Dumfries and Galloway
Physical Activity Strategy
2025–2030

Dumfries & Galloway

Together is Better

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FOREWORD

As Director of Public Health for Dumfries and Galloway, I am proud to introduce our region's Physical Activity Strategy – a bold and collaborative commitment to improving the health and wellbeing of our communities through movement.

Physical activity is one of the most powerful tools we have to prevent illness, promote mental wellbeing, and support people to live longer, healthier, and more independent lives. Yet, too many people across Dumfries and Galloway are not achieving the levels of activity needed to realise these benefits. This strategy recognises that physical inactivity is not simply a matter of individual choice – it is shaped by the environments we live in, the systems we interact with, and the opportunities available to us.

Dumfries and Galloway is proud to be the first area in Scotland to set local targets for reducing the number of people who are least active, and for increasing the number of adults doing regular muscle-strengthening activities. We're proud to be leading the way in tackling inactivity and making muscle-strengthening a system-wide prevention and early intervention priority for keeping people strong, independent, and well—especially as they age.

The Dumfries and Galloway Physical Activity Strategy (D&GPAS) is grounded in evidence and shaped in close collaboration with partners. It takes a whole-systems approach, recognising that no single intervention will solve the challenge of inactivity. Instead, it sets out a coordinated and long-term plan across eight interconnected areas – from active travel and workplaces to health and social care, education, and public communication.

This strategy is not just about increasing step counts or gym memberships. It is about creating a culture where being active is the easy, accessible, and normal choice for everyone – regardless of age, ability, gender, or geography. It is about tackling inequalities, supporting prevention at every level, and embedding physical activity into the fabric of daily life.

I recently had the privilege of attending a community-based Active Lives class in Dumfries. I was deeply moved by the stories shared by participants about what the class meant to them. What struck me most was that this class was about so much more than physical activity – it was about connection, support, and community. It reminded me that movement can be a gateway to belonging, confidence, and joy.

I want to thank the many partners, professionals, and community members who contributed to the development of this strategy. Your insights, expertise, and commitment have been invaluable. As we move into implementation, I invite all sectors – public, private, voluntary, and community – to join us in making Dumfries and Galloway a region where everyone can be more active, more often.

Valerie White
Director of Public Health

EXECUTIVE SUMMARY

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

Physical Activity is a Public Health Priority in Scotland[1]. Being physically active enables people to live healthier, happier and more independent lives[2]. Investing in physical activity helps keep people healthy and well and helps prevent disease[2].

But over a third of adults (36%)[3] and half of school aged children (50%)[4] in Dumfries and Galloway do not do as much physical activity as experts recommend. And some groups - older people, women, and people with disabilities - are much less active, posing a persistent challenge[5].

Not enough adults in the region do activities that help strengthen their muscles. Around three quarters of adults in our region (74%) do not meet the guideline for activities that help strengthen muscles, compared with 69% nationally[3] - this means they are more likely to become frail, suffer falls, and become less able to manage by themselves[2].

We followed Public Health Scotland's 'system based approach'[6] to develop our Dumfries and Galloway Physical Activity Strategy (D&GPAS). This recognises that helping people become more active, and tackling longstanding inequalities, is complex - no single action will be enough by itself. Instead, we will need to work with all our partner organisations over the long term to make physical activity a priority, and focus on improving population wellbeing and preventing illness, and taking action early when a problem exists.

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. https://scotland.shinyapps.io/sg-scottish-health-survey/
4 Dumfries and Galloway Council. 2025. Dumfries and Galloway Physical Activity Survey. 2025.
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

To develop our strategy we brought together groups of partners - people and organisations from across eight areas, which we called "subsystems"[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

We and our partners identified actions we could take to make people more active, and decided, using evidence, whether each action was likely to work. We also looked at how easy it would be to take each action, and how much effect it would have, especially for the groups of people we knew were least active[6].

Our strategy was approved by Community Planning Structures in October 2025. The next phase is to develop plans for how we take each action forward, as well as deciding who will be in charge, how we will measure the results, and who we will report to.

INTRODUCTION

The Community Planning Partnership adopted the Dumfries and Galloway Physical Activity Strategy (D&GPAS) in October 2025 to provide a way of helping more people in Dumfries and Galloway benefit from being more physically active by 2030.

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, if people in the region are more active, they will be healthier, and less likely to fall ill.

Our Purpose	*The D&GPAS sets out a series of actions based on evidence, and the results that these actions should produce, to help people in Dumfries and Galloway be more active.*
Our vision:	*The people of Dumfries and Galloway to be more active more often.*

To achieve our vision, the D&GPAS lists actions that we can take together, and the results we expect from these actions. This will tackle the main reasons people are not active - it will remove things that make it difficult to be active, and create opportunities that will help people be more active, whatever age they are.

The aim is to do more actions that help prevent problems such as illness happening in the first place (primary prevention), while continuing to improve the ways we spot problems early and stop them becoming worse (secondary prevention), and the ways we treat serious problems (tertiary prevention) (see Table 1).

Our strategic approach aligns with Scotland's *Population Health Framework*[7], which provides a long-term focus on embedding prevention across the system—shifting the emphasis from treating illness to promoting health and wellbeing. The *Population Health Framework*[7] highlights the vital role of physical activity in supporting healthy living and building sustainable, healthy communities. It also commits to delivering the actions outlined in the *National Physical Activity for Health Framework*, which directly informed the development of our local strategy[5].

7 Scottish Government. 2025. Scotland's Population Health Framework. ISBN: 9781836915942

Table 1: Prevention and Early Intervention

PREVENTION TYPE	DESCRIPTION	EXAMPLE
Primary prevention	Actions that aim to stop problems happening in the first place, through actions that affect many people at once, that either reduce risks or reduce the things causing problems.	Telling people about benefits and local opportunities for physical activity (e.g. Grow Well App, DG Doing More, Ageing Well).
Secondary prevention	Actions that spot a problem early , so that we can act to treat the problem or make it less harmful in future	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	Actions that reduce the harm caused by a problem	Physical activity programmes that help people manage medical conditions that last a long time (e.g. Physiotherapy including Musculoskeletal and Cardiac rehabilitation)

WHAT IS PHYSICAL ACTIVITY?

The World Health Organisation (WHO) defines physical activity as any movement of your body that uses your muscles and needs energy[8].

This strategy talks about three sorts of physical activity - see Figure 1 below[2].

Figure 1: What is physical activity?[2]

Being active throughout your life has many benefits. More and more evidence shows that strong muscles and good balance are very important for everyone, especially older people.

Table 2 shows the benefits for each of the three types of activity.

8. 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	*'Any activity that makes your muscles work harder than usual'*[9]	Prevent falls and broken bones as we get older, healthy ageing, independent living[10].
Balance	*The 'ability to control your body's position, whether stationary or while moving'*[11]	Prevent falls and broken bones as we get older[6], improved co-ordination[6], allow you to carry on doing everyday activities[12]
Flexibility	*'Flexibility is the ability to shift muscles and joints through their full range of motion*[13]*'*	Improved posture, fewer aches and pains and allows you to carry on doing everyday activities[9]

Figure 2 Activities that can help keep or improve strength, balance, bone health and your ability to do exercise[13].

