV Active Registered Users

<b>Age</b>	<b>Total registered users (Casual &amp; Members)</b>	<b>Membership (Current)</b>	<b>Casual</b>
Under 5	207	0	207
5-17	9173	454	8719
18-25	5416	1293	4123
26-35	8205	2259	5946
36-45	6977	2380	4597
46-55	4781	2108	2673
56-65	3151	1838	1313
Over 65s	1993	1330	663
No data	273	1	272
All ages	40176	11663	28513

Graph 19: Age Group Percentage, Total Wolverhampton Population Percentage Vs Percentage of Members and Registered Casual WV Active Users

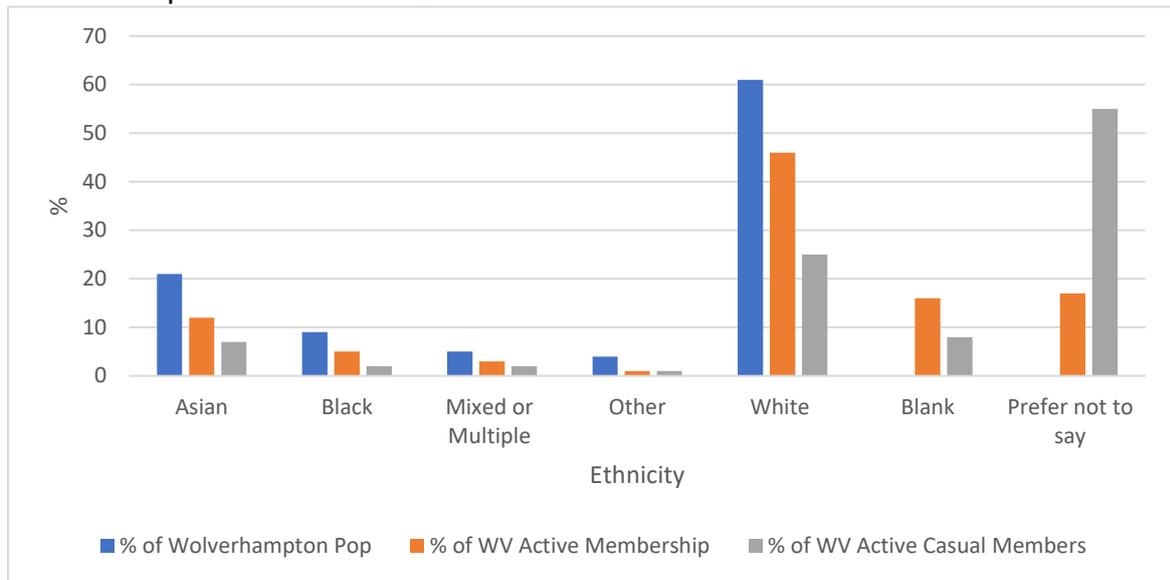


Of the WV Active members 46.20% are male and 53.76% are female and for casual register users the split is 48.80% are male and 51.12% are female. This is promising to consider both national and local data indicate that women are less likely engage in physical activity.

When looking at disability data for the WV Active membership 5.80% state that they have a disability, this is extremely low compared to the 20.5% of the Wolverhampton population who are living with a disability. This figure is even lower in casual registered members where 1.74% have a disability. For children and young people, 1.1% of the casual registered members aged between 0-17 and 0.76% for the 0-25 age group are living with a disability. For both casual registered and memberships this figure drops for the 0-17 age group to 0.72% and increases for the 1.45% for the 0-25 age group. These figures are below the percentage of children in the Wolverhampton population that are registered as having a disability from the 2021 census, 0-17 age group 6.1% and in the 0-25 age group 7.7%. The age range of 0-25 has been used as the SEND code of practice stipulates a local authority for children and young people with SEND is up to the age of 25.

The ethnicity breakdown of WV Active membership, 11.96% are Asian, 5% are Black, 3.43 are Mixed of Multiple, 1.2% are Other and 46.23% are White. WV Active has a high volume of unrecorded ethnicity data, which creates a challenge to compare ethnicity breakdown compared to Wolverhampton, Graph 20 shows the comparison. The two ethnic groups who have the largest variance in the proportion of memberships compared to city ethnicity data is Asian and White. Upon examining the subgroups of the Asian cohort, Asian/British Indian has the largest disparity with the city figure being 16% and the WV Active membership figure being 10%.

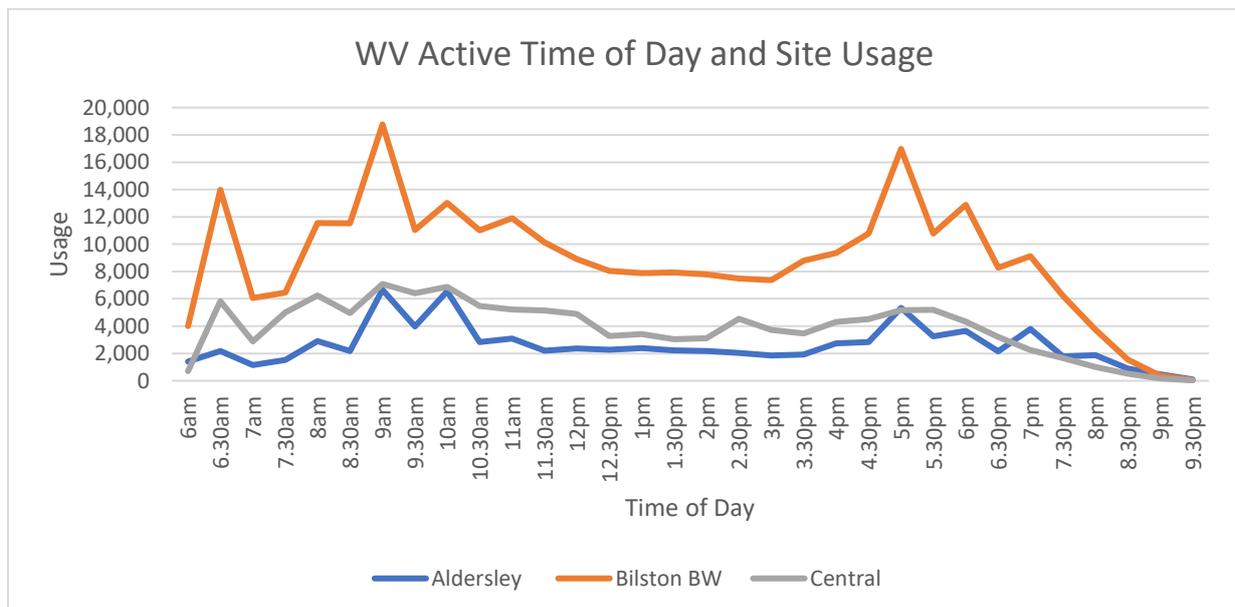
Graph 20: Ethnicity breakdown, Wolverhampton population compared to WV Active Membership and WV Active Casual Members



### WV Active Usage

WV Active site usage from the period of April 2022 to March 2023, which covers usage that goes through the Gladstone system for people with a WV Active card, but does not cover external bookings usage, shows that across the three sites there has been 490,166 site visits, Aldersley = 82,818, Bilston Bert Williams = 283,757, Central = 123,591. When looking at the times of the day that have peak usage, all sites have their highest usage at 9am in the morning across all sites, with a second peak at 5pm. Day time usage is a lot lower at all sites. This is shown in Graph 21.

Graph 21: WV Active Time of the Day and Site Usage

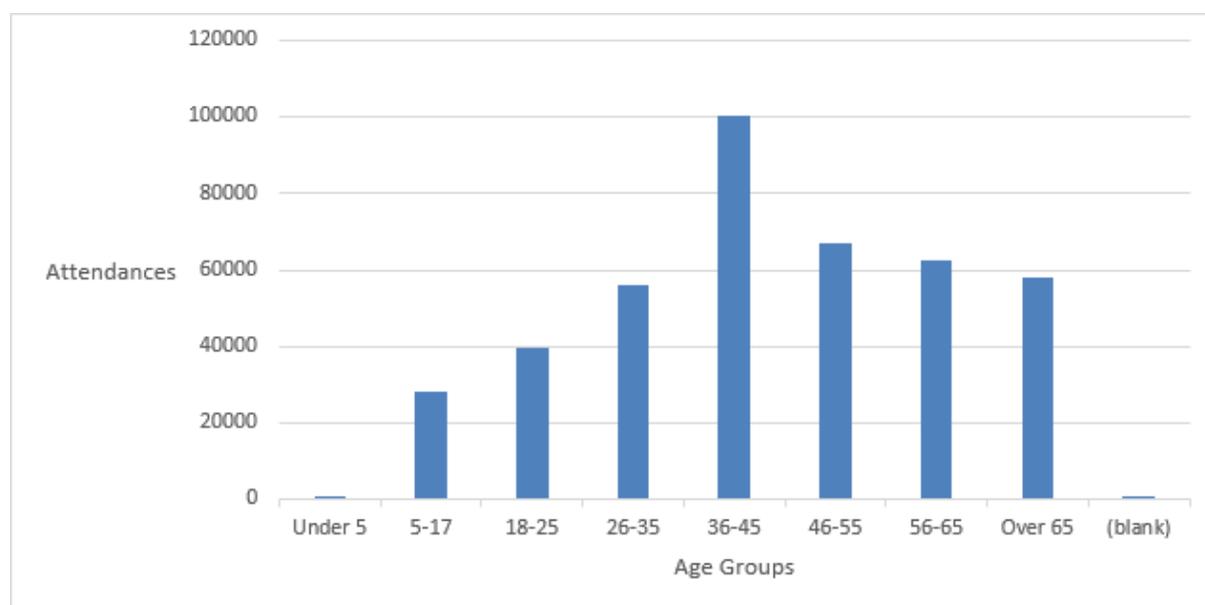


Between June 2022 – March 2023, there was a total of 412,336 register attendances (people who have swiped through the till with either a membership or a casual registered user) at the three WV Active sites, show in Graph 22.

Although the U17 age group have the highest number of unique registered users (Table 16), they have the lowest attendances at the WV Active sites. The 36-45 age group have the highest attendances and the 26-35 have the highest number of adult registered users, however they have the second lowest adult attendance.

The attendance of the over 65's show that although there are not a large number of users, but as a cohort they do attend regularly. The low number of under 5's attendance, may be down to the process of using the centre. At this age the adult would register/ pay for the activity, usually swimming rather than the child.

Graph 22: June 2022-March 2023 Age Group Overall Attendance Figures.



### **WV Active Offer**

Each of the WV Active sites has varied facilities, further details of facilities of each site can be found in the Active Spaces and Places section. Swimming is offered at two sites, WV Active Central and WV Active Bilston Bert Williams. All three sites have gym facilities, at one time all three sites combined have a gym capacity of 146, with WV Aldersley = 45, WV Bilston Bert Williams = 80 and WV Central = 21. All three sites offer a range of exercise classes, Table 17 shows the number of high, medium, and low intensity classes on offer each week. Most classes at sites are of high intensity nature, with very few classes being of medium intensity.

Table 17: Number of High, Medium, and Low Intensity Available each week at WV Active

Site	Low Intensity Class	Medium Intensity Class	High Intensity Class
WV Active Aldersley	9	5	25
WV Active Bilston Bert Williams	10	4	47
WV Active Central	10	0	15

### **Junior Offer**

The City of Wolverhampton Council offers free swimming for Wolverhampton children up to the age of 15. WV Active currently offers Junior Gym sessions which can be accessed by young people aged 14 and 15, can access the gym at set times. Children and young people are also able to book the use of courts. Offer summary is shown in Appendix 2.

The only WV Active delivered activity for early years is swimming. An external provider delivers activities at Aldersley.

### **Sports Clubs at WV Active Sites**

There are a range of clubs that are based at the WV Active sites, they utilise the facilities, offer dedicated sport sessions and cater for many levels from beginner to advanced. Table 19 shows the clubs that are based at each site.

Table 19: Sports Clubs based at WV Active sites

Site	Clubs
WV Active Aldersley	Wolves and Bilston Athletics Wheelers Wolves and Tettenhall Hockey City Netball League Air Wolves gymnastics Spice Badminton Group Various - Junior 7-aside teams
WV Active Bilston Bert Williams	Bilston Swim Club BMKA Martial Arts Tisca Tae Kwon do Allied Self Defence
WV Active Central	Wolverhampton Swim Club

## **WV Active fees and charges**

WV Active has three membership types, standard, corporate and concession, shown in Table 20.

**Standard Membership:** Allows adults (aged 16+) access to all three WV Active leisure centres on a rolling month-by-month contract.

**Corporate Membership:** Provides the same benefits as our standard membership but is at a discounted rate for employees of businesses and public sector organisations (based in City of Wolverhampton) who have signed into a partnership with WV Active.

**Concession Membership:** Allows adults (aged 16+ and meet concessionary criteria) access to all three WV Active leisure centres on a rolling month-by-month contract.

Available for:

- People who receive benefits i.e., Means tested benefits
- Are full-time students
- Adults aged 60+
- Members of the armed forces

Table 20: WVActive Membership types

<b>Membership Type</b>	<b>Monthly</b>	<b>Yearly</b>
<b>Standard</b>	£20	£240
<b>Corporate</b>	£15	£180
<b>Concession</b>	£10	£120

### **Corporate Members:**

There are currently 45 organisations that are registered as corporate members at WVActive, listed in Table 21.

Table 21: WVActive Corporate Members

1	AF Blakemore and Son
2	Amey
3	Birmingham City Council
4	Birmingham City University
5	Blyth Group
6	Carlsberg Marston's Brewery
7	City of Wolverhampton Council
8	Collins Aerospace
9	Compton Hospice
10	Coventry City Council
11	CSSC Sports and Leisure
12	Dudley Metropolitan Borough Council
13	DWP (Department for Work and Pensions)
14	Government Bodies/Civil Servants

15	HMRC
16	HomeServe
17	HMP (prison services)
18	JLR / Jardine Motors Group
19	NHS
20	Raytheon Technologies (Collins Aerospace)
21	Redwings Lodge
22	Restore Digital/EDM
23	Sandwell Council
24	Solihull Metropolitan Borough Council
25	Spellar Metcalfe
26	Taybar Security
27	The Studios - 24 Birch Street
28	The Way
29	University of Coventry
30	University of Wolverhampton
31	Walsall Council
32	Warburtons
33	WCC Foster Carers
34	West Midlands Fire Service
35	West Midlands Police
36	West Midlands Ambulance Service
37	West Midlands Combined Authority
38	Wolverhampton and Bilston Athletics Club (fully paid members)
39	Wolverhampton Carers
40	Wolverhampton Crown Court
41	Wolverhampton Homes
42	Wolverhampton Magistrates Court
43	Wolverhampton Schools
44	Wiggle
45	YOO Recruit

There is also the option to use WV Active facilities on a pay as you go method. Appendix 3 provides an overview of the pay as you go options at WV Active.

### **Budget Allocation to Physical Activity**

Within the survey it was asked what budget residents have to spend on physical activity, this was split into budget per activity, per week and per month.

Graph 23, 24, 25, demonstrates the breakdown per costings. An assumption in this section is that the cost of activity is per person, rather than per family/ household.

The majority of residents in Wolverhampton would want to spend less than £10.00 on a physical activity session (65.27%), whereas 34.73% willing to spend £10.00 and over. 20.65% would want the activity to be free and over a quarter of residents

would be willing to spend between £5.00 - £9.99 on activity. Women are more likely to want free activities and are less likely to spend over £10.00 on an activity. As Wulfrunians get older they are more likely to want free activities, over 50% of people aged 16-25 are willing to spend £10.00 or more on activity whereas this drops to 22.62% of over 35's being willing to spend over £10.00. Graph 23 shows all cohorts break down of budget per activity, and Table 23 shows further cohort breakdown.

