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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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Guideline scope

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Physical activity and the environment update

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March 2016

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Topic

9 This guideline will replace the NICE guideline on physical activity and the
10 environment (PH8). Some recommendations from PH8 will be updated and
11 some new areas will be considered. Some recommendations in PH8 will not
12 be updated but will be included in final guideline. For more information see
13 section 1.3 and the [review decision](#).

14 This guideline will also be used to develop the NICE quality standard for
15 physical activity: encouraging activity in the general population.

16 The guideline will be developed using the methods and processes outlined in
17 [Developing NICE guidelines: the manual](#).

18 For more information about why this guideline is being developed, and how
19 the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- 20
- 21 • Local authorities, including departments responsible for public health,
22 social care, planning control, transport, sport, recreation, leisure and public
23 open spaces.

24 It will also be relevant for:

- 25 • Others responsible for open spaces. For example, public, private,
26 community and voluntary sector organisations who manage open spaces in
27 workplaces, NHS grounds, community-owned gardens and playing fields.

- 28 • Public, private, voluntary and community organisations working to ensure
29 people with restricted mobility can access built and natural environments
30 and use those environments to be physically active.

31 It may also be relevant for members of the public.

32 NICE guidelines cover health and care in England. Decisions on how they
33 apply in other UK countries are made by ministers in the [Welsh Government](#),
34 [Scottish Government](#), and [Northern Ireland Executive](#).

35 ***Equality considerations***

36 NICE will carry out [an equality impact assessment](#) during scoping. The
37 assessment:

- 38 • lists equality issues identified, and how they have been addressed
39 • explains why any groups are excluded from the scope.

40 The guideline will look at inequalities relating to factors that reduce people's
41 ability to be physically active in the built and natural environment. This will
42 include age, disability (including sensory or learning disabilities) and other
43 additional needs.

44 **1 What the guideline is about**

45 ***1.1 Who is the focus?***

46 **Groups that will be covered**

- 47 • Everyone, with particular consideration of those who are less able to be
48 physically active.

49 ***1.2 Settings***

50 **Settings that will be covered by the update**

- 51 • Built environment, including roads, pavements and the external areas of
52 buildings.
53 • Natural environment.

54 **Settings that will not be covered by the update**

- 55 • Building interiors (recommendations from PH8 will still apply).
56 • School playgrounds (recommendations from PH8 will still apply).
57 • Residential settings, such as prisons and care homes.

58

59 **1.3 *Activities, services or aspects of care***

60 **Key areas that will be covered**

61 ***Areas from the published guideline that will be updated***

62 Interventions in the built or natural environment that encourage and support
63 physical activity among all population groups, including those with restricted
64 mobility will include:

- 65 1 Local strategies, policies and plans to encourage and support physical
66 activity that involve changes to the built or natural environment:
- 67 – planning applications for new developments that prioritise the need for
68 people to be physically active as part of their daily lives
 - 69 – accessibility of local facilities and services on foot, by bicycle and by
70 other modes of active transport.
- 71 2 Transport interventions:
- 72 – re-allocating road space to support physically active modes of
73 transport
 - 74 – traffic-calming measures to restrict vehicle speeds
 - 75 – road-user charging schemes
 - 76 – planning and providing cycling and walking networks and
77 infrastructure links within existing networks
 - 78 – parking restrictions.
- 79 3 Design and accessibility of public open spaces, including access to open
80 spaces and public paths by public transport, on foot, by bicycle or using
81 other forms of active transport. It also includes ensuring open spaces are
82 maintained and welcoming to everyone.

83 **Areas from the published guideline that will not be updated**

84 1 Design and refurbishment of building interiors (recommendations from
85 PH8 will still apply).

86 2 Design of school playgrounds (recommendations from PH8 will still
87 apply).

88 **Areas not covered by the published guideline that will be included in the**
89 **update**

90 1 Interventions that enable people with restricted mobility, for example,
91 who use wheelchairs or adapted cycles, to be physically active by
92 ensuring their local environments are accessible and can be used by all
93 groups.

94 **Areas that will not be covered**

95 1 Interventions to increase physical activity as part of managing chronic or
96 other conditions.

97 2 Interventions that aim to change individual behaviour that take place in
98 the built or natural environment. For example, exercise classes, green
99 gyms and organised walks.

100 3 Areas covered by NICE's guideline on [walking and cycling](#).

101 Recommendations from PH8 in areas that are not being updated may be
102 edited to ensure that they meet current editorial standards, and reflect the
103 current policy and practice context.

104 **1.4 Economic aspects**

105 We will take economic aspects into account when making recommendations.
106 We will review the economic evidence and carry out economic analyses,
107 using a societal perspective and cost–benefit analysis, data permitting. We
108 may also carry out a cost–utility analysis to aid comparisons with other
109 interventions.

110 **1.5 Key issues and questions**

111 While writing this scope, we have identified the following key issues, and key
112 questions related to them:

- 113 1 Are the interventions in the built or natural environment effective and
114 cost-effective at increasing physical activity among the general
115 population?
116 1.1 Are local strategies, policies and plans that involve changes to the
117 built or natural environment effective and cost-effective?
118 1.2 Are transport interventions effective and cost-effective?
119 1.3 Are interventions on the design and accessibility of public open
120 spaces effective and cost-effective?
121 2 Does the effectiveness and cost-effectiveness of these interventions
122 vary for different population groups (particularly those less able to be
123 physically active)?
124 3 Are there any adverse or unintended effects?
125 3.1 How do these vary for different population groups (particularly those
126 less able to be physically active)?
127 3.2 How can they be minimised?
128 4 Who needs to be involved to ensure interventions are effective and cost-
129 effective for everyone?
130 5 What factors ensure that interventions are acceptable to all groups?
131 6 How effective are local policies, strategies and plans in changing the
132 local environment to support people to be physically active?

