

A photograph of two people hiking on a dirt path through a wooded area. The person on the left is a woman wearing a red and black plaid shirt, a yellow scarf, blue jeans, and a red jacket tied around her waist. She has her arms raised and hands clasped together. The person on the right is a man wearing a blue jacket, a black shirt, black pants, and a beanie. He also has his arms raised. The background shows trees and a path. A teal banner is overlaid on the left side of the image.

Dumfries and Galloway Council **Physical Activity Strategy** 2025

DRAFT v1.3

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FOREWORD

EXECUTIVE SUMMARY

OUR DUMFRIES AND GALLOWAY PHYSICAL ACTIVITY STRATEGY (D&GPAS) – PRINCIPLES AND OVERVIEW

Physical Activity is a Public Health Priority in Scotland¹. Being physically active enables people to live healthier, happier and more independent lives². There is compelling evidence for investment into physical activity for health, wellbeing and disease prevention².

Despite these benefits, over a third of adults (36%)³ and half of school aged pupils (50%)⁴ do not meet the recommended levels of physical activity in Dumfries and Galloway. Data shows that longstanding inequalities exist in physical activity levels in different groups (e.g. age, gender, disability), posing a persistent challenge⁵.

A further challenge is the proportion of our adult population undertaking muscle strengthening activities. Around three quarters of adults in our region (74%) do not meet the muscle strengthening guideline, compared with 69% nationally³, increasing risk of frailty, falls and de-conditioning².

Public Health Scotland's 'system based approach'⁶ was applied in the development of our Dumfries and Galloway Physical Activity Strategy (D&GPAS) in recognition that reducing population inactivity and tackling longstanding inequalities is complex, with no single action being wholly effective. Instead, success would require long-term co-ordinated upstream action from many partners to redesign our local system to one that prioritises and promotes physical activity and prioritises prevention and early intervention.



¹ Scottish Government. 2018. Public Health Priorities for Scotland. ISBN: 9781788519830

² Physical activity guidelines: UK Chief Medical Officers' report. 2019.

³ Scottish Government. Scottish Health Survey. 2017-2023. <https://scotland.shinyapps.io/sg-scottish-health-survey/>

⁴ Dumfries and Galloway Council. 2024. Dumfries and Galloway Physical Activity Survey. 2024.

⁵ The Scottish Government. 2024. Physical activity for health: framework. ISBN 9781836016663

⁶ Public Health Scotland. 2022. A systems-based approach to physical activity in Scotland A framework for action at a national and local level

The development of our strategy brought together multiple partners and stakeholders from across eight physical activity 'sub-systems'⁵⁻⁶.



1. Active Systems



2. Active Travel



3. Active Places of Learning



4. Active Places & Spaces



5. Active Workplace



6. Sport & Active Recreation



7. Active Health & Social Care



8. Active Communications & Public Education

Following this system-based approach, partners and stakeholders identified then assessed outcomes and actions to reduce local levels of physical activity ensuring each was evidence-based. Furthermore, partners carefully considered each action for feasibility and impact, with particular focus on our most inactive population groups⁶.

Our strategy was approved by Community Planning Structures in June 2025. The next phase is to develop implementation plans for actions within our strategy alongside effective leadership, monitoring and reporting arrangements.

INTRODUCTION

The D&GPAS was adopted by the Community Planning Partnership in June 2025 to provide a system-based approach for increasing the number of people in Dumfries and Galloway benefiting from a more physically active life.

The D&GPAS vision is to 'support and enable the people of Dumfries and Galloway to be more active more often'. Our vision recognises that improving levels of physical activity is vital for the health and wellbeing of our local population and the prevention of ill health.

<u>Our Purpose</u>	<i>The D&GPAS sets out a series of evidenced based high-level actions and subsequent strategic delivery outcomes, to increase population levels of physical activity in Dumfries and Galloway.</i>
<u>Our vision:</u>	<i>The people of Dumfries and Galloway to be more active more often.</i>

To achieve our vision, the D&GPAS sets collaborative high-level actions and subsequent strategic delivery outcomes for Dumfries and Galloway to tackle the root causes of physical inactivity, removing barriers and creating enablers that support our population to move more through life.

Over the duration of our D&GPAS, the aim is to strengthen systematic investment into actions that support primary prevention outcomes, while continuing to enhance secondary and tertiary prevention plans and programmes (see Table 1).

Table 1: Prevention and Early Intervention

PREVENTION TYPE	DESCRIPTION	EXAMPLE
Primary prevention	Population/community level actions that aim to stop problems happening in the first place, through actions at a population level that reduce either risks or those that address upstream drivers.	Information raising awareness of benefits and local opportunities for physical activity (e.g. Grow Well App , DG Doing More , Ageing Well).
Secondary prevention	These actions focus on early detection of a problem to support early intervention and treatment or to reduce the level of harm.	Community strength and balance programmes for adults at risk of falls or frailty or the Branching Out outdoor ecotherapy programmes for people experiencing mental health problems.
Tertiary prevention	These actions attempt to minimise the negative consequences (harm) of a problem through careful management.	Physical activity programmes supporting the self-management of long-term conditions (e.g. Physiotherapy including Musculoskeletal and Cardiac rehabilitation)

WHAT IS PHYSICAL ACTIVITY?

The World Health Organisation (WHO) define physical activity as any bodily movement produced by skeletal muscle that requires energy expenditure⁷.

In the context of this strategy, physical activity encompasses three key areas outlined in Figure 1 below².



Figure 1: What is physical activity?²

There are many benefits associated with taking part in a range of physical activities across the lifecourse. There is growing evidence for the importance of regular muscle strengthening and balance across life, but especially in older adults.

Table 2 defines and outlines the benefits for each of these three types of activities.

⁷ World Health Organisation. 2020. WHO Guidelines On Physical Activity And Sedentary Behaviour. ISBN 978-92-4-001512-8 (electronic version)

Table 2: Definition and benefits of muscle strengthening, balance and flexibility exercises

Activity	Definition	Example Benefits
Muscle Strength	<i>'Any activity that makes your muscles work harder than usual'⁸</i>	Prevent falls and fractures as we get older, healthy ageing, independent living ⁹ .
Balance	<i>The 'ability to control your body's position, whether stationary or while moving'¹⁰</i>	Prevent falls and fractures as we get older ⁶ , improved co-ordination ⁶ , support the continuation of everyday activities ¹¹
Flexibility	<i>'Flexibility is the ability to shift muscles and joints through their full range of motion'¹²</i>	Improved posture, reduced aches and pains, Support the continuation of everyday activities

Figure 2 provides a list of the type of activities that help maintain or enhance muscle strengthening and balance¹³.

Type of sport, physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
 Running	★	★★	★
 Resistance Training	★★★	★★★	★★
 Aerobics, circuit training	★★★	★★★	★★
 Ball Games	★★	★★★	★★★
 Racquet Sports	★★	★★★	★★★
 Yoga, Tai Chi	★	★	★
 Dance	★	★★	★
 Walking	★	★	☆
 Nordic Walking	★★	?	★★
 Cycling	★	★	★

★★★ Strong effect ★★ Medium effect ★ Low effect ☆ No effect ? Not known

Figure 2 Activities that can help maintain or improve aerobic capacity, strength, balance and bone health⁸.

⁸ NHS. How to improve your strength and flexibility. 2022. <https://www.nhs.uk/live-well/exercise/how-to-improve-strength-flexibility/#:~:text=A%20strength%20exercise%20is%20any,muscle%20strengthening%20exercises%20a%20week.>

⁹ National Health Service. 2024. <http://nhs.uk/live-well/exercise/>

¹⁰ Strathclyde Sport. Why is balance training so beneficial for our overall health? www.strath.ac.uk/media/1newwebsite/strathclydesport/documents/Why_is_balance_training_so_beneficial_for_our_overall_health.pdf

¹¹ Hillsdon, M. and Foster, C., 2018. What are the health benefits of muscle and bone strengthening and balance activities across life stages and specific health outcomes?. *Journal of Frailty, Sarcopenia and Falls*, 3(2), p.66.

¹² Rahman, M.H. and Islam, M.S., 2020. Stretching and flexibility: A range of motion for games and sports. *European Journal of Physical Education and Sport Science*, 6(8).

¹³ Public Health England. (2018). "Muscle and bone strengthening and balance activities for general health benefits in adults and older adults - Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines"

The UK Physical Activity Guidelines recommend that adults aged over 65 years undertake activities that maintain or improve muscle strength, balance and flexibility on at least two days per week². These activities are critical to enabling people to live actively and independently including the ability to continue to undertake everyday activities and tasks.

Muscle strength and balance are common modifiable risk factors for falls and therefore scaling up opportunities within our communities provides a significant prevention and early intervention opportunity. Evidence has shown strength and balance physical activity programmes can be cost effective¹⁴, reduce falls rate by 24%¹⁵ and help people stay steady whatever their age¹⁶.

There were **4,779 falls recorded in Dumfries and Galloway** by people in a Health and Social Care Pathway.

8% = <15 years	25% = 16-64 years	40% = 65-84 years	27% = 85+ years
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¹⁴ Pinheiro, M.B., Sherrington, C., Howard, K., Caldwell, P., Tiedemann, A., Wang, B., Oliveira, J.S., Santos, A., Bull, F.C., Willumsen, J.F. and Michaleff, Z.A., 2022. Economic evaluations of fall prevention exercise programs: a systematic review. *British journal of sports medicine*, 56(23), pp.1353-1365.

¹⁵ Smith, M.L. and Ory, M.G., 2023. Multi-directional nature of falls among older adults: A rationale for prevention and management. *Frontiers in public health*, 11, p.1117863.

¹⁶ NHS Inform. 2024. Why Falls Matter. <https://www.nhsinform.scot/healthy-living/preventing-falls/why-falls-matter/#:~:text=Falls%20and%20older%20people,at%20least%20once%20a%20year>

WHY IS TACKLING PHYSICAL ACTIVITY IMPORTANT?

Physical inactivity is the fourth leading risk factor for global mortality¹⁷ and is associated with 1 in 6 UK deaths, at a cost of £7.4 billion annually¹⁸.

A report published by Public Health Scotland demonstrated the consequence of physical inactivity to population health¹⁹. The report estimated that more than one hundred deaths (124) are attributable to physical inactivity in Dumfries and Galloway annually in adults, with 29 being from cardiovascular disease and 19 from cancer¹⁹.

Critically, 80% of these deaths come from those doing the lowest levels of physical activity. Therefore, the priority focus of our D&GPAS is creating environments and opportunities that target those with very low levels of activity and support them to become and remain more active. Figure 3 below illustrates the physical activity level of our population, focused on gradual and sustainable increases in activity levels along the continuum, moving away from the less achievable binary measure of active and inactive.

D&GPAS TARGETED ACTION				
	80% OF DEATHS IN D&G ADULTS			
% OF DUMFRIES AND GALLOWAY ADULTS	23%	3%	10%	64%
LEVEL OF ACTIVITY CONTINUUM	VERY LOW ACTIVITY	LOW ACTIVITY	SOME ACTIVITY	MEETS RECOMMENDATIONS
LEVEL OF ACTIVITY DEFINITION	Reported less than 30 mins/week of moderate physical activity*, less than 15 mins/week vigorous** physical activity or an equivalent combination of these.	Reported 60–149 mins/week of moderate physical activity, 30–74 mins/week vigorous physical activity or an equivalent combination of these	Reported 60–149 mins/week of moderate physical activity, 30–74 mins/week vigorous physical activity or an equivalent combination of these	Reported 150 mins/week of moderate physical activity, 75 mins vigorous physical activity or an equivalent combination of these

* Moderate activity = Will raise your heart rate, and make you breathe faster and feel warmer.