Graph 23: City Lifestyle Budget per activity

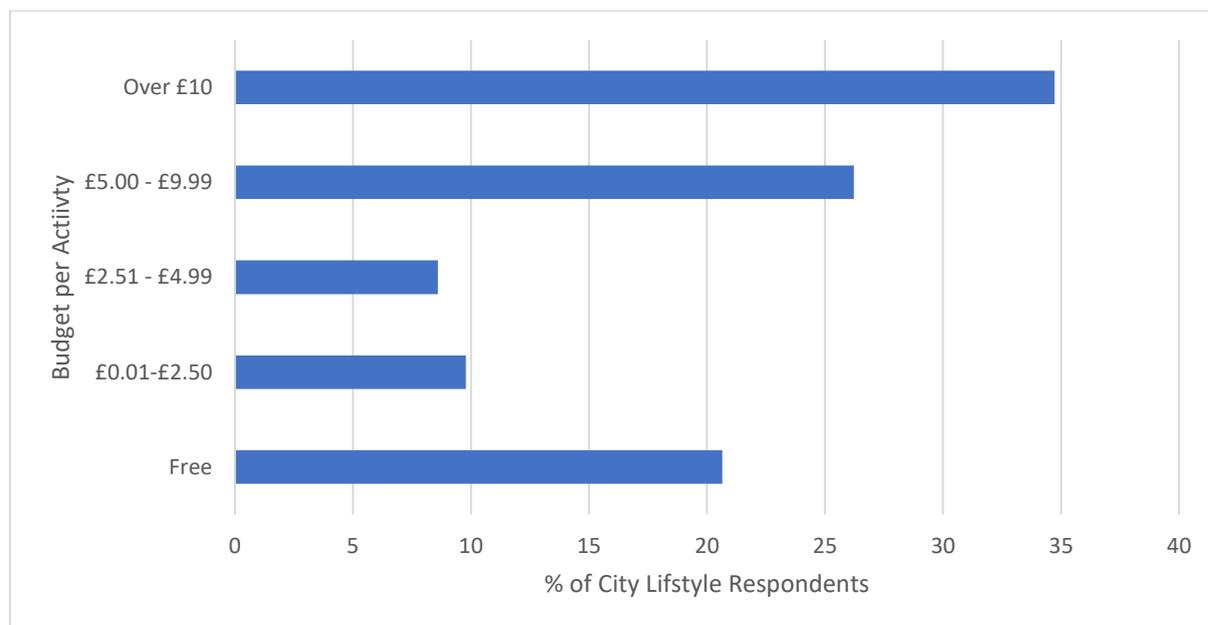


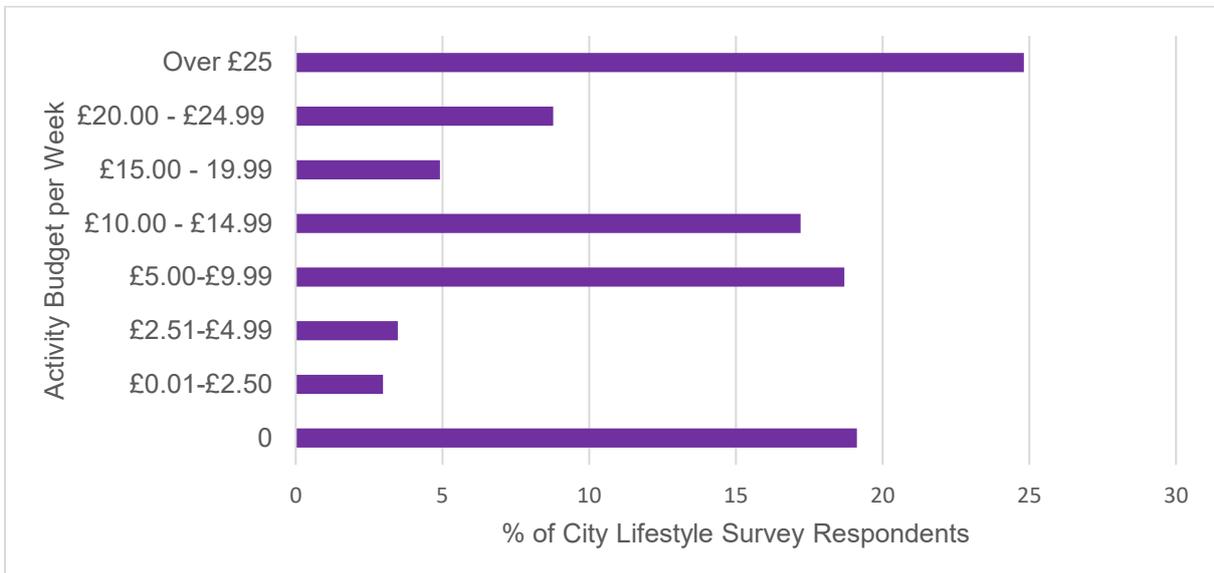
Table 23: Cohort breakdown Budget per Activity for Physical Activity

Cohort	Free %	£0.01-£2.50 %	£2.51 - £4.99 %	£5.00 - £9.99 %	Over £10 %
<b>All</b>	20.7	9.78	8.6	26.2	34.7
<b>Male</b>	14.7	9.5	8.1	19.2	48.4
<b>Female</b>	24.1	10.6	9.4	32.6	23.4
<b>Age Cohorts</b>					
<b>16-24</b>	12.2	5.3	5.8	25.0	51.8
<b>25-34</b>	10.1	7.0	8.8	22.7	51.5
<b>35-44</b>	22.6	10.6	8.7	29.3	28.9
<b>45-54</b>	27.9	12.5	11.2	28.3	20.0
<b>55-64</b>	29.4	14.7	7.0	28.5	20.4

<b>Over 65</b>	30.8	11.0	9.8	30.0	17.9
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When looking at Wulfrunian’s budget for physical activity per week, 19.12% of residents have indicated they do not have a weekly budget for physical activity and 14.65% have indicated they do not have a monthly budget for physical activity. 42.37% of residents have a budget of between £00.01-£14.99 per week for physical activity. With 24.81% having a weekly budget of over £25 and 20.02 % stating they have a budget of £100 a month to spend on physical activity. Men are more likely to allocate a greater budget to physical activity both each week and per month. As people get older, they are more likely not to allocate any budget to physical activity, 16-24’s 6.92% compared to 29.18% of over 65 that do not allocate monthly budget to physical activity. This is shown in Table 24 and 25.

Graph 24: City Lifestyle Budget per week



Graph 25: City Lifestyle Budget per month

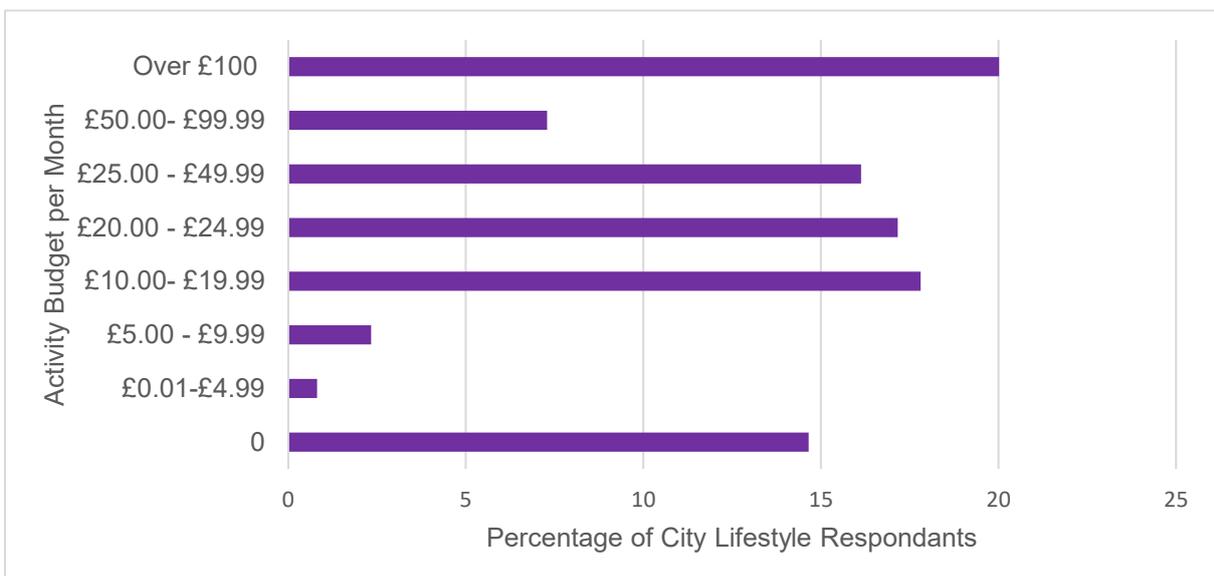




Table 24: Cohort breakdown Budget per Week for Physical Activity

Cohort	£0.00 %	£0.01-£2.50 %	£2.51-£4.99 %	£5.00-£9.99 %	£10.00-£14.99 %	£15.00-£19.99 %	£20.00-£24.99 %	£25.00+ %
<b>All</b>	19.1	3.0	3.5	18.7	17.2	4.9	8.8	24.8
<b>Male</b>	13.4	2.2	2.1	13.0	14.8	5.3	10.8	38.4
<b>Female</b>	22.8	3.8	4.6	23.7	19.5	4.8	7.2	13.6
<b>Age Group</b>								
<b>16 – 24</b>	12.5	2.2	1.6	14.1	18.1	5.8	10.3	35.5
<b>25 – 34</b>	9.4	1.8	1.8	14.5	14.3	5.3	11.1	41.83
<b>35 – 44</b>	21.0	3.1	4.4	22.2	17.6	3.7	9.0	19.1
<b>45 – 54</b>	26.0	4.6	4.9	22.9	18.0	4.4	6.6	12.6
<b>55 – 64</b>	25.9	3.7	4.2	22.6	19.6	5.3	6.0	12.7
<b>Over 65</b>	29.2	4.3	6.2	19.3	20.3	4.9	6.9	8.9

Table 25: Cohort breakdown Budget per Month for Physical Activity

Cohort	£0.00	£0.01-4.99	£5.00-£9.99	£10.00-£19.99	£20.00-£24.99	£25.00-£49.99	£50.00-£74.99	£75.00-£99.99	£100.00+
<b>All</b>	14.7	0.8	2.3	17.8	17.2	16.1	7.3	3.8	20.0
<b>Male</b>	10.1	0.8	1.7	12.6	12.0	15.4	9.3	5.0	33.1
<b>Female</b>	17.2	0.8	2.8	21.7	21.3	16.6	6.1	3.2	10.4
<b>Age Group</b>									
<b>16 -24</b>	6.9	0.6	1.1	17.9	14.8	16.6	12.5	6.9	26.9
<b>25- 34</b>	7.4	0.45	1.4	13.7	13.4	14.5	7.8	5.3	38.2
<b>35-44</b>	15.1	0.85	2	20.4	19.7	17.6	6.2	3.6	14.5
<b>45-54</b>	19.0	1.5	3.3	20.2	20.8	17.6	5.8	2.8	9.0
<b>55-64</b>	20.7	0.4	3.0	22.1	20.0	15.7	5.0	3.0	10.0
<b>Over 65</b>	24.6	1.6	4.2	23.5	15.2	14.3	6.6	4.2	6.6

### **WV Active Membership**

The current WV Active membership full price is £20 a month, which equates to £5 a week, 74.42% of residents have a weekly physical activity budget that would cover the cost of a WV Active membership and 84.54% have a monthly budget allocated. The concessionary membership is £10 a month, equating to £2.50 a week, only 15.46% of residents surveyed did not have sufficient monthly budget allocated to afford the concessionary membership.

## Active City Data Summary

Physical activity provision is a complex landscape, there are a range of providers and ways to access activity, from digital platforms to sports clubs, led and self-led activities.

There are currently three platforms that offer multi organisation promotion of physical activity in Wolverhampton, YO! Wolves – aimed at children and young people, Black Country Moving, and WIN.

There is a range of programmes and projects that are already being undertaken to increase physical activity in the city such as Better Health: Rewards, WOW and Playing Out.

Education settings play an important role in creating opportunities for children and young people to be active, the government guidance is that they should be taking part in 30 minutes of physical activity in school and 30 minutes outside of school each day. HRBS data shows that there needs to be further support from schools to ensure this happens and that there needs to be work undertaken to improve the out of school offer and access to it.

Community facilities and the Health and Social Care System offer promotion and opportunities for physical activity, more work is needed to understand their offer and how it connects with the wider system and how new pathways to participation can be created.

Fit for a Fiver – which is a targeted physical activity programme, shows that self-referrals to a programme work, however there is an intention gap between being accepted on the scheme and this transition to participation.

WV Active – City of Wolverhampton Council leisure provider, sees its membership consistently growing and 79% of members are from Wolverhampton. The Bilston wards see the highest uptake in membership. WV Active has more female than male members, which is promising, as both national and regional data indicate women are less likely to take up physical activity. WV Active has low levels of people with disabilities accessing their casual and membership offer. The U17 age group has the highest proportion of registered unique users, it has the lowest levels of attendances at WV Active. The Over 65 age group have one of the smallest numbers of registered users (members and casual), however their attendances are high, thus the people who are registered do use the facilities.

When looking at budget allocation, the majority of Wulfrunians would pay less than £10 per session of physical activity, with 20% indicating that they would need it to be free. Women are more likely to seek free opportunities and allocated less money to physical activity. Nearly 20% of residents have no weekly budget for physical activity and 15% have no monthly budget. As people age, they are less likely to allocate budget to physical activity.

The City of Wolverhampton Council leisure offer through WV Active and Bob Jones Community Hub costings are in line with the majority of Wulfrunians budget allocation. However, there is a proportion of residents who do not have the budget to access paid opportunities and will either need free or subsidised access.

## Active City: Wulfrunians Voice

Seven focus groups were undertaken focusing on communities that are less likely to be active these include women, people from low socio-economic backgrounds, living with a long-term health condition, from ethnic minority backgrounds and older adults. There was a total 75 Wulfrunians who took part in the focus groups in March 2023.

For the Active City theme the following questions were asked:

1. In an ideal world, if you're going to be active for 30 minutes a week, how would you achieve that? This can include walking, cycling, taking part in a particular sport...
2. What, if anything, is preventing you from doing this on a regular basis? This can include, motivation, time, cost, suitable facilities.
3. How can partners in Wolverhampton (including public health, leisure centres, the NHS, local community groups and educational establishments) support or help you to be more active, more often. The answers from the seven focus groups have been combined and analysed for common theme.

The answers from the seven focus groups have been combined and analysed for common theme.

The first question looked at how people would like to be active, what activities would they choose to undertake.

Walking was the most popular activity mentioned across all groups. People wanted to walk in groups, whether this was formal in the way of set organised group or informally with family and friends. It was felt walking in groups often leads to talking and social connections, it was felt across multiple sessions that walking groups that are themed or linked to a community/ support group would be good. It was felt that walking in a group was safer.

Dancing, in the form of an exercise to movement or class or more of a disco was popular amongst females. The music choice was important for people from different cultures and ethnic backgrounds, having a mixture of music that is seen as English music and also music that is popular within different culture such as Punjabi music for Indian women. Women wanted these sessions to be fun and social. Participants wanted activities that were suitable for them and their families' abilities, such as light exercise, suitable venue, specialist trained instructor and sessions where guidance could be given to help people do activities that were suitable for their health conditions.

Swimming was a popular activity across groups, and in a number of sessions adult swimming lessons were requested. Activities need to have a social element and have a focus on people having fun in the sessions. A key theme for families was activities that they could do together or at the same time. This was particularly

relevant in families with children with additional needs, it would be great if the whole family can join in, or siblings can be active together.

The following question looked at the barriers that people face to be active. A key theme across groups was where people had a health condition. Not feeling well, not wanting to make their health condition worse, not being sure what activity is suitable, lack of suitable activities and medical appointments are all barriers to participation. The weather was also a barrier that was shared across groups, and it was felt where an activity is usually outdoors that there needs to be indoor provision also in the case of poor weather. It was felt across all groups that it was hard to know what was going on where and how to find suitable activities and there needs to be a clear way of finding out what is going on. Cost of sessions, it was felt that money is particularly tight at the moment, so sessions need to be affordable. For families who have children with additional needs there was a consensus there was a lack of suitable venues and activities in Wolverhampton and this was a barrier to participation. One element that was mentioned around walking in local areas, including parks was not feeling safe, particularly at night. This deterred people from going walking regularly.