133 The key questions may be used to develop more detailed review questions,
134 which guide the systematic review of the literature.

135 **1.6 Main outcomes**

136 The main outcomes that will be considered when searching for and assessing
137 the evidence are:

- 138 1 Measures of physical activity:
139 – total physical activity
140 – total sedentary time
141 – active travel
142 – physical activity in everyday life (such as measures of walking or
143 active play).

- 144 2 Intermediate outcomes:
- 145 – changes to road environment
- 146 – changes to urban planning
- 147 – changes to transport
- 148 – public transport use
- 149 – access to and use of natural environment including green space (such
- 150 as parks and other open spaces) and 'blue space' (sea, lakes, rivers
- 151 and canals).
- 152

153 Evidence on the context in which interventions are delivered and any adverse

154 events associated with them will also be considered if available.

155 **2 Links with other NICE guidance, NICE quality**

156 **standards, and NICE Pathways**

157 **2.1 NICE guidance that will be replaced by this guideline**

- 158 • [Physical activity and the environment](#) (2008) NICE guideline PH8

159 **2.2 NICE quality standards**

160 **NICE quality standards that may need to be revised or updated when**

161 **this guideline is published**

- 162 • [Physical activity: encouraging activity in all people in contact with the NHS](#)
- 163 (2015) NICE quality standard QS84

164 **NICE quality standards that may use this guideline as an evidence**

165 **source when they are being developed**

- 166 • Physical activity: encouraging activity in the general population. Publication
- 167 date to be confirmed.

168 **2.3 NICE Pathways**

169 When this guideline is published, the recommendations will be added to [NICE](#)

170 [Pathways](#). NICE Pathways bring together all related NICE guidance and

171 associated products on a topic in an interactive topic-based flow chart. The

172 existing [physical activity pathway](#) will be reviewed and updated to integrate
173 the updated recommendations.

174 **3 Context**

175 **3.1 Key facts and figures**

176 If adults are more physically active this can help prevent and manage many
177 diseases and conditions including coronary heart disease, diabetes, cancer
178 and obesity. It can also help to improve mental health ([At least five a week:
179 evidence on the impact of physical activity and its relationship to health](#)
180 Department of Health) and, in older people, help maintain physical and
181 cognitive function ([Start active, stay active: report on physical activity in the
182 UK](#) Department of Health).

183 Being active in childhood can reduce the risk of being overweight and improve
184 mental wellbeing and muscle and bone strength ([Benefits and environmental
185 determinants of physical activity in children and adolescents](#) Loprinizi et al.
186 2012).

187 Based on cases of coronary heart disease, stroke, diabetes, colorectal cancer
188 and breast cancer, inactivity costs the NHS in the UK an estimated
189 £1.06 billion per year. These costs are likely to be higher if falls, hypertension
190 and other health problems potentially linked to physical activity ([The burden of
191 physical activity related ill health in the UK](#) Allender et al. 2007) are
192 considered.

193 **3.2 Current practice**

194 The Chief Medical Officer issued updated [UK guidelines on physical activity](#) in
195 2011. These state that adults (aged 19–64) should spend at least 150 minutes
196 a week doing moderate-intensity activity, in bouts of 10 minutes or longer. In
197 2012, the [Health Survey for England](#) (Health and Social Care Information

198 Centre) showed that 67% men and 55% women met these guidelines,
199 although this decreased with age for both sexes¹.

200 The guidelines state that children and young people aged 5 to 18 years
201 should be physically active (moderate to vigorous intensity) for at least
202 60 minutes and up to several hours each day. However, the 2012 survey
203 showed that only 21% of boys and 16% of girls aged between 5 and 15 did at
204 least 60 minutes of moderately intensive physical activity per day.

205 The environment can influence people's ability to be active ([Changing the](#)
206 [environment to promote health-enhancing physical activity](#) Foster and Hillsdon
207 2004). For example, the design and layout of towns and cities can encourage
208 or discourage access on foot or by bike. For some groups, such as those with
209 mobility problems or other needs, the environment can make it very difficult for
210 them to be active. For example, they may not have easy access to public
211 transport or may be concerned about being able to cross the road in the time
212 allowed by crossing signals.

213 For children and young people, a range of environmental factors restrict their
214 ability to participate in physical activities. This includes: lack of safe travel
215 options; neglect of local play areas; fear of crime; busy roads; and parental
216 restrictions on their independence ([Children and physical activity: a systematic](#)
217 [review of barriers and facilitators](#) Bunton et al. 2003).

218 **3.3 Policy**

219 Public Health England has identified 'active environments' as a key area for
220 improvement to support everyone to be physically active (see [Everybody](#)
221 [active, every day: an evidence-based approach to physical activity](#) Public
222 Health England).

223 Supporting people of all ages and abilities to be more physically active can
224 help local authorities meet their public health responsibilities. Specifically, it

¹ In the survey anyone over 16 was defined as an adult.

225 will impact on a range of indicators identified in the [Public Health Outcomes](#)
226 [Framework 2013 to 2016](#) and the [NHS Outcomes Framework 2015 to 2016](#).

227 Increasing physical activity can also support other local policies and agendas.
228 For example, increasing the number of people who walk or cycle as a form of
229 travel can reduce traffic congestion and carbon emissions, and improve air
230 quality.

231 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 24 March to 22 April.

The final scope will take Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other.

The guideline is expected to be published in March 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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