

Physical activity: encouraging activity in the community

Quality standard

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This standard is based on NG90, PH49, PH41, PH17 and PH13.

This standard should be read in conjunction with QS181, QS148, QS147 and QS84.

Quality statements

Statement 1 Local authorities and healthcare commissioning groups have senior level physical activity champions who are responsible for developing and implementing local strategies, policies and plans.

Statement 2 Local authorities prioritise pedestrians, cyclists and people who use public transport when developing and maintaining connected travel routes.

Statement 3 Local authorities involve community members 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 have active travel plans that are monitored and updated annually.

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

- [School based interventions: physical and mental health and wellbeing promotion](#).
Publication date to be confirmed
- [Air pollution: outdoor air quality and health](#) (2019) NICE quality standard 181
- [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](#).

Quality statement 1: Physical activity champions

Quality statement

Local authorities and healthcare commissioning groups have senior level physical activity champions who are responsible for developing and implementing local strategies, policies and plans.

Rationale

Moving more and being more active in everyday life is important for the physical and mental health of people of all ages and all abilities. Physical activity champions will raise the profile of physical activity to address local need and reduce inactivity. They will also ensure that local strategies, policies and plans are developed and implemented by using community engagement approaches with a range of partners including the voluntary sector, community groups, faith groups, education sector, businesses, and disability groups. This will mean that setting priorities for physical activity initiatives are jointly agreed.

Quality measures

Structure

a) Evidence that local authorities have a physical activity champion at a senior level.

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

b) Evidence that healthcare commissioning groups have a physical activity champion at a senior level.

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

c) Evidence that physical activity champions are responsible for developing and implementing local strategies, policies and plans.

Data source: Local data collection, for example, a review of personal development plans (PDPs), local authority and healthcare commissioner programmes, annual implementation reports and council portfolios.

d) 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 Assessments](#), [joint health and wellbeing strategy](#), [local cycling and walking infrastructure plans](#), Sustainability and Transformation Plans and Integrated Care System plans.

Outcomes

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

Numerator – the number in the denominator who meet the recommendations in the [UK physical activity guidelines](#).

Denominator – the number of adults.

Data source: National and local data on adult sport and physical activity is available from Sport England's [Active Lives Adult survey](#) and Public Health England's [physical activity tool](#). The [Public Health Outcomes Framework for England 2016 to 2019](#) includes an indicator for adults 2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.

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

Numerator – the number in the denominator who meet the recommendations in the [UK physical activity guidelines](#).

Denominator – the number of children and young people.

Data source: National and local data on sport and physical activity for children and young people is available from Sport England's [Active Lives Children and Young People survey](#) and Public Health England's [physical activity tool](#).

c) Percentage of children aged 5 to 16 sufficiently physically active for good health.

Data source: National data is included in the [Public Health Outcomes Framework for England 2019 to 2020](#) (indicator in development).

d) Proportion of adults, children and young people who are physically inactive.

Numerator – the number in the denominator who are physically inactive.

Denominator – the number of adults, children and young people.

Data source: National data for adults is included in [Public Health Outcomes Framework for England 2016 to 2019](#) indicator 2.13ii Proportion of adults classified as inactive. National and local data on sport and physical activity for inactive children and young people is available from Sport England's [Active Lives Children and Young People survey](#).

What the quality statement means for different audiences

Local authorities and healthcare commissioning groups should aim to increase physical activity through strategic planning and delivery action plans. A physical activity champion in local authorities will lead and support cross-sector working with other departments such as transport, planning, leisure and health to promote the importance of long-term physical activity. In healthcare commissioning groups physical activity champions will ensure that physical activity is embedded across all clinical pathways.

These champions will raise the profile of physical activity to address local need and reduce inactivity. They will also support champions in ensuring that local strategies, policies and plans are developed and implemented by using [community engagement approaches](#) with a range of partners including the voluntary sector, community groups, faith groups, education sector, businesses, and disability groups. The NICE [physical activity return on investment tool](#) may also help commissioner decision-making about physical activity programme planning at local and sub-national levels.