The final question of this section was asked of how organisations in the city can best help people be active. A clear theme was to support nonphysical activity organisations to either be the gateway to physical activity or to be able to deliver physical activity as part of their offer. It was thought that organisations across the city should be more aware of what is happening and also for staff to receive suitable training to deliver physical activity. For organisations to look at places and people, where are the suitable venues for different cohorts with different needs and how can organisations get the right person in these venues to deliver sessions at the right cost. It was highlighted that it is regularly the case that a session starts for a set period and then finishes, people wanted to know if they attend a session that they enjoy it is going to last and be there regularly.

### **Summary**

When looking at what activities people wanted walking was the most popular, especially walking groups. Fun and social activities were also popular in the responses. People did not feel they knew what was going on in the city or where to access this information. This coincides for the want and need for suitable activities for people's health and ability. Wherever people are doing an activity they want to feel safe, it was clear that some parts of the city, were not perceived as safe as and so this was a barrier to participation. It was clear of the role that non-traditional physical activity can have in inspiring and supporting inactive people to active, however it is currently viewed that do not have the knowledge or skills to do this.

## Active City: Stakeholder Voice

In creating the Physical Inactivity Discovery document (Sept 2021 – June 2022) and through follow up stakeholder engagement, system wide partners have been consulted to understand their viewpoints. Stakeholders included representation from health, housing, planning, transport, education, communities, community safety, environment.

Stakeholders felt it was hard to know what is happening in communities and across the city, and there is far more happening than they are aware of. They stated that if they do not know it is happening how can the community know and how can they support people to access the right activity for them. The Black Country Moving platform was thought to be a solution, however, there needs to be a greater push to get more local groups and activities on the site. It was also felt that information cannot solely be online as a lot of the people that need to move more either are not able or will not access information in this way. Additionally, with a lack of information about what is happening, there is a lack of marketing and communication about being active. It was viewed that if we want to make physical activity the norm then it needs to be seen regularly across the city and not just advertising for gym memberships.

Some stakeholders have a greater understanding of activity provision in the city, such as social prescribers, felt there was a lack of suitable activity for people who are inactive, there are plenty of sessions for active people but not many focusing on supporting people who are not active to move more.

Stakeholders raised that the Better Health: Rewards programme was successful in engaging a large volume of Wolverhampton residents, the learning and best practice from this needs to be galvanised and shared so it can influence future interventions. The test and learn model is a great way to understand what works and what doesn't to influence future design and intervention roll out.

### **Summary**

Stakeholders' key element around creating an active city is there is a significant need for better communication and marketing of physical activity opportunities and role models across the city. There also needs to be greater provision for those who are not active to become active.

## Active City: Evidence Review

The creation and improvement of access to places for physical activity combined with informational outreach activities and increased accessibility of local fitness centres has been found to be effective at increasing levels of physical activity (Kahn et al., 2010; Heath et al., 2012).

For many families who have a low income, lack of affordability of leisure centres can be a barrier taking part in physical activity and particularly a constraint to regular physical activity participation (Ward et al., 2014). However, some studies have shown the impact that free access to leisure facilities can have on participation. For example, all residents in Blackburn with Darwen were provided with a free offer to leisure centres which was supported by Health Trainers who engaged in community outreach to deliver taster sessions alongside a wide scale marketing campaign. The researchers found that this resulted in an additional 4% of the local population attending gym or swim sessions in a month and was matched by increased overall levels of self-reported physical activity. These findings were supported by interviews with residents living in the Northwest of England who reported that they felt constrained by what they were able to afford. The authors suggest that based on the findings of the intervention and interviews with residents that “components of free access” and flexible payment options are most likely to contribute to reducing inequalities in physical activity (Higgerson, 2017).

There have also been attempts to monitor the effects of offering rewards for physical activity participation. For instance, in a systematic review, Barte and Vos (2017) found that studies that offered a direct gift found a positive effect on attendance with one study doubling the amount of walks that participant attended compared to a control group, and the other study showing a significant increase in visits to a leisure centre compared to the control group. The gifts in the included studies ranged from the chance to win a free yearlong membership if participants attended at least 12 times during the intervention period to financial incentives that increased based on the number of walks an individual participated in.

Research also highlights the important role that exercise instructors at leisure centres and gyms have on sustaining physical activity behaviours. For instance, attendees who view staff as supportive are more likely to maintain physical activity (Rodrigues et al., 2019). A literature review by Harvey and Griffin (2009) highlighted that wide ranging and important responsibilities that instructors had as leaders, communicators, and educators with older adults. The authors report that instructors or activity leaders that understand and can respond to social dynamics may have a profound impact upon the enjoyment experienced by that group. For instance, in order to facilitate social cohesion, instructors should employ team building activities which could include social events outside of class. Older adults also reported that they preferred instructors who demonstrated leadership behaviours and were viewed

as being patient, flexible and realistic. However, the authors also noted that the ability of the instructors and activity leaders to be able to tailor their sessions to the audience was also key highlighting that additional training may be needed to build this autonomy.

Knowledge of how and why to be active plays a crucial role in developing an individual's 'physical literacy' which has been shown to have an effect on physical activity levels (Ma et al., 2020). Physical literacy is defined as "the motivation, confidence, physical competence, knowledge and understanding to maintain physical activity throughout the life course" (Lloyd et al., 2010). This proposed relationship between Physical Literacy and physical activity is one reason why informational approaches to increasing physical activity can be effective and is supported by theories of behaviour change such as the COM-B model that include psychological capability as a key driver of behaviour (Michie et al., 2014). There is strong evidence that marketing and community wide campaigns that use media messaging and also some aspect of social support (e.g., self-help groups) can be effective at increasing PA levels according to systematic reviews (e.g., Kahn et al., 2010).

Whilst marketing campaigns that integrate psychological approaches to achieve physical activity behaviour change (i.e., social marketing campaigns) have been shown to be effective, Kubaki et al. (2016) showed that campaigns were more likely to be effective if they included the below elements:

- Behaviour change was the objective of the campaign.
- Consumer and/or formative research was conducted.
- Segmentation/targeting/tailoring was used to select a group during design of the intervention.
- Design focused on the creation of attractive and motivational exchanges with the target group.
- A traditional marketing mix was used, not just advertising or communications
- Competition faced by the desired behaviour was considered and strategies were employed to minimise competition.

Most systematic reviews into the factors that correlate with increased physical activity have determined that social support is a factor that is positively related to physical activity (Mendonca, 2014). Sports participation has also been shown to increase social interactions and promote social behaviours. However, recent studies have focused on the ways that social capital can be generated as a result of engaging in physical activity in organised settings (Putnam, 2000). For instance, a survey issued to residents in Australia found that the greater the number of significant others who exercised weekly with respondents, the more likely they were to reach recommended levels of physical activity (Giles-Corti & Donovan, 2002). However, there have been mixed findings from studies investigating attendance rates from typical versus adapted gym environments. For example, community belongingness, social capital or gym type were not found to be independent predictors of gym attendance in Cardiff where a CrossFit gym with was compared to

a leisure centre (Whiteman-Sandland et al., 2018). However, social interaction was a prominent theme among older adults attending activity classes and maintaining physical activity levels in a qualitative review of physical activity suggesting that social interaction may be more valued by different cohorts (Maila et al., 2019).

### **Evidence Review Recommendations**

- Reducing cost barriers and increasing community engagement may be important for making all residents more active, particularly low wage households, working families with young children, and retired people. Incentives such as prizes for free membership if a certain threshold of attendance is met could be beneficial.
- Instructors and activity leaders may benefit from training in order to help them understand and respond to social dynamics.
- Infrastructure changes should be accompanied by a marketing campaigns and community wide outreach from social support groups.
- Activities that intend to facilitate the formation of social relationships may be more effective at enabling individuals to maintain behaviour particularly in older adults.

## Active City: Section Summary

The Active City section of the needs assessment looks at the physical activity provision that is available in the city and how well this is communicated. It is firstly important to recognise the difficulty in capturing the whole provision network, as it is extremely diverse, complicated with no central reference point. There are two resources that are available that can be used to collate as well as advertise the provision available in the city these are the YO! Wolves and Black Country Moving websites. They are currently being underutilised for this purpose and there is an opportunity to increase the volume of provision displayed, this will have dual purpose of providing an increased knowledge of what is available and improve communication of the physical activity offer in the city.

There is a readily available series of national, regional, and local initiatives already in existence in the city, it is important to support these and work to maximise the impact that they can have on Wulfrunians. Examples of these are the WOW programme, which focuses on Active Travel to school and the Fit for Five programme that supports people who are inactive, overweight and/or have a type two diagnosis into physical activity. When designing and delivering a physical activity offer, it is important that the needs of the population are met, and their voices are listened to. From focus group feedback Wulfrunians want walking to be a key activity to be active, they want safe and suitable activities that are fun and social. The workforce, both traditional and non-traditional need to understand and be able to deliver in a way that meets these needs.

WVActive, the City of Wolverhampton's leisure provider, is part of the solution but not the whole answer. It is important that it plays its part in tackling physical inactivity. Membership levels are increasing, there needs to be reflection on the current membership demographics and offer to influence service delivery to meet the needs of those who are underrepresented.

When examining the budget that Wulfrunians have for physical activity, 20% of the city need activities to be free. The budget allocation and breakdown need to help influence service design and delivery and ensure when providing physical activity solutions that price is not a barrier to participation.

Communication is key, people both stakeholders, professionals and residents need to know what is happening, how to get involved, see that it is for them. Communication and marketing needs, need to be considered and delivered at all levels, from starting the conversation, role modelling, to informing.

## Active City: Recommendations

- Create a partnership physical activity marketing and communication plan and maximise suitable local platforms for activity promotion and ensure there is a good coverage of the local offer and identify gaps in provision.
- Facilitate and create opportunities that fill gaps in provision and activities that meet the needs of groups who are more likely to be inactive.
- Maximise and facilitate sign up to local, regional, and national physical activity initiatives.
- Continue to support and advise physical activity, education, and sport in educational settings to deliver at least 30 minutes of physical activity in school day.
- Create opportunities and facilitate access for children and young people to complete 30 minutes of physical activity outside the school day.
- Maximise opportunities and empower community providers and venues to deliver hyper local opportunities.
- WV Active: create a user segmentation insight pack to inform service delivery and improvements and create opportunities to grow the WV Active offer for underrepresented groups.
- Utilisation of non-traditional methods to deliver physical activity.
- Expand the current workplace physical activity offer.

# Active Spaces and Places

## Active Spaces and Places

The ambition of Wolverhampton being a city where we enhance, invest in, and protect our community spaces and places that encourage and promote physical activity and make them more accessible to our residents.

With the increasing profile of physical activity within the city due to high inactivity rates, Wolverhampton is prime for investment to create facilities that are fit for purpose and support the wider health and wellbeing agenda.

The City of Wolverhampton Council owns and operates three large leisure facilities and one Private Finance Initiative (PFI – where a private company delivers services on behalf of the public sector). In addition to this, the city has numerous education, community owned and private built facilities. Whilst there has been planned investment to the playing pitches, ancillary facilities and open spaces, there has been no significant investment into large built facilities since the opening of WVActive Bert Williams in 2011, despite increasing membership rates.

## Infrastructure Planning

To create a strategic investment plan for sport and physical activity in the city, which supports the development of the local plan, the council has worked with Black Country partners to refresh its suite of documents which include Playing Pitch & Outdoor Sports Strategy, Open Space Strategy and Action Plan and Built Facilities Strategy.

### 1. Built facilities strategy

The Built Facilities Strategy (BFS) is concerned with all built sports facilities, within Wolverhampton. It does not include playing pitches or natural open space as these are covered by other strategy documents. The strategy will cover sports halls, swimming pools, health and fitness centre, squash courts, indoor tennis and bowls, gymnastics, martial arts, boxing, and studios as a minimum.

The BFS will be informed by the Facilities Planning Model Assessment which has several scenarios testing potential investment opportunities whilst considering population and housing growth in the city. As this only considers swimming pools and sports halls, the BFS will build on this report whilst considering options for supporting indoor facilities.

The current strategy was finalised in September 2017 and the content is out of date. The new strategy is being commissioned and will be available in late 2023.

### 2. Playing Pitch and Outdoor Sport Strategy

The Playing Pitch and Outdoor Sports Strategy (PPS) considers the playing fields and outdoor spaces where the major outdoors sports including football, cricket, hockey, tennis, netball, athletics, rugby (league and union), bowls, golf, cycling, and

water sports are played. It identifies current levels of provision in the city and compares them with likely future levels of demand.

The key objectives of the study are to ensure the provision of a range of good quality and accessible outdoor sports facilities which: meet the needs of the city; maximise the strengths of the voluntary sports sector; support an increase in sport participation and physical activity; and contribute to an overall increase in health and wellbeing across the city.

Wolverhampton’s PPS was approved by Cabinet in November 2022. It was produced as part of a joint review for all four Black Country Authorities.

The study concludes that, although there are some shortfalls in provision of pitches for football, cricket, and rugby union, these are limited and can largely be met by improvement of existing facilities, including the provision of a small number of new 3G pitches. This puts Wolverhampton in a good position relative to some other Black Country Authorities. Wolverhampton is helped by having facilities in South Staffordshire, outside but adjacent to the boundary, in football, cricket, rugby union and golf, which complement facilities within the city.

Table 26: Strategic recommendations from PPS

Aim	Recommendation
1	To <b>protect</b> the existing supply of outdoor sport facilities where it is needed for meeting current and future needs
2	To <b>enhance</b> outdoor sport facilities and ancillary facilities through improving quality and management of sites.
3	To <b>provide</b> new outdoor sport facilities where there is current or future demand to do so.

Table 27: Priority Recommendations from PPS

Sport	Priority Recommendations
Football	<ul style="list-style-type: none"> <li>• Protect provision.</li> <li>• Improve pitch quality at sites to alleviate overplay, especially at key, poor quality and/or overplayed sites.</li> <li>• Formalise community use agreements for clubs utilising unsecure sites.</li> <li>• Consider asset transfer/long term lease of sites to clubs or extension of existing leases.</li> <li>• Enable use of currently unavailable sites.</li> <li>• Improve changing facilities where required.</li> </ul>
3G pitches	<ul style="list-style-type: none"> <li>• Protect provision.</li> <li>• Ensure all existing pitches have a sinking fund in place.</li> <li>• Ensure all existing pitches remain on the FA register to host competitive matches.</li> </ul>

Sport	Priority Recommendations
	<ul style="list-style-type: none"> <li>• Look to provide an increase of provision locally to alleviate known shortfall at sites</li> </ul>
Cricket	<ul style="list-style-type: none"> <li>• Protect provision.</li> <li>• Improve changing facilities where required.</li> <li>• Undertake necessary ancillary provision improvements.</li> </ul>
Rugby union	<ul style="list-style-type: none"> <li>• No action required.</li> </ul>
Hockey	<ul style="list-style-type: none"> <li>• Prepare for the need to replace current provision that are 9+ years old</li> <li>• Explore the possibility of improving the ancillary provision offer where it is not provided.</li> </ul>
Golf	<ul style="list-style-type: none"> <li>• No action required.</li> </ul>
Bowls	<ul style="list-style-type: none"> <li>• Protect provision.</li> </ul>
Tennis	<ul style="list-style-type: none"> <li>• Protect provision.</li> <li>• Seek to improve provision of courts</li> <li>• Seek to install LTA initiatives such as Rally, ClubSpark and Gate Access.</li> </ul>
Netball	<ul style="list-style-type: none"> <li>• Protect provision and explore increased community access/activity.</li> </ul>
Cycling	<ul style="list-style-type: none"> <li>• No action required.</li> </ul>
Athletics	<ul style="list-style-type: none"> <li>• Protect provision.</li> </ul>
Water sports	<ul style="list-style-type: none"> <li>• No action required.</li> </ul>
Other sports	<ul style="list-style-type: none"> <li>• No action required.</li> </ul>

Joint recommendation from BFS and PPS:

A reoccurring recommendation in both the BFS and PPS is the importance of opening school facilities for community use. In Wolverhampton we currently have 108 schools, each with a varying degree of space within the school footprint to deliver PE and physical activity. Of these 108, 78 have dedicated space for this activity but only 28 offer this for community use.