** Vigorous activity = Will make you breathe hard and fast.

Figure 3: Levels of physical activity in Dumfries and Galloway mapped to the physical activity level continuum (2019-2023)

The Scottish Governments 'Physical Activity For Health Scotland's National Framework'⁵ identifies physical activity as being one of the best things we can do for our mental, physical and social health, to prevent ill health, as well as helping with attainment and developing confidence.

¹⁷ Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet 380: 219–29

¹⁸ Public Health England. 2022. All Our Health. <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

¹⁹ Public Health Scotland. 2024. Estimating the burden of disease attributable to physical inactivity in Scotland

In fact, there is strong evidence that being physically active improves health and wellbeing across life²⁰ as shown in Figures 4-6²⁰.

There is also strong evidence for the importance of physical activity for health in school-aged pupils. Data from school pupils in Dumfries and Galloway suggests those meeting physical activity guidelines were more likely to report being very happy (48%), compared with inactive pupils (35%)⁴.

Overtime, regular physical activity can reduce the risk of adults developing many chronic conditions, by up to 66% including bone fractures (66%), Type 2 diabetes (40%), coronary heart disease and stroke (25%) and all-cause mortality (30%)²¹. Many of these conditions are placing the greatest financial burden on Health and Social Care Systems²². Further, physical activity can provide people with social contact, shared activities, and help reduce social isolation and loneliness^{2/23}.

There is strong evidence to show that physical activity programmes including muscle strengthening and balance can protect against falls and frailty, enabling adults to live independent lives for longer²⁴ and reduce risk of all-cause and cardiovascular mortality²⁵. From a population health perspective, muscle strength and balance are two of the most common modifiable risk factors for falls and therefore, have a critical contribution in preventing many adverse falls outcomes.



²⁰ Centers for Disease Control and Prevention. 2024. Physical Activity Basics and Your Health. <https://www.cdc.gov/physical-activity-basics/about/index.html>

²¹ 2018 Physical Activity Guidelines Advisory Committee Scientific Report. 2018. Department of Health and Human Services.

²² Santos, A.C., Willumsen, J., Meheus, F., Ilbawi, A. and Bull, F.C., 2023. The cost of inaction on physical inactivity to public health-care systems: a population-attributable fraction analysis. *The Lancet Global Health*, 11(1), pp.e32-e39.

²³ Ahn, J., Falk, E.B. and Kang, Y., 2024. Relationships between physical activity and loneliness: A systematic review of intervention studies. *Current Research in Behavioral Sciences*, 6, p.100141.

²⁴ Centre for Better Ageing. 2019. Raising the bar on strength and balance: The importance of community-based provision.

²⁵ Shailendra, P., Baldock, K.L., Li, L.S.K., Gorzelitz, J., Matthews, C.E., Trabert, B., Bennie, J.A. and Boyle, T., 2024. Weight training and risk of all-cause, cardiovascular disease and cancer mortality among older adults. *International journal of epidemiology*, 53(3), p.dyae074.

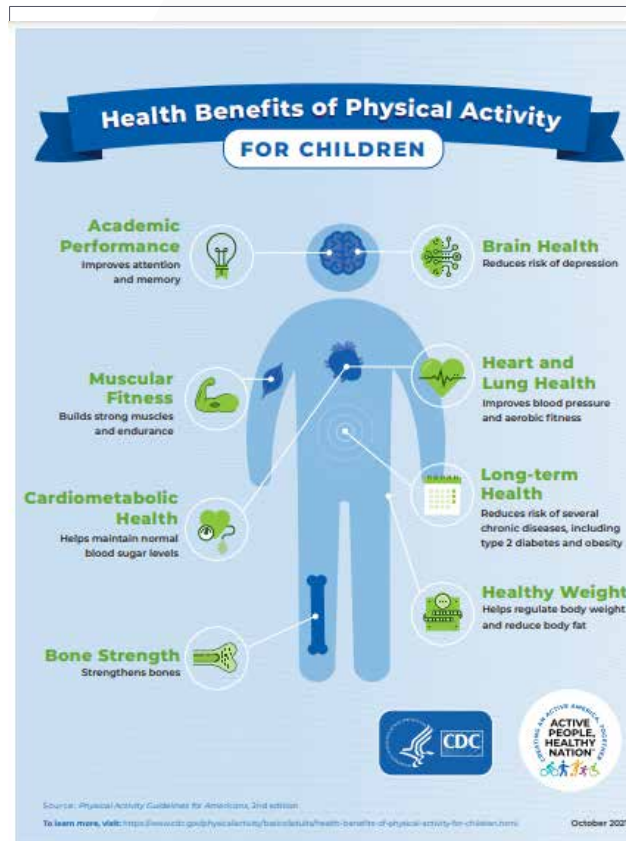


Figure 4: Health Benefits of Physical Activity for Children²⁰

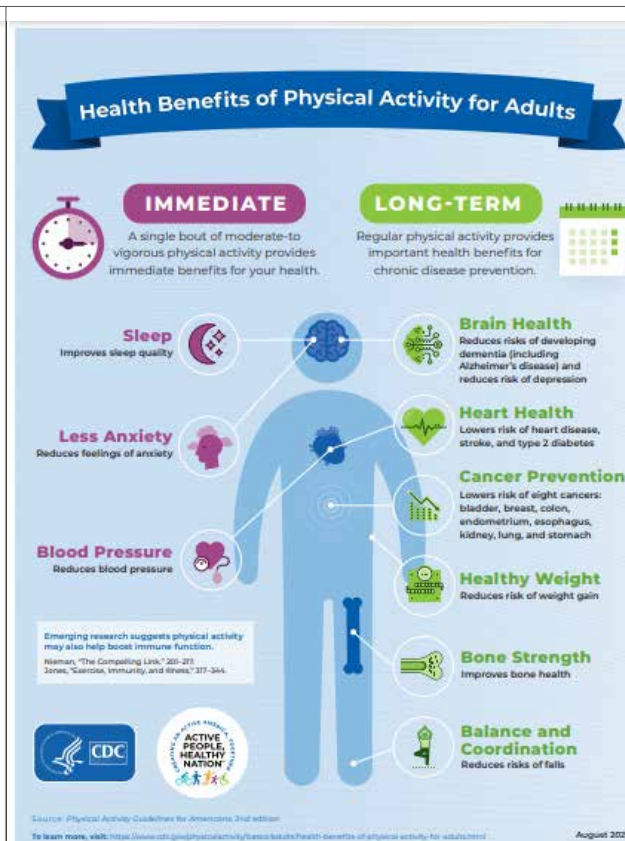


Figure 5: Health Benefits of Physical Activity for adults²⁰

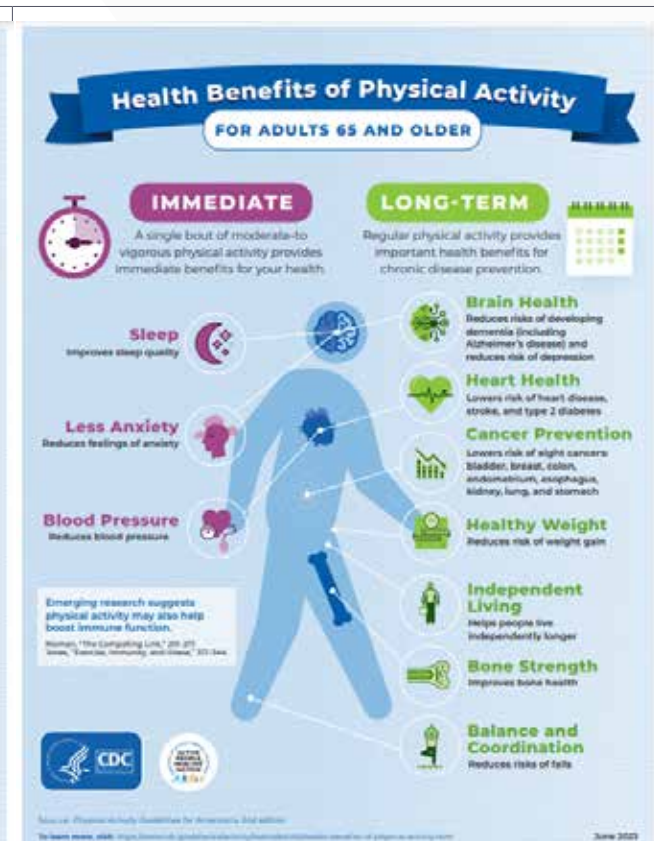


Figure 6: Health Benefits of Physical Activity for adults 65 and over²⁰

HOW ACTIVE IS THE SCOTTISH AND DUMFRIES AND GALLOWAY POPULATION?

Despite these wide-ranging benefits of being physically active across life, between a third and up to three quarters of the Dumfries and Galloway population are putting their health at risk by living inactive and sedentary lives including:

- 45% of school aged pupils in Dumfries and Galloway did not meet the minimum United Kingdom physical activity guidelines, with girls statistically less active than boys⁴.
- 36% of adults (19+ years) in Dumfries and Galloway did not meet the physical activity guidelines, with females (44%) statistically less active than males (34%)³.
- 23% of adults in Dumfries and Galloway are classified as having 'very low physical activity'³, and therefore at the greatest risk of poor health outcomes¹⁹.
- 75% of adults in Dumfries and Galloway do meet muscle strengthening guidelines, increasing risk from falls and fraility².

The number of people meeting physical activity guidelines in Scotland and Dumfries and Galloway is not equal, with the existence of long-standing physical activity inequalities in relation to:

- **Gender:**
 - o Locally and nationally, females are statistically less active than males^{3/26}
 - o Locally, primary and secondary school aged girls (44%) in Dumfries and Galloway were less active than boys (56%)⁴
 - o Locally, our adult female population (56%) is less active than adult males (72%)³
 - o Locally, our female population (28%) are more likely to report very low physical activity compared to men (19%)
 - o Locally, a quarter of our male (25%) and female (25%) population meet muscle strengthening guidelines.
- **Older adults:**
 - o Nationally, adults aged 75+ are least likely to meet physical activity and muscle strengthening guidelines^{26/27}. Adults meeting the physical activity and muscle strengthening guidelines declines with age, from 46% for those aged 16-24 years to only 9% for those 75+ years²⁶.
 - o Data for Dumfries and Galloway (2023) found that participation in any physical activity and sport including walking in the past four weeks was higher in adults aged 35-59 years (84%) compared with those aged 60+ years (73%)²⁸. When walking is excluded participation was again higher in adults aged 35-59 years (40%), compared with those aged 60+ years (28%)²⁸.

