

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Physical activity: encouraging activity in the  
general population**

**NICE quality standard**

**Draft for consultation**

January 2019

**This quality standard covers** how local strategy, policy and planning and improvements to the physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages to be more physically active. It does not specifically cover encouraging physical activity in patients and carers who are in contact with the NHS. This is addressed by NICE quality standard 84 [Physical activity: for NHS staff, patients and carers](#).

**It is for** commissioners, service providers, health and public health practitioners and the public.

This is the draft quality standard for consultation (from 4 January to 1 February 2019). The final quality standard is expected to publish in June 2019.

## Quality statements

[Statement 1](#) Local authorities and healthcare commissioners have physical activity champions to oversee the development and implementation of local strategies, policies and plans.

[Statement 2](#) Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport.

[Statement 3](#) Local authorities involve community and voluntary groups in designing and managing public open spaces.

[Statement 4](#) Workplaces have a physical activity programme to encourage employees to move more and be more physically active.

[Statement 5](#) Schools and early years settings monitor and update travel plans annually to increase active travel.

Other quality standards that should be considered when commissioning or providing physical activity within the general population include:

- [Air pollution: outdoor air quality and health](#) Publication expected February 2019
- [School based interventions](#) Publication expected February 2019
- [Community engagement: improving health and wellbeing](#) (2017) NICE quality standard 148
- [Healthy workplaces: improving employee mental and physical health and wellbeing](#) (2017) NICE quality standard 147
- [Physical activity: for NHS staff, patients and carers](#) (2015) NICE quality standard 84

A full list of NICE quality standards is available from the [quality standards topic library](#).

## Questions for consultation

### ***Questions about the quality standard***

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

### ***Local practice case studies***

**Question 4** Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to [NICE local practice case studies](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

## Quality statement 1: Physical activity champions

### ***Quality statement***

Local authorities and healthcare commissioners have a senior level physical activity champion to oversee the development and implementation of local strategies, policies and plans.

### ***Rationale***

Moving more and being more active in everyday life is important for the health of the general population. A physical activity champion at a senior level can support cross-sector working with other departments such as transport, planning, leisure and health. They will ensure local strategies, policies and plans are developed by using [community engagement approaches](#) to encourage and raise the profile of physical activity, reduce inactivity and address local need.

### ***Quality measures***

#### **Structure**

a) Evidence that local authorities and healthcare commissioners have physical activity champions at a senior level.

**Data source:** Local data collection, for example, a review of local authority and healthcare commissioner staff organograms.

b) Evidence that physical activity champions in local authorities and healthcare commissioner are responsible for ensuring local strategies, policies and plans are developed and implemented.

**Data source:** Local data collection, for example, a review of local authority and healthcare commissioner programmes, annual implementation reports and council portfolios.

c) Evidence that physical activity champions ensure community engagement approaches have been used to develop and review local strategies, policies and plans.

**Data source:** Local data collection, for example, a review of [Joint Strategic Needs Assessment](#), [joint health and wellbeing strategy](#) and local cycling and walking implementation plans.

## Outcomes

a) Proportion of adults meeting the recommendations in the [UK physical activity guidelines](#).

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

b) Proportion of children and young people meeting the recommendations in the [UK physical activity guidelines](#).

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

## ***What the quality statement means for different audiences***

**Local authorities and healthcare commissioners** ensure that they have physical activity champions at a senior level who work in partnership with other partners such as transport, leisure and health. They ensure that community engagement approaches are used to develop and review local strategies, policies and plans to increase physical activity.

**Physical activity champions** (a senior member of the local authority or healthcare commissioning group) should be enthusiastic and passionate about promoting physical activity work in partnership with other partners such as transport, leisure and health. They should also ensure that community engagement approaches are used to develop and review local strategies, policies and plans to increase physical activity.

**People in the community** know that their local authority and healthcare commissioner have physical activity champions at a senior level who have a responsibility to promote and encourage them to be more physically active to

improve their health. People may have the opportunity to help develop and review their local strategies, policies and plans, which include their views and physical activity needs.

### **Source guidance**

- [Physical activity and the environment](#) (2018) NICE guideline NG90, recommendations 1.1.1 and 1.1.2
- [Behaviour change: individual approaches](#) (2014) NICE guideline PH49, recommendation 1
- [Physical activity: walking and cycling](#) (2012) NICE guideline PH41, recommendation 1
- [Physical activity for children and young people](#) (2009) NICE guideline PH17, recommendation 2

## Quality statement 2: Travel routes

### ***Quality statement***

Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport.