Whilst not always possible, opening sites to the community and creating community use agreements between providers and users would ensure that such demand continues to be provided for in the longer-term. Note that opening up facilities will add an increase level of demand onto existing provision, and this should be monitored to ensure sites have sufficient capacity for both curricular and any level of community demand.

This also applies to new schools or for existing schools seeking changes to provision that requires planning permission as, via planning consent, the Council can seek a community use agreement as a condition of planning approval.

### 3. Open Space Strategy and Action Plan

The Open Space Strategy and Action Plan (OSSAP) provides standards for access to and quality of different types of open space, highlights areas of surplus and deficiency and provides clear priorities for protection, improvement, and investment. It helps secure investment from developers and landowners as well as supporting external funding bids and informing the council's own management of its open spaces. In doing so it supports regeneration, housing, and public health objectives.

Wolverhampton's current OSSAP was approved by Cabinet in 2018. A review of the strategy has been commissioned and is due to be completed in late 2023. It will include new surveys of residents' usage of and attitudes towards open space, including the implications of the Covid-19 pandemic. It will also consider health inequalities and equity in access to open spaces by different social groups including those with protected characteristics. Access standards will be reviewed, and a new action plan will be produced which, due to the dense urban form of Wolverhampton, is expected to follow previous action plans in focusing on improvements to existing open space. It will, however, also identify where opportunities exist to provide additional open space in new developments and in areas of shortfall.

The OSSAP 2018 identified the considerable progress made in delivering improvements across the city since the previous study. It identified new priorities across the city including play facility investment at several sites and open space and access improvements.

The OSSAP 2018 estimated that Wolverhampton has over 1,100 hectares of open space which include natural areas and parks such as Smestow Valley and West Park, our flag ship park. Wolverhampton also has approximately 17 miles of canal towpath and three miles of redundant railway line. These links extend across the city boundary into Staffordshire and other Black Country areas, providing further accessible leisure opportunities for Wolverhampton's residents.

## Local Picture: Planning, Transport, Place Making, Parks and Open Spaces

### **Planning**

City of Wolverhampton Council is currently preparing a new Wolverhampton Local Plan which will contain strategic land use planning policies and land allocations to support the growth and regeneration of Wolverhampton up to 2040. The city is expected to see significant physical regeneration over the next 20 years. Change will largely be concentrated within the city centre, where urban living is being introduced, and in the eastern half of the city, within identified strategic regeneration corridors and areas. This will have major implications for open space provision, as high-density residential neighbourhoods will need to be created in areas which currently have little existing residential infrastructure. The Local Plan, using the new

OSSAP as its evidence base, will seek to protect and improve existing parks, open spaces and sports facilities and provide new facilities where opportunities occur.

## **Transport**

Wolverhampton's Transport Strategy Service has taken the lead for Active Travel. Early developments included the allocation of Managing Short Trips funding (2014-2016) to provide some preliminary improvements to the walking and cycling infrastructure. Wolverhampton's Active Travel Strategy was produced in 2016, which provided a template for ongoing improvement and sat alongside the Government's Cycling and Walking Investment Strategy and Transport for West Midlands's West Midlands Cycle Charter.

In 2018 the Government invited the production of Local Cycling and Walking Infrastructure Plans (LCWIP), and one was produced for the West Midlands setting out and prioritising a strategic network of cycle routes across the region. Early funding for these routes was made available through the Transforming Cities Fund.

Following the first Covid lockdown, and around the time of declaration of a Climate Emergency, the Government accelerated their Active Travel agenda issuing Emergency Active Travel Funding for rapid works to enable people to travel without having to be inside vehicles. They also issued the Gear Change policy document setting out an agenda to provide high-quality Active Travel infrastructure and LTN1/20 setting out new technical standards for cycling infrastructure. Subsequent rounds of Active Travel Fund have been made available and cycling routes are in various stages of design or construction on five of the city's major routes.

A Black Country LCWIP is now in production identifying and beginning development of additional interconnecting routes where Active Travel can be improved. Funding through the City Region Sustainable Travel Settlement will enable the above plans to be progressed.

## **Place Making**

In 2017, the Connected Places Strategy was published, with its primary vision 'To create vibrant spaces that connect people to a thriving city centre retail and visitor offer driving jobs, opportunity and growth.' The Connected Places strategy and accompanying delivery plan have resulted in numerous successful funding stream bids, investing millions of pounds into Wolverhampton city centre. These projects (including City Centre Public Realm phases one & three) have transformed the city centre, creating a public realm which is versatile, clean, safe, and facilitates active travel and physical activity.

National Context: The Department of Levelling up, Housing and Communities established the Office for Place in July 2021 to ensure best practice in creating "beautiful, successful and enduring places that foster a sense of community, local pride and belonging". The Office have developed a number of studies and new design codes to assist local authorities and communities to manage and encourage a good sense of place. In this context the Government called on local authorities to ensure that quality placemaking is at the heart of its design and development

aspirations and to have an ingrained understanding of how place relates to the benefits for public health, wellbeing, sustainability and contributes to the climate change agenda targets.

Local context: With this new emphasis from Central Government on the importance of Place based activity, our response as a city should now be to build upon the evidenced success of the Connected Places Strategy and develop an updated Placemaking Strategy that includes the whole of the city.

The aim will be to create a comprehensive and cohesive set of principles that guide the development of high-quality place-based activity guided by local reference, which will elevate the sense of place to all its residents and visitors within our city centre, district and local centres and neighbourhoods.

### **Parks and Open Spaces**

Through extensive research it is known that our parks and green spaces play a vital role in urban communities, improving the mental and physical well-being of users. The Covid-19 pandemic and subsequent lockdowns saw usage in parks rise, supporting local people's physical and mental health, helping them to exercise and connect with nature. City of Wolverhampton Councils strategic vision for our parks and green spaces is:

- Provide safe, accessible, clean, and well-maintained green space
- Work closely with our stakeholders to tackle inequalities and address the barriers that may be preventing underrepresented groups from visiting of public spaces.
- Seek investment in our parks and green spaces to increase biodiversity and safeguard their future
- Work with local communities, volunteer groups and social enterprise organisations that are inclusive, representing and supporting diverse communities

Wolverhampton has one city park, West Park, which is a Grade II listed Victorian Park and has Green Flag status. There are six parks in Wolverhampton with Green Flag status these are:

1. West Park
2. East Park
3. Bantock Park
4. Pendeford Mill Nature Reserve
5. Phoenix Park
6. Fowlers Park

There are eight district parks in the city:

1. Bantock Park
2. East Park
3. Fowlers Park
4. Hickman Park

5. King George V Playing Fields
6. Northwood Park
7. Phoenix Park
8. Wednesfield Park

Additionally, there are 35 neighbourhood parks across the city and four nature reserves: Northycote Farm, Pendeford Mill, Smestow Valley, Powell Street Nature Reserve. There are further 239 registered smaller green spaces across the city that are classed as amenity spaces.

## **Wolverhampton Spaces and Places**

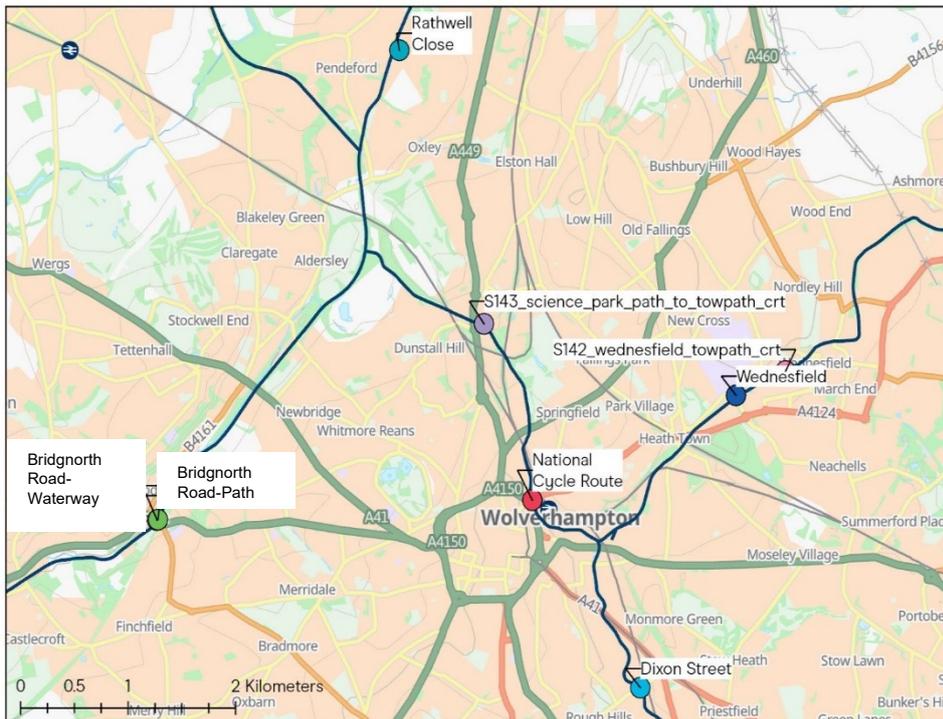
### **Wolverhampton Canal Network**

Wolverhampton has 17 miles (approx.) of canals network; the Canal & River Trust has the guardianship of the British Waterways. Over recent years substantial lengths of the towpaths have been surfaced to make them more suitable for cycling and walking. The Wolverhampton Lock Flight on the Old Main Line has Green Flag Canal Status.

Throughout the city there are a number of canal counters to understand the usage of the canal network. These are located at, shown in Figure 6:

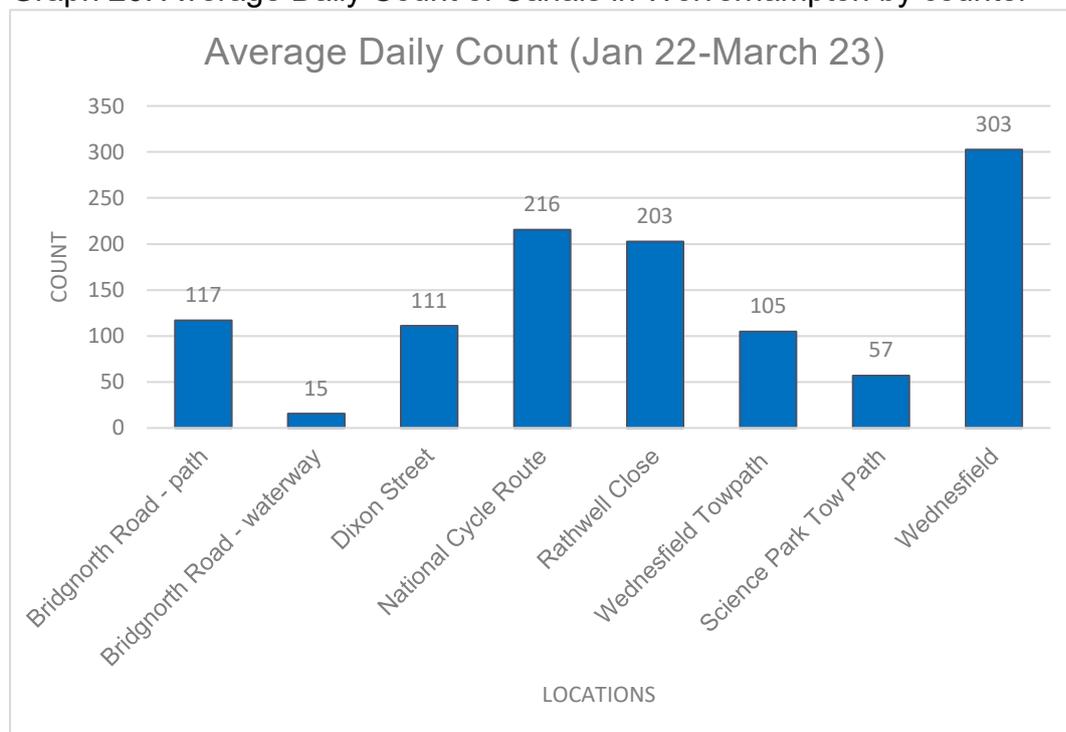
- Bridgnorth Road – Path
- Bridgnorth Road – Waterway
- Dixon Street
- National Cycle Route
- Rathwell Close
- Wednesfield Towpath
- Science Park Towpath
- Wednesfield

Figure 6: Map of counter locations



The counters shows that Wednesfield has the highest daily count of users with 303 and the Science Park tow path is the lowest with 57. Note: Bridgnorth – Waterway is a water focused counter. Usage is typically higher in the spring and summer months than in the autumn and winter. This is shown in Graph 26.

Graph 26: Average Daily Count of Canals in Wolverhampton by counter



Canal usage in Wolverhampton is typically higher from late morning through to late afternoon/ early evening. Graph 27 demonstrates the average hourly profile of usage for each of the counters across the city.

Graph 27: Average Hourly Usage per Counter Site

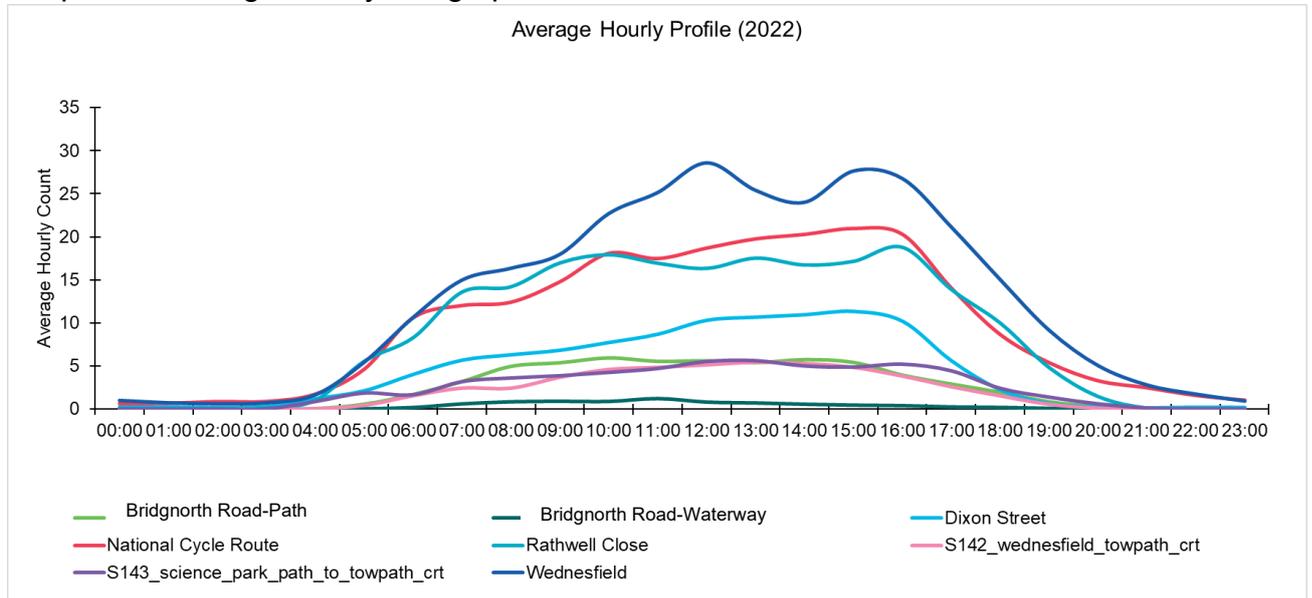


Table 28: User Type per Canal Location

Types of Users						
	Percentages of Average Daily Count %					
Towpath Counter	Pedestrians	Cyclists	Dog Walkers	Pushchairs	Unpowered Watercraft	Powered Watercraft
Bridgnorth Road - path - path	85	11	1	1	NA	1
Bridgnorth Road - waterway	NA	NA	NA	NA	33	67
Dixon Street	57	35	3	1	1	3
National Cycle Route	53	45	1	1	NA	1
Rathwell Close	59	28	11	1	NA	1
Wednesfield Towpath	62	32	3	2	NA	1
Science Park Tow Path	52	3	3	2	NA	14
Wednesfield	73	24	2	0	NA	0

Table 28 shows that pedestrians are the highest proportion of users across all land-based counters, the water-based counter at Bridgnorth Road has powered watercraft as the highest usage. The National Cycle Route has the highest number of cyclists users compared to other counter sites.