Physical activity champions (a senior member of the local authority or healthcare commissioning group with physical activity as part of their portfolio) should be enthusiastic and passionate about promoting the importance of increasing physical activity and reducing inactivity in partnership with other departments such as transport, planning, leisure and health. They are responsible for developing and implementing cross-cutting local strategies, policies and plans by using [community engagement approaches](#) with a range of partners including the voluntary sector, community groups, faith groups, education sector, businesses, and disability groups.

People in the community will have a physical activity champion at a senior level in their local authority and healthcare commissioning group who will support cross-sector working with other departments such as transport, planning, leisure and health. Local strategies, policies and plans will

be developed and implemented by using [community engagement approaches](#) with a range of partners including the voluntary sector, community groups, faith groups, education sector, businesses, and disability groups. People may have the opportunity to help develop and review their local strategies, policies and plans, which include their views, healthy lifestyles 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

Equality and diversity considerations

Local strategies, policies and plans that are developed and implemented by using [community engagement approaches](#) and a range of partners should support and encourage all ages and all abilities to be physically active. Some groups are known to be less active, such as older people and people with disabilities. Local strategies, policies and plans should show that they have considered the needs of these groups and state how they are going to address these needs to ensure that they can be physically active.

Quality statement 2: Active travel routes

Quality statement

Local authorities prioritise pedestrians, cyclists and people who use public transport when developing and maintaining connected travel routes.

Rationale

Transport systems and the wider built environment can influence people's ability to be active. Pedestrians, cyclists and users of public transport should be given the highest priority over motorised transport (cars, motorbikes and mopeds, for example) when developing and maintaining active travel routes.

The attractiveness of active travel is affected by air quality, distance, the nature and quality of a route and how accessible and safe it is. Improved travel route design that is accessible and 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 sustainable, 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 prioritise pedestrians, cyclists and people who use public transport when developing and maintaining connected travel routes.

Data source: Local data collection, for example, review of local authority travel route plans, [local cycling and walking infrastructure plans](#), [Local Plans](#), [Joint strategic needs assessments](#) and Health and Wellbeing Board Strategy.

b) Evidence that local authorities reallocate road space to support physically active modes of transport such as walking and cycling.

Data source: Local data collection, for example, review of [local cycling and walking infrastructure plans](#), [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, such as older people and people with disabilities (including sensory, visual or learning disabilities), to move around their local area.

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

Outcomes

a) Percentage of people cycling for travel.

Data source: National and local data on adult and children and young people's sport and physical activity is available from Sport England's [Active Lives Adult survey](#) and [Children and Young People survey](#). Public Health England's [physical activity tool indicator](#) – Percentage of adults cycling for travel at least 3 days a week.

b) Percentage of people walking for travel.

Data source: National and local data on adult and children and young people's sport and physical activity is available from Sport England's [Active Lives Adult Survey](#) and [Children and Young People Survey](#). Public Health England's [physical activity tool indicator](#) – Percentage of adults walking for travel at least 3 days a week.

c) Number of pedestrians and cyclists reported killed or seriously injured on the roads.

Data source: National data on road safety by road-user type, gender 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 transport (such as cars, motorbikes and mopeds). Improvements should be made by local authorities when existing routes are refurbished and new routes are being planned. 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. For example, this could be ensuring there is accessible public transport and

a barrier-free pedestrian and cycling 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 (such as cars, motorbikes and mopeds). This may include reallocating road space to support walking and cycling, restricting motor vehicle access, and introducing road-user charging and traffic-calming schemes. Foot and cycle networks should also pay particular attention to integrating with public transport networks. It is also important to make it as easy as possible for people with limited mobility to move around their local area. This could be done, for example, by providing seating at regular intervals along footways that are key walking routes.