²⁶ Scottish Government. 2015. Active Scotland Outcomes: Indicator Equality Analysis. ISBN: 9781785448324

²⁷ Scottish Government. 2024. The Scottish Health Survey 2023 - volume 1: main report. ISBN: 9781836019602

²⁸ Scottish Government. Scottish Household Survey. <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

- **Socio-economic status:**
 - Nationally, 72% of adults living in the least deprived communities meet the physical activity guidelines compared with 50% in the most deprived²⁷.
 - Data for Dumfries and Galloway found no difference in the proportion of school pupils meeting physical activity guidelines for those living in the least deprived areas (51.7%), compared with the most deprived areas (52.0%)⁴. However, the proportion of school pupils active for less than 30 minutes on average per day was higher for pupils living in the most deprived communities (25.0%), compared with those from the least deprived (18.9%)⁴.
- **People of all ages living with a disability or health condition(s) across life:**^{26/29/30/31}
 - Locally, school pupils with a physical disability (32.7%) were less likely to meet physical activity guidelines compared with those reporting no disability (44% of pupils). By contrast, data shows only small differences in physical activity levels for pupils with learning difficulties (42%), multiple types of disability (41%), sensory disability (46%) or a long-term illness or medical condition diagnosed by a Dr (48%) when compared to no disability (44%).
 - Locally, data for Dumfries and Galloway (2023) found that participation in any physical activity and sport including walking in the past four weeks was higher in non-disabled people (84%) compared with disabled (57%)²⁸. When walking is excluded, participation was again higher in non-disabled people compared with disabled people (22%)²⁸.
- **Carers:**
 - A UK survey of unpaid carers found that 81% were unable to participate in as much physical activity as they would like to^{32/33}. The survey found carers over 55 years were more likely to be inactive (46%) compared with those of the same in age in the general population (33%). Those considered active was higher in the general population (54%) compared with unpaid carers (14%)³¹⁻³².
 - No data for Dumfries and Galloway.
- **People from ethnic minority groups, LGBTQ+ communities, and other inclusion groups**²⁶
 - There is limited data regarding physical activity, sport and race and ethnicity. There is some data showing less participation nationally in sport in Pakistani adults.
 - No data for Dumfries and Galloway^{26/34}.

29 Davison, R.R. and McPherson, G., 2021. Disability Sport Research Review. Scotland: Observatory for Sport in Scotland.

30 Scottish Government. 2021. National Performance Framework - disability perspective: analysis. ISBN: 9781800048317

31 Smith, B., Rigby, B., Netherway, J., Wang, W., Dodd-Reynolds, C., Oliver, E., Bone, L. and Foster, C., 2022. Physical activity for general health benefits in disabled children and disabled young people: rapid evidence review.

32 Carers UK. 2020. Carers and Physical Activity Briefing for professionals.

33 Carers UK. 2019. State of Caring A snapshot of unpaid care in the UK.

34 sportscotland. 2023. Race and Ethnicity. <https://sportscotland.org.uk/equality-diversity-and-inclusion/equality-diversity-and-inclusion-toolbox/our-characteristics/race-and-ethnicity>

Our D&GPAS will focus resource on innovative, evidence based and collaborative approaches and actions that:

- 1. Reduce inequalities and remove barriers to physical activity for people with the lowest levels of physical activity.*
- 2. Supports the physical literacy journey of our local population, strengthening people's relationships towards movement and physical activity across life³⁵.*
- 3. Prioritises co-ordinated actions across primary, secondary and tertiary prevention.*
- 4. Place local communities at the centre of physical activity planning, development and delivery.*
- 5. Creates high quality environments for physical activity, including infrastructure that connects people with place.*
- 6. Creates a culture where being physically active is the easy, cost effective and normal choice for our people³⁶.*

³⁵ Sport England. 2023. Positive Experiences for All Our Physical Literacy Consensus Statement for England.

³⁶ Public Health England. 2014. Everybody active, every day 4. Active environments What works – the evidence.

HOW DID WE DEVELOP OUR D&GPAS?

THE INACTIVITY CHALLENGE	RESPONSE – SYSTEMS BASED WORKING
<p>A growth in sedentary workplaces and homeworking, plus technological advances (e.g. online shopping/drive through cafes) engineer movement out of our everyday lives.</p> <p>Today, people are 20% less active than they were in 1960, reaching 35% by 2030 if current trends continue^{36/37}.</p>	<p>Tackling physical inactivity is a complex and enduring challenge; policy at global^{38/39}, national^{5/6} and local levels advocate for system-based approaches.</p> <p>A systems-based approach provides a means to bring together key stakeholders from across all parts of the system (individual, community societal and political layers) to develop a '<i>shared understanding of the problem, map key players, and identify points to disrupt the system</i>' and lever change³⁹.</p> <p>System-based approaches highlight the need for and enables a move away from short term and isolated actions towards complementary cross-sector strategic and operational efforts.</p>

The D&GPAS was developed using the framework set-out in Public Health Scotland's '[Systems-based approach to physical activity in Scotland](#)'⁶. This Framework⁶ includes eight strategic delivery outcomes (see Figure 8) with associated evidenced based actions that can be used as a foundation for local collaborative action to reduce population levels of physical inactivity.

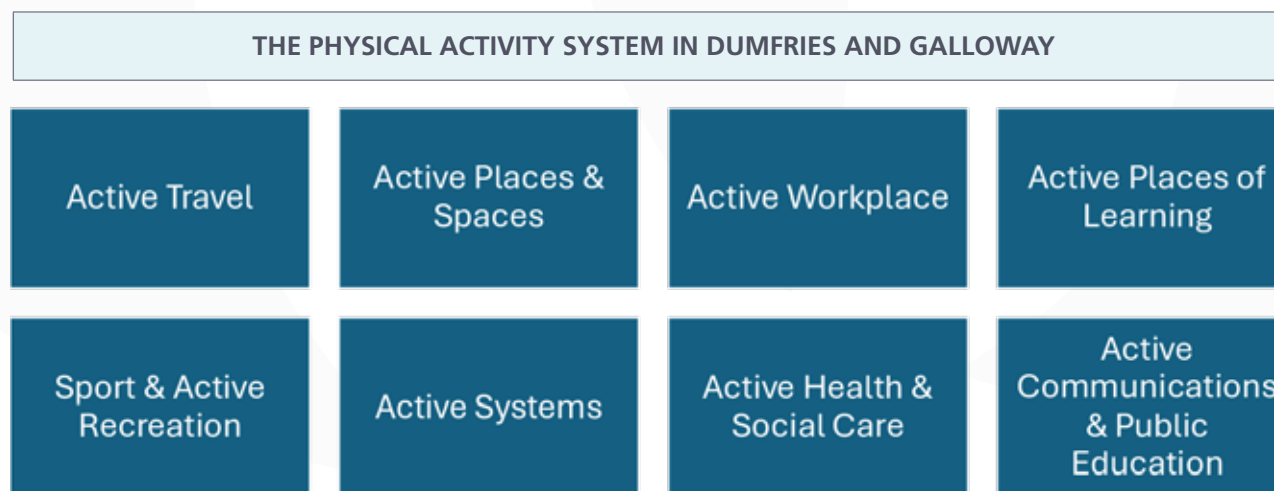


Figure 8: Eight sub-systems constituting the physical activity systems in Scotland

³⁷ Ng, S.W. and Popkin, B.M., 2012. Time use and physical activity: a shift away from movement across the globe. *Obesity reviews*, 13(8), pp.659-680.

³⁸ World Health Organisation. 2018. Global action plan on physical activity 2018–2030: more active people for a healthier world. ISBN: 9789241514187

³⁹ International Society for Physical Activity and Health (ISPAH). 2020. ISPAH's Eight Investments That Work for Physical Activity.

A multi-agency Oversight Group was established to oversee the development, delivery and evaluation of the new D&GPAS. Local Lead Officer(s) were identified for each of the 8 sub-systems making up the local system with support from Public Health Scotland and sportscotland; the two agencies who led the development of the systems-based framework in Scotland nationally.

The development of the D&GPAS included a series of multi-agency workshops with partners and stakeholders represented from each of the eight sub-systems. Participation in the strategy development process from a wide range of groups and services was critical to ensuring the voices, expertise and knowledge from those working with our least active populations was at the forefront in the creation of high-level actions and associated strategic delivery outcomes.

A six stage process was applied to develop evidenced based strategic delivery outcomes and high-level actions, outlined below:

1. Prior to delivery of the systems based workshops, detailed landscape mapping was undertaken by the D&GPAS Oversight Group for each sub-system, reflecting the current policy and practice situation and considering specifically;
 - I. Policies, plans and strategies
 - II. Initiatives
 - III. Issues
2. The first of two Systems Workshop tasked partners with identifying three types of actions, detailed below. 506 possible strategy actions across 8 sub-systems and the three types of action were identified (see Figure 9). Delegates voted for their top three actions for each action type within each sub-system to guide the D&GPAS Oversight Group towards those prioritised by local partners and stakeholders;
 - I. what is going well and should be retained
 - II. areas where progress is being made and improvements are required
 - III. where there are gaps against the evidence base that require development