### ***Rationale***

Transport systems and the wider built environment can influence people's ability to be active. When developing and maintaining travel routes, pedestrians, cyclists and users of other modes of transport including public transport that involve physical activity should be given the highest priority over motorised transport (cars, motorbikes and mopeds, for example).

The attractiveness of active travel is affected by distance, the nature and quality of a route and its access and safety. Improved travel route design that is maintained to a high standard will provide the greatest opportunity for people to move more in their day-to-day lives. It is important to encourage safe, convenient active travel that is accessible for everyone, including older people and people with limited mobility.

### ***Quality measures***

#### **Structure**

a) Evidence that local authorities develop and maintain travel routes that prioritise pedestrians, cyclists and people who use public transport.

**Data source:** Local data collection, for example, review of local authority travel route plans, [Local Plans](#), [joint strategic needs assessments](#), and health and wellbeing board strategy.

b) Evidence that local authorities reallocate road space to support walking and cycling.

**Data source:** Local data collection, for example, [Local Plans](#), local authority travel route and transport plans.

c) Evidence that local authorities implement plans to make it as easy as possible for people with limited mobility to move around their local area.

**Data source:** Local data collection, for example, [Local Plans](#), local authority travel route plans and meeting minutes with relevant third sector organisations.

### **Outcomes**

a) Percentage of adults cycling for travel at least three days per week.

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

b) Percentage of adults walking for travel at least three days per week.

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

c) Number of people reported killed or seriously injured casualties.

**Data source:** National data on road safety by gender, road user type and age in Great Britain is available from Department for Transport's [Reported road casualties Great Britain: annual report 2014](#).

### ***What the quality statement means for different audiences***

#### **Local authorities (local transport, local planning and public health teams)**

develop policies and initiatives to ensure that safe, convenient, inclusive access for pedestrians, cyclists, and people who use public transport is maximised and is prioritised over motorised transports (cars, motorbikes and mopeds, for example). Improvements should be made by local authorities when existing routes are refurbished, as well as being incorporated when planning new routes. Local authorities should also work with relevant third sector organisations to make it as easy as possible for people with limited mobility to move around their local area with accessible public transport and a barrier-free pedestrian environment.



**Transport planners and public health practitioners** work together to ensure that travel route planning supports safe, convenient, inclusive access for pedestrians, cyclists, and people who use public transport, and that it is maximised and prioritised over motorised transport (cars, motorbikes and mopeds, for example). This may include reallocating road space to support walking and cycling, restricting motor vehicle access, introducing road-user charging and traffic-calming schemes and making it as easy as possible for people with limited mobility to move around their local area. Foot and cycle networks should pay particular attention to integrating with public transport networks.

**People in the community** know that local authorities and healthcare commissioners are developing and maintaining connected travel routes that prioritise pedestrians, cyclists and people who use public transport. People who walk, cycle and drive in the local area have their needs taken into account. Also, the views of people who do not walk or cycle because of the current infrastructure and people with limited mobility need to be considered. This is because there may be conflict when space is shared by people using different types of travel.

### ***Source guidance***

[Physical activity and the environment](#) (2018) NICE guideline NG90, recommendations 1.2.4, 1.2.5, 1.2.6 and 1.2.7

### ***Definition of terms used in this quality statement***

#### **Connected travel routes**

The extent to which routes connect with other routes and destinations to allow an unbroken journey. It includes streets, roads, footways, footpaths, and bus and cycle routes.

[Adapted from [Physical activity and the environment](#) (NICE guideline NG90), glossary]

### ***Equality and diversity considerations***

The views and needs of people with limited mobility who may be adversely affected by connected travel routes must be addressed. People with limited mobility may find

it easier to move around their local area if, for example, footways include features such as tactile paving and even surfaces. Non-reflective, anti-glare paving surfaces can make it easier for people with visual impairments to interpret their surroundings.

## Quality statement 3: Public open spaces

### ***Quality statement***

Local authorities involve community and voluntary groups in designing and managing public open spaces.