Pedestrians, cyclists and people who walk, cycle or use public transport should find it easier to actively travel due to local authorities developing and maintaining connected travel routes. Their views and the views of people who do not walk or cycle based on the current infrastructure and people with limited mobility need to be considered when existing routes are being refurbished and new routes are being planned. 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 NICE's guideline on physical activity and the environment, glossary]

Equality and diversity considerations

It is important to encourage sustainable, safe, convenient active travel that is equally accessible for everyone. The views and needs of all ages and all abilities should be addressed. Particular consideration should be given to the least active, such as older people and people with disabilities

(including sensory, visual or learning disabilities) who may be adversely affected by connected travel routes. When changes to existing or new travel routes are being considered local authorities should carry out equality impact assessments to address these needs.

In particular, 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 members in designing and managing public open spaces.

Rationale

Local authorities play a vital role in protecting, maintaining and improving local spaces and creating new areas of open space to improve access for everyone to move more without the need for direct, costly interventions. Open spaces should be viewed positively as inclusive community assets. They should be fully used wherever possible to support the health and wellbeing of people of all ages and abilities.

Working in partnership with community members is important to identify local priorities and ensure that these are met when designing and managing public open spaces. Tackling health inequalities, such as physical activity, can be more effective if people from marginalised and deprived communities and those who are socially isolated are seen as valuable contributors to the local assets.

Quality measures

Structure

a) Evidence that local authorities and community members work in partnership 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 community members to help to maintain public open spaces by reporting any problems affecting accessibility and use.

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

Outcome

Percentage of people using outdoor space for exercise or health reasons.

Data source: National data is included in the [Public Health Outcomes Framework for England 2016 to 2019](#) indicators 1.16 Utilisation of outdoor space for exercise/health reasons.

What the quality statement means for different audiences

Local authorities (such as public open space management teams) work together with community members to share their knowledge of how existing spaces function and recognise the value of better public open spaces in their community to encourage physical activity. They should encourage the views and support the needs of the local people when designing open spaces for the community. They also support the use of these public open spaces for physical activity, and their maintenance, and ensure they can be accessed by public transport, on foot and by bike.

Community members have a key role in working together with the local authority to identify local physical activity needs and make decisions on the co-design and management of public open spaces. They have confidence that their opinions are valued as highly as the views of the professionals involved in the process. They should contribute their local knowledge and may help to carry out user surveys on these spaces.

Source guidance

- [Physical activity and the environment](#) (2018) NICE guideline NG90, recommendations 1.3.1 and 1.3.3
- [Physical activity for children and young people](#) (2009) NICE guideline PH17, recommendation 4

Definitions of terms used in this quality statement

Community members

These will include local volunteers and residents in communities of geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds such as disability, health need or disadvantage. People who are socially isolated are also considered to be a community group.

[Adapted from NICE's guideline on [community engagement: improving health and wellbeing and reducing health inequalities](#)]

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

Community members should have confidence that their opinions are valued as highly as the views of the professionals involved in the process. They should contribute their local knowledge to open space management plans and proposals during engagement stages and may help to carry out user surveys on these spaces.

Local authorities and community members should also support and encourage low income communities and other least active groups such as older people and people with disabilities (including sensory, visual and learning disabilities) to be more physically active. They should encourage them to use their local public open spaces for free and ensure that they have enhanced, safe facilities and access.

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 physical and mental health of people of all ages and abilities. 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 staff absenteeism levels, increase staff satisfaction and improve the workplace environment.

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 and travel 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 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 work sites.

d) Evidence that employees receive information tailored to the workplace about accessible walking and cycling routes which include public transport options, distances involved, cycle parking, maps,

routes, alternative route directions and safety.

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 commuter trips is available from Department for Transport's [National Travel Survey](#).

b) Percentage of adults cycling for travel at least 3 days a week.

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

c) Percentage of adults walking for travel at least 3 days a week.

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

d) Level of satisfaction among employees who feel supported about their health and wellbeing.