### **School and Education Facilities**

Schools and educational settings offer unique hyper local facilities, from playing fields, sports halls, and swimming pools. Within the city there are 108 of schools, of these we know that 78 have dedicated sport and physical activity facilities. 28 of these facilities offer access to the community; this is where community organisations or individuals are able to book the site to use the facility for a cost. This creates extended provision throughout the city. There is a currently a review of school and education settings physical activity facilities, this will provide an up-to-date record of what facilities there are, whether they are able to be used for community usage and cost associated.

### **Leisure Facilities**

Within Wolverhampton there are a range of leisure facilities, the City of Wolverhampton Council own four larger leisure sites, three are managed the city council under the WV Active brand and one that is managed by a PFI, Places Leisure, there is also one smaller leisure site managed by the city council at the Bob

Jones Community Hub. There is a range of private leisure sites including companies such as Nuffield Health, JD Gyms, Energie Gym, Pure Gym, the exact number of privately ran leisure facilities, what their current facilities and offer entails is unknown in city. As part of the Built Facilities Strategy there will be an audit of leisure provision facilities in the city. Table 29 shows the council owned settings and the facilities available.

Table 29: Council Leisure Facilities

Facility name	Address	Facilities available	Ownership
<b>Wolverhampton Swimming and Fitness Centre</b>	<b>Planetary Road, Bentley Bridge, Wednesfield, WV13 3SW</b>	<b>Main General Swimming Pool</b>	PFI Contract
		Number of lanes: 6	
		Length: 25 m	
		<b>Leisure Swimming Pool</b>	
		Width: 10 m	
		Length: 22 m	
		<b>Health and Fitness Suite</b>	
		Number of stations: 144	
		<b>Learner/Teaching/Training Swimming Pool</b>	
		Number of lanes: 4	
		Movable floor	
		Width: 8 m	
		Length: 16 m	
		<b>Learner/Teaching/Training Swimming Pool</b>	
Length: 6 m			
Width: 3 m			
<b>Studio</b>			
<b>Central Baths</b>	<b>Bath Avenue, Wolverhampton, WV1 4EG</b>	<b>Main/General Swimming Pool</b>	Wolverhampton City Council
		Width: 17 m	
		Length: 25 m	
		Number of lanes: 8	
		<b>Health and Fitness Suite</b>	
		Number of stations: 22	
<b>Exercise Studio</b>			

Facility name	Address	Facilities available	Ownership
<b>Aldersley Leisure Village</b>	<b>Aldersley Road, Wolverhampton, WV6 9NW</b>	<b>Main Sports Hall</b>	Wolverhampton City Council
		Number of volleyball courts: 2	
		Number of netball courts: 2	
		Number of basketball courts: 2	
		Number of badminton courts: 12	
		Number of cricket nets: 1	
		<b>Synthetic Athletics Track</b>	
		Number of lanes: 6	
		Floodlights	
		<b>Health and Fitness Suite</b>	
		Number of stations: 33	
		<b>Sand Based Synthetic Turf Pitch</b>	
		Number of pitches: 1	
		Floodlights	
		<b>Sand Dressed Synthetic Turf Pitch</b>	
		Number of pitches: 1	
		Floodlights	
		<b>Full-sized Grass Football Pitches</b>	
		Number of pitches: 1	
		Floodlights	
		<b>Full-sized Grass Football Pitches</b>	
		Number of pitches: 2	
		<b>Tarmac Velodrome</b>	
Floodlights			
<b>Outdoor courts</b>			
Number of netball courts: 6			
Number of Tennis courts: 6			
Floodlights			
<b>Studio</b>			
<b>Spin Studio</b>			

Facility name	Address	Facilities available	Ownership
<b>Bert Williams Leisure centre</b>	<b>Black Country Route, Bilston, WV14 0DZ</b>	<b>Health and Fitness Suite</b>	Wolverhampton City Council
		Number of stations: 100	
		<b>Main/General Swimming Pool</b>	
		Number of lanes: 8	
		Length: 25 m	
		Width: 18 m	
		<b>Normal Squash Courts</b>	
		Number: 4	
		<b>Learner/Teaching/Training Swimming Pool</b>	
		Length: 18 m	
		Width: 8 m	
		<b>Main Sports Hall</b>	
		Width: 19 m	
		Length: 35 m	
Number of badminton courts: 4			
<b>Studio</b>			
<b>Main Sports Hall</b>			
<b>Bob Jones Community Hub</b>	<b>Bromley Street, Wolverhampton, WV2 3AS</b>	<b>Health and Fitness Suite</b>	Wolverhampton City Council
		Number of stations: 24	
		<b>Activity Sports Hall</b>	
		Number of badminton courts: 2	
		<b>Multi Use Games Area</b>	

### **Club and Non-Traditional Sport and Physical Activity Facilities**

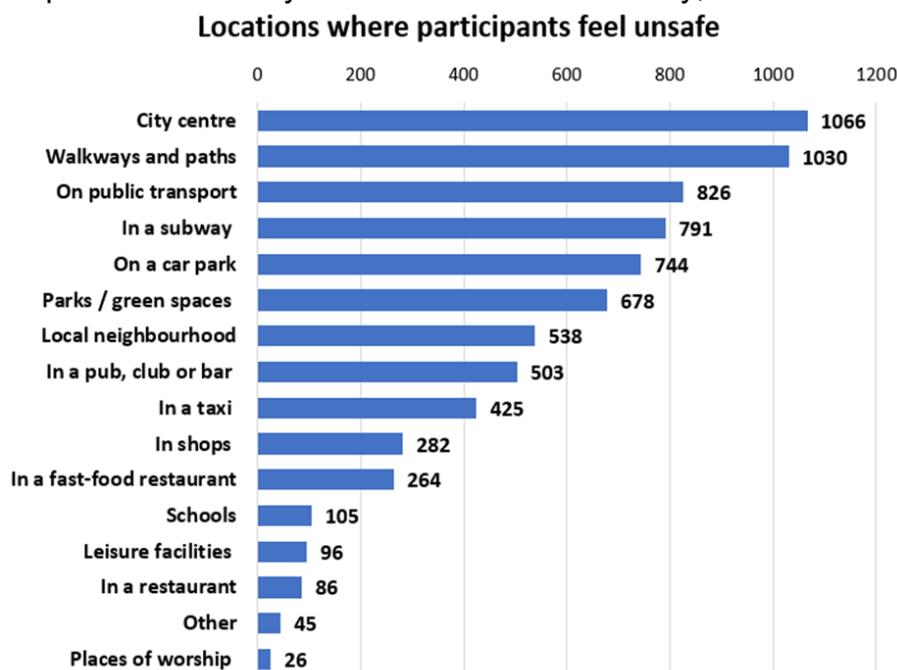
There are many sports clubs in the city of Wolverhampton, who range from football, hockey, cricket to dance, wrestling and cycle speedway. Ownership of facilities is mixed, from being owned by the club, owned by City of Wolverhampton Council, on school sites, long-term lease or private ownership. This makes it difficult to have a full picture of the sports facilities and the current condition. Additional sport and physical activity also takes place in non-dedicated sport and physical activity venues such as community halls, faith centres and allotments. Some of the facilities will be considered within the Playing Pitch Strategy and Built Facilities Strategy. Once these documents are complete, there will be a better understanding of the state of play club and non-traditional facilities and will inform future investment strategy.

## **Community Safety of Spaces and Places**

Safer Wolverhampton Partnership is committed to working with partners including West Midlands Police, Wolverhampton Anti-Social Behaviour Team, and West Midlands Violence Reduction Partnership to make Wolverhampton and its open spaces a safe and welcoming place. This includes identifying hotspot locations through regular Tasking meetings and adding them to patrol strategies, as well as engaging with the public to provide reassurance. A communication and promotion strategy has been developed to ensure members of the public feel safer, knowing that action is being taken. This will hopefully also reduce the perception that parks and open spaces are unsafe.

The Safety of Women and Girls survey which was recently carried out provided valuable insight into specific locations where people feel unsafe. Graph 28 shows the locations where women and girls feel unsafe in Wolverhampton, the city centre had the highest number of responses, with walkways and paths coming second.

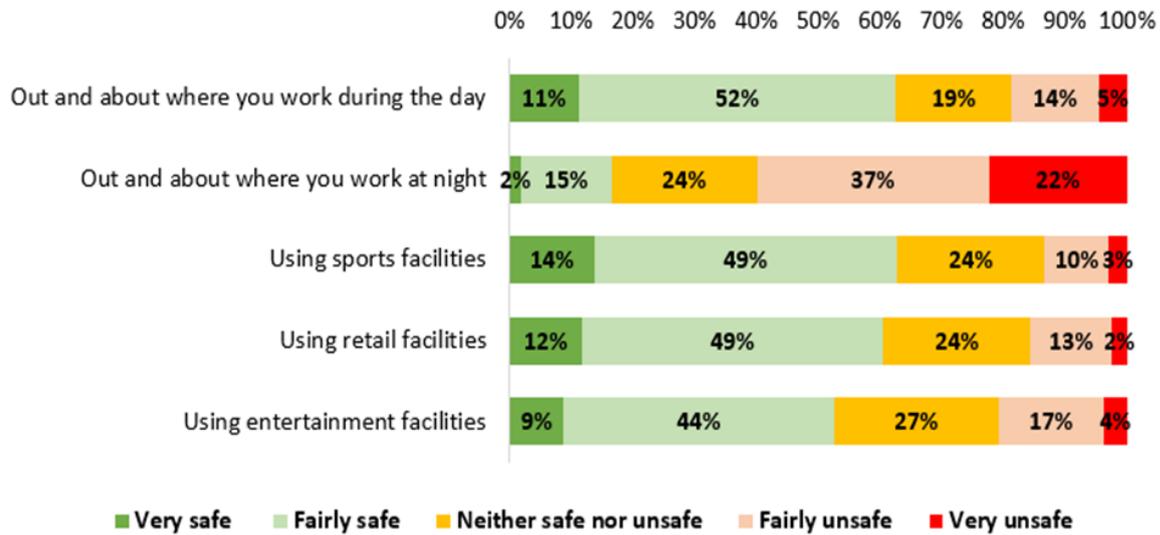
Graph 28: The Safety of Women and Girls survey, location that feel unsafe



When asked where women and girls feel safe, 63% of women and girls felt fairly safe or very safe when using sport facilities. Graph 29.

Graph 29: The Safety of Women and Girls survey, safety and usage

## How safe do you feel ...



As a result of the Safety of Women and Girls survey, a Task and Finish group was established to ensure actions are carried out as a response of the findings. This included improving lighting and maintaining overgrown areas which provide concealment. This work is ongoing and reviewed on a regular basis.

In addition to the work being done by these statutory organisations, numerous agencies have been commissioned to conduct outreach with young people. This includes Base 25 working in Hickman Park, East Park, Wednesfield Park, Aldersley, The Scotlands and Heath Town. They engage with young people who may be vulnerable for exploitation, or at risk of causing, or likely to cause ASB.

These are a few examples of the excellent partnership work which takes place on a daily basis. We are committed to ensuring Wolverhampton is a safe place for its residents and visitors.

### **Location of participation in physical activity**

As part of the City Lifestyle Survey, Wulfrunians were asked where they take part in physical activity, the top answer was Parks or Nature areas, second was local streets, third was gym settings, fourth in the community and fifth other e.g.: at home. These are shown in Graph 30.

Graph 30: Locations of where Wulfrunians are physically active

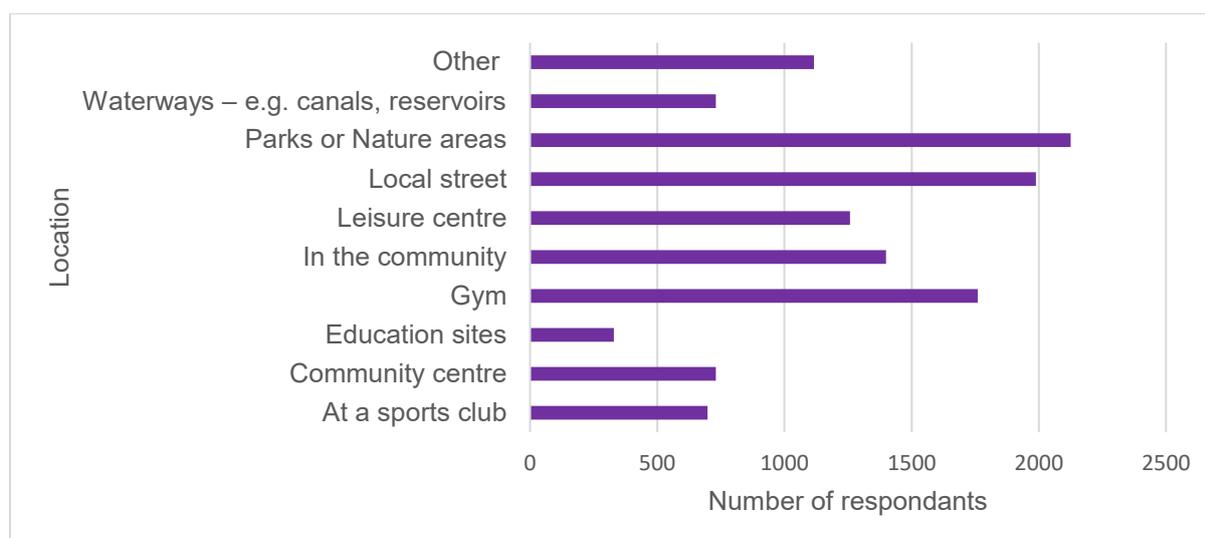


Table 30: Cohort breakdown of location to be physically active

Cohort	Rank	Location
Women	1	Local streets
	2	Parks or nature areas
	3	Other locations e.g., at home
	4	Gym
	5	In the community
Men	1	Gym
	2	Parks or nature areas
	3	Leisure centre
	4	Local street
	5	In the community
16-24	1	Gym
	2	In the community
	2	Local street
	4	Parks and nature areas
	5	Leisure centres
25-34	1	Gym
	2	Parks and nature areas
	3	Leisure centre
	4	In the community
	5	Local street
35-44	1	Parks and nature areas
	2	Local streets
	3	Gym
	4	Other: e.g.: at home
	5	In the community

Cohort	Rank	Location
45-54	1	Local streets
	2	Parks and nature areas
	3	Other: e.g.: at home
	4	In the community
	5	Gym
55-64	1	Local streets
	2	Parks and nature areas
	3	Other: e.g.: at home
	4	In the community
	5	Leisure centre
Over 65's	1	Local streets
	2	Parks and nature areas
	3	In the community
	4	Other: e.g.: at home
	5	Leisure centre
Asian, Asian British or Asian Welsh	1	Gym
	2	Local streets
	3	In the community
	4	Parks or nature areas
	5	Other: e.g.: at home
Black, Black British, Black Welsh, Caribbean or African	1	Gym
	2	Local streets
	3	Other: e.g.: at home
	4	In the community
	5	Parks and nature areas
Mixed or Multiple Ethnic Groups	1	Gym
	2	In the community
	3	Parks and nature areas
	4	Leisure centre
	5	Local streets
Other Ethnic Groups	1	Parks and nature areas
	2	Gym
	3	Local streets
	4	Leisure centres
	5	Gyms
White	1	Parks and nature areas
	2	Local streets
	3	Gym
	4	In the community
	5	Leisure centre
Living with a disability	1	Local streets
	2	Parks or nature areas
	3	Other: e.g.: at home
	4	In the community
	5	Gym

From Table 30, there are variances between where men and women like to be active, the top location for men is the gym whereas for women it is local streets, both groups put parks and nature areas as their second choice. Comparing the women's locations of where they are active to the list of locations where they do not feel safe (The Safety of Women and Girls Survey), there is a large cross over between the places that women and girls do not feel safe where they want to be active, such as local streets and walkways and paths and parks and green spaces and parks or nature areas.

When looking at location from an age split, younger age groups highlight the gym as their top location, and this drops down the rankings as people age. Older adults view community spaces such as local streets, parks, and nature areas and in the community as their top locations for physical activity. There is variance in the top location when looking at different ethnicities, people from Asian, Black, and Mixed or Multiple ethnic groups selected gyms as their top location whereas people from White ethnic group indicated parks and nature areas as their top location. People living with a disability had community spaces at the top of their locations, including, local streets, parks, or nature areas and in the community.

