

Tri-borough Physical Activity JSNA Summary and Recommendations

1. Introduction

The health and wellbeing benefits of physical activity are well established. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Recent evidence indicates that, globally, physical inactivity causes 9% premature mortality. This equates to as many deaths as tobacco.

Further benefits of physical activity include cost savings for health and social care services, improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy development of children and young people. Emerging evidence also suggests a positive relationship between physical activity and the academic performance of children in school, with an improvement in cognitive skills, mood and behaviour.

The estimated direct cost of physical inactivity to the NHS across the UK is £1.06 billion. This is based upon five conditions specifically linked to inactivity – coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer – and is likely to be a conservative estimate as it does not include a range of other health conditions likely to be accountable to physical inactivity.

The World Health Organisation defines physical activity as “any bodily movement produced by skeletal muscles that requires energy expenditure”¹. The term physical activity refers to all forms of activity, such as everyday walking or cycling, active play, work-related activity, taking the stairs rather than the lift, working out in a gym, dancing, or gardening as well as organised and competitive sport.

¹ World Health Organization http://www.who.int/topics/physical_activity/en/ (Accessed 09 January 2014)

The Department of Health have published guidelines from the UK Chief Medical Officers on recommended levels of physical activity by age group. For children (aged 5-18) this is at least 60 minutes per day of moderate to vigorous intensity activity. For adults (19-64), this is at least 150 minutes per week of moderate intensity activity in bouts of 10 minutes or more².

2. Scope and methodology

The Physical Activity 'deep dive' JSNA was undertaken to collate both local and national data and evidence in order to inform local strategies and pathways designed to promote physical activity across the Tri-borough area. This includes the implementation of the Government programme 'Let's Get Moving- the Physical Activity Care Pathway'. The JSNA comprised of two work-streams:

- a **literature review** (a 'review of reviews') on recommended levels and types of physical activity for certain population groups, enablers and barriers to participation in physical activity, and beliefs and attitudes towards physical activity; and
- **data analysis** of local levels of physical activity and the health impact of physical inactivity.

3. Key findings

Overall, the findings highlight the many benefits of physical activity for promoting physical and mental health and wellbeing as well as combating social isolation; that any amount or type of physical activity is better than none; and that there are a range of barriers which prevent uptake but there are also some promising interventions.

² Department of Health <https://www.gov.uk/government/publications/uk-physical-activity-guidelines> (Accessed 09 January 2014)

The **literature review** found:

- There are clear guidelines recommending levels and type of activity for different age groups, with some evidence on the most appropriate types of physical activity for those with long term conditions such as cancer, cardiovascular disease, and diabetes.
- NICE recommend a range of measures to promote physical activity, including brief advice in primary care, promoting built and natural environments that encourage physical activity, promoting activity in the workplace, and encouraging walking and cycling for travel and recreation .
- There is evidence that the following may improve uptake of physical activity: behavioural change techniques (e.g. motivational interviewing), introducing social support within communities, school based strategies, informational approaches, short physical activity messages targeting community sites, improving access to facilities and outreach activities.
- People face many barriers, both real and perceived, to undertaking physical activity. These range from personal barriers (e.g. feeling embarrassed, perception of own health, lack of motivation, lack of awareness of options) to external barriers (e.g. cost, lack of transport, timing of classes etc).
- Although health professionals understand the importance of physical activity many are uncertain of the effectiveness of giving advice and lack the knowledge and training to give appropriate advice.

The **data analysis** indicates that although the percentage of people meeting the DH recommended levels of physical activity are higher in the Tri-borough compared to England and London, there is evidence of inequalities in physical activity levels. In particular, BME groups, women, people with long term conditions and those living in the most deprived areas have low participation rates.

Nearly 250 premature deaths and 3000 new cases of diabetes *per year* could be prevented if all the Tri-borough population met the recommended levels of physical activity. This would have represented a saving of over £5m for healthcare costs in 2010/11.