9. 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.
10. NHS Inform. Benefits of Being Active. 2025. https://www.nhsinform.scot/healthy-living/keeping-active/benefits-of-being-active/
11. Strathcyde 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
12. 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.Nakamura, K., Kodama, T. and Mukaino, Y., 2014. Effects of active individual muscle stretching on muscle function. *Journal of physical therapy science*, *26*(3), pp.341-344. IN: 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 people over 65 years old should do activities that maintain or improve muscle strength, balance and flexibility on at least two days every week[2]. Doing this is a very important way of helping people to live actively and independently and to keep doing everyday activities and tasks.

Weak muscles and poor balance make it more likely that you will have a fall - so working to improve strength and balance is a very important way of preventing people injuring themselves in falls, or making sure that if they fall they are not badly hurt. Physical activity programmes that improve strength and balance can be cost effective[15], reduce falls by 24%[16] and help people stay steady whatever their age[17].

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

15. 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.
16. 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.
17. 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 most important reason for death rates around the world[18]. It is linked to 1 in 6 UK deaths, at a cost of £7.4 billion annually[19].

A report published by Public Health Scotland showed the link between physical inactivity and the health of people in Scotland[19]. The report estimated that 124 deaths of adults every year in Dumfries and Galloway can be linked to physical inactivity, with 29 being from diseases of the heart and blood vessels, and 19 from cancer[20].

Critically, 80% of these deaths are people who are very inactive. Therefore, the D&GPAS focusses on ways to help very inactive people become and remain more active. Figure 3 below shows how active the people of Dumfries and Galloway are - it uses a scale from "very low" to "active enough" because this emphasises helping everyone gradually become more active, rather than dividing people into either "active" or "not active".

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

18. 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
19. 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
20. Public Health Scotland. 2024. Estimating the burden of disease attributable to physical inactivity in Scotland

The Scottish Government's 'Physical Activity For Health Scotland's National Framework'[5] says that physical activity is one of the best things we can do for our mental, physical and social health, to prevent ill health, as well as helping us succeed in other areas and developing confidence.

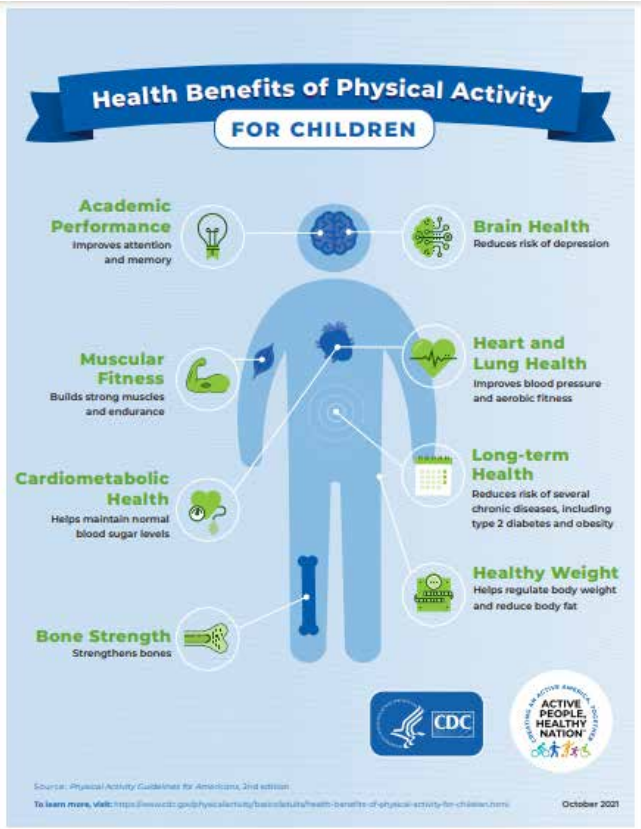
In fact, there is strong evidence that being physically active makes people of all ages healthier as shown in Figures 4-6[21].

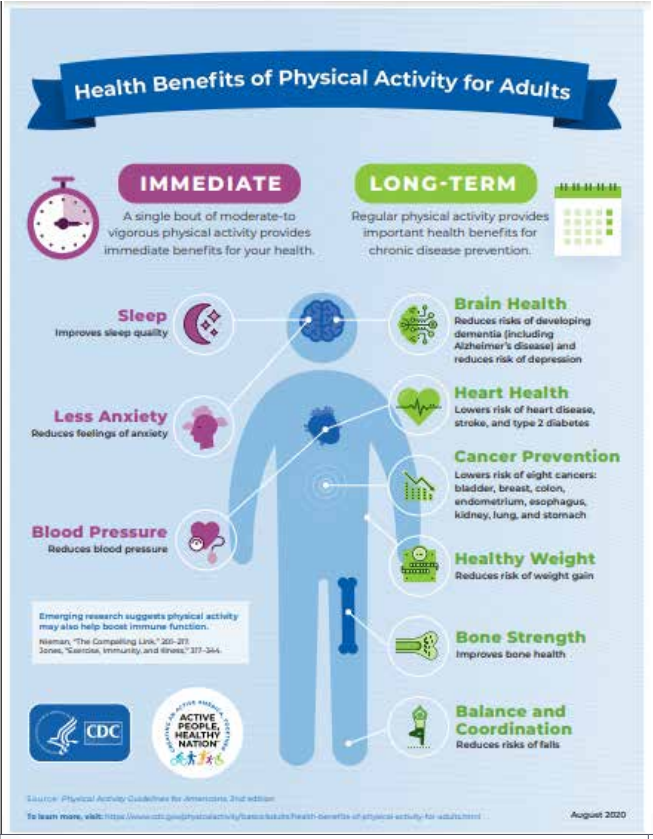
There is also strong evidence that physical activity is important for the health of children of school age. Schoolchildren in Dumfries and Galloway who were active enough to meet physical activity guidelines were more likely to report being very happy (57%), compared with inactive pupils (37%)[4].

Over time, regular physical activity can reduce adults' risk of many illnesses by up to 66%, including broken bones (reduced by 66%), Type 2 diabetes (40%), coronary heart disease and stroke (25%) and death from all causes (30%)[22]. Many of these conditions cost the Health and Social Care Systems a lot of money to treat and care for[23]. Physical activity can help people meet other people and share activities, and can help reduce social isolation and loneliness[2/24].

Physical activity that makes people stronger and improves their balance can protect them against falls and frailty, which means they can live independent lives for longer[25] and reduces their risk of death from heart disease and all other causes[25]. From a population health perspective, good muscle strength and good balance are very important in preventing falls, and they are also things that can be improved - this means that strength and balance are very important in preventing people becoming seriously ill or injured after a fall.

21. Centers for Disease Control and Prevention.2024. Physical Activity Basics and Your Health. https://www.cdc.gov/physical-activity-basics/about/index.html
22. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. 2018. Department of Health and Human Services.
23. 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.
24. 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.
25. Centre for Better Ageing. 2019. Raising the bar on strength and balance: The importance of community-based provision.
26. 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.