Data source: Local data collection, for example staff surveys. [The NHS staff survey](#) (2018) contained the following question: 11 Does my organisation take positive action on health and wellbeing?

What the quality statement means for different audiences

Workplaces ensure that they have a physical activity programme, as organisational priorities, to encourage employees to move more and be more physically active. They should provide information tailored to the workplace. This could include signs at strategic points, for example outside lifts, and distributing written information to encourage people to use the stairs rather than lifts. Information about safe travel routes to and from the workplace should also be available and include maps, routes and travel safety. Workplaces should take account of the nature of the employee's work and any health and safety issues. They should also monitor and evaluate their physical activity programmes on an annual basis.

Occupational health professionals, human resource professionals, workplace health promoters and workplace active travel champions ensure that employees follow physical activity programmes and their components and have ongoing advice and support. This will help employees plan how they are going to increase their levels of physical activity and reduce sedentary behaviour as part of the working day. They will coordinate activities and develop or promote schemes that help employees to move more and use active modes of travel to and from the workplace (such as walking and cycling).

Employees in organisations are provided with a multi-component physical activity programme that is tailored to both the needs of the employee and the workplace in terms of organisational size and the type of work it undertakes in terms of any health and safety issues. This programme will offer employees ongoing advice and support them to move more when travelling to and from work and during the working day.

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 be multi-component and tailored to both the needs of employees and the workplace in terms of its organisational size and the type of work it undertakes (such as any health and safety issues). It 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 subsidised gym memberships.
- Supporting 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
 - encouraging employees to walk or cycle to external meetings

- – holding stand-up meetings
 - 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 on local opportunities to be physically active (both within and outside the workplace) and local walking groups, exercise classes, and cycle training programmes, walking and cycling routes which include public transport options, details on the distances involved and cycle parking available. Information about safe travel routes to and from the workplace should also be available and include maps, routes and travel safety.
- Providing tailored information (including written information) and ongoing advice and support on the health benefits of physical activity to help employees plan how they are going to increase their physical activity levels and reduce sedentary behaviour. This may also include a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

[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 to 1.4.4 and expert opinion]

Equality and diversity considerations

Workplaces should ensure that physical activity programmes include accessibility considerations for all employees. Particular consideration should be given to the least active, such as people with limited mobility or disabilities (including sensory, visual or learning disabilities).

Tailored written information should also be accessible to all employees, including people with disabilities (including sensory, visual 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 have active travel plans that are monitored and updated annually.

Rationale

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

Physical activity during the school day is addressed in NICE's quality standard on [school-based interventions: physical and mental health and wellbeing promotion](#).

Quality measures

Structure

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

Data source: Local data collection, for example, an audit of policies in schools and early years settings.

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

Data source: Local data collection, for example, an audit of policies in schools and early years settings.

Outcome

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

Data source: National and local 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 they support schools and early years settings to develop active travel plans and continue to be fully aligned on an annual basis with other local authority plans. 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) develop, monitor and update their travel plans annually, including specific performance targets to increase active travel. If needed, new initiatives should be included in 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, organising cycle and road safety training, and helping children to be 'streetwise'.

Infants, children and young people are supported and motivated to actively travel (for example on foot, by bike or by scooter) 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

Definition of terms used in this quality statement

Schools and early years setting active 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](#)]

Equality and diversity considerations

Schools and early years settings should ensure that active travel plans include accessibility considerations for infants, children and young people with limited mobility or disabilities including sensory, visual or learning 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](#), [behaviour change](#) and [walking and cycling](#), which bring together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to 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 [resource impact 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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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Department for Transport](#)
- [Sport England](#)
- [The Guide Dogs for the Blind Association \(Guide Dogs\)](#)
- [Chartered Society of Physiotherapy](#)
- [Sustrans](#)
- [Primary Care Rheumatology & Musculoskeletal Medicine Society](#)
- [Royal College of Paediatrics and Child Health](#)
- [Royal College of General Practitioners \(RCGP\)](#)