### ***Rationale***

Local authorities play a vital role in protecting, maintaining and improving local spaces and they can create new areas of open space to improve access for everyone. They should work in partnership with local community and voluntary groups to ensure that the public open space is appropriate for those that use it. Benefits may include improved mental as well as physical health with potential benefits to the ecosystem. Enhancing public open spaces in their accessibility and improving their quality and appeal may also encourage more people to be active without the need for direct, costly interventions.

### ***Quality measures***

#### **Structure**

a) Evidence that local authorities involve local community and voluntary groups to make decisions on the design and management of public open spaces.

**Data source:** Local data collection, for example, Health Impact Assessments, management plans, consultation reports, council meeting minutes and public open space user surveys.

b) Evidence that local authorities encourage local community and voluntary groups to help to maintain public open spaces by reporting any problems affecting accessibility and use.

**Data source:** Local data collection, for example, council meeting minutes and public open space user surveys.

#### **Outcomes**

a) Number of local community and voluntary groups who feel that they have been involved by local authorities with their views accounted for.

**Data source:** Local data collection, for example, Health Impact Assessments, management plans, engagement reports and council meeting minutes.

b) Percentage of people using outdoor space for exercise/health reasons.

**Data source:** National data is included in [Public Health Outcomes Framework for England 2016 to 2019](#) indicators 1.16 Utilisation of outdoor space for exercise/health reasons and 2.13 Proportion of physically active and inactive adults.

### ***What the quality statement means for different audiences***

**Local authorities (such as public open space management team)** work together with local community and voluntary groups to make decisions on the design and management of public open spaces to encourage physical activity.

**Local community and voluntary groups** ensure that they make decisions on the design and management of public open spaces to encourage physical activity. They should also contribute their local knowledge to open space management plans and proposals during engagement stages and may also help to carry out user surveys on these spaces. They should also help the local authority to maintain these spaces by reporting any problems affecting their use and accessibility, for example, by public transport, on foot and by bike.

**Local authorities should work together with local community and voluntary groups** share their knowledge of how existing spaces function and recognise the value of better public open spaces in their community. They should encourage and support the views and needs of the local people and the use and maintenance of these public open spaces to access public open spaces for physical activity by public transport, on foot and by bike.

### ***Source guidance***

- [Physical activity and the environment](#) (2018) NICE guideline NG90, recommendations 1.3.1 and 1.3.3
- [Community engagement: improving health and wellbeing and reducing health inequalities](#) (2016) NICE guideline NG44, section on implementation: getting started

- [Physical activity for children and young people](#) (2009) NICE guideline PH17, recommendation 4

## ***Definition of terms used in this quality statement***

### **Public open spaces**

These include blue, green and grey spaces:

- Blue spaces – such as sea, rivers, lakes and canals.
- Green spaces – such as urban parks, open green areas, woods and forests, coastland and countryside, and paths and routes connecting them.
- Grey spaces – areas of developed land such as urban squares and pedestrian areas.

[NICE's guideline on [physical activity and the environment](#), glossary]

### ***Equality and diversity considerations***

Promoting physical activity is key to addressing health inequalities as physical inactivity levels are higher in lower income groups. Some low income communities in the UK, including many black and minority ethnic communities, have less access to open green spaces than other groups, and the spaces available tend to be of poorer quality. People who don't have the use of a car may find green and blue spaces more difficult to access, particularly if there are no regular public transport services.

Local authorities, local community members and volunteers should focus on the least active communities (limited mobility, low income communities and black and minority ethnic communities) to encourage them to use their local public open spaces for free with enhanced, safe facilities and access.

The views and needs of people with limited mobility who may be adversely affected by the design and maintenance of public open spaces must also be addressed.

## Quality statement 4: Workplaces

### ***Quality statement***

Workplaces have a physical activity programme to encourage employees to move more and be more physically active.

### ***Rationale***

Moving more and being more active in everyday life is important for the health of the general population. Workplaces that have physical activity programmes to support employees to move more when travelling to and from work and during the working day will positively increase physical activity levels. This may help to reduce some illnesses and medical conditions.

### ***Quality measures***

#### **Structure**

a) Evidence that workplaces have a physical activity programme to encourage employees to move more and be more physically active.

**Data source:** Local data collection, for example, a review of the organisation's plan or policy that includes a physical activity programme.

b) Evidence that workplaces monitor their physical activity programme to encourage employees to move more and be more physically active.