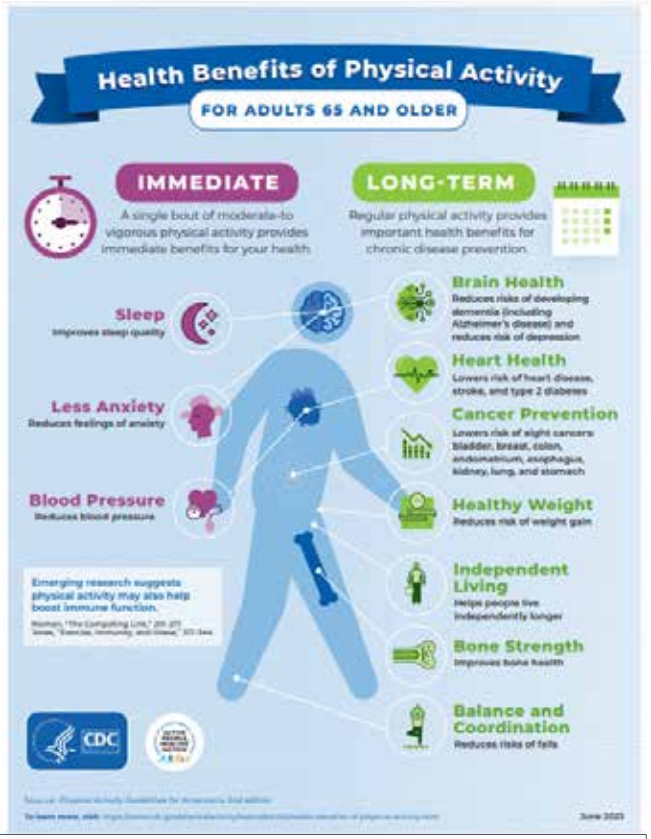


Figure 4: Health Benefits of Physical Activity for Children[21]

Figure 5: Health Benefits of Physical Activity for adults[21]

Figure 6: Health Benefits of Physical Activity for adults 65 and over[21]

HOW ACTIVE IS THE SCOTTISH AND DUMFRIES AND GALLOWAY POPULATION?

Despite the benefits of being physically active for people of all ages, between a third and three quarters of people in Dumfries and Galloway are putting their health at risk by not being active enough:

- 51% of children at school in Dumfries and Galloway were not active enough, according to minimum United Kingdom physical activity guidelines[2], with girls less active than boys[4].
- 36% of people over 18 in Dumfries and Galloway did not meet the minimum United Kingdom physical activity guidelines, with women (44%) less active than men (34%)[3].
- 23% of people over 18 in Dumfries and Galloway have very low physical activity[3], and therefore at the greatest risk of poor health[20].
- 75% of people over 18 in Dumfries and Galloway did not meet the minimum United Kingdom muscle strengthening guidelines, which makes them more likely to have a fall or become frail[2].

Some groups of people in Scotland and Dumfries and Galloway tend to be much less active than others.

- **Gender:**
  - Locally (in Dumfries and Galloway) and nationally (across the whole of Scotland), women and girls are statistically less active than men and boys[3/27]
  - Locally, school aged girls (44%) in Dumfries and Galloway were statistically less active than boys (55%)[4]
  - Locally, women over 18 (56%) are less active than men over 18 (72%)[3]
  - Locally, women over 18 (28%) are more likely to report very low physical activity compared to men over 18 (19%)[3]
  - Locally, a quarter of men (25%) and women (25%) population are active enough to keep their muscles strong[3].
- **Older adults:**
  - Nationally, people aged 75 or more are least likely to be active enough to stay healthy and strong[27/28]. The percentage of people who are active enough to stay healthy and strong goes down as people get older, from 46% for those aged 16-24 years to only 9% for those more than 75 years old[27.]
  - In Dumfries and Galloway (2023) people aged 35-39 are most likely to have done some physical activity or sport, including walking, in the past four weeks (84%) - but only 73% of people aged over 60[29]. Not counting walking, 40% of 35-39-year-olds have been active in the last four weeks, and only 28% of people over 60[29].

27. Scottish Government. 2015. Active Scotland Outcomes: Indicator Equality Analysis. ISBN: 9781785448324
28. Scottish Government. 2024. The Scottish Health Survey 2023 - volume 1: main report. ISBN: 9781836019602
29. Scottish Government. Scottish Household Survey. https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/

- **Socio-economic status:**
  - In Dumfries and Galloway, schoolchildren from both the most deprived and least deprived areas were equally likely to meet the minimum UK physical activity guidelines[4]. Specifically, 46.2% of children in the least deprived areas met the guidelines, compared to 45.6% in the most deprived areas. The same report found no significant difference in the percentage of schoolchildren who were active for less than 30 minutes a day on average—21.8% in the least deprived areas and 21.5% in the most deprived areas[4].
  - Across Scotland, 72% of people over 18 living in the least deprived areas were active enough to stay healthy, compared with only 50% in the most deprived areas[28].
- **People of all ages living with a disabilities or health conditions:**
  - In the UK, disabled children and young people are more likely to be inactive than their non-disabled peers[30]. Evidence has shown this gap widens as children get older[30]. Nationally, only 12% of children aged 2–15 with a limiting illness took part in sports, compared to 81% of those without a limiting illness[31].
  - Locally, schoolchildren with certain disabilities were less likely to be active enough to maintain good health compared to those without disabilities**.** Only 28% of children with a sensory disability, 35% with a physical disability and 36% with a learning disability were active enough to stay healthy, compared to 40% of children reporting no disability[4]. The gap was smaller among children with multiple types of disabilities, with 39% being active enough to stay healthy. School pupils reporting a long-term illness or medical condition were more active (45%) than those reporting no disability (40%), however, levels were below the regional average for all pupils (50%)[4].
  - Nationally, people over 18 living with a limiting long-term conditions were consistently less likely to be active enough to stay healthy (55%) compared with non-disabled adults without such conditions (73%)[32].
  - In Dumfries and Galloway in 2023, we found that 84% of non-disabled people over 18 had been active in the past four weeks (including walking) but only 57% of disabled people[29]. Not counting walking, only 22% of disabled people had been active in the past four weeks[29].

30. Davison, R.R. and McPherson, G., 2021. Disability Sport Research Review. Scotland: Observatory for Sport in Scotland.
31. Scottish Government. 2021. National Performance Framework - disability perspective: analysis. ISBN: 9781800048317

- **Carers:**
  - A UK survey of unpaid carers found that 81% could not be as active as they would like to be[33/34].

    The survey found unpaid carers over 55 years old were more likely to be inactive (46%) compared with people of the same age across the UK (33%). Only 14% of unpaid carers were active enough to stay healthy, compared with 54% of everyone in the UK[31-32].
  - No data for Dumfries and Galloway.
- **People from ethnic minority groups, LGBTQ+ communities, and other inclusion groups**
  - We do not have much information about whether people from ethnic minorities, or LGBTQ+ people, are more or less likely to be active[27].
  - Nationally, there are systematic and longstanding inequalities between different ethnic groups regarding participation in physical activity and sport[25]. South Asian adults, particularly those from a Pakistani origin were the least likely to be active enough to stay healthy[27].
  - In the UK, there are long-standing inequalities in sports and physical activity participation among ethnic groups[35]. South Asian adults—especially those of Pakistani origin—are the least likely to be active[27].
  - We do not have sufficient information for Dumfries and Galloway.