## Active Spaces and Places: Data Summary

There are a number of key documents that inform planning and development of the active facilities in the city, these are:

- Built Facilities Strategy
- Playing Pitch Strategy
- Open Spaces Strategy

These need to be finalised and reviewed to align priorities in and create a clear investment plan for the city. Out of the 108 schools in the city only 28 of them offer community use of their facilities, a recommendation from the Playing Pitch Strategy is to maximise the use of school facilities and support them to be used for community use.

There are a range of departments within the City of Wolverhampton Council who have a vital role to play in impacting the design, availability and planning of spaces and places throughout Wolverhampton and their connections with neighbourhood local authorities. These including Planning, Placemaking, Transport and Parks and Open Spaces, there are also a range of partner organisations who are influential such as the Canal and River Trust, Transport for West Midlands, and the Safe for Wolverhampton Partnership. It is vital to have open lines of communication and ensure matrix working and policy alignment.

The city has three City of Wolverhampton Council leisure sites under the WV Active brand and one PFI Wolverhampton Swimming and Fitness Centre. The forementioned strategies will include key information about developments that are needed. Community centres offer a range of local smaller facilities and will be covered in the Built Facilities Strategy.

Community safety is a key consideration, the Safer Wolverhampton Partnership have identified a series of actions around increasing safety in community spaces. When looking at canal usage, Wednesfield has the highest usage, there is low usage at commuter times am and pm, and usage reduces in the winter and autumn.

When residents were asked where there they choose to be active the highest response were parks and nature spaces, there were variances between cohorts, e.g.: the gym were more popular in men and younger cohorts.

## Active Spaces and Places: Wulfrunians Voice

Seven focus groups were undertaken focusing on communities that are less likely to be active, these include women, people from low socio-economic backgrounds, living with a long-term health condition, from ethnic minority backgrounds and older adults. There was a total 75 Wulfrunians who took part in the focus groups in March 2023.

For the Active Spaces and Places theme the following questions were asked:

- 1a. In an ideal world, if you're going to be active where would you like to be active? Such as places of worship, community centres, school facilities, canals, parks.
- 1b. How long would you travel to access these spaces?
2. What, if anything, is preventing you from using these spaces?
3. What would make you use local spaces to be active? Including facilities, timing etc.

The answers from the seven focus groups have been combined and analysed for common theme.

The first question asks about where people would like to be active in the city and how long they are willing to travel to access these spaces. The two clear places that people wanted to be in active in were natural spaces, in particular local parks, but also included canals and nature reserves and then community centres. A few people across the focus groups said leisure centres, however there was a general negative feeling towards leisure centres as they can be intimidating places, that they are for 'fit people', or people have had a negative experience there previously. Being active at home was also popular, however people still felt they needed guidance to do this in the form of accessing instructional video on the internet.

When asked about how long people were willing to travel to a venue the general theme was as local as possible. If people were walking a 5–10-minute walk was preferred if people were travelling by car or public transport this increased to 20 minutes. The exception was for people/ families who needed more specialised provision to meet their needs, they would be willing to travel further to access suitable spaces.

The questions moved on to ask what may be preventing people from using these spaces. The majority of discussion around outdoor spaces centred around safety, a lot of people did not perceive that parks and canals were safe and this was a major barrier to using them. The weather was also a barrier to using outdoor spaces regularly, and people felt that they didn't have the suitable clothing to use the outdoors when it is wet and cold and also it would be good to have indoor provision as an option too. When looking at community venues people thought the main barriers to using them were lack of information, not knowing where places are or

what is on. A minority of people asked also found going to new places scary and said it would be good if more was done to give information of where to go so it was not overwhelming, such as video tours, pictures, and description of where to go once there.

When asked what would make people use these spaces more it was felt if there were more group activities that had social elements as well, this would help make people feel safe. For parks and outdoor spaces, the consensus was if there were more users people would feel safer. A suggestion from our group was that if there were times in key parks where there were lots of activities going on at the same time then people would feel more confident to use these spaces at these times. People also wanted spaces that meet their needs, particularly those with health conditions and/ or a disability, such as suitable toilet and changing places, places to sit and have a rest, wheelchair access, flat surface, secure open spaces.

### **Summary**

When looking at spaces and places for people to be active in, people want to use facilities that are close to their homes and an essential element is that people feel safe in these spaces. Weather plays a big role in people's use of outdoor spaces and this needs to be considered when planning outdoor activities and it is important to have a contingency plan for bad weather days. People who have additional needs, need to have spaces that meet and cater for these needs.

## Active Spaces and Places: Stakeholders Voice

In creating the Physical Inactivity Discovery document (Sept 2021 – June 2022) and through follow up stakeholder engagement, system wider partners have been consulted with to understand their viewpoint. Stakeholders included representation from health, housing, planning, transport, education, communities, community safety, environment.

It was felt by stakeholders that Wolverhampton has a good spread of community centres across the city, and this was helping by Wolverhampton being compact thus travel times to varying parts of the city were low. It was not known by stakeholders what facilities these community venues have or what activities are taking place there or could take place there. There are 108 schools in the city and supporting schools to open up their facilities to community use could massively increase the available places to be active in. It was noted this is starting to be looked at through Active Black Country Opening School Facilities project.

Wolverhampton has a good coverage of parks across the city and there are outdoor spaces that people can easily access from their homes. It was also perceived that some outdoor spaces such as parks and canals were not safe places to be active and that more needed to be done to increase the feeling of safety in the spaces. It was suggested that more structured and semi-structured activity needed to happen to enable this. The city has a good spread of leisure provision across the city, stakeholders felt these spaces are often deemed for active people and more needed to be done to people who are starting on their physical activity journey.

### **Summary**

It was felt that Wolverhampton has a good spread of spaces and places for people to be active across the city, however the challenge is making them spaces that people use regularly. Stakeholders felt that collectively they need to do more facilitate the use of these spaces and where possible coordinate improvements to meet people's needs.

## Active Spaces and Places: Evidence Review

Connections between the built environment and physical activity have garnered much attention over the last decade. Research shows that individuals living in neighbourhoods with a mixture of land uses, connected streets, recreational facilities, and enjoyable scenery are more likely to be physically active (Saelens & Handy, 2010; Sallis et al., 2015).

Findings such as these have led to the thesis that ‘walkable neighbourhoods’, designed to promote the ability to live locally which favour active travel, access to public transportation and easy access to daily services, could be key to facilitating physical activity and greater health. Most recently, ‘20 Minute Neighbourhoods’ (20MNs) represent person centred approaches to urban design and planning where residents do not have to travel further than 20 minutes to reach local amenities, have been successfully implemented in Melbourne and Paris. A 20-minute city is one where:

- Residents of every neighbourhood have easy access to goods and services, particularly groceries, fresh food, and healthcare.
- Every neighbourhood has a variety of housing types, of different sizes and levels of affordability, to accommodate many types of households and enable more people to live closer to where they work.
- Residents of every neighbourhood can breathe clean and there are green spaces for everyone to enjoy.
- More people can work close to home or remotely

The criteria for 20-minute cities also align with Sport England’s principles for active design which state that all environments should support physical activity equitably across all ages, genders, and abilities to enable everyone to be active and build long term habits and behaviours. Sport England advocates for supporting active travel through building walkable communities, providing connected active travel routes and co-locating facilities (i.e., destinations with multiple reasons to visit). They also suggest that to achieve “active high-quality places and spaces” a network of multi-functional open spaces should be promoted across cities in combination with high quality streets and spaces, providing activity infrastructure and making buildings active destinations. Finally, in order to ensure that physical activity is maintained they propose that high quality flexible spaces need to be effectively managed and maintained and that opportunities to be active are promoted in order to increase awareness.

Use of green spaces has been associated with a decrease in health complaints, reduced stress, and improved general health (Marmot, 2010). As a result of the potential health benefits of using green spaces, a number of reviews have been published investigating how to promote green space use by the public. A review of 21 qualitative studies determined that safety, aesthetics, amenities, maintenance, and proximity were important factors for encouraging park use whilst poor maintenance was one of the strongest deterrents and was frequently associated with lack of use (McCormack et al., 2010). Another review assessing interventions to increase urban green space use in Australia determined that interventions were more likely to result in increased physical activity when they combined changes to the built environment alongside physical activity programmes compared to interventions where only the built environment changed or a physical activity programme was employed (Hunter et al., 2015).

An important consideration is that people are not equally capable of using green spaces and may not know where they are or how to utilise them. Kruize et al. (2019) draws on the COM-B model of behaviour change and recommend raising awareness through campaigns and good facilities, especially when people move into a new neighbourhood. They suggest that parks need to be accessible, attractive, well maintained, with room for socialisation, where people feel safe. These conditions may provide the opportunity and motivation in order to create the best conditions for people to utilise green spaces.

Local authorities have a unique opportunity to increase physical activity levels in their communities through community assets and health initiatives like social prescribing and exercise referral schemes. They are considered to be the largest funders of sport, leisure, parks, and green spaces, and are responsible for almost 3,000 leisure centres and 30,000 parks nationally. Research from Sport England shows that 94 leisure centres ran schemes to address health inequalities, with 84% of centres being used in projects aimed at hard-to-reach community members over the past 5 years (Sport England, 2022).

Sport England (2022) propose that there is an opportunity to establish a new model that helps to formalise the relationship between leisure, physical health, mental health, and social care. This could be achieved by co-located, new or refurbished leisure centres that act as community hubs in order to combine traditional leisure services with other health and social care facilities.

Infrastructure changes could also have an impact on physical activity levels. For example, between 2008 and 2011, the Department for Transport (DfT) funded a programme of investment in cycling across 12 towns and cities in order to explore the effect of investment in cycling as part of a whole-town strategy on the number of cyclists and frequency of trips. The programme included a range of improvements to cycle infrastructure including the development of town-wide signed networks of cycle routes, marketing, as well as work with employers, universities, and schools to help these institutions to encourage cycling and improve facilities for cycling at their premises. The number of people cycling increased by 29% on average across the

six Cycling Demonstration Towns (CDT) over five and a half years (Sustrans, 2017).

By contrast, when car infrastructure has been the main focus of investment, there is some evidence to suggest that this has a negative overall impact on the community. Foley et al. (2017) investigated the impacts of the M74 Motorway extension in Glasgow. People living closest to the motorway increased their car use but did not increase their active travel and may have reduced their overall PA levels. However, qualitative findings were more wide ranging with some residents reporting that they felt cut off from other local people and places, whilst others who had more widely dispersed social networks praised the improved connectedness which improved their ability to socialise.

### **Evidence Review Recommendations**

- Green spaces that are considered to be safe, aesthetically appealing, and well maintained are important factors for encouraging park use and should be prioritised.
- Proximity is an important factor for encouraging use of green spaces. However, residents may not be aware of the closest green spaces to them, and many may benefit from marketing campaign and signposting from social support groups to raise awareness, especially people who are new to the city/area.
- Initiatives such as the 20-minute activity zones can offer a way of maximising local activity, these should be explored to see how and if it would work in Wolverhampton.

## Active Spaces and Places: Section Summary

The Spaces and Places section of the needs assessment focuses on what we have in the city from buildings to parks, canals, what the usage of these spaces are and where the future direction of travel is for these spaces.

There are a number of key documents that are essential to future planning and understanding the current status of the city. They are in the process of being completed and will inform a capital investment strategy for the city and additional Active Spaces and Places report.

What is clear is that Wulfrunians want to use local facilities to be active, especially parks and nature spaces. The forementioned reports will provide insight into the state of these and showcase where investment is needed. There are key departments within the council, planning, transport, placemaking, parks and open spaces, partner organisation, Canal and River Trust, Schools, Safer Wolverhampton Partnership who all play a key role in influencing these spaces and places. Matrix working, and policy alignment needs to occur to facilitate widespread and coordinated change.

Wulfrunians and stakeholders need to know what facilities are available to them and how to access them, communication and marketing is key to do this. Combining the above, initiatives such as the 20-minute activity zones can offer a way to live local and increase activity, opportunities to trial such initiatives should be explored.

## Active Spaces and Places: Recommendations

- Finalise the creation of the suite of documents (e.g.: Built Facilities Strategy, Open Spaces Strategy and Action Plan and Playing Pitch Strategy) to inform future capital investment into sport and physical activity.
- Create safe and welcoming spaces for people to be active.
- Ensure physical activity is a priority consideration when developing infrastructure policy, allocation of funding, and future project planning.
- Advocate and champion community use of facilities that do not have open access.
- Maximise the use and raise awareness of hyper local facilities both indoor and outdoor.
- Consult on and trial approaches such as 20-minute activity zones to create change at a neighbourhood level.

# Active Systems

## Active System

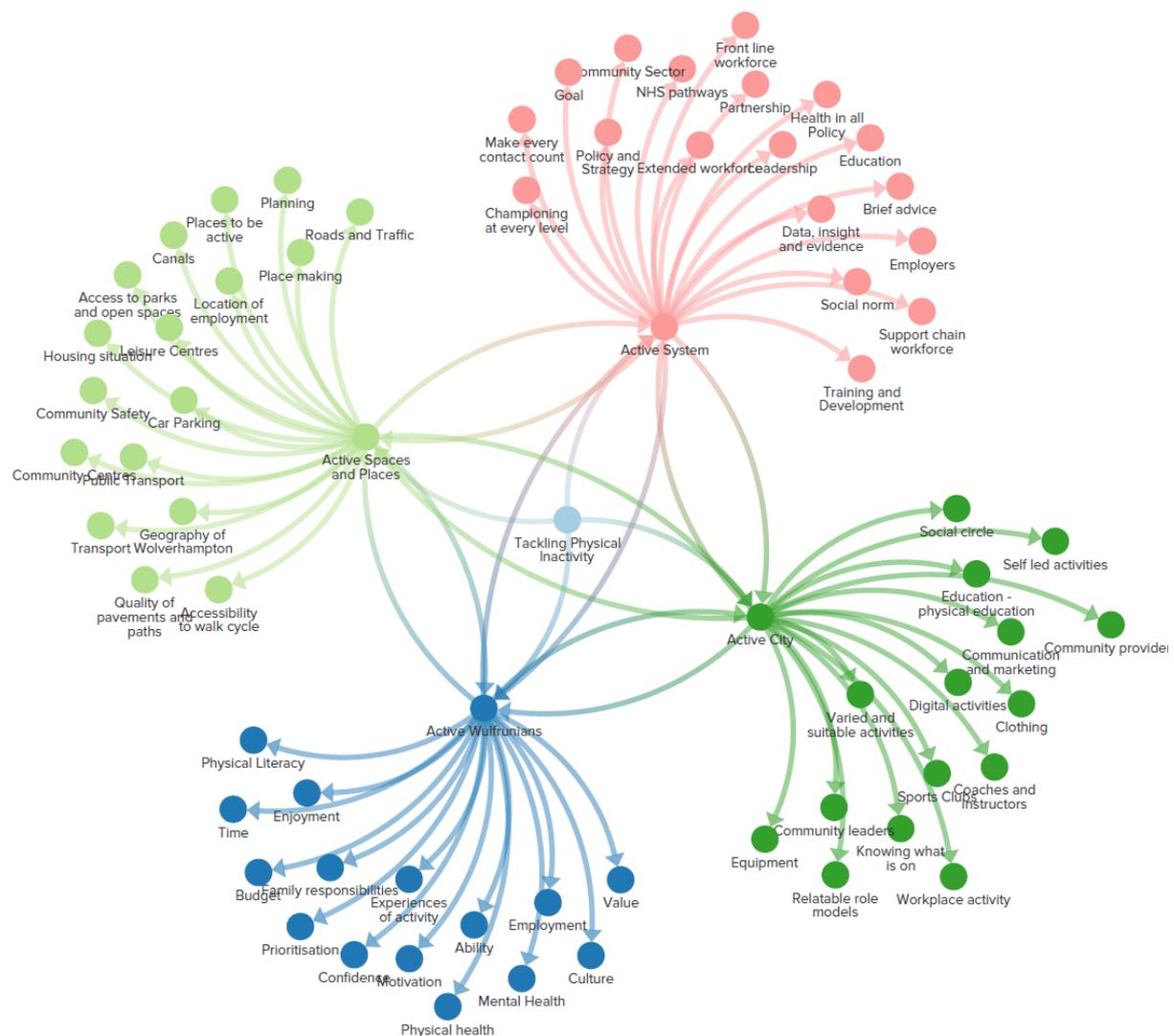
Through working collaboratively as a whole system, we will create leadership, governance and partnerships that enable practice and protocols that promote physical activity across all sectors.