**Data source:** Local data collection, for example, workplace health staff surveys.

c) Evidence that workplaces liaise with neighbouring businesses and other partners to improve and promote accessible walking and cycling routes and accessible links to other work sites.

**Data source:** Local data collection, for example, a review of the organisation's planning application forms in terms of accessible walking and cycling routes and accessible links to other sites.

d) Evidence that employees receive tailored workplace information about accessible walking and cycling routes which include details on the distances involved, maps, routes and safety information.

**Data source:** Local data collection, for example, a review of workplace staff travel information including maps, routes and travel safety.

### **Outcomes**

a) Percentage of adults who actively travel to and from workplaces.

**Data source:** National data on workplace modes is available from Department for Transport's [National Travel Survey](#).

b) Percentage of adults cycling for travel at least three days per week.

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

c) Percentage of adults walking for travel at least three days per week.

**Data source:** National data on adult sport and physical activity is available from Sport England's [Active Lives Survey](#) and Public Health England's [Physical Activity tool](#).

### ***What the quality statement means for different audiences***

**Workplaces** ensure that they have physical activity programmes to encourage employees to move more and be more physically active. They should provide information tailored to the specific workplace. This can include signs at strategic points such as outside lifts and distributing written information to encourage them to use the stairs rather than lifts if they can. Information about travel routes to and from workplaces should also be available. It should include details on the distances involved, to and from workplaces with maps, incentive schemes and safety information. Organisations should also take account of the nature of the employee's work and any health and safety issues.

**Occupational health professionals, human resource professionals and workplace health promoters** ensure that physical activity programmes and their components are followed by employees, with ongoing advice and support. This will help employees plan how they are going to increase their levels of physical activity and reduce sedentary behaviour.

**Employees in organisations** are supported to move around more and be more physically active during the journey to and from work and in the working day. Their employer does this by providing a physical activity programme. This can include incentive schemes and ways to encourage employees to walk, cycle or use other modes of transport involving physical activity with safe, easy travel routes. Maps, routes and safety information should also be provided.

### ***Source guidance***

- [Physical activity and the environment](#) (2018) NICE guideline NG90, recommendations 1.4.1 and 1.4.2
- [Physical activity: walking and cycling](#) (2012) NICE guideline PH41, recommendation 9
- [Physical activity in the workplace](#) (2008) NICE guideline PH13, recommendations 2 and 3

### ***Definition of terms used in this quality statement***

#### **Physical activity programmes**

The programme should ensure that employees with different needs and interests are encouraged and supported to be more physically active. It could include:

- Incentive schemes such as Cycle to Work schemes and subsidised gym memberships.
- Mechanisms to support employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day). Examples of mechanisms include:
  - providing facilities such as bicycle storage, showers and changing facilities



- ensuring that staircases are clearly signposted and attractive to use, to encourage people to use the stairs rather than lifts if they can
- offering flexibility around taking breaks to enable employees to take short walks during work breaks
- developing (or promoting) schemes that facilitate active travel, for example, schemes that give staff access to a pool of bicycles for short-distance business travel, or access to discounted cycle purchases (such as Cycle to Work schemes).
- Providing information (including written information) on how to minimise sedentary behaviour and be more physically active, and on the health benefits of such activity.
- Written information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers. Examples include information about walking and cycling routes with maps provided, local walking groups, exercise classes, and cycle training programmes.
- Ongoing advice and support to help people plan how they are going to increase their levels of physical activity and reduce sedentary behaviour. This may include a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

To deliver the programme, employers could:

- Help employees to be physically active and minimise sedentary behaviour during the working day by:
  - where possible, encouraging them to move around more at work (for example, by walking or cycling to external meetings or standing up during meetings)
  - encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover.
- Take account of the nature of the work and any health and safety issues. For example, many people already walk long distances during the working day, whereas those involved in shift work may be vulnerable if walking home alone at night.

[Adapted from NICE's guidelines on [physical activity in the workplace](#), recommendations 2 and 3, and [physical activity and the environment](#), recommendations 1.4.2-1.4.4]

### ***Equality and diversity considerations***

Organisations should ensure that physical activity programmes include accessibility considerations for employees with limited mobility or disabilities.

Tailored written information should be accessible to all employees with additional needs such as physical, sensory or learning disabilities, and to employees who do not speak or read English. Employees receiving information should have access to an interpreter or advocate if needed.

