

Report of the Director of Public Health and the Strategic Director of Environment and Sport to the meeting of the Health and Wellbeing Board to be held on 9th September 2014

Subject:

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Physical Activity and Health in Bradford

Summary statement:

This paper identifies physical activity as a key contributor of a healthy lifestyle and aims to point out the breadth of impact physical activity can have on improving health.

The work contributing to this agenda is currently being planned, implemented, and delivered by Sport and Leisure Services and Public Health. Through commissioned work and working in partnership the agenda is also delivered through a multitude of agencies.

The focus of this joint work is increasing participation in physical activity, decreasing physical inactivity and improving health, and with a particular focus on addressing health inequalities.

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Portfolio:

Adult Services and Health

Overview & Scrutiny Area:

Health and Social Care



1. BACKGROUND

A report was brought to the shadow Health and Wellbeing Board in 2012 outlining the development plan for physical activity and sport strategy, and a method for monitoring the work to be progressed was agreed. With increased understanding for each department's objectives the work has continued and developed, delivering a range of strategies, activity and commissioning work. Examples of this work include the Cycling Strategy; Breeze rides, BEEP (Bradford Encouraging Exercise in People), physical activity for overweight children, new gyms and volunteer schemes.

Since the development of the strategy new policies and evidence have been developed to further strengthen the case for physical activity.

2.1 National Policy

A recent report from the All-Party Parliamentary Commission on Physical Activity, which was set up in 2013, was published in 2014. It sets out a series of recommendations with regards to integrated approaches to create and implement a framework for increasing physical activity, suggesting a collaborative approach to funding, commissioning, policies and interventions.

Declining levels of physical activity have been highlighted by numerous recent reports such as *Moving More*, *Living More* and *Turning the Tide of Inactivity*. In England only 61% of adults meet the CMO guidelines of daily physical activity. The picture is similar across the whole of the UK. Even fewer children, just 51%, reach the daily target for young people.

Direct costs from physical inactivity lead to more money being spent to treat diabetes, cancer, and heart disease. Indirect costs include numerous lost working days through sickness and subsequent lower productivity levels.

The White Paper *Healthy Lives, Healthy People: Our strategy for public health in England* (2011) set out a vision for a reformed public health system in England, and includes the Public Health Outcomes Framework.

The public health outcomes framework sets out four indicators directly related to increasing physical activity:

- Percentage of physically active and inactive adults
- Utilisation of outdoor space for exercise/health reasons
- Excess weight in adults
- Excess weight in 4-5 and 10-11 year olds

Physical activity clearly contributes to many more of the indicators.

2.2 Local Policy

- Locally the Health and Wellbeing Strategy - *Good Health and Wellbeing, A Strategy to reduce health inequalities 2013 – 2017*, informed by the JSNA, has 6 priorities.



Physical activity contributes significantly to Priority 6 'Strengthen the role and impact of ill-health prevention'.

- The Health Inequalities Action Plan includes actions to tackle obesity, a significant role for physical activity
- The Healthy Weight, Healthy Lives Board has been created to deliver the strands that contribute to the agenda; Food, Transport, Planning, Childhood obesity. It is recommended that Physical Activity be reported from the Active Bradford Partnership
- The Active Bradford Partnership is responsible for implementing the districts Strategy for Sport & Physical Activity, 2011-2015.

2.4.1 The far reaching benefits of physical activity

Physical activity plays an important role in preventing many chronic conditions and diseases, including cardiovascular disease, diabetes mellitus, some cancers and obesity. It also contributes to mental wellbeing and to the maintenance of mobility and independence in the elderly.

The evidence tells us that:

- Active children do better. Physical activity is essential for healthy growth and development; it increases cognitive outcomes and school attainment, and improves social interaction and confidence
- Active people do better. Physical activity reduces the risk of all cause mortality by 30%, of heart disease by 20-35%, of diabetes by 35-50% and of dementia by 40-45%
- Active workplaces do better. Physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50%. Active workers are also happier, cited as better team players and are visibly more productive.
- An active population drives a stronger economy.

2.4.2 The built environment is an important determinant of physical activity behaviour. It can provide the opportunities, support and choices or barriers to being physically active. Over the past 60 years the proliferation of private car ownership has led to lower-density land use and a decline in incidental daily physical activity. A wide range of labour-saving devices and a shift in employment from more physically active to less active roles has also contributed to the decline in physical activity.

2.4.3 Building physical activity back into daily routines requires a range of activities which together make active travel, leisure and incidental activity in daily routines the easiest, cheapest and most appealing options for people.