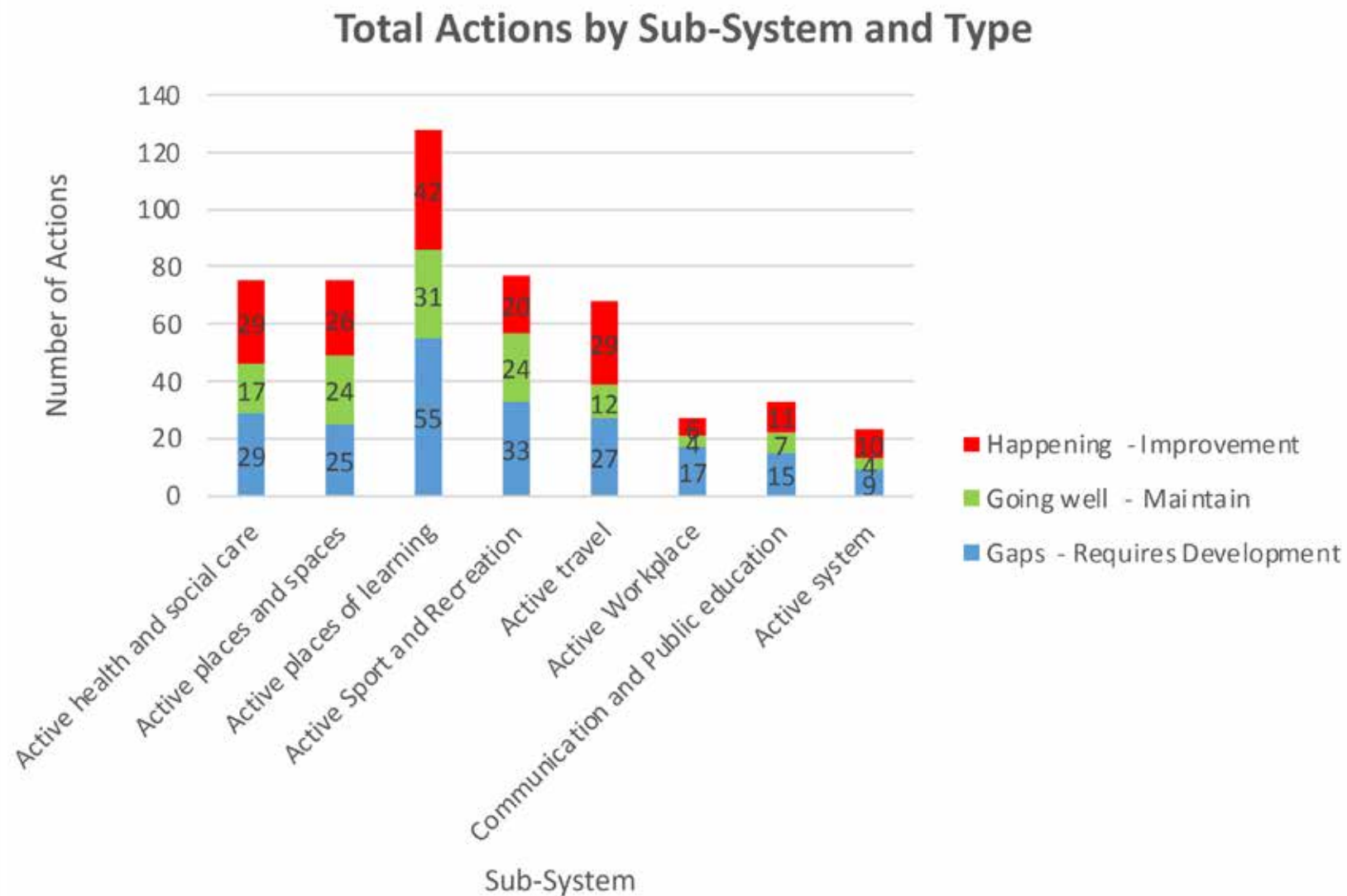


Figure 9: Total actions Generated from Workshop 1 by Physical Activity Subsystem

3. All 506 actions were assessed/prioritised by at least 2 members of the D&GPAS Oversight Group using a combination of local expertise and evidence statements for effective actions prepared by Public Health Scotland for each subsystem.
4. D&GPAS Oversight Group removed, combined or merged the 506 actions to create 61 high levels actions.
5. The second Systems Workshop assessed and scored the 61 high levels actions for feasibility (e.g. resources, achievability) and impact (e.g. reach, longevity) using criteria defined by Public Health Scotland.
6. The D&GPAS Oversight Group reviewed feedback, scored, revised and agreed a total of 55 high-level actions.

Figure 10 provides an overview of the method for developing strategy high-level actions within the Health and Social Care subsystem, with a worked example for the Active Lives Pathway.

These actions with an accompanying outcome enabled the D&GPAS Oversight Group to create a draft strategy. Engagement of the draft strategy followed statutory requirements with final amends incorporated to reflect feedback. An equality impact assessment was completed prior to publication.

A detailed D&GPAS implementation plan for the strategy will be developed then enacted by the D&GPAS group who led on the production of the strategy. The implementation plan will specify:

- lead partners responsible for delivering each high-level action
- SMART targets and times lines for delivery (short, medium and long term)
- success criteria with effective measures aligned to outcome
- risks and barriers to completion

The D&GPAS Oversight Group will report progress to community planning structures.



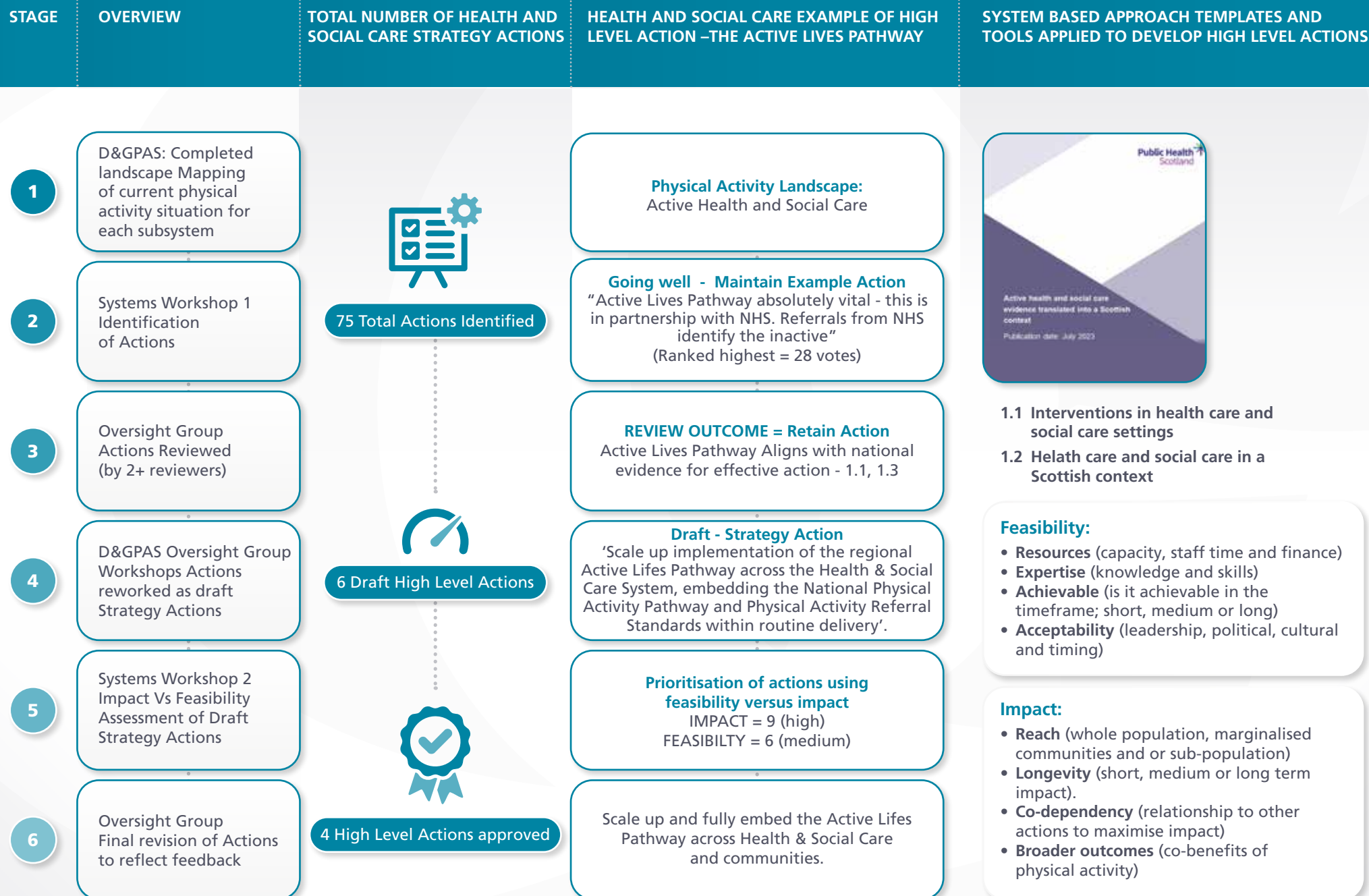


Figure 10: The D&GPAS methodology – A worked example from the Health and Social Care Subsystem

MOTIVATORS AND BARRIERS TO PHYSICAL ACTIVITY

ADDRESSING INEQUALITIES IN OPPORTUNITIES IS A PRIORITY AT EACH STAGE OF LIFE

Through a system-based approach and our strategic delivery outcomes and high-level actions, our D&GPAS aims to create enabling environments while removing barriers to physical activity faced by many people living in Dumfries and Galloway. Our development process used insights from the existing evidence base.

A summary of key motivators and barriers for physical activity in school aged pupils in Dumfries and Galloway is shown in Tables 3 and 4. For adults, national data is presented in Tables 5 and 6⁴⁰. It is important to note that these barriers will vary by different groups. The importance of creating positive environments that promote fun and social opportunities are considered particularly important.

Table 3: Barriers to Physical Activity - School Age Pupils in Dumfries and Galloway (primary 4 to secondary 6)⁴

Barriers to being more active - School Age Pupils (primary 4 to secondary 6)	% Dumfries & Galloway School Pupils (2024)
I don't have time	23%
The weather is too bad	17%
I feel embarrassed about not doing well in an activity	13%
It is difficult for me to get places where I can do physical activity	11%
I would rather do other things with my time	10%

Table 4: Enablers to Physical Activity - School Age Pupils in Dumfries and Galloway (primary 5 to secondary 6)⁴

Factors to encourage participation in physical activity – School Age Pupils (primary 4 to secondary 6)	% Dumfries & Galloway School Pupils (2024)
Activities in nature (forests / beaches)	23%
Small group sessions to build skills, confidence and fitness in sport	21%
1:1 sessions to build skills, confidence and fitness	19%
Non-competitive sessions (focus on fun)	19%
Walking, cycling, wheeling or scooting games, challenges and events	19%

⁴⁰ Scottish Government. 2020. Scottish Health Survey 2018: main report. ISBN: 9781839605550

Table 5: Reasons for participating in physical activity – All Adults in Scotland⁴⁰

Reasons for participating in physical activity – All Adults	% Scottish Adults (2018)
To keep fit (not just to lose weight)	68%
Just enjoy it	63%
To de-stress, relax and unwind	44%

Table 6: Barriers to being more active – All Adults in Scotland⁴⁰

Barriers to being more active – All Adults	% Scottish Adults (2018)
It's difficult to find the time	30%
Health isn't good enough	30%
Not really interested	17%



WHAT ARE THE GUIDING PRINCIPLES AND CHARACTERISTICS OF OUR D&GPAS?

Public Health Scotland identify twelve underpinning local and national principles and characteristics of a systems-based approach to physical activity⁶ (Table 7).

The twelve principles and characteristics were adopted and will be applied across the design, implementation and evaluation of our D&GPAS.

Table 7: Twelve principles underpinning the design and delivery of the D&GPAS¹

TWELVE PRINCIPLES UNDERPINNING THE D&GPAS		
Collaborative leadership	A human rights-based approach	Proportionate universalism
Clear governance and resourcing	Equality and inclusion	Evidence-based policy and practice
Multisectoral partnerships	Policy coherence	Place-based approaches
Engagement and empowerment of policymakers, practitioners and communities	Equity across the life course	Sustainability

While not included as a specific principle or characteristic, the importance of enhancing access and equity to physical activity opportunities for rural communities was considered a system priority for the D&GPAS. Rurality cut across many of the twelve principles and characteristics including equality and inclusion, equity across the life course and place based approaches.

Our strategy recognises and is committed to building on the wide range of effective cross-sector work being undertaken across our system to increased physical activity and reduce inactivity. A report produced by University of Edinburgh in 2017⁴¹ and updated in 2025⁴² engaged with many partners from all parts of our system and identified projects and activities considered Best Investments for physical activity in Dumfries and Galloway. 42 projects were identified covering all eight sub-systems, spanning sectors and life stages, evidencing the vast range of work and collaborations being undertaken in Dumfries and Galloway. Our high-level actions will aim to protect and scale these successful projects.

⁴¹ Kelly, P. Mcadam, C. Turner, K. 2017. Best Investments for Physical Activity in Dumfries and Galloway

⁴² P.Kelly. 2025. Dumfries and Galloway Best Investments 2025 Update. The University of Edinburgh

The report also identified 12 specific considerations, grouped into four themes for the development of our D&GPAS. The 12 considerations aligned closely with our underpinning principles outlined above. Each consideration was carefully considered against our draft D&GPAS including strategic delivery outcomes and high-level actions. Several changes to the strategy were agreed by the D&GPAS Oversight Group, with example changes summarised in Table 8 below.