Figure 1: Estimated percentage respondents in each area who participate in recommended levels of physical activity (5 times 30 minutes), persons aged 16 and over 2010-2011

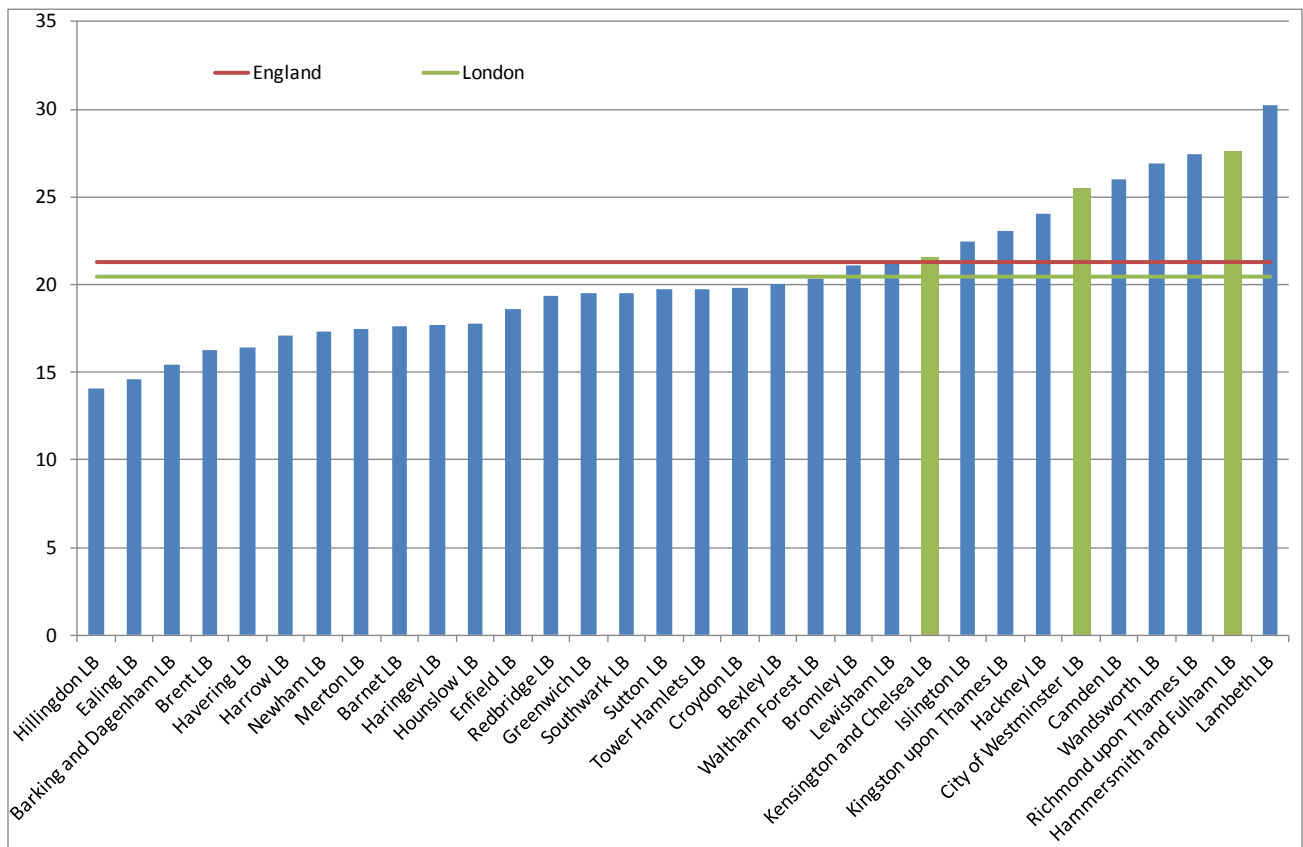
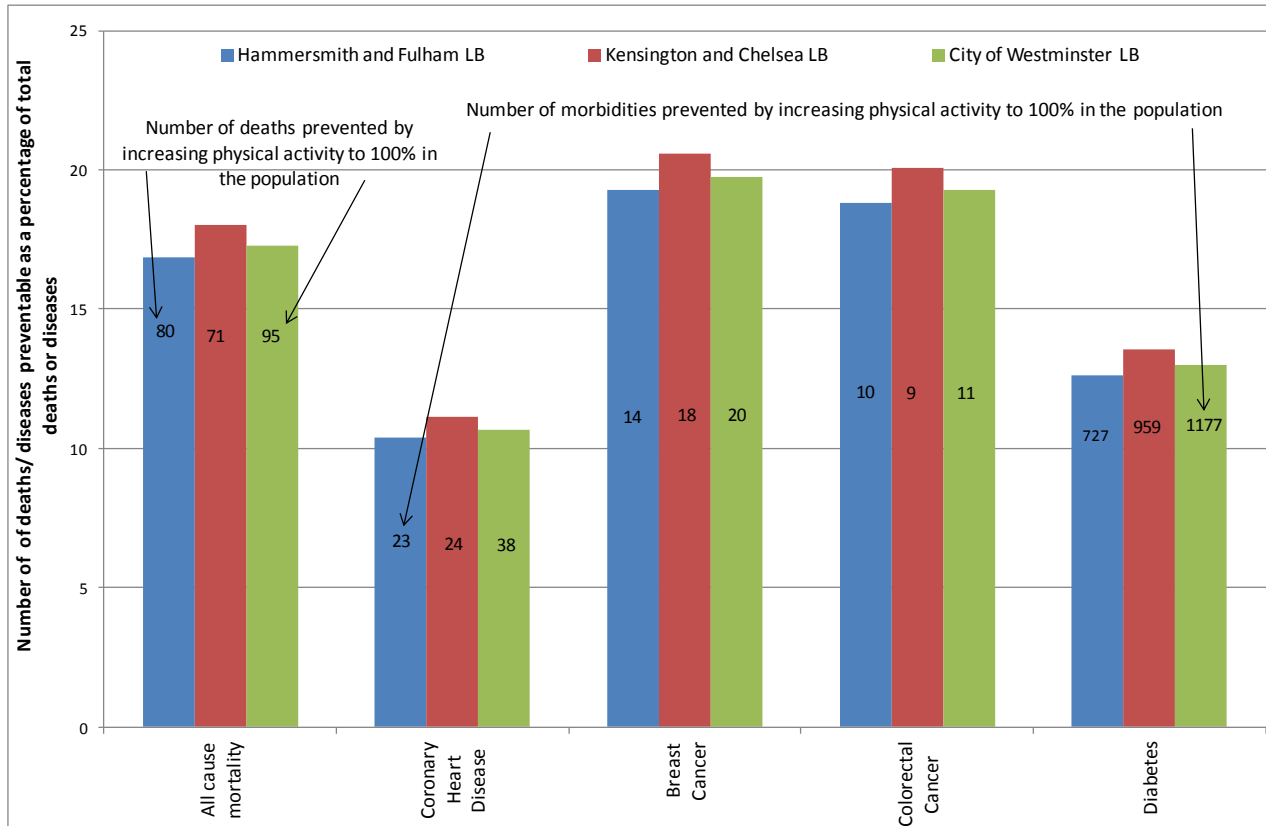