32. 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.
33. Carers UK. 2020. Carers and Physical Activity Briefing for professionals.
34. Carers UK. 2019. State of Caring A snapshot of unpaid care in the UK.
35. sportscotland. 2023. Race and Ethnicity. https://sportscotland.org.uk/equality-diversity-and-inclusion/equality-diversity-and-inclusion-toolbox/our-characteristics/race-and-ethnicity

Our strategy will focus on new ideas based on good results elsewhere, working together with other people and groups to:

1. *Make it easier for people to be more active, especially people who do very little physical activity, and people in groups which tend to be less active.*
2. *Help people learn about physical activity so they will become or stay active, whatever their age[36].*
3. *Make sure we work together to encourage people to be active, in order to stop them becoming ill, reduce the harm illness causes, and help them recover quickly*
4. *Work with local people in everything we do to help people be more physically active*
5. *Build good places for people to be physically active.*
6. *Make physical activity easy, affordable, and a natural part of daily life—something normal, local, and accessible to all[37].*

36. Sport England. 2023. Positive Experiences for All Our Physical Literacy Consensus Statement for England.
37. Public Health England. 2014. Everybody active, every day 4. Active environments What works – the evidence.

HOW DID WE DEVELOP OUR STRATEGY?

THE INACTIVITY CHALLENGE	RESPONSE – SYSTEMS BASED WORKING
More people work at desks, or work at home; they shop online and visit drive-through cafes. This means that they move around less in their everyday lives. Today, people are 20% less active than they were in 1960. By 2030 we will be 35% less active if current trends continue[37/38].	Tackling physical inactivity is complicated; international organisations[39/40] and national governments/agencies[5/6] agree that the answer must be a "system-based approach" which brings together everyone who is involved in the problem, to understand the issue, decide which people and groups are important, and where we can make big changes most easily[40]. The solution needs to be long-term and involve as many groups as possible to plan it and carry it out.

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 Framework[6] includes eight areas called "sub-systems" (see Figure 8). Each area has actions associated with it, based on experience and evidence, that can be used to work with local people and groups to help make people more active.

THE PHYSICAL ACTIVITY SYSTEM IN DUMFRIES AND GALLOWAY

Figure 8: Eight sub-systems constituting the physical activity systems in Scotland[6]

38. 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.
39. World Health Organisation. 2018. Global action plan on physical activity 2018–2030: more active people for a healthier world. ISBN: 9789241514187
40. International Society for Physical Activity and Health (ISPAH). 2020. ISPAH's Eight Investments That Work for Physical Activity.

We set up a multi-agency Oversight Group to develop, deliver and evaluate our new strategy. Local Lead Officer(s) were identified for each of the 8 sub-systems. We had support from Public Health Scotland and **sport**scotland; the two agencies which led the development of the systems-based framework in Scotland nationally.

To develop our strategy, we held workshops which included various agencies and other people and groups involved with each of the eight sub-systems. It was important to make sure that we listened to people who worked with the least active groups of people in Dumfries and Galloway when we decided what actions the strategy would include, and how we would measure success.

This six stage process is how we decided on our actions and how we would measure whether they were successful:

1. Before each workshop, the D&GPAS Oversight Group looked at the topic of the workshop, and what policies and practices already existed that affected it, considering specifically;
    I. Policies, plans and strategies
    II. Initiatives
    III. Issues
2. The first of two Systems Workshops asked partners with identifying three types of actions, listed below. The Workshops identified 506 possible strategy actions in all three types across all eight sub-systems (see Figure 9). The people in each workshop 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. Actions that are going well and should continue
    II. Actions where some progress is being made but improvements are still needed
    III. Actions where more development is needed

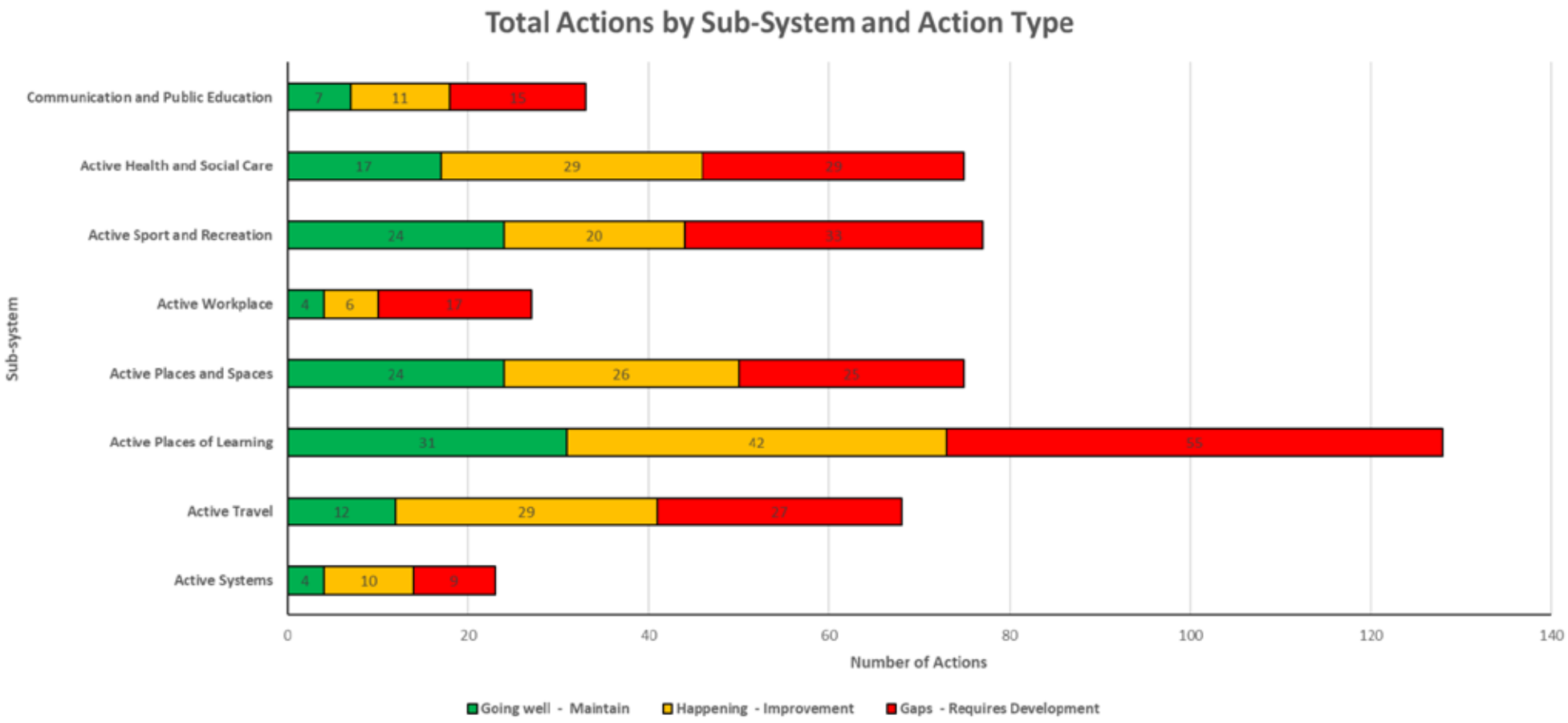


Figure 9: Total actions Generated from Workshop 1 by Physical Activity Subsystem

At least two members of the oversight group looked at each of the 506 actions, and assessed how well they were going using their own expertise and evidence provided by Public Health Scotland.