Table 8: Specific considerations for the new D&GPAS based on findings from the University of Edinburgh Best Investment Report

THEME	SPECIFIC CONSIDERATIONS IDENTIFIED FOR D&GPAS	HOW DID SPECIFIC CONSIDERATION REFLECT FINAL STRATEGY
Learning, training and evaluation	Practice worth sharing mechanisms. This was discussed in relation to sharing projects that work and approaches to evaluation.	Consideration accepted and included in strategic delivery outcome 1, Active Systems (High-level action 1B).
An equitable approach	Geography and rural deprivation. The strategy needs to be clear on how those living in rural and very rural communities in Dumfries and Galloway will be supported to be more active.	Strengthened reference to rural communities within principles section and strategic delivery outcome 2, Active Travel.
The life-course	Support for all transitions across the lifespan. Life transitions from early years to retirement and later life were seen as key to population activity levels. Could the strategy provide a “road map” showing opportunities at each life transition?	Consideration accepted and included in strategic delivery outcome 1, Active Systems (High-level action 3C).
Joined up working	Community awareness and engagement of key issues. While communications and community voice are seen as areas of progress, the strategy should emphasise the importance of doing more in this area.	Consideration accepted and included in strategic delivery outcome 1, Active Systems (High-level action 1D).

Dumfries and Galloway Best Investments

2025 Update

Dr Paul Kelly, University of Edinburgh
February 2025



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Dumfries and Galloway
2025

D&GPAS – TARGETS

The WHO Global Action Plan on Physical Activity 2018–2030 targets a '15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030'³⁸. The Scottish Government⁵ and our D&GPAS subsequently adopted this target.

The D&GPAS sets out four target areas

1. Decreasing population levels of physical inactivity in Dumfries and Galloway
2. Increasing population levels of physical activity in Dumfries and Galloway
3. Decreasing the proportion of Dumfries and Galloway with the lowest levels of physical activity
4. Increasing the number of adults and older adults meeting muscle strengthening guidelines

1&2. Decreasing population levels of physical inactivity and increasing population levels of physical activity in Dumfries and Galloway

The targeted 15% relative risk reduction in population physical inactivity levels for children and young people and adults and older adults in Dumfries and Galloway is shown in Figures 11&12 respectively. The targets align with global³⁸ and national policy timelines⁵. By decreasing population level of inactivity, the proportion of our physically active population should increase.

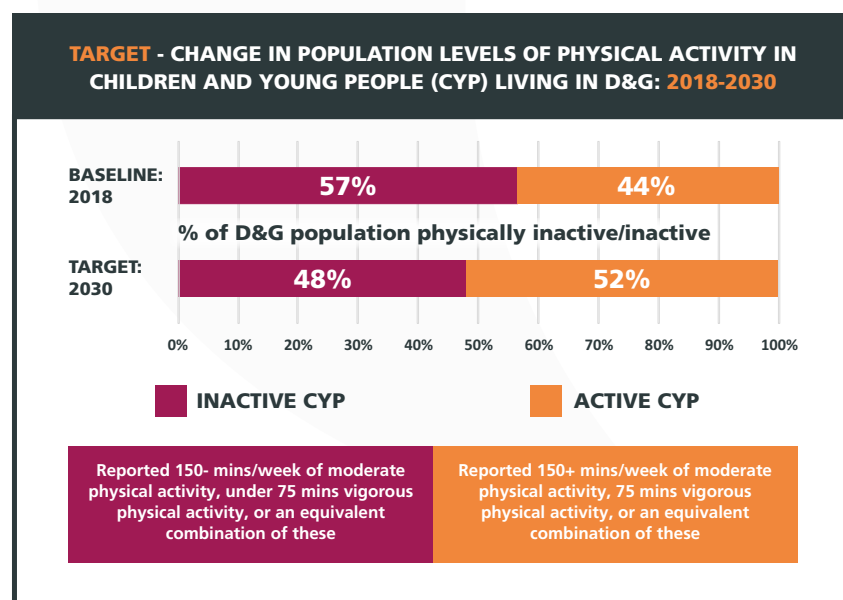


Figure 11: Relative risk reduction in physical inactivity in children and young people in Dumfries and Galloway

*Baseline data⁴³

**Relative risk calculated by taking inactive % and multiplying by 0.85

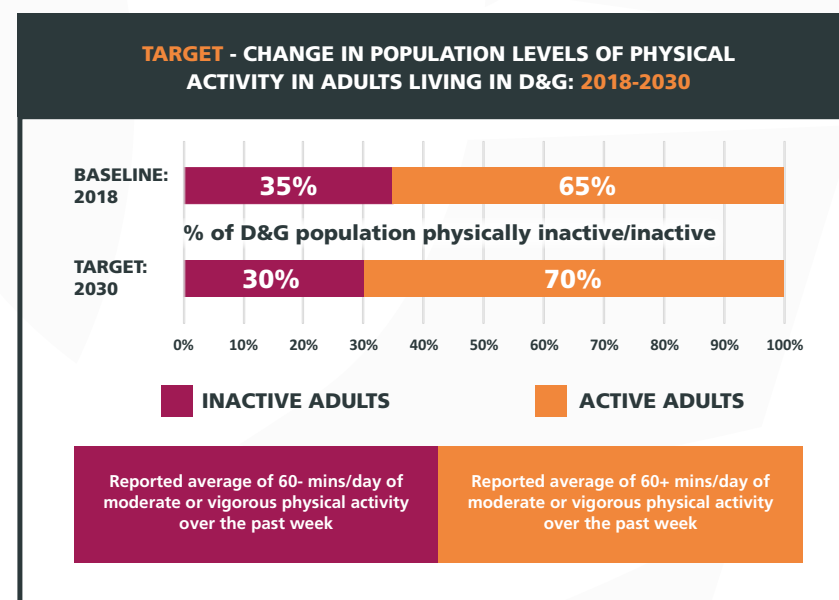


Figure 12: Relative risk reduction in physical inactivity in adults and older adults in Dumfries and Galloway

*Baseline data⁴⁴

**Relative risk calculated by taking inactive % and multiplying by 0.85

43 Dumfries and Galloway Council. 2019. Dumfries and Galloway Physical Activity Survey. 2019.

44 Scottish Government. 2016. Scottish Health survey (2015 to 2018 combined) In: https://dghscp.co.uk/wp-content/uploads/2019/01/Strategic-Needs-Assessment-V2_0.pdf

3. Decreasing the proportion of Dumfries and Galloway with the lowest levels of physical activity

Our strategy is committed to reducing the number of local people with the lowest levels of physical activity. Similar to population levels of physical inactivity, a 15% relative risk reduction over a twelve year period is targeted in school aged pupils and adults and older adults in Dumfries and Galloway. Figures 13&14 detail the respective reductions in the most inactive populations.

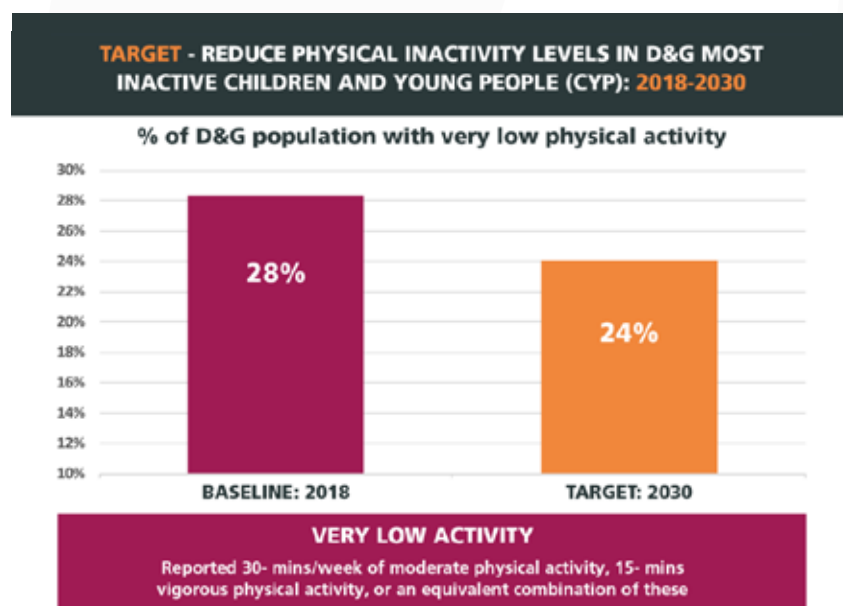


Figure 13: Relative risk reduction in physical inactivity in the least active children and young people in Dumfries and Galloway

*Baseline data⁴³

**Relative risk calculated by taking inactive % and multiplying by 0.85

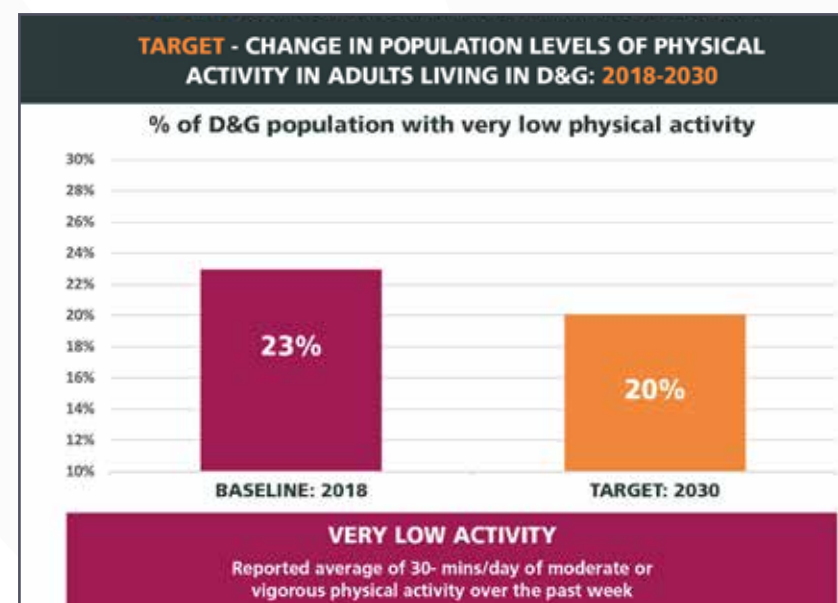


Figure 14: Relative risk reduction in physical inactivity in the least active adult and older adults in Dumfries and Galloway

*Baseline data⁴⁴

**Relative risk calculated by taking inactive % and multiplying by 0.85

4. Increasing the number of adults and older adults meeting muscle strengthening guidelines

With the growing older adult population, the importance of adults undertaking muscle strengthening will be a critical component of prevention and early intervention strategies. The D&GPAS is committed to implementing a 15% reduction in adults not meeting muscle-strengthening guidelines by 2030. This equates to an 11.7% reduction by 2030 (Figure 15).