### System of influence physical activity

As forementioned, the factors and organisation influencing physical activity at both an individual and population level are complex, multi-faceted and need a multi-agency and specialism approach to tackling the issue of physical inactivity.

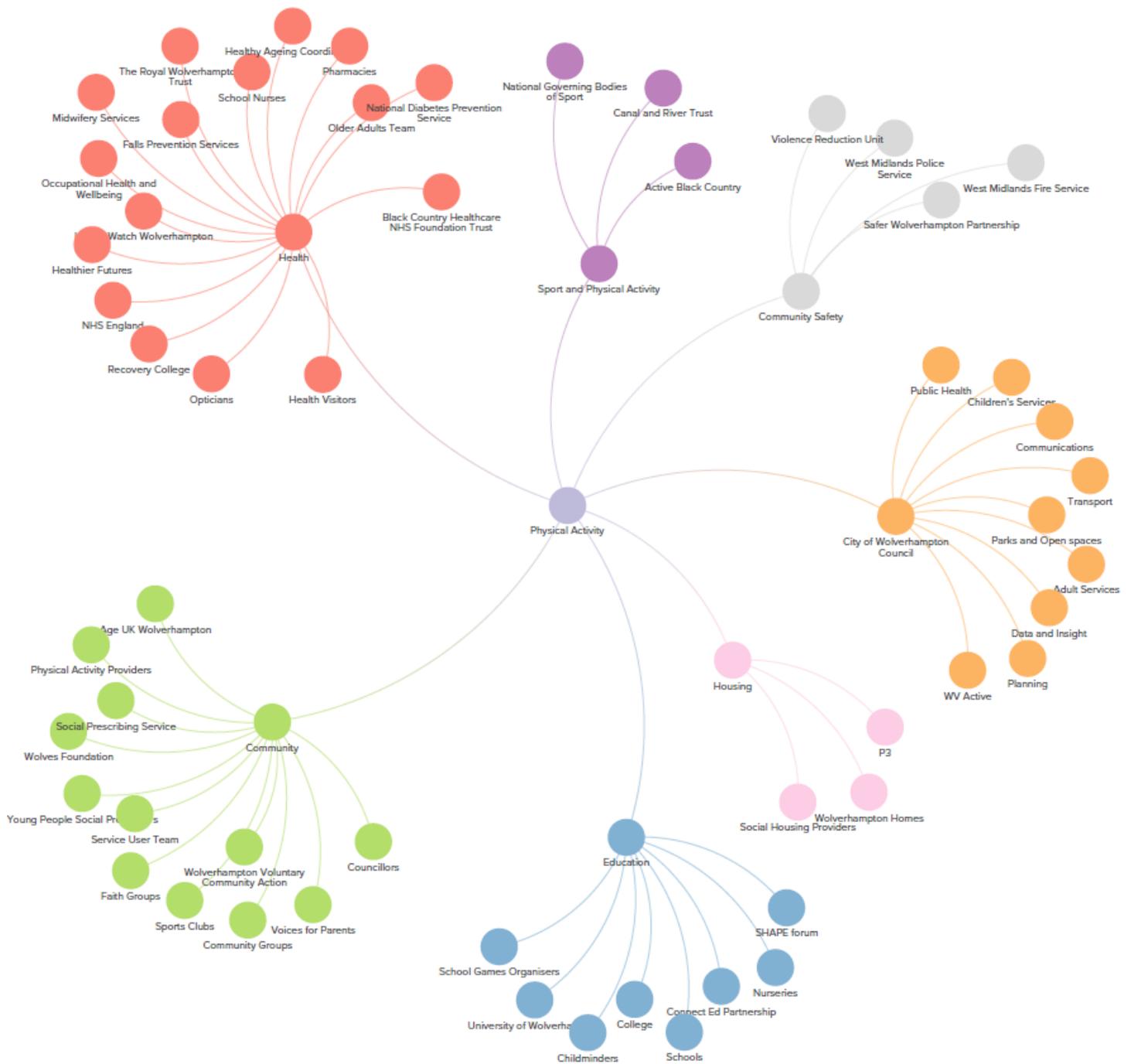
The below diagram (Figure 7) highlights the system of influence surround physical inactivity and physical activity levels.

Figure 7: Tackling physical inactivity system of influence



To work towards influencing and impacting the range of factors that are demonstrated in Figure 8, a range of sectors and organisations need to be engaged and actively participating in creating change. The below diagram (Figure 8) showcases the breadth of partners that have been engaged so far throughout the system redesign of physical activity.

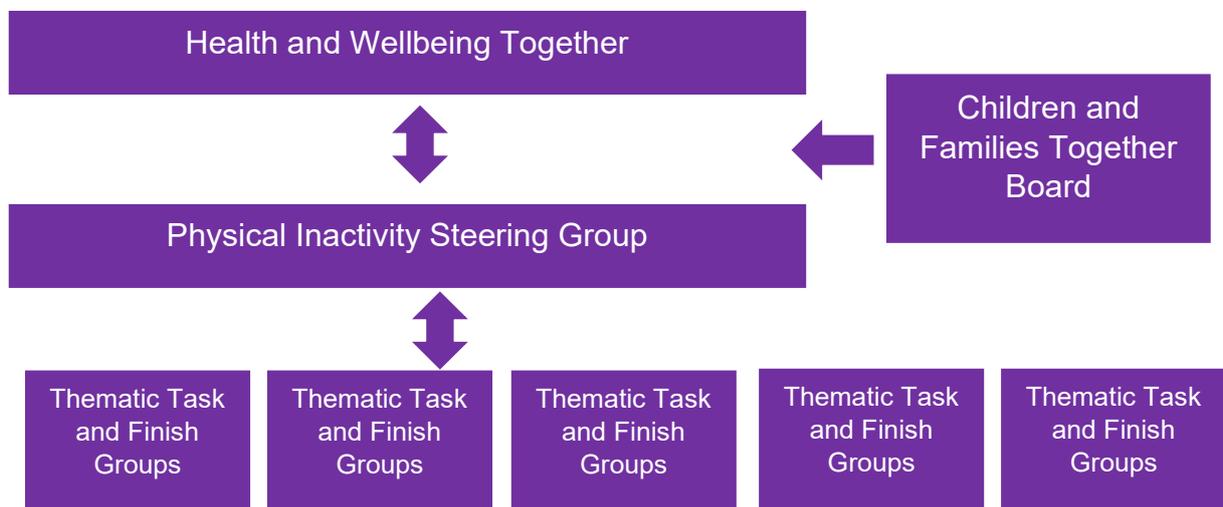
Figure 8: System partner map



## Governance Structure

The current governance structure for the physical inactivity workstream is shown in Figure 9. At the top of the governance structure there is Health and Wellbeing Together, physical inactivity is a priority area for them and has been included in their five-year strategy as a priority focus area. Their role is as system leaders who provide direction, challenge, and influence the system to change. The Physical Inactivity Steering Group is the next level; this group provides strategic direction and will embed the future strategy. Underneath this is thematic task and finish groups, which all have their own actions to deliver and have the ambition of bringing partners together to deliver them. The task and finish groups are flexible in theme depending on where the evidence base is stating that resources need to be dedicated to.

Figure 9: Physical inactivity governance structure



## System Policy Review

The policy review has looked at both City of Wolverhampton Council policies and strategies as well as system partners that sit on the Health and Wellbeing Board. It is understood there is a wider network of partners and the need for strategic alignment, however, in this instance the review was limited to high level partners. It is recognised as the work around creating an Active System progresses it needs to ensure policy alignment and connectivity across a more diverse range of partners. The review included policy and strategy from:

City of Wolverhampton Council:

- Our City, Our Plan
- Vision for Public Health
- Future Generation Climate Change
- Wolverhampton Active Travel Strategy
- Built Facilities
- Playing Pitch Strategies
- Wolverhampton Housing Strategy,
- Youth Engagement Strategy
- Children, Young People & Families Plan
- SEND Joint Commissioning Strategy
- CFTB Co-production Charter
- Equality, Diversity, and Inclusion Strategy
- Tree and Woodland Strategy
- Wolverhampton Adult Services Local Account

Other stakeholders:

- Health and Wellbeing Together: Joint Health and Wellbeing Strategy
- University of Wolverhampton: 2030 Strategy
- West Midlands Police: Our Mission, Vision, Values, Behaviours and Strategy
- West Midlands Fire Service: Our Plan 2023-2026
- Black Country Foundation NHS Trust: Our People Strategy 2021-2023
- Health Watch: Our Strategy 2021-2026
- Royal Wolverhampton Trust: Our Strategy 2022-2027
- Wolverhampton Voluntary Community Action: Our Vision
- Healthier Futures: Black Country Integrated Care System: Our Plan

The ambition that is set out in Our City, Our Plan sets the tone for the rest of the Wolverhampton policy and strategy, 'Wulfrunians will live longer, healthier lives'. This is what all other policies and strategies are striving to achieve through various lenses. The people of Wolverhampton are at the centre of many of these documents and highlight the need for the work around tackling inactivity to be co-produced with a reflective membership of target audiences and have both a focus on a person – centred methodology as well as having population aspects.

The COVID-19 pandemic has exacerbated many deep-rooted health inequalities in Wolverhampton and as the city rebuilds, it is crucial that the city builds back by supporting those in the city who need us the most and are facing the largest inequalities. Two life stages that are repeatedly mentioned as priority areas throughout many of the documents are children and young people and the importance of ensuring they have the best start in life and older adults, ensuring that they are aging in the best way, to maintain their independence and dignity.

As well as a focus on the people of the city, there is a focus on the spaces of Wolverhampton and the role that they play in improving health and wellbeing, and in turn contributing to the city's ambition. Open spaces, opportunity to access and the quality of these spaces are key influencers and through maximising these assets the benefits can be reaped by the people of Wolverhampton. There is a need for fit for purpose community assets, whether this be community facilities or suitable housing stock. Building suitable spaces that promote good health and physical activity is critical and the allocation of investment is an important consideration. Combining the two realms of people and place can help facilitate community cohesion and create supportive communities that are early help vehicles. The use of a place-based approach is a key enabler to meet many strategic aims and help tackle inactivity. Throughout the city it is important to maximise opportunities to create active environments, active travel is referenced as a key starting point to achieve this.

Partnerships and building relationship with stakeholders across Wolverhampton features in many of the strategies and seen as key method to achieve desired outcomes. The notion, we are stronger together, is a common theme.

## Competence and Confidence Survey

The Confidence and Competence survey, is a snapshot of the systems workforce knowledge, understanding and confidence of physical activity and behaviour change. The aim of the survey is to highlight where there needs to be further development and training opportunities for system wide workforce to undertake. The questions are based on Chartered Institute for the Management of Sport and Physical Activity professional standards for workforce supporting inactive people.

34 members of workforce from across different City of Wolverhampton Council departments such as planning, transport and public health, NHS staff such as school nurses, health visitors, prehabilitation nurses and communities completed the survey. It is recognised this is a snapshot sample and provides an overview of where the workforce is at in Wolverhampton in terms of their knowledge understanding and confidence surrounding physical activity and further work needs to be undertaken in the future to gain a more in-depth understanding.

The survey found, 76% of respondents felt that their role was important to getting people active, five respondents felt it was somewhat important and three not at all. The three roles that didn't feel it was important were more internal facing roles. 65% people did not feel confident to present how physical activity relates to their organisation to their organisation/ sectors/ team's leadership.

82% respondents felt they could identify groups that are more likely to be inactive, however the number of people who felt they understood how these groups were identified were less, 50%. Additionally, 53% felt they didn't know what supports and prevents different groups to take part in physical activity. 59% respondents' felt that they did not know what type of physical activities suit different abilities.

From the results most respondents felt that they understood the different benefits of being active, there was lower understanding of more external benefits such as social, community, society and economic. 88% respondents felt that they were confident to explain the benefits of being physically active. 68% felt that they were confident to have a conversation with service users on physical activity, with five respondents feeling that this was not applicable. The majority of people who completed the survey were confident to give advice around physical activity (65%). However, when looking at specific audience this confidence level reduces, particular with older adults, people living with a disability, people living with a long-term health condition, people living with a mental health condition.

The majority of respondents felt that they did not know and understand the physical activity guidelines, the general guidelines for adults were the most known and understood, whereas more specific groups such as early years, pregnancy and after birth, children, and young people with disabilities were less known and understood. 21 out of the 34 respondents did not feel they know where to find guidance and insight to help support specific groups to change their behaviour to be active. 55%

respondents felt they did not know how to identify local and relevant initiatives or how to signpost people to activities.

32% felt they knew how to use a behaviour change model to support people to change their activity levels, whereas 65% felt they did not know. 79% did not know what the COM-B model of behaviour change was. 65% felt they did know how to support people to change their behaviour and 53% didn't feel they knew how to support someone's motivation to be active.

59% were not confident to. However, 68% respondents felt they knew how to change their communication style to support the needs of different people and 53% felt they did know how to use goal setting and 47% did know how to provide brief advice to support people to change their activity levels. 65% felt they didn't not know how to use motivational interviewing to support people to change their behaviour to be more active.

The survey results illustrate that the majority of system partners can see their role in tackling physical inactivity, however there is a lack confidence to champion this within organisations and support needs to be given to staff to be able to communicate this effectively. The benefits of being active to a person were well understood, but population benefits and wider societal benefits need further awareness raising throughout the workforce. There was a lack of knowledge of the CMO guidelines, indicating it would be useful to utilise the recently published CMO Guidelines communication toolkit, to improve this. People had the knowledge of who is more likely to be inactive but didn't understand why, and how to support them to be active or what activity maybe suitable for them, further support is required to increase this knowledge and confidence.

When looking at behaviour change the survey indicated that there was a lack of knowledge and confidence around behaviour change, the techniques and how and when to use them. This indicates that further training and development is needed for the workforce on behaviour change, as this can support the work to tackle physical inactivity as well as a wider range of health topics.

### **National Institute for Health and Care Excellence (NICE) Guidance and Quality Standards**

NICE provide national guidance and advice to improve health and social care. NICE Guidance is evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders.

Table 31: NICE guidance

Title	Reference number	Published	Last updated
<u>Physical activity and the environment</u>	NG90	22 March 2018	22 March 2018
<u>Physical activity: exercise referral schemes</u>	PH54	24 September 2014	24 September 2014
<u>Physical activity: brief advice for adults in primary care</u>	PH44	29 May 2013	29 May 2013
<u>Physical activity: walking and cycling</u>	PH41	28 November 2012	28 November 2012
<u>Physical activity for children and young people</u>	PH17	28 January 2009	28 January 2009
<u>Mental wellbeing in over 65s: occupational therapy and physical activity interventions</u>	PH16	22 October 2008	22 October 2008
<u>Physical activity in the workplace</u>	PH13	28 May 2008	28 May 2008

NICE Quality Standards (QS) are priority areas for quality improvement in health, public health, and social care, they are highlighted areas with identified variation in practice. QS support NICE guidance as the focus on key areas, they can be used to:

- Influence commissioning
- Support quality improvement work
- Helping with quality assurance work and monitoring
- Shaping services and provider markets.

Table 32: NICE quality standards

Title	Reference number	Published	Last updated
<u>Physical activity: encouraging activity in the community</u>	QS183	6 June 2019	6 June 2019
<u>Physical activity: for NHS staff, patients, and carers</u>	QS84	25 March 2015	25 March 2015

NICE Guidance and Quality Standards (Table 31 and 33) are in place to support the system to tackle physical inactivity, particular the health and social care sector. There needs to be better understanding locally of how well these are adopted and used.