3. The second Systems Workshop looked at each of the 61 high level actions to decide whether they were feasible (are they possible, do we have enough resources for them), and how much effect they were having (how many people the action reached, how long it could continue), using criteria defined by Public Health Scotland.
4. D&GPAS Oversight Group removed, combined or merged the 506 actions to create 61 high-level actions.
5. The second Systems Workshop looked at each of the 61 high level actions to decide whether they were feasible (are they possible, do we have enough resources for them), and how much effect they were having (how many people the action reached, how long it could continue), using criteria defined by Public Health Scotland.
6. The D&GPAS Oversight Group reviewed feedback, scored, revised and agreed a total of 49 high-level actions.

Figure 10 showed how we developed the high-level actions within the Health and Social Care subsystem, with a worked example for the Active Lives Pathway.

The D&GPAS Oversight Group used these actions, and the outcome of each action, to create a draft strategy. They amended the strategy after talking to people involved and listening to their comments. They also wrote an equality impact assessment for the strategy before the strategy was published.

Next, the D&GPAS group which produced the strategy will produce a detailed plan of how to put the strategy into action. The plan will specify:

- who is responsible for carrying out each high-level action
- what the target is for each action and when it should be done - the targets will be specific, measurable, achievable, relevant, and time bound
- what success looks like for each action and how it will be measured
- risks and barriers to completing each action

The D&GPAS Oversight Group will report progress to other groups involved in community planning.

STAGE	OVERVIEW	TOTAL NUMBER OF HEALTH AND SOCIAL CARE STRATEGY ACTIONS	HEALTH AND SOCIAL CARE EXAMPLE OF HIGH LEVEL ACTION –THE ACTIVE LIVES PATHWAY	SYSTEM BASED APPROACH TEMPLATES AND TOOLS APPLIED TO DEVELOP HIGH LEVEL ACTIONS
1	D&GPAS: Completed landscape Mapping of current physical activity situation for each subsystem		**Physical Activity Landscape:** Active Health and Social Care	
2	Systems Workshop 1 Identification of Actions	75 Total Actions Identified	**Going well - Maintain Example Action** "Active Lives Pathway absolutely vital - this is in partnership with NHS. Referrals from NHS identify the inactive" (Ranked highest = 28 votes)	
3	Oversight Group Actions Reviewed (by 2+ reviewers)		**REVIEW OUTCOME = Retain Action** Active Lives Pathway Aligns with national evidence for effective action - 1.1, 1.3	
4	D&GPAS Oversight Group Workshops Actions reworked as draft Strategy Actions	6 Draft High Level Actions	**Draft - Strategy Action** 'Scale up implementation of the regional Active Lives Pathway across the Health & Social Care System, embedding the National Physical Activity Pathway and Physical Activity Referral Standards within routine delivery'.	
5	Systems Workshop 2 Impact Vs Feasibility Assessment of Draft Strategy Actions		**Prioritisation of actions using feasibility versus impact** IMPACT = 9 (high) FEASIBILTY = 6 (medium)	
6	Oversight Group Final revision of Actions to reflect feedback	4 High Level Actions approved	Scale up and fully embed the Active Lifes Pathway across Health & Social Care and communities.	

1.1 Interventions in Health Care and Social Care settings

1.2 Health Care and Social Care in a Scottish context

Feasibility:

- **Resources** (capacity, staff time and finance)
- **Expertise** (knowledge and skills)
- **Achievable** (is it achievable in the timeframe; short, medium or long)
- **Acceptability** (leadership, political, cultural and timing)

Impact:

- **Reach** (whole population, marginalised communities and or sub-population)
- **Longevity** (short, medium or long term impact).
- **Co-dependency** (relationship to other actions to maximise impact)
- **Broader outcomes** (co-benefits of physical activity)

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

WHAT MAKES PEOPLE WANT TO BE PHYSICALLY ACTIVE, AND WHAT STOPS THEM?

WHATEVER AGE PEOPLE ARE, WE MUST MAKE SURE THEY HAVE THE SAME OPPORTUNITIES AS EACH OTHER

Our strategy aims to create places that make it easy for people to be active, while removing whatever stops people in Dumfries and Galloway being physically active. We developed it using evidence of what is working already in our region or elsewhere.

Tables 3 and 4 show why schoolchildren in Dumfries and Galloway are not physically active, and the best ways to encourage them to be more active. Tables 5 and 6 show the main reasons adults across Scotland are active, and the main reasons they are not more active[41]. It is important to note that different groups of people will have different reasons for not being more active. It is particularly important to find ways of being active that are fun and which allow people to meet other people.

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 (2025)[4]
I don't have time	24%
The weather is too bad	12%
I feel embarrassed about not doing well in an activity	10%
I would rather do other things with my time	9%
It is difficult for me to get places where I can do physical activity	8%

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 (2025)[4]**
No factors Activities in nature (forests / beaches)	18%
Small group sessions to build skills, confidence and fitness in sport	16%
1:1 sessions to build skills, confidence and fitness Non-competitive sessions (focus on fun) Walking, cycling, wheeling or scooting games, challenges and events (e.g. Beat the Street, Walk to School Week, WOW...)	15%

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

Table 5: Reasons for participating in physical activity – All Adults in Scotland[41]

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 Scotland[41]

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 identifies twelve important principles and characteristics of a systems-based approach to physical activity[6] (Table 7).

We used them to develop our strategy and will follow them as we apply it.

Table 7: Twelve principles underpinning the design and delivery of the D&GPAS[1]

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

We also thought that it would be important for us to include another principle: making sure that people who live outside large towns are equally able to be physically active (**Rurality**). This is connected to some of the other principles, including equality and inclusion, equity across the life course, and place based approaches.

There is already a lot of effective work being done across Dumfries and Galloway to help people be more active - our strategy builds on this. A report produced by University of Edinburgh in 2017[42] and updated in 2025[43] found 42 projects which were good investments for helping people be more active, with some in each of the eight sub-systems, and helping people of all ages. This shows how much useful work is already happening in Dumfries and Galloway. Through the D&GPAS, our high-level actions will safeguard and expand these successful projects.

42. Kelly, P. Mcadam, C. Turner, K. 2017. Best Investments for Physical Activity in Dumfries and Galloway
43. P.Kelly. 2025. Dumfries and Galloway Best Investments 2025 Update. The University of Edinburgh

The 2025 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[42/43]

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 Guiding principles and characteristics of our D&GPAS 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).

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'[39]. The Scottish Government[5] 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

**Because of limited data, we can't give exact figures for Dumfries and Galloway in 2018. Instead, we've worked out a 15% relative risk reduction using the closest available year to 2018.*

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 global[39] and national policy timelines[5]. By decreasing population level of inactivity, the proportion of our physically active population should increase.