2.5 Working Together

Since the transfer of Public Health into the local authority in 2013 the Director for Public Health and Director for Environment and Sport have ensured joint working between the departments to help tackle inactivity, promote health improvement and address health inequalities across the district.

2.5.1 Public Health currently provides the district-wide Exercise Referral Scheme – BEEP. This scheme facilitates referral from GP or Practice Nurse into safe, appropriate physical activity. Work is underway to integrate this service into Sport and Leisure over the next nine months. The scheme works in partnership with a number of other



providers across the district and it is essential that these relationships are maintained and strengthened.

2.5.2 Public Health is responsible for Tier 2 Weight Management and plan to start the commissioning of a comprehensive service for adults and children in September. The physical activity element of this service needs to be explored with Sport and Leisure in order to understand the offer and opportunities it presents. Public Health has an established relationship with CCGs regarding weight management and BEEP.

2.5.3 Public Health commission a range of Tier 1 programmes and services to improve lifestyle; nutrition and physical activity and prevent obesity. These programmes are delivered mainly by the voluntary community sector of which 22 programmes include physical activity. To facilitate a system change it is essential that the tiers work together and citizens are encouraged to access physical activities; programmes, facilities, open space, walking and cycling close to home that are not time limited.

2.5.4 In order to address health and social inequalities Public Health and Sport and Leisure Services need to work closely together to tackle inactivity by providing a range of services dealing with levels of activity, age groups, BME communities, and considering social issues e.g. geographical access, affordability and health improvement outcomes. Public Health has recently joined the Active Bradford Partnership, a group looking strategically at increasing levels of physical activity across the district, it has a range of partners including representatives from the Sport and Leisure Service.

2.5.6 Approximately 20% of the population are active and Sport and Leisure Services make a significant contribution to this participation and need to continue to deliver these services, facilities and programmes through their direct delivery of services and with partner organisations from the public, private and voluntary sectors.

3. FINANCIAL & RESOURCE APPRAISAL

There are no financial budget pressures as a result of this report

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

N/A

5. LEGAL APPRAISAL

5.1 In England, the Department for Communities and Local Government produced the *National Planning Policy Framework* (NPPF) <http://www.communities.gov.uk/publications/planningandbuilding/nppf> in March 2012. Section 8 (starting on page 17) outlines policies and actions to promote health through planning.

5.2 Each local authority must produce a Local Development Framework which is in line with the NPPF.



6. OTHER IMPLICATIONS

The built environment includes land-use patterns, transport systems, urban design, green spaces and all buildings and spaces created by people (including schools, homes, workplaces and recreational areas). Most sustainable physical activity occurs during everyday activities within the built environment rather than in leisure.

7.1 EQUALITY & DIVERSITY

Physical activity levels decline with age and are lower among women than men; they are lower for black and minority ethnic groups, with the exception of African-Caribbean and Irish populations and are lower in low- income household groups than in high-income household groups.

7.2 SUSTAINABILITY IMPLICATIONS

Environmental awareness and education acts as a springboard for increasing health and wellbeing. .

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Actions to improve health outcomes will largely reduce greenhouse gas emissions. Active travel is a good example, achieving multiple outcomes for health and the environment

7.4 COMMUNITY SAFETY IMPLICATIONS

N/A

7.5 HUMAN RIGHTS ACT

N/A

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

na

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

The Health and Well Being Board is asked to support a corporate approach to addressing levels of physical inactivity through joint partnership working across all departments.

10. RECOMMENDATIONS

10.1 The following recommendations are made for which endorsement by the Health and Wellbeing Board is requested:

- To review the Physical Activity Strategy and Sport for Bradford and ensure joint planning and implementation by June 2015.



- To ensure ease of access and incentive to participate in physical activity is considered in local plans and strategies including the Local Development Framework, Supplementary Planning Guidance and Sustainable Communities Strategy.
- Support measures that achieve a modal shift away from cars in favour of walking, cycling and public transport, in terms of increasing physical activity, environmental and air quality improvements.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

- Bradford and Airedale Health and Wellbeing Strategy 2013 – 2017
- Bradford Health Inequalities Action Plan 2013 – 2107
- Tackling Physical Inactivity—A Coordinated Approach. All Party Commission on Physical Activity (2014)
- Start Active, Stay Active. A report on physical activity for health from the four home countries' Chief Medical Officers (2011)
- Healthy Lives, Healthy People (DH 2011)
- Public Health Outcomes Framework (2013)
- Built Environment and Physical Activity: A briefing statement issued by the UK Faculty of Public Health, 2012
- 'Strategy for Sport and Physical Activity in Bradford District 2011-2015'