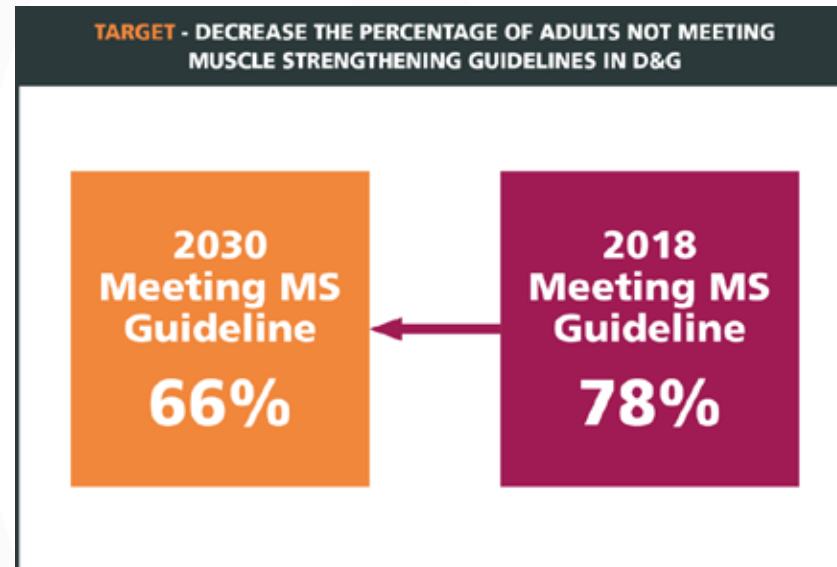


Figure 15: Relative risk reduction in adults and older adults not meeting muscle-strengthening guidelines

*Baseline data⁴⁴

**Relative risk calculated by taking inactive % and multiplying by 0.85



To put into context the monetary value that increasing adult population levels of physical activity in Dumfries and Galloway would bring, the University of Edinburgh completed a Health Economic Assessment⁴⁵ based on a 1%, 5% and 10% rise in people meeting guidelines. The assessment calculated the value (£) of reduced premature mortality (death) from increasing population levels of physical activity through walking, based on the most updated local data. A population level increase in physically active adults would deliver an economic benefit from reduced premature mortality of >£1million while a 10% rise would see benefit of almost £80million. Table 9 provides a breakdown.

Table 9: Dumfries and Galloway value in reduced premature mortality from increased physical activity

Change in meeting Physical Activity Guidelines ²	Number becoming active	Premature deaths prevented per year	Total economic benefit after 1 year	Total economic benefit after 10 years*
1%	1049	0.34	£1,030,000	£7,940,000
5%	5246	1.7	£5,140,000	£39,700,000
10%	10,493	3.4	£10,300,000	£79,400,000

⁴⁵ World Health Organisation. 2021. Health economic assessment tool (HEAT) for walking and for cycling: methods and user guide on physical activity, air pollution, injuries and carbon impact assessments. ISBN: 978-92-8-905278-8

² Physical activity guidelines: UK Chief Medical Officers' report. 2019.

OUR STRATEGIC DELIVERY OUTCOMES AND HIGH-LEVEL ACTIONS

The Scottish Government and Public Health Scotland identify eight sub-systems that constitute physical activity locally and nationally (see Figure 7). These were adopted in the development of the D&GPAS.

For each of the eight sub-systems, a strategic delivery outcome, achieved by the delivery of a series of associated actions were agreed through the systems-based development approach (See Table 10), reflecting:

- The 12 overarching principles and characteristics (see Table 7)
- Global, national and local evidence
- National and local policy context
- Leadership and capacity within and across the system
- Known or probable impact on inequalities and those most active
- Viability and acceptability of actions - based on impact and feasibility assessments
- Local expertise – feedback and input of key stakeholders across different parts of the local system

Table 10: Eight sub-systems constituting the physical activity systems in Scotland^{5/6}

SUB-SYSTEM	STRATEGIC DELIVERY OUTCOME	ASSOCIATED ACTIONS (N)
Active Systems	A system-based approach to physical activity is undertaken prioritising our least active populations.	5
Active Travel	People are confident to make active travel choices and active travel is accessible, equitable and safe for rural and urban communities.	8
Active Places of Learning	Active environments, policies and opportunities are embedded across all places of learning.	5
Active Places & Spaces	Active places and spaces are designed, created and maintained to increase participation and access for our least active populations.	7
Active Workplace	Workforce physical activity is embedded in policy and practice and prioritises our least active populations.	8
Sport & Active Recreation	People are confident to participate in sport and active recreation opportunities which are accessible and equitable to our least active populations.	6
Active Health & Social Care	Physical activity is embedded within our health and social care systems, with community pathways established for our least active populations.	4
Communications & Public Education	Communications & Public Education is undertaken using a system-based approach prioritising our least active populations.	5

STRATEGIC DELIVERY OUTCOME 1: ACTIVE SYSTEMS

WHAT WE MEAN BY ACTIVE SYSTEMS

Creating Active Systems are critical to tackling population inactivity. The effective delivery of this D&GPAS is dependent on having a system that can enable and implement effective, efficient and co-ordinated action.

Crucial to this is having appropriate governance, leadership, multi-sectoral partnerships, workforce capabilities, advocacy, information systems and financing mechanisms across all relevant sectors⁵.

Active Systems places local communities at the centre of the design, delivery and evaluation of all plans, programmes and promotions. This will be essential to widening access of opportunity to sustainable and locally led physical activity opportunities, driving primary prevention outcomes and increasing local population health.

Table 11: Key policy, plans and reports/papers shaping our Active Systems strategic delivery outcome and high-level actions

GLOBAL AND NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> World Health Organisation - Global action plan on physical activity 2018–2030: more active people for a healthier world³⁸ ISPAH - Eight Investments That Work for Physical Activity³⁹ Scottish Government - Physical activity for health: framework⁵ Public Health Scotland - Systems-based approach to physical activity⁶ 	<ul style="list-style-type: none"> DUMFRIES AND GALLOWAY Local Outcomes Improvement Plan 2017-2027⁴⁶ Dumfries and Galloway Council - Dumfries and Galloway Council Plan 2023–2028⁴⁷ Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022-2025⁴⁸

⁴⁶ Dumfries and Galloway Community Planning. 2017. Local Outcomes Improvement Plan 2017 – 2027.

⁴⁷ Dumfries and Galloway Council. Council Plan 2023-2028.

⁴⁸ Dumfries and Galloway Integration Joint Board. Health and Social Care Strategic Commissioning Plan 2022-2025. Dumfries and Galloway Integration Joint Board: Health and Social Care Strategic Commissioning Plan 2022 -2025

Strategic Delivery Outcome 1: A system-based approach to physical activity is undertaken prioritising our least active populations.

High-Level Actions

1. Establish a system-wide leadership group for the physical activity strategy responsible for:
 - a. reporting progress to Community Planning structures
 - b. establishing a regional mechanism(s) to share best practice across all sub-systems
 - c. embedding physical literacy across all policy and practice
 - d. ensuring our community voices shape policy and practice across sub-systems
2. Actions from the D&GPAS embedded in all partners' strategic policy and plans.
3. Strengthen work with higher education institutions to:
 - a. measure effectiveness of existing work-streams to inform and secure investment
 - b. explore local barriers/enablers to physical activity
 - c. produce a local road map showing physical activity and muscle strengthening opportunities at each life stage
 - d. identify system-wide prevention/early intervention opportunities for muscle strengthening
4. Commission an updated Physical Activity Best Investment report for Dumfries and Galloway to guide strategic decision-making.
5. Establish a system-wide reporting and evaluation framework for the strategy that:
 - a. includes process and output measures to measure impact
 - b. utilises the Dumfries and Galloway Physical Activity Monitoring System (PASMS)



STRATEGIC DELIVERY OUTCOME 2: ACTIVE TRAVEL

WHAT WE MEAN BY ACTIVE TRAVEL

Active Travel is any form of transport that is focused on physical activity, such as walking, wheeling, and cycling. This includes the use of standard bikes, adapted bikes or trikes, e-bikes, and other micro-mobility devices to support day-to-day trips. There are fully and partially active trips during a journey. For instance, walking and cycling to/from the bus stop or train station are active trips as they involve active travel in the first stage.

Dumfries and Galloway Council published a comprehensive ten-year Active Travel Strategy 2022-2032⁴⁹.

Outcomes and objectives within the Active Travel Strategy align closely with actions identified in the D&GPAS.

This includes the need for action that^{39/49}:

- Improves infrastructure to make walking, wheeling, and cycling not only possible but attractive
- Prioritises physical infrastructure opportunities and services that join up across sub-systems to support greater connectivity and accessibility including improvised urban-rural connections (e.g. walking/cycling infrastructure are linked with public transport, and also key destinations such as places of work, schools, shops and leisure facilities).
- Makes places and streets safer for people to walk, wheel, cycle or take any form of active travel
- Signposts and promotes active travel opportunities and projects supporting behaviour change as a means for improving health and wellbeing
- Makes active travel deliver on climate and environmental benefits

Table 12: Key policy, plans and reports/papers shaping our Active Travel strategic delivery outcomes and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> · Transport Scotland - National Transport Strategy 2: Protecting our Climate and Improving Lives⁵⁰ · Transport Scotland - Active Travel Framework⁵¹ 	<ul style="list-style-type: none"> · SWestrans - Regional Transport Strategy 2023-2042⁵² · Dumfries and Galloway Council - Dumfries & Galloway Active Travel Strategy 2022-2032⁴⁹

⁴⁹ Dumfries and Galloway Council. 2022. Dumfries & Galloway Active Travel Strategy

⁵⁰ Transport Scotland. 2020. National Transport Strategy 2. ISBN: 978-1-911582-91-5

⁵¹ Transport Scotland. 2020. Active Travel Framework. ISBN 978-1-911582-86-1

⁵² SWestrans. SWestrans Regional Transport Strategy 2023-2042

Strategic Delivery Outcome 2: People are confident to make active travel choices and active travel is accessible, equitable and safe for rural and urban communities.

High-Level Actions

1. Strengthen existing and develop new effective active travel partnerships with schools, health care bodies, planning authorities, sports facilitators, and community groups that share objectives of improving walking, wheeling, cycling.
2. Strengthen Active Travel involvement and representation within the development of local Place Plans.
3. Develop a multi-agency and multi-skilled active travel team that can maximise opportunities arising from uplift in national active travel budget, delivering new projects and developments that embed behaviour change approaches and increase accessible and inclusive journeys.
4. Build workforce capacity to ensure Transport professionals and planners are trained in accessible design and creating inclusive and safe well-connected environments.
5. Increase the pace of investment into high quality inclusive infrastructure that is well maintained, safe to use, caters for all users, and connects key places in both urban and rural areas.
6. Strategic planning and implementation of integrated and inclusive multi-modal connectivity enabling journeys that include both public transport and active travel.
7. Update and implement a pragmatic framework that enables inclusive infrastructure investment, which balances the needs of communities (functionality, ease of use, accessibility, inclusivity factors) and the cost-benefit of that infrastructure.
8. Involve the Road Safety Partnership and Safe to Walk Group in the development, design and construction to implement the national communications strategy and Highway Code.



STRATEGIC DELIVERY OUTCOME 3: ACTIVE PLACES OF LEARNING

WHAT WE MEAN BY ACTIVE PLACES OF LEARNING

Active Places of Learning are committed to promoting physical activity to all members of their learning community through a multi-component approach encompassing supportive policies, environments and opportunities.

Active places of learning prioritise^{53/39}:

- The provision of suitable physical environments, dedicated time and resources to support structured and unstructured physical activity throughout the day
- The provision of regular, high quality, physical education classes in schools
- Strengthening opportunities and collaborations prioritising active and sustainable travel choices
- Strengthen and seek innovative education policies that engage, encourage and enable the whole school community to be more physically active
- Connection to a pathway of activity with local communities

Table 13: Key policy, plans and reports/papers shaping our Active Places of Learning strategic delivery outcome and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> · Education Scotland - Curriculum for Excellence⁵³ · Scottish Government - Getting it right for every child (GIRFEC)⁵⁴ 	<ul style="list-style-type: none"> · Dumfries and Galloway Council - Education Improvement Plan 2023-2027⁵⁵

⁵³ Education Scotland. Curriculum for Excellence. www.education.gov.scot/curriculum-for-excellence

⁵⁴ Scottish Government. Getting it right for every child (GIRFEC). <https://www.gov.scot/policies/girfec/>

⁵⁵ Dumfries and Galloway Council. Education Improvement Plan 2023-2027. <https://www.dumgal.gov.uk/article/27205/Dumfries-Galloway-Education-Improvement-Plan>

Strategic Delivery Outcome 3: Active environments, policies and opportunities are embedded across all places of learning.