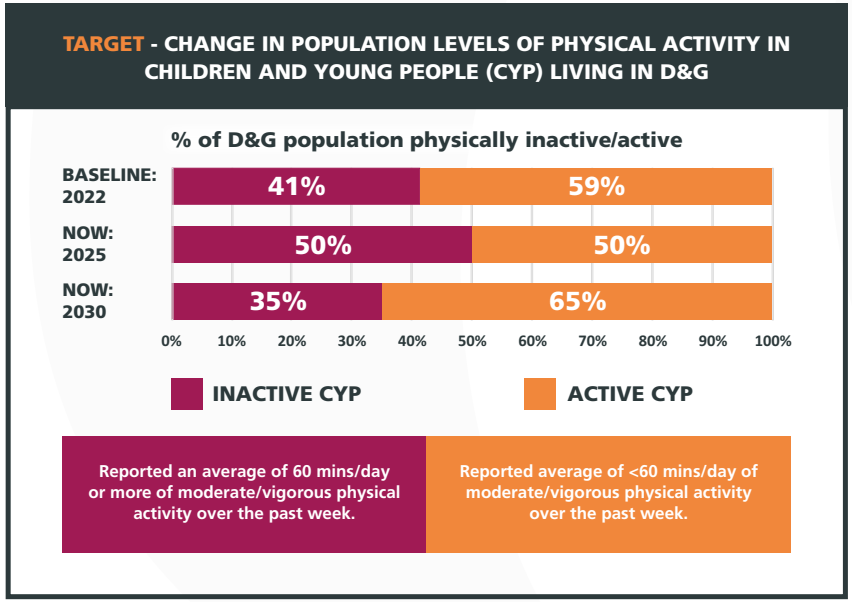


Figure 11: Relative risk reduction in physical inactivity in children and young people in Dumfries and Galloway

*Baseline data[43]

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

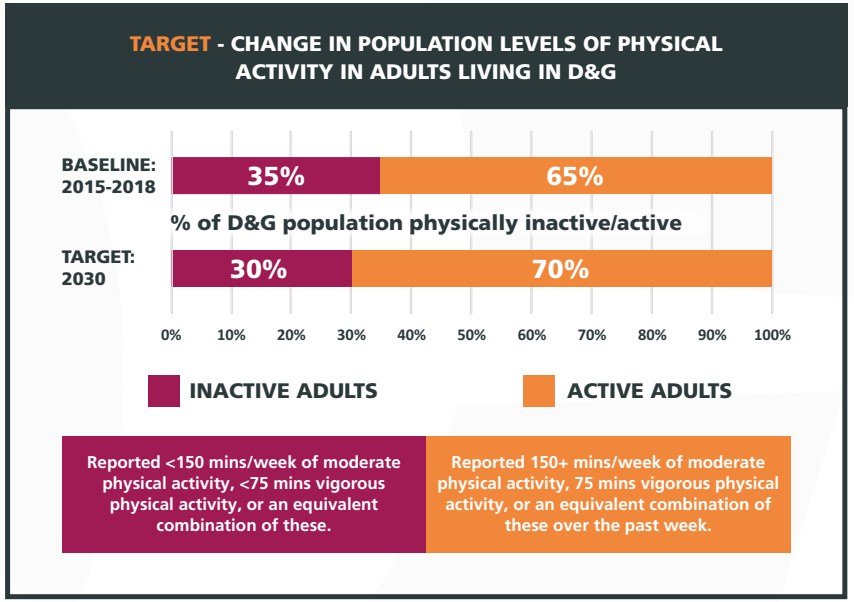


Figure 12: Relative risk reduction in physical inactivity in adults and older adults in Dumfries and Galloway

*Baseline data[45]

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

44. Dumfries and Galloway Council. 2022. Dumfries and Galloway Physical Activity Survey. 2022. (Baseline figure calculated from 2025 survey result)

45. 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 by 2030. 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.

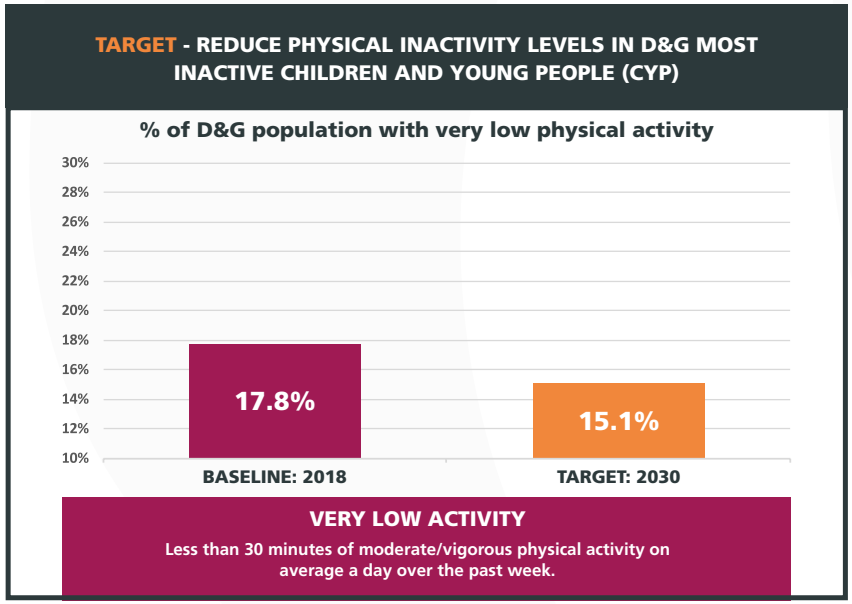


Figure 13: Relative risk reduction in physical inactivity in the least active children and young people in Dumfries and Galloway

*Baseline data[4]

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

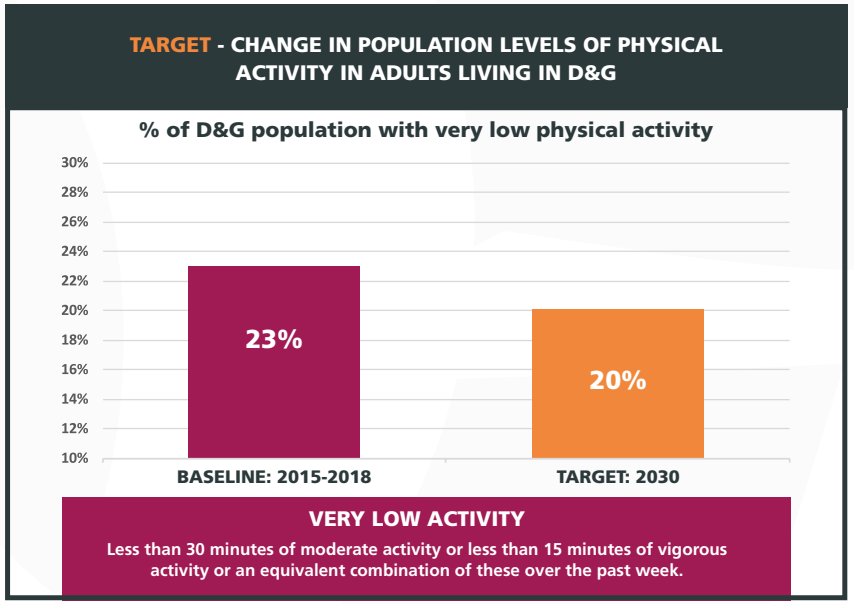


Figure 14: Relative risk reduction in physical inactivity in the least active adult and older adults in Dumfries and Galloway

*Baseline data[45]

**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, helping people maintain and improve their muscle strength will become increasingly important for healthy ageing, independence and preventing falls and frailty.