### Health System: Physical Activity SNOMED Codes

SNOMED codes are a structured clinical vocabulary for use in an electronic health record. In England, all GP systems capture clinical terms using SNOMED CT. It allows different IT systems to exchange clinical information more effectively and accurately. The use of SNOMED includes codes for diagnosis and procedures, symptoms, family history, allergies, assessment tools, observations, and devices, it facilitates analysis to support more extensive clinical audit and research and reduces the risk of misinterpretations of the record in different care settings.

Examples for the use of SNOMED codes around physical activity include the general practice physical activity questionnaire (GPPAQ) which is a validated screening tool, used in primary care to assess the physical activity levels of adults (16 to 74 years).

It provides a simple, four level physical activity index (PAI) which can be used to help health care professionals to decide when to offer interventions to increase physical activity.

Other codes may also be used during a physical assessment during a condition review or during a new patient health check, to monitor patient's physical ability.

Table 33 are an example of SNOMED codes that are available to be recorded in a patient's GP record around physical activity. Better understanding is needed of the use of these codes across Wolverhampton NHS system and a subsequent review of how and when they are used to ensure a consistent approach.

Table 33: SNOMED Physical Activity Codes

Description
Sports activity
Leisure activity
Leisure physical activity
Level of physical activity
Physical activity barrier
Physical exercise
Active physical exercise
Isometric physical exercise
Passive physical exercise

Description
Target physical activity
General practice physical activity questionnaire physical activity index: active
General practice physical activity questionnaire physical activity index: inactive
General practice physical activity questionnaire physical activity index: moderately active
General practice physical activity questionnaire physical activity index: moderately inactive
Increased physical activity
Level of physical activity unknown
Physical activity target light exercise
Physical activity target minimal exercise
Discussion about activity
Activity exercise pattern – includes multiple children – i.e., aerobic exercise three times a week, competitive athlete
Gets little exercise
Gets no exercise
Lack of exercise
Physical activity guidance
Target physical activity
Increased physical activity
Access to physical activity facility
Referral to physical activity program
Physical activity tolerance evaluation
Structured physical activity program
Physical activity assessment
Referral for physical activity service offered
Physical activity brief intervention follow-up
Brief intervention for physical activity offered
Brief intervention for physical activity declined

Description
Brief intervention for physical activity completed
GPPAQ declined
Codes for various types of exercise i.e., Pilates, swimming, yoga etc

### Active Systems Data Summary

The system of influence around physical inactivity is wide and diverse, it ranges from what facilities and activities are available, peoples personal experience and different cultures. A partnership approach to influence the system has been taken and wider variety of partners have been engaged. There is also a range of policy that connects this agenda both within City of Wolverhampton Council and partners. It is important to maximise opportunities for collaboration.

The Competence and Confidence Survey for the system workforce around physical activity/ inactivity and behaviour change highlighted the following points:

- System partners see their role to influence physical activity levels in the city.
- There is a lack confidence to champion their role and physical inactivity within their team and organisation.
- Individual benefits of physical activity are understood, however population level benefits are not.
- There is a lack of knowledge on some of the CMO guidelines.
- There is lack of knowledge and understanding of how to support different cohorts who are more likely to be inactive to change their behaviour.
- There is a lack of knowledge and confidence around behaviour change and associated techniques.

There is a range of NICE guidance that is available to support deliver physical activity across the health, care, and wellbeing system. There needs to be better understanding of how well it is utilised. There is also a diverse range of SNOMED codes that are within the health system that can be used to code various physical activity functions with patients, there also needs to be better understanding of how and when these are used.

## Active Systems: Wulfrunians View

Seven focus groups were undertaken focusing on communities that are less likely to be active these include women, people from low socio-economic backgrounds, living with a long-term health condition, from ethnic minority backgrounds and older adults. There was a total 75 Wulfrunians who took part in the focus groups in March 2023.

For the Active Systems theme the following questions were asked:

1a: If you were looking for support to move more, who would you speak to?

1b: Where would you look/ google for support to move more?

2. Would you feel comfortable speaking to your GP about moving more?

3. Who do you trust and listen to about improving your health?

The answers from the seven focus groups have been combined and analysed for common themes.

The first question asked if people wanted support to move more, who would they speak to. The common theme that came out of this question was community leaders, formal or informal such as faith leaders, support group facilitator, community organiser. The common trait that these people had was that there was a relationship, connection and trust that had been built up. People wanted to talk to “someone like me, who has been through similar things and understands”, realistic role models was a key theme. For children it was thought that schools would be the first place to speak to as they would have the knowledge relevant for children. Social prescribers were mentioned on a few occasions, some people did not know what a social prescriber was, and it was common that people didn’t know how to access the service. The people who were aware of social prescribers thought that they would be a good person to give support on how to move more.

The second half of this question looks at where people would go to look for information on how to move more. The majority of people would use google to find information on moving more, common words/ phases that would be used were:

- Exercise Wolverhampton / local area e.g.: Low Hill / Graiseley/ Bilston
- Walking Groups Wolverhampton / local area e.g.: Low Hill / Graiseley/ Bilston
- How do I get fit?
- Ways to get fit?
- Low intensity exercise Wolverhampton / local area e.g.: Low Hill / Graiseley/ Bilston
- Exercise Classes (general or specific type e.g.: boxercise) Wolverhampton / local area e.g.: Low Hill / Graiseley/ Bilston

Social media users who were middle to older aged said they would look on Facebook and local groups/pages for activities, younger participants said they were more likely to use Instagram. It was also heavily discussed for people who are not online or social media, it is important that information is not solely kept online and there are still physical places for information such as community notice boards and newspapers.

When asked about if they would feel comfortable talking to their GP about moving more the majority of people felt that they would feel comfortable. However, owing to the system in place about one topic per appointment and the feeling it was hard to get appointments, the majority did not feel it would be possible to have that conversation.

The following question looks at who people trust to get advice about their health, the top people were friends and family, community leaders both formal and informal and health professionals. It was felt that most people would speak to their friends or family first about a health issue or ways to improve health prior to seeking any professional support.

### **Summary**

When looking at the system around people getting help to be physically active, the key influencers are people who have a relationship and connection with people, which in turn has built trust. Social media and the internet play a key role in disseminating information; however, it must not be forgotten that not all people have access and more traditional methods are still important. GPs are viewed as comfortable space to have a conversation about moving more, but are not viewed as a suitable space, as people have limited time and want to discuss an acute issue rather than lifestyle behaviours.

## Active Systems: Stakeholder Voice

In creating the Physical Inactivity Discovery document (Sept 2021 – June 2022) and through follow up stakeholder engagement, system wide partners have been consulted with to understand their viewpoint. Stakeholders included representation from health, housing, planning, transport, education, communities, community safety, environment.

Since the Discovery Report there has been progress in addressing the points raised there by stakeholders, it was highlighted that there needed to be a clear group and governance in place to tackle physical activity. Stakeholders viewed that the development of the Physical Inactivity Steering Group and task and finish groups was the starting point of this and even though the groups are still in their infancy they have been a positive step in bringing the system together. A key area from the Discovery Report was providing a clear strategic focus, it was felt that through the development of the needs assessment and subsequent strategy it would really help provide this for the partnership.

Workforce development and training was thought to be a key area to help provide all parts of the system, from health to community, with the necessary skills and knowledge to change behaviour of residents and change organisational structures and policies to be activity promoting.

Two clear themes that came out of both the discovery report and the later consultation were that there needs to be better connection with clinical pathways, physical activity, and routes into community activity and secondly communication about what is available and how to access it both from a professional-to-professional point of view and professional-to-resident.

### **Summary**

The system stakeholders feel there has been good progress in bringing partners together with a common focus to tackle physical inactivity, the strategy development is a key next step. Building a workforce that has the knowledge and skills to supports people to change their behaviour is key, further training and development is needed to facilitate this. NHS pathways need to continue to develop to connect with physical activity where appropriate and communication needs to improve across all aspects of the sector.

## Active System: Evidence Review

There are a multitude of complex factors that interact to shape an individual's physical behaviours. Interventions that address any one part of this system in isolation are not likely to have substantial lasting effects (National Institute for Health and Care Research [NIHR], 2019). There is growing recognition that a whole systems approach, involving stakeholders from across the local system, will help to tackle complex issues such as physical inactivity.

In contrast, it has been argued that interventions attempting to reduce inactivity on an individual level could even perpetuate health inequalities as these interventions may be less accessible to more deprived populations. Hall (2021) argues that interventions that attempt to create changes at structural, environmental, and intrapersonal level may be more likely to change physical activity behaviour for everyone rather than just on an individual level.

The WHO's Global Action on Physical Activity advocates a systems-based approach that involves cross-government, multisectoral partnerships and community engagement. The WHO argues that a systems-based approach represents "a dynamic way of working, which brings together stakeholders to develop a shared understanding of the challenge, and integrate action to bring about sustainable, long-term systems change" (Potts et al., 2022).

Nobles et al. (2022) evaluated the 'We Can Move' campaign which aimed to influence the physical activity levels in Gloucestershire. This was one of the first attempts to evaluate a systems approach to increasing physical activity. Their analysis showed perceived changes in physical activity among Ethnic Minority communities and increased physical activity opportunities in school reported by parents. The authors conclude that in order to apply a systems wide approach, both implementers and evaluators should spend considerable time understanding the initial conditions within the local systems (organisations, relationships, key actors, local action, and policy). The authors recommend that future programmes work closely with the local community to develop solutions tailored to their personal experience.

A multicomponent systems-based approach was also found to be effective at increasing the number of NHS staff meeting physical activity guidelines through more active travel and a reduction in perceived barriers to physical activity. This workplace wellness intervention evidenced how a complex interaction of a number of different elements (i.e., provision of facilities, health promotion activities, and health campaigns) can interact to result in health behaviour change (Blake, 2013).

According to Radley et al. (2019), who conducted a review of systems approaches in Public Health, there was evidence of a positive impact on a variety of outcomes including health behaviours, body mass index, where programmes demonstrated features of whole systems working. However, the approaches are still in its infancy and there are currently a wide range of systems led approaches that are actively ongoing. For instance, Active Dorset and working with the Public Health team to shift individual-level behaviour change to a whole systems approach to increasing physical activity for adults aged 55-65. To do this they are focusing on three levels of

physical activity promotion: localities and schools (in order to target inactive parents and grandparents), primary and secondary care (to target individuals receiving advice from a health professional), and workforce (to target public sector workers nearing retirement [Coward, 2021]).

Healthcare professionals such as General Practitioners and Nurses are often seen as key messengers for the promotion of physical activity. However, many professionals working in healthcare settings have been found to lack knowledge, time, and confidence to address the physical activity behaviours of patients (Elwell et al., 2013). A systematic review on the perceptions of healthcare professionals suggested that more training could be beneficial in order to make professionals more aware about promotion pathways for physical activity. However, due to the lack of time experienced by healthcare professionals the authors suggest that stakeholder networks could be established to train, encourage, and enforce physical activity promotional goals (Albert et al., 2020). Whilst previous research has found that people trust advice from GPs regarding physical activity, health organisations like heart foundations and social support networks were also trusted sources for this type of information. There is some evidence to suggest that some Ethnic Minorities may be more trusting of the advice from these sources than healthcare professionals (Schofield et al., 2005; Henderson et al., 2001). Indeed, during the COVID-19 pandemic, community leaders were vital for informing Public Health strategies. Shen et al. (2023) conducted a number of interviews with leaders of community organisations in order to uncover which strategies were most effective at changing views about vaccination. The authors recommended that health information is presented in both a respectful and understandable manner to members of the community. Furthermore, creating a “safe space” for community members to voice their concerns and having leaders who were able to demonstrate empathy were also key.

### **Evidence Review Recommendations**

- Residents should be actively involved in the design of programmes to target physical activity. This will enhance the mutual desirability and benefits.
- Systems approaches represent novel ways of thinking and working in order to address the multitude of complex factors that interact to shape an individual’s physical activity behaviours. Adopting this approach may require a number of different interventions to target different areas of the city depending on resident feedback and resources.
- Support groups and other stakeholders could be key advocates for physical activity promotion alongside health professionals. Some may benefit from training on health literacy and motivational interviewing in order to engage with their community groups.

## Active System: Section Summary

The Active System part of the needs assessments looks at the systems, pathways, leadership, governance, and partnerships that are currently in place to influence physical inactivity. There is a wide and diverse system of influence with physical inactivity and there has been proactive work to engage stakeholders across the system, the next step with this is establishing which part of the system each stakeholder can influence and create a plan to systematically support the system to reduce physical inactivity. Wulfrunians are a key stakeholder in this work and needs to be included in all aspects of the journey.

The Competence and Confidence survey has highlighted that there is some clear training need across the system to improve the knowledge of who is more likely to be inactive, why, how to support them and knowledge and ability to deliver behaviour change.

There is a range of policy and guidelines in existence which provides guidance of how we can support the system to change, this is needed to be known and embedded, as well as having the tools to successfully evaluate progress.

People influence people, it is apparent from the focus group work that there are two key factors influencing whether someone will listen and take advice, trust, and rapport. It is vital to find throughout our communities the people who have trust and a rapport with residents, as these are they key influencers and should be maximised. Health professionals can play this role; however, they do not always have the opportunity to do so, a combination of health professional and community leaders should be there to support people to change their behaviour.

## Active System: Recommendations

- Continue to grow and develop system partnerships and champion the role Wulfrunians have in the system and ensure physical activity is a priority consideration when developing policy, allocation of funding, and future project planning.
- Facilitate workforce development.
- NICE Guidance: understand the use of, embed and champion, and utilise the CMO Guidelines Communication tool.
- Conduct a review of the use of SNOWMED Physical Activity codes.
- Utilise the non-traditional physical activity workforce as champions and advocates of physical activity.
- Create and implement a 'Tackling physical inactivity' stakeholder management plan.
- Maximise the role of health professionals as a tool to facilitate behaviour change for physical activity and build on NHS pathways.
- Conduct evaluation of the approach to addressing of physical inactivity, ensure successes are replicated and lessons learnt are taken onboard and there is regular review of local data and community consultation.
- Creation of a cohort local insight pack/ market segmentation.

## Physical Inactivity Needs Assessment Summary and Next Steps

The needs assessment shows Wolverhampton has high rates of physical inactivity and there are considerable inequalities within the population. However, there is a great deal of opportunity to change behaviour in Wolverhampton to tackle physical inactivity and support Wulfrunians to move more. The system that surrounds physical inactivity needs to come together, communicate better, base future plans and programmes on evidence and deliver a systematic method to tackle physical inactivity. There are a set of recommendations for each section of the report, these need to be considered and thought through by the Physical Inactivity Steering group and a city-wide partnership strategy developed to outline the approach the system will take to get Wolverhampton to move more.

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## Appendix 1

### Bob Jones Fees and Charges

Facility	Cost
Kinesis, Genesis, and Toning suites (16 years and above)	£2.60 per session  <b>Top up sessions</b> 4 sessions £7.85 (= £1.96 per use) 7 sessions £12.60 (= £1.80 per use) 12 sessions £18.90 (= £1.58 per use) 20 sessions £24.50 (= £1.23 per use) 50 sessions £51.00 (= £1.02 per use) 100 sessions £86.00 (= £0.86 per use) 150 sessions £91.00 (= £0.61 per use)
Badminton per court per hour	£6.50
Racket hire	£1.55
Shuttlecock	£1.20
Table Tennis per hour per table	£4.20
Bat and ball hire	£1.35 each (plus £2 refundable deposit)

### Appendix 2:

#### WV Active Junior offer and cost

Activity	Cost
Youth Gym	£2 per session or £10 a month
Swimming	Free with Free Swimming Card or £2
Table Tennis	£3 per hour
Badminton	£5 per hour
Astro for Juniors	£7.50 (9am-5pm)

Appendix 3: WV Active Pay as you Go fees

Option	Details
<b>Gym &amp; Classes</b>	<p>Gym sessions - £6.00</p> <p>Fitness classes: 30min - £3.50, 45min - £5.50</p> <p>Gym Induction - £6.00</p>
<b>Swimming</b>	<p>Public swim sessions - £4.00 per session</p> <p>Adult swimming lessons 60 mins - £5.50 per session</p> <p>Adult swimming lesson 45 mins - £4.20 per session</p>
<b>Sports Hall Court Hire</b>	From £6.00 - £10.00