High-Level Actions

1. Consider and share pathways to enhance confidence/activity levels for children in early year's settings particularly those not meeting relevant developmental milestones.
2. Maintain and enhance professional learning for educational staff to enhance Physical Education, Physical Activity and Sport (PEPAS), at both a universal and targeted (disabilities and sedentary) level.
3. Strengthen the evaluation and monitoring of PEPAS programmes and initiatives to evidence the impact on our young people.
4. Address the Scottish Government's strong commitment to deliver 2 hours / periods of high-quality physical education per week for all Primary and Secondary pupils as well as providing wider opportunities for physical activity in schools through the Health and Wellbeing Responsibility For All.
5. Broaden the scope of parental involvement for 2-18 to include physical literacy and physical activity, to develop sustainable healthy lifestyles within the family, targeted to areas of need and impact health inequalities.



STRATEGIC DELIVERY OUTCOME 4: ACTIVE PLACES AND SPACES

WHAT WE MEAN BY ACTIVE PLACES AND SPACES

The way indoor and outdoor urban, suburban, and rural environments are planned, designed and created influences many of our conscious and unconscious behavioural choices including the way we move⁵⁶.

Research shows that adults who live in the most activity-friendly environments engage in at least an hour (up to an hour and a half) more physical activity per week than those living in the least activity friendly environments⁵⁶. Place making is key to the development of active places and spaces and encapsulates the process of creating good quality places for people.

Dumfries and Galloway is a region with outstanding natural environments, which can be a vital resource in supporting a healthier and more physically active population⁵⁷. Dumfries and Galloway Council has set a target for every household being a 5-minute walk from a publicly usable open space site, which is open for all⁵⁸.

Table 14: Key policy, plans and reports/papers shaping our Active Places and Spaces strategic delivery outcome and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> Scottish Government - National Planning Framework 4⁵⁹ 20 Minute Neighbourhoods in a Scottish Context⁶⁰ Scotland's Forestry Strategy 2019-2029⁶¹ The Environment Strategy for Scotland: vision and outcomes⁶² Update to the Climate Change Plan 2018 – 2032 Securing a Green Recovery on a Path to Net Zero⁶³ Scotland's National Marine Plan A Single Framework for Managing Our Seas⁶⁴ 	<ul style="list-style-type: none"> Dumfries and Galloway Council - Local Development Plan 2⁶⁵ Dumfries and Galloway Council – Local Place Plans⁶⁶ Core paths in Dumfries and Galloway⁶⁷

⁵⁶ Sallis, J.F., Cerin, E., Conway, T.L., Adams, M.A., Frank, L.D., Pratt, M., Salvo, D., Schipperijn, J., Smith, G., Cain, K.L. and Davey, R., 2016. Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. *The Lancet*, 387(10034), pp.2207-2217.

⁵⁷ Barton, J. and Rogerson, M., 2017. The importance of greenspace for mental health. *BJPsych international*, 14(4), pp.79-81.

⁵⁸ Dumfries and Galloway. 2020. Dumfries and Galloway Council LOCAL DEVELOPMENT PLAN 2 Open Space and New Development Supplementary Guidance - February 2020

⁵⁹ Scottish Government. 2024. National Planning Framework 4. ISBN: 9781805254829

⁶⁰ Scottish Government. 2023. Local living and 20 minute neighbourhoods - planning guidance: consultation. ISBN: 9781805252788

⁶¹ Scottish Government. 2019. Scotland's Forestry Strategy 2019–2029. ISBN: 978178781558

⁶² Scottish Government. 2020. The Environment Strategy for Scotland: vision and outcomes. ISBN: 9781839604942

⁶³ Scottish Government. 2020. Securing a green recovery on a path to net zero: climate change plan 2018–2032 - update. ISBN: 9781800044302

⁶⁴ Scottish Government. 2015 Scotland's National Marine Plan A Single Framework for Managing Our Seas. ISBN: 978-1-78544-214-8

⁶⁵ Dumfries and Galloway. 2020. Dumfries and Galloway Council LOCAL DEVELOPMENT PLAN 2 Open Space and New Development Supplementary Guidance - February 2020

⁶⁶ Dumfries and Galloway Council. Local Place Plans. <https://www.dumfriesandgalloway.gov.uk/planning-building/planning/planning-policy/local-place-plans>

⁶⁷ Dumfries and Galloway Council. Core Path. <https://www.dumfriesandgalloway.gov.uk/leisure-sport-culture/parks-outdoor-spaces/core-paths>

Strategic Delivery Outcome 4: Active places and spaces are designed, created and maintained to increase participation and access for our least active populations.

High-Level Actions

1. Widen access to inclusive play park provision across Dumfries and Galloway.
2. Integrate urban design, transport planning and land use policies by creating connected, walkable and 20-minute neighbourhoods, with equitable and inclusive public space, as well as pedestrian access to a range of local amenities for daily living.
3. Strengthen access to inclusive high quality indoor and outdoor places and spaces through spatial design and community engagement.
4. Prioritise investment into active and sustainable travel modes that connect people with inclusive public space and local amenities for daily living.
5. Strengthen the promotion of active and sustainable travel routes connecting people with place.
6. Review current/future plans for places and spaces to ensure investment prioritises projects that meet the needs of local communities and widen access and for all.
7. Strengthen resource within Public Sector Planning Teams to widen collaborations with local communities to enhance engagement, delivery and maintenance of high quality places and spaces.



STRATEGIC DELIVERY OUTCOME 5: ACTIVE WORKPLACE

WHAT WE MEAN BY ACTIVE WORKPLACE

Studies have shown that office workers spend approximately 89% of their working day sedentary⁶⁸, with growing evidence that home working can exasperate sitting time⁶⁹. Workplace-based physical activity interventions can provide physical, mental, and social health benefits as well as reduced absenteeism and burnout among employees^{22/70/71}. International advice is clear that we need to enhance provision of, and opportunities for, physical activity programmes and promotion in workplace environments that facilitate people of all abilities to be physically active.

Workplace policies that are developed and tailored for various sectors, should encourage and promote physical activity as well as the need to interrupt sitting time for all employees and promote a culture of health which supports employee's wellbeing and productivity.

Table 15: Key policy, plans and reports/papers shaping our Active Workplaces strategic delivery outcome and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> Healthy Working Lives - Public Health Scotland⁷² 	<ul style="list-style-type: none"> Dumfries and Galloway Council – People Strategy 2021-2026⁷³ Dumfries and Galloway Integration Joint Board Health and Social Care Workforce Plan 2022 – 2025⁷⁴

68 Dabkowski, E., Porter, J.E., Barbagallo, M., Prokopiv, V., Snell, C. and Missen, K., 2023. A systematic literature review of workplace physical activity programs: An exploration of barriers and enabling factors. *Cogent Psychology*, 10(1), p.2186327.

69 Niven, A., Fitzsimons, C., Morton, S. and Sivaramakrishnan, D., 2023. End of project full report-Are we working (too) comfortably?: Collaborating with The Scottish Government to support their workforce to reduce desk-time whilst working at home.

70 JA, C.M., 2018. Physical activity as a tool to reduce disease-related work absenteeism in sedentary employees: A systematic review. *Revista espanola de salud publica*, 92, pp.e201810071-e201810071.

71 Naczenski, L.M., de Vries, J.D., van Hooff, M.L. and Kompier, M.A., 2017. Systematic review of the association between physical activity and burnout. *Journal of occupational health*, 59(6), pp.477-494.

72 Public Health Scotland. Working Health Services Scotland. <https://healthyworkinglives.scot/>

73 Dumfries and Galloway Council. People Strategy 2021-2026. <https://www.dumgal.gov.uk/article/27226/People-Strategy-2021-2026>

74 Dumfries and Galloway Integration Joint Board. Health and Social Care Workforce Plan 2022-2025. <https://www.nhs.uk/wp-content/uploads/2023/10/Workforce-Plan-DGHSCP-2022-2025.pdf>

Strategic Delivery Outcome 5: Workforce physical activity is embedded in policy and practice and prioritises our least active populations.

High-Level Actions

1. Establish a multi-agency group including academic institutions to identify effective policy and practice actions for reducing local workplace inactivity and sedentary behaviour.
2. Strengthen knowledge and advocacy within cross sector leadership teams to embed policy and practice that normalises movement within workplace culture.
3. Increase awareness of active travel infrastructure and behaviour change funding to optimise the number of local people travelling sustainable to work.
4. Build new and enhance existing at work infrastructure that enables people to travel actively to, from and during work (e.g. bike parking, access to showers).
5. Increase investment in connective infrastructure that supports people to travel to, from and during work actively.
6. Prioritise and implement design guidelines that create workplace environments that enables positive movement and active travel choices.
7. Increase investment into programmes which enable and incentive workplace physical activity and muscle strengthening, before, during and after work.
8. Establish a workplace physical activity communications page on DG Doing More.



STRATEGIC DELIVERY OUTCOME 6: ACTIVE SPORT AND RECREATION

WHAT WE MEAN BY ACTIVE SPORT AND RECREATION

The sport and active recreation sector provides opportunities for people of all ages to be physically active. A variety of organisations provide a wide range of programmes and opportunities to get involved in both formal and informal sport and recreation activities such as active play, dance, recreational walking, wheeling and cycling.

A diverse range of partners from different sectors contribute to sport and recreation locally (e.g. local authorities, sport clubs, community organisations, the third sector, schools, colleges and universities) and nationally (e.g. sportscotland, Scottish Governing Bodies of sport).

Table 16: Key policy, plans and reports/papers shaping our Active Sport and Recreation strategic delivery outcome and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> · Sport for Life A vision for sport in Scotland⁷⁵ · Scottish Government - Let's get Scotland Walking - The National Walking Strategy⁷⁶ 	<ul style="list-style-type: none"> · Dumfries and Galloway Active A Sport and Physical Activity Strategy 2018 - 2023⁷⁷



⁷⁵ sportscotland. 2019. Sport for Life. ISBN: 978 1 85060 631 4

⁷⁶ Scottish Government. 2019. Let's Get Scotland Walking The National Walking Strategy

⁷⁷ Dumfries and Galloway Council. 2018. Dumfries and Galloway Active – A Sport and Physical Activity Strategy 2018-2023

Strategic Delivery Outcome 6: People are confident to participate in sport and active recreation opportunities which are accessible and equitable to our least active populations.