The D&GPAS is committed to increasing the proportion of adults who meet muscle-strengthening guidelines from 27%[3] to 38% by 2030. To ensure consistency across the strategy, the World Health Organisation's Global Action Plan on Physical Activity[39] approach to setting population-level targets has been applied. This increase is equivalent to a 15% relative reduction in the proportion of adults who do not meet muscle-strengthening guidelines.

In Dumfries and Galloway, 27% of adults met the muscle-strengthening guideline between 2017 and 2021[3]. Applying this approach would increase the proportion meeting the guideline to 38% by 2030 (Figure 15).

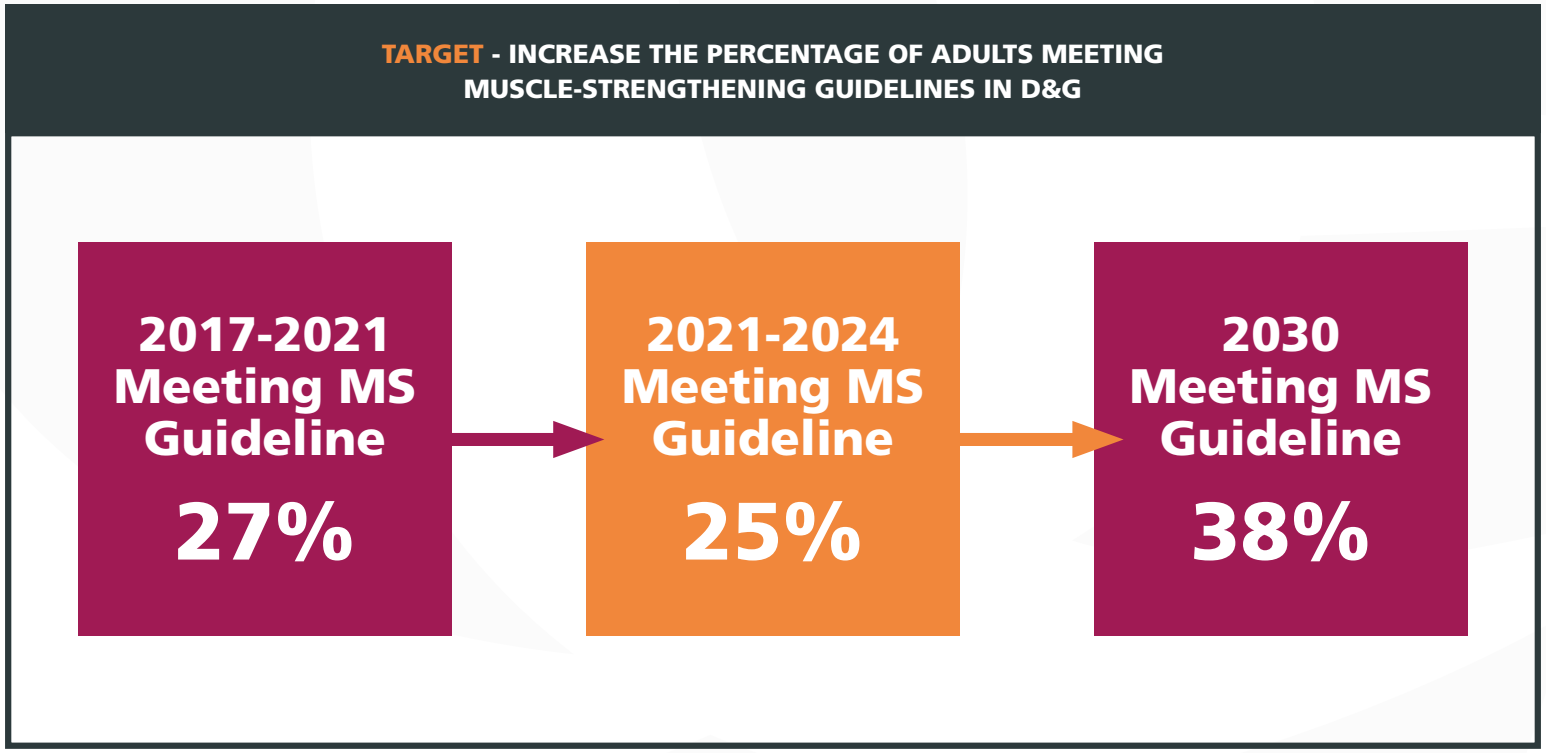


Figure 15: Increase in the proportion of adults and older adults meeting muscle-strengthening guidelines in Dumfries and Galloway by 2030.

*Baseline data[3]

** Target calculated using the same 15% relative reduction methodology applied to other D&GPAS targets, increasing the proportion meeting the guideline from 27% to 38% by 2030[39]

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 Assessment[46] 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

46. 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

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.	6
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 sectors[5].

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
World Health Organisation - Global action plan on physical activity 2018–2030: more active people for a healthier world[39] ISPAH - Eight Investments That Work for Physical Activity[40] Scottish Government - Physical activity for health: framework[5] Public Health Scotland - Systems-based approach to physical activity[6] Scotland's Population Health Framework[7]	Dumfries and Galloway Community Planning Partnership. Dumfries and Galloway Local Outcomes Improvement Plan 2023-2033[47] Dumfries and Galloway Council - Dumfries and Galloway Council Plan 2023–2028[48] Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022- 2025[49]

47. Dumfries and Galloway Community Planning Partnership. Dumfries and Galloway Local Outcomes Improvement Plan 2023-2033.
48. Dumfries and Galloway Council. Council Plan 2023-2028.
49. 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
   e. innovating and applying digital technologies including artificial intelligence 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 2022-2032[50]. Outcomes and objectives within the Active Travel Strategy align closely with actions identified in the D&GPAS. This includes the need for action that:[40/50:]

- 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
Transport Scotland - National Transport Strategy 2: Protecting Our Climate and Improving Lives[51] Transport Scotland - Active Travel Framework[52]	SWestrans - Regional Transport Strategy 2023-2042[53] Dumfries and Galloway Council - Dumfries & Galloway Active Travel Strategy 2022-2032[50]

50. Dumfries and Galloway Council. 2022. Dumfries & Galloway Active Travel Strategy
51. Transport Scotland. 2020. National Transport Strategy 2. ISBN: 978-1-911582-91-5
52.Transport Scotland. 2020. Active Travel Framework. ISBN 978-1-911582-86-1
53. 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, Further and Higher Education 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:[5/40]

- 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
Education Scotland - Curriculum for Excellence[54] Scottish Government - Getting it right for every child (GIRFEC)[55]	Dumfries and Galloway Council - Education Improvement Plan 2023-2027[56]

54. Education Scotland. Curriculum for Excellence. www.education.gov.scot/curriculum-for-excellence
55. Scottish Government. Getting it right for every child (GIRFEC). https://www.gov.scot/policies/girfec/
56. 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.

6. Further and Higher Education institutions embed physical activity into student and staff wellbeing strategies, creating active health promoting campuses and shaping lifelong behaviours.

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 move[5].

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 environments[57]. 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 population[58]. 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 all[59].