## Quality statement 5: Schools and early years settings

### ***Quality statement***

Schools and early years settings monitor and update travel plans annually to increase active travel.

### ***Rationale***

Active travel to and from schools and early years settings is the easiest and most acceptable form of physical activity that can be incorporated into everyday life for children and young people. It can also potentially follow into adulthood. Travel plans that are monitored and updated annually to increase active travel should reduce the barriers and increase the incentives to actively travel. This should result in positive health outcomes such as improved mental and physical health.

### ***Quality measures***

#### **Structure**

a) Evidence that schools and early years settings have travel plans that include performance targets to increase active travel.

**Data source:** National data on national school travel plans are available from [Modeshift STARS](#).

b) Evidence that schools and early years settings monitor their travel plans annually to ensure these continue to be fully aligned with other local authority plans.

**Data source:** National data on school travel plans is available from [Modeshift STARS](#). Local data collection, for example, school and early years settings delivery plans and travel plans.

c) Evidence that schools and early years settings update their travel plans annually to increase active travel.

**Data source:** National data on national school travel plans is available from [Modeshift STARS](#). Local data collection, for example, school and early years settings delivery plans and travel plans.

## Outcome

Percentage of children's active travel to and from schools and early years settings.

**Data source:** National data on children's active travel to and from school is available from Department for Transport's [National Travel Survey: Travel to School](#) and Sport England's [Active Lives: Children and Young People Survey](#).

### ***What the quality statement means for different audiences***

**Local authorities** ensure that the travel plans of schools and early years settings continue to be fully aligned on an annual basis with other local authority plans that can have an impact on the infant, child and young person's physical activity. This includes local area agreements, local area play strategies and healthy school plans.

**Schools and early years settings** (such as school travel plan advisers, governors, parents, carers and pupils) monitor and update their travel plans annually, including specific performance targets to increase active travel. If needed, new initiatives should be included to the plans to further support active travel. For example, mapping safe routes to school, organising activities such as walk and bike to school days, walking buses, [the daily mile](#) initiative, organising cycle and road safety training, and helping children to be 'streetwise'. These plans should be reviewed annually to assess their progress against their set performance targets. If their targets are not being reached the school and early years settings should take action to address this.

**Infants, children and young people** are supported by travel plans to actively travel (on foot, by bike or scooter for example) to their schools and early years settings. Through these plans parents and carers should also be encouraged to allow their children to become more independent, by gradually allowing them to walk, cycle or use another physically active mode of travel for short distances.

### ***Source guidance***

- [Physical activity: walking and cycling](#) (2012) NICE guideline PH41, recommendation 8

- [Physical activity for children and young people](#) (2009) NICE guideline PH17, recommendations 5 and 15

## ***Definitions of terms used in this quality statement***

### **Schools and early years setting travel plans**

A written document detailing a package of measures to support active travel, improve safety and reduce car use. This is backed by a partnership involving the school, education and local authority transport officers, the police and the health authority. It is based on consultation with teachers, parents, pupils and governors and other local people.

It must include information about the school, a description and analysis of journeys made and the associated problems, a survey of pupils' current and preferred mode of travel, consultation findings, clearly defined targets and objectives, details of proposed measures and a timetable for implementation, clearly defined responsibilities and proposals for monitoring and review.

[Adapted from NICE's guideline on [physical activity for children and young people](#), glossary and the Department of Education's [home-to-school travel and transport statutory guidance](#)]

### **Active travel**

Getting to school or early years setting by a physically active means, such as walking, cycling, non-motorised scooters and rollerblades.

[Adapted from [Physical activity and the environment](#) (NICE guideline NG90), glossary]

## ***Equality and diversity considerations***

Schools and early years settings should ensure that travel plans include accessibility considerations for infants, children and young people with limited mobility or disabilities.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathways on [physical activity and the environment](#), [walking and cycling](#) and [physical activity and schools](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and

Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

### ***Improving outcomes***

This quality standard is expected to contribute to improvements in the following outcomes:

- physical activity in adults, young people and children
- outdoor space usage for exercise or health reasons
- active travel.

It is also expected to support delivery of the Department of Health outcome frameworks:

- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

### ***Resource impact***

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [costing statement](#) for the NICE guideline on Physical activity and the environment to help estimate local costs:

### ***Diversity, equality and language***

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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