High-Level Actions

1. Increase investment into sport and active recreation programmes with a continued focus on targeting to the least active. With a greater emphasis on collaborations and strategic partnerships between Public and Third Sectors to secure new investment into sport and active recreation.
2. Increase access to free or low cost sport and recreation programmes/memberships, targeted to the least active, families and those living in areas of high deprivation.
3. Undertake a strategic needs assessment and mapping of all community-based sport, active recreation and physical activity. Mapping to capture programmes targeting groups with the lowest participation rates and include those targeting families and children in the early years.
4. Multi-agency leadership group to strengthen the Sport and Active Recreation system locally, ensuring it is strategically planned and resourced, strengthening leadership, partnerships, multi-agency working and community engagement and empowerment.
5. Explore cross-sector investment to scale up delivery of life-course physical activity programmes (e.g. Active Lives Pathway) that strengthen partnerships, workforce capacity, attendances and sustainability of community-based sport, active recreation and physical activity providers regionally.
6. Consider, implement, and monitor usage of new approaches designed to enhance community access to the school estate for community physical activity and sport providers.



STRATEGIC DELIVERY OUTCOME 7: ACTIVE HEALTH AND SOCIAL CARE

WHAT WE MEAN BY ACTIVE HEALTH AND SOCIAL CARE

Evidence indicates that health and social care based interventions, either targeting physical activity alone, or combined with interventions for other modifiable risk factors such as tobacco use, the harmful use of alcohol and unhealthy diets, are effective and cost-effective³⁹.

There is particularly strong evidence for providing brief advice and for signposting or referral of patients to physical activity opportunities within the community. Interventions are most effective when inactive but motivated individuals are identified, simple and realistic advice is given, and behavioural change approaches (e.g. physical literacy³⁵, the MAP of Health Behaviour Change⁷⁸) are used to facilitate the adoption and maintenance of physical activity^{5/39}.

Table 17: Key policy, plans and reports/papers shaping our Active Health and Social Care strategic delivery outcome and high-level actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> · Scottish Government - Health and Social Care Delivery Plan⁷⁹ · Scottish Government - Rehabilitation and recovery: a person-centred approach⁸⁰ · Scottish Government - Scotland's public health priorities¹ · UK Chief Medical Officers' Physical Activity Guidelines² 	<ul style="list-style-type: none"> · Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022-2025⁴⁸

⁷⁸ NHS Education for Scotland. 2023. Behaviour Change for Health. <https://www.nes.scot.nhs.uk/our-work/behaviour-change-for-health/>

⁷⁹ Scottish Government. 2016. Health and social care delivery plan. ISBN: 9781786527011

⁸⁰ Scottish Government. 2016. Rehabilitation and recovery: a person-centred approach. ISBN: 9781804356258

Strategic Outcome 7: Physical activity is embedded within our health and social care systems, with community pathways established for our least active populations.

High-Level Actions

1. Strengthen access and sustainability of physical activity opportunities including muscle strengthening and balance, embedding physical literacy to enable our population to live active, healthy and independent lives, prioritising those who are:
 - I. physically inactive but otherwise healthy
 - II. living with or at risk of a health condition(s) including falls and frailty
2. Scale up and fully embed the Active Lives Pathway across Health & Social Care and communities.
3. Embed Ageing Well across Health and Social Care as a population health priority.
4. Establish and deliver a multi-agency training plan that enables the Health and Social Care workforce to embed physical activity within their routine practice.

Currently, no measure for balance is available locally or nationally, therefore our strategy is unable to commit to a measurable target overtime at population level. Until such a time an appropriate balance measure is available, the Active Health and Social Care subsystem will implement a standard measure across appropriate programmes.



STRATEGIC DELIVERY OUTCOME 8: ACTIVE COMMUNICATION AND PUBLIC EDUCATION

WHAT WE MEAN BY ACTIVE COMMUNICATION AND PUBLIC EDUCATION

Mass media provide an effective way to transmit consistent and clear messages about physical activity to large populations^{5/39}. Both paid and non-paid forms of media can raise awareness of health benefits, inform about targets and activity guidelines, raise motivation to be active and to stay active, raise self-efficacy to be active, and impact attitudes, beliefs and intentions^{5/39}.

Media can also increase awareness of opportunities and ways to be active, stimulate increases in help-seeking behaviours (e.g., interaction on a social media platform or helpline) and contribute to building cultural norms that are favourable to physical activity³⁹.

Table 18: Key policy, plans and reports/papers shaping our Active Communication and Public Education strategic delivery outcomes and high-level, aim and actions

NATIONAL POLICY, PLAN and REPORTS/PAPERS	LOCAL POLICY, PLAN and REPORTS/PAPERS
<ul style="list-style-type: none"> UK CMOs' physical activity guidelines communications framework: appendices. 2023⁸¹ The Physical Activity Messaging Framework (PAMF) and Checklist (PAMC): International consensus statement and user guide⁸² 	NONE

⁸¹ UK CMOs' physical activity guidelines communications framework: appendices. 2023. <https://assets.publishing.service.gov.uk/media/641d9957ba5ac9000cb1a838/CMOs-physical-activity-guidelines-appendices-march-2023.pdf>

⁸² Williamson, C., Baker, G., Tomasone, J.R., Bauman, A., Mutrie, N., Niven, A., Richards, J., Oyeyemi, A., Baxter, B., Rigby, B. and Cullen, B., 2021. The physical activity messaging framework (PAMF) and checklist (PAMC): international consensus statement and user guide. International journal of behavioral nutrition and physical activity, 18, pp.1-12.

Strategic Delivery Outcome 8: Communications and public education is undertaken using a system-based approach prioritising our least active populations.

High-Level Actions

1. Establish a multi-agency tag team to:
 - o Develop/implement a system-wide communications and public education plan for physical activity in Dumfries and Galloway.
 - o Strengthen and expand use of digital and social media platforms
2. Design and implement a muscle strengthening campaign in Dumfries and Galloway.
3. Create communications including behaviour change messaging)for active travel routes and opportunities across Dumfries and Galloway including:
 - o Mapping, way-finding and potential use of gaming activities and reward schemes
 - o Exploring opportunities to create/embed muscle strengthening messages
4. Deliver training to partners involved in the physical activity promotion and messaging across the system including engaging/co-production with local communities and those with lived experience.
5. Evaluate public education communication campaigns using quantitative and qualitative measures, including those aimed at different population groups, particularly those targeting the least active.



D&GPAS - MEASURING PROGRESS

A robust monitoring and evaluation performance framework will be developed to measure progress and impact of our D&GPAS. This will be complex, due to the multiple strategic delivery outcomes and high-levels actions identified across our eight sub systems.

To support effective monitoring and evaluation of the D&GPAS, our monitoring and evaluation performance framework will:

- Develop an overarching logic model covering all strategic delivery outcomes and high-level actions.
- Develop eight implementation plans, one for each subsystem/strategic delivery outcomes. The logic model will include for example resources, outcomes and outputs. Each implementation plan will use a range of local and national datasets to demonstrate the impact against our strategic delivery outcomes (Table 19).
- A logic model will be created for each implementation plan including associated high-level actions.
- Implementation plans will include individual delivery plans for each associated high-level action. High-level actions are of different lengths (short, medium and long term) and therefore implementation timelines will be developed accordingly.
- The delivery plans will include SMART targets, Red/Amber/Green coding system (RAG rating) to show current progress and risks and include a combination process and outcome measures. Each delivery plan will use a combination of local and national datasets and specific indicators for high levels actions to demonstrate impact (Table 19).

Our D&GPAS monitoring and evaluation performance framework will enable progress regarding the implementation of our D&GPAS to be reported to Community Planning Structures at agreed intervals.

Our monitoring and evaluation performance framework including the implementation and delivery plans will prioritise and set out plans for ongoing engagement with our local communities, community organisations and wider partners. This will ensure senior leaders from across sectors and organisations are aware and engaged in system-wide opportunities, barriers and decisions related to creating a more active population.



Table 19: D&PAS strategic delivery outcomes aligned to local and national datasets

SUB-SYSTEM	STRATEGIC DELIVERY OUTCOME	CHILDREN AND YOUNG PEOPLE	ADULTS AND OLDER ADULTS
Active Systems	A system-based approach to physical activity is undertaken prioritising our least active populations. This data-sets will also be used to measure progress against our D&GPAS targets.	Dumfries and Galloway Schools Physical Activity Survey ⁴	Scottish Health Survey ³
Active Travel	People are confident to make active travel choices and active travel is accessible, equitable and safe for rural and urban communities.	Sustrans Hands Up Survey ⁸³ Dumfries and Galloway Schools Physical Activity Survey Scottish Household Survey ²⁹	Scottish Household Survey ²⁹
Active Places of Learning	Active environments, policies and opportunities are embedded across all places of learning.	sportscotland's Active Schools Monitoring Online ⁸⁴ Dumfries and Galloway Schools Physical Activity Survey ⁴	sportscotland Active Campus Data???
Active Places & Spaces	Active places and spaces are designed, created and maintained to increase participation and access for our least active populations.	Dumfries and Galloway Schools Physical Activity Survey ⁴	Scottish Household Survey ²⁹
Active Workplace	Workforce physical activity is embedded in policy and practice and prioritises our least active populations.	Dumfries and Galloway Schools Physical Activity Survey	TBC
Sport & Active Recreation	People are confident to participate in sport and active recreation opportunities which are accessible and equitable to our least active populations.	Dumfries and Galloway Schools Physical Activity Survey sportscotland's Active Schools Monitoring Online	Scottish Household Survey
Active Health & Social Care	Physical activity is embedded within our health and social care systems, with community pathways established for our least active populations.	Health Child Service Data	Active Lives Pathway Outcome Evaluation (internal)
Communications & Public Education	Communications and public education is undertaken using a system-based approach prioritising our least active populations.	Dumfries and Galloway Schools Physical Activity Survey	DG Doing More Website Views and Facebook views/interactions

83 Sustrans. 2024. Hands Up Scotland Survey. <https://www.sustrans.org.uk/our-blog/projects/hands-up-scotland-survey/>84 sportscotland. 2024. Active Schools in your area. <https://sportscotland.org.uk/schools/active-schools/active-schools-in-your-area>

Delivery of our D&GPAS contributes to a wide range of key policy and plans at local and national level (see Tables 12 to 18) including.

- The Scottish Government National Outcome “We are healthy and active”⁸⁵
- Scottish Governments Active Scotland Outcomes Framework – “all out actions will be equitable, inclusive and proportionate to need”⁵
- Dumfries and Galloway Council Plan key themes and strategic outcomes (see Table 20)⁴⁷
- Health and Social Care Strategic Commissioning Plan⁴⁸ – Model of care which commits to “a holistic approach that considers all five dimensions of wellbeing (Social, Spiritual, Physical, Emotional and Mental)”

Our monitoring and evaluation performance framework will make explicit links to these strategies, showing the power of increasing physical activity and reducing inactivity on the health and wellbeing of our population.

Table 20: Dumfries and Galloway Council Plan 2022-2028 –Strategic outcomes related to physical activity⁴⁷

Key themes	Strategic Outcomes
Travel, Connectivity and Infrastructure	<ul style="list-style-type: none"> · Roads, paths, cycling and walking networks in the region are improved · Sustainable travel in the region contributes to net zero
Education and Learning	<ul style="list-style-type: none"> · Places of learning are inclusive, sustainable and meet the needs of local communities · Participation in creativity and play is part of early and lifelong learning experiences
Health and Wellbeing	<ul style="list-style-type: none"> · Prevention and early intervention assist people to have independent lives · People are active, resilient and improving their health and wellbeing

⁸⁵ Scottish Government. 2024. National Performance Framework. <https://nationActiveLivesPathwayperformance.gov.scot/>