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
Scottish Government - National Planning Framework 4[60] 20 Minute Neighbourhoods in a Scottish Context[61] Scotland's Forestry Strategy 2019-2029[62] The Environment Strategy for Scotland: vision and outcomes[63] Scottish Government - Securing a green recovery on a path to net zero: climate change plan 2018–2032 – update[64] Scottish Government - Scotland's National Marine Plan A Single - Framework for Managing Our Seas[65]	Dumfries and Galloway Council - Local Development Plan 2[66] Dumfries and Galloway Council – Local Place Plans[67] Core paths in Dumfries and Galloway[68]

57. 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.
58. Barton, J. and Rogerson, M., 2017. The importance of greenspace for mental health. BJPsych international, 14(4), pp.79-81.
59. Dumfries and Galloway. 2020. Dumfries and Galloway Council LOCAL DEVELOPMENT PLAN 2 Open Space and New Development Supplementary Guidance - February 2020
60. Scottish Government. 2024. National Planning Framework 4. ISBN: 9781805254829
61. Scottish Government. 2023. Local living and 20 minute neighbourhoods - planning guidance: consultation. ISBN: 9781805252788
62. Scottish Government. 2019. Scotland's Forestry Strategy 2019–2029. ISBN: 978178781558
63. Scottish Government. 2020. The Environment Strategy for Scotland: vision and outcomes. ISBN: 9781839604942. https://www.gov.scot/publications/securing-green-recovery-path-net-zero-update-climate-change-plan-20182032/
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65. Scottish Government. 2015. Scotland's National Marine Plan A Single Framework for Managing Our Seas. ISBN: 9781785442148. https://www.gov.scot/publications/scotlands-national-marine-plan/
66. Dumfries and Galloway. 2020. Dumfries and Galloway Council LOCAL DEVELOPMENT PLAN 2 Open Space and New Development Supplementary Guidance - February 202
67. Dumfries and Galloway Council. Local Place Plans. https://www.dumfriesandgalloway.gov.uk/planning-building/planning/planning-policy/local-place-plans
68. 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 sedentary[69], with growing evidence that home working can exasperate sitting time[70]. Workplace-based physical activity interventions can provide physical, mental, and social health benefits as well as reduced absenteeism and burnout among employees[40/71/72.] 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
Healthy Working Lives - Public Health Scotland[73]	Dumfries and Galloway Council – People Strategy 2021-2026[74] Dumfries and Galloway Integration Joint Board Health and Social Care Workforce Plan 2022 – 2025[75]

69. 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.
70. 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.
71. 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.
72. 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.
73. Public Health Scotland. Working Health Services Scotland. https://healthyworkinglives.scot/
74. Dumfries and Galloway Council. People Strategy 2021-2026. https://www.dumfriesandgalloway.gov.uk/council-elections/strategies-policies-plans/people-strategy-2021-2026
75. Dumfries and Galloway Integration Joint Board. Health and Social Care Workforce Plan 2022-2025. https://www.nhsdg.co.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
Sport for Life A vision for sport in Scotland[76] Scottish Government - Let's get Scotland Walking - The National Walking Strategy[77]	Dumfries and Galloway Active A Sport and Physical Activity Strategy 2018 - 2023[78]

76. sportscotland. 2019. Sport for Life. ISBN: 978 1 85060 631 4
77. Scottish Government. 2019. Let's Get Scotland Walking The National Walking Strategy
78. 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-effective[40.]

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 literacy[35], the MAP of Health Behaviour Change[79]) 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
Scottish Government - Health and Social Care Delivery Plan[80] Scottish Government. Scotland's Population Health Framework[7] Scottish Government - Rehabilitation and recovery: a person-centred approach[81] UK Chief Medical Officers' Physical Activity Guidelines[2] UK CMOs' physical activity guidelines communications framework[82] Scottish Government - Scotland's public health priorities[1]	Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022-2025[49]

79. NHS Education for Scotland. 2023. Behaviour Change for Health. https://www.nes.scot.nhs.uk/our-work/behaviour-change-for-health/
80. Scottish Government. 2016. Health and social care delivery plan. ISBN: 9781786527011
81. Scottish Government. 2016. Rehabilitation and recovery: a person-centred approach. ISBN: 9781804356258
82. 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

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[5/40]. 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[5/40].

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 activity[40].

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
UK CMOs' physical activity guidelines communications framework: appendices. 2023[82] The Physical Activity Messaging Framework (PAMF) and Checklist (PAMC): International consensus statement and user guide[83]	NONE

83. 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.
   - o Explore, test and innovative with digital technologies including artificial intelligence.
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 message.
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 a Comprehensive Logic Model - Create an overarching logic model that connects all strategic delivery outcomes with high-level actions. This model will define:

- Resources: Inputs required to support delivery (e.g., funding, personnel, infrastructure).
- Outputs: Tangible deliverables and activities (e.g., programs, services, reports).
- Outcomes: Desired changes or benefits, categorised as:
  - Short-term: Short term effects or early signs of progress
  - Medium-term: Steady improvements that build over time
  - Long-term: Big, lasting changes that make a real difference

Create Subsystem-Specific Implementation Plans - Develop eight distinct implementation plans—one for each subsystem/strategic delivery outcome. Each plan will include:

- A tailored logic model aligned to the specific subsystem.
- A delivery plan for each high-level action, incorporating SMART targets.
- Clear identification of lead and supporting partners.
- Prioritisation of actions with agreed timelines and milestones (e.g., short/medium/long term), supported by a RAG rating system.
- A comprehensive risk assessment with approved mitigation strategies.

Use Data to Demonstrate Impact – The overarching logic model and subsystem implementation plans will align with local and national datasets (see Table 19 for provisional sources, pending final confirmation) to:

- Track progress against strategic outcomes and key actions.
- Demonstrate impact and effectiveness
- Benchmark progress where applicable

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. These 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[84] 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.	**sport**scotland's Active Schools Monitoring Online[85] Dumfries and Galloway Schools Physical Activity Survey[4]	**sport**scotland 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[4]	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[4] **sport**scotland's Active Schools Monitoring Online[85]	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.	Healthy 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[4]	DG Doing More Website Views and Facebook views/interactions

84. Sustrans. 2024. Hands Up Scotland Survey. https://www.sustrans.org.uk/our-blog/projects/hands-up-scotland-survey/
85. 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"[86]
- The Scottish Government Active Scotland Outcomes Framework – "all out actions will be equitable, inclusive and proportionate to need'[5]
- The Scottish Government Population Health Framework – "Enabling Healthy Living" – "Support the implementation of evidence-based physical activity policy actions as outlined in the National Physical Activity for Health Framework"[7]
- Dumfries and Galloway Council Plan key themes and strategic outcomes (see Table 20)[48]
- Dumfries and Galloway's Strategic Commissioning Plan[49] – 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 activity[48]

Key themes	Strategic Outcomes
Travel, Connectivity and Infrastructure	Roads, paths, cycling and walking networks in the region are improved Sustainable travel in the region contributes to net zero
Education and Learning	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	Prevention and early intervention assist people to have independent lives People are active, resilient and improving their health and wellbeing

86. Scottish Government. 2024. National Performance Framework. https://nationActive Lifes Pathwayerformance.gov.scot/

Dumfries &
Galloway
Together is
Better