Figure 2: Estimated Cases prevented by Physical Activity during 2010/11, if we were to increase the level of physical activity to 100%



4. Recommendations

The following recommendations are based on the findings of the JSNA and have been prepared by the Tri-Borough Physical Activity Steering Group.

1. In order to identify how existing community assets can be best utilised to improve participation in physical activity, an asset mapping approach/exercise should be undertaken in each of the Boroughs to address specific or targeted needs . The community should be engaged in this exercise.
2. Communications and messaging. In order to promote physical activity participation effectively there is a need for consistent messaging pertaining to:
 - a) The definition of physical activity
 - b) Key messages regarding Department of Health recommended levels of physical activity for all age groups
 - c) The promotion of physical activity as part of everyday life including active play and transport i.e. 'everyday activity'
3. Local authorities, the NHS, and the Third Sector should take a lead in promoting participation in physical activity across the Tri-borough. Physical activity messages should be embedded in all local statutory and voluntary sector strategies and policies that relate to health and wellbeing.
4. To ensure consistency of messaging and to improve participation levels, GPs and other front-line health and social care workers should be offered training on giving advice on physical activity: what it is, the benefits of physical activity, recommended levels, and the promotion of physical activity as part of everyday life.

5. There is strong evidence that school based strategies, particularly with a family or extra-curricular component, are effective in improving physical activity uptake among children and young people. In order to best inform strategy development, target and evaluate interventions, and monitor trends over time, a process should be established to capture data on levels of physical activity and physical education in schools.
6. Local analysis indicates that certain communities and population groups have low participation rates of physical activity, and do not meet the Department of Health recommendations. Specific communities and groups should be targeted around the promotion of physical activity, and access to opportunities for physical activity.
7. National guidance endorses the delivery of brief interventions for physical activity in primary care as both clinically and cost effective in the long term. The implementation of the Lets Get Moving Physical Activity Care Pathway should be facilitated across the Tri-borough, with the appropriate monitoring and evaluation.

5. Next Steps

The Tri-borough Physical Activity Steering Group is committed to promoting physical activity as part of everyday life to adults and children who live, work, or study in Westminster, Kensington and Chelsea and Hammersmith and Fulham. The Steering Group will develop an action plan to improve the level of participation in physical activity across Tri-Borough based on the above recommendations.

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