

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 17th March 2015

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Subject:

Improving health through physical activity and reducing physical inactivity

Summary statement:

Physical inactivity is one of the leading causes of ill health and death in England and is a particular problem in the Bradford district. Addressing this issue through increasing mass participation in physical activity will benefit individuals, organisations and agencies across the whole district.

The aim of this paper is to initiate the development of an integrated strategy to increase the physical activity Bradford's citizens, both through participation and in normal daily life. This will require a commitment from all organisations across all sectors to evaluate current policies and practices, and to implement change that can impact positively on increasing physical activity.

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Portfolio:
Adult Services and Health
Environment, Sport & Sustainability

Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

Physical inactivity is one of the leading causes of ill health and death in England and is a particular problem in the Bradford district. Addressing this issue through increasing mass participation in physical activity will benefit individuals, organisations and agencies across the whole district.

The aim of this paper is to initiate the development of an integrated strategy to increase the physical activity Bradford's citizens, both through participation and in normal daily life. This will require a commitment from all organisations across all sectors to evaluate current policies and practices, and to implement change that can impact positively on increasing physical activity.

2. BACKGROUND

A report to the Health and Wellbeing Board (HWBB) in September 2014 outlined how physical activity is a key contributor of a healthy lifestyle and aimed 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, with a particular focus on addressing health inequalities.

The HWBB requested a further report to the Board 3 months on, addressing the issues highlighted at the meeting – the resources available for physical activity and health including the third and private sector, the range of physical activity on offer, how to address inequalities in health and the benefits of working jointly.

2.1 Physical activity

'Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally.'

The recommended daily activity has been set by the WHO according to age:

- Children aged 5-17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily including at least three vigorous-intensity activities per week;
- Adults aged 18-64 years should do at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity per week, each activity lasting at least ten minutes, and at least two muscle strengthening activities per week;
- Adults aged over 65 years should follow the same recommendation as for those aged 18-64 years, but with the addition of at least three balance-enhancing exercises per week, and with the caveat that where health conditions limit activity it should be done to an appropriate level.

It is not only to planned exercise or sports which the term *physical activity* refers, but to more routine daily activities such as chores and active travel – including walking and cycling. This report sets out the national economic argument for increasing physical activity as part of people's daily routine and the scale of the health problems local to the Bradford District that could benefit from this increase.



3. OTHER CONSIDERATIONS

3.1 Health and physical activity

Physical activity not only contributes to wellbeing, it is essential for good health. Increasing physical activity levels can help prevent and manage over 20 conditions and diseases. In the UK, physical inactivity causes:

- 10.5% of coronary heart disease cases;
- 8.7% of colon cancer cases;
- 17.9% of breast cancer cases;
- 13.0% of type 2 diabetes cases;
- 16.9% of premature all-cause mortality.

3.2 Financial and physical activity

The annual cost of physical inactivity to the NHS has been estimated at:

- £117 million for stroke
- £542 million for heart disease
- £65 million for colorectal cancers
- £54 million for breast cancer
- £158 million for type 2 diabetes.

Data from 2009/2010 demonstrate that physical inactivity cost Primary Care Trusts in England in excess of £940 million, and each PCT on average £6.2 million. In addition to direct healthcare costs, in England, the costs of lost productivity from sickness absence and premature death have been estimated at £6.5 billion per year.

In 2010, 47% of children's trips to and from primary school were made on foot, compared to 53% in 1995/97 – the proportion of trips by car increased by about the same proportion. People living in the most deprived areas are less likely to take part in active sport than people in the least deprived areas (43.5% versus 57.2%).

The Department for Culture, Media and Sport has estimated that a 10% increase in physical activity in adults would benefit England, both directly and indirectly, by at least £500 million per year and would save approximately 6,000 lives. Of this £500 million saving, 17% is attributable to direct health costs. Therefore the direct health saving for a 10% increase in physical activity would be £85 million.

Walking or cycling, instead of using motorised transport, can also help reduce the associated costs of poor air quality, congestion and collisions in urban areas of England. Each of these issues costs society around £10 billion a year. In addition, there is a considerable impact on the wider economy and society as a whole, for example sickness absence, lost productivity and early retirement due to illness. The burden of physical inactivity on the economy and healthcare cost has become an increasingly prevalent issue.



3.3 Physical inactivity and the Bradford district

Increasing the level of physical activity in a population can have a broad and far reaching benefit to society by:

- Promoting general and mental wellbeing and keeping the musculoskeletal system healthy;
- Providing pleasure, a source of independence and exposure to outdoor environments;
- Facilitating social interaction and community cohesion and making public spaces seem more welcoming through walking, cycling and other social activities;
- Benefiting the local economy by increasing the footfall passed local business and retail;
- Helping to improve air quality, road safety, traffic congestion and noise pollution by reducing the use of motorised transport;
- Reducing the risk of over 20 conditions and diseases including diabetes and cardiovascular disease.

The Bradford district is in a particularly good position to benefit from increasing physical activity:

- There are high levels of urban deprivation, childhood obesity, diabetes and preventable deaths (particularly from cardiovascular disease) in the district;
- There is a low level of physical activity
 - 51% of the district's population is considered *inactive*,
 - 7%-13% of all ages report *utilisation of outdoor space* for exercise/health over the last three years – lower than national and regional averages,
 - Around 1 in 3 people in the district aged over 16 years report participation in 30 minutes of physical activity once a week – lower than national average (see Appendix 1)
 - Levels of activity are generally lower in females than males (see Appendix 1);
- There is the will to become more active – the proportion of people wanting to do more activity in the district is the same as nationally.

It is unreasonable to expect an increase in physical activity without creating environments, attitudes and lifestyles that support it. There are a number of aspects of life in the district which might act as a barrier to physically active living:

- Safety on the roads – road injuries and deaths are higher than the national average and children admitted for injuries on the road are most likely to be active road users (pedestrians or pedal cyclists);
- Safe environments for children – all injury-related hospital admission rates for children over 5 years are higher than the national average;
- Supportive environments – resident's top priorities for improving the environments in which they live are cleaner streets and more activities for teenagers;
- Poverty and deprivation – higher levels of physical inactivity and obesity in children show clear links to higher levels of deprivation (see Appendix 2).
- Affordability – a healthy lifestyle is still often the more expensive option, with the cost of things such as sports shoes, bicycles, gym membership and sports clubs proving a barrier to many people.

Almost every aspect of daily life affects how likely a person is to normally choose a physical activity over a sedentary one – the design of their house and its contents, the look and feel of their neighbourhood, the safest travel on their routes to school or work, the convenience and cost of public transport that might facilitate active travel, the work environment, the ease of access to sports and other facilities and clubs, the affordability of equipment (such as bicycles), the attitudes and norms of families, friends, communities, schools, work and all social settings. The most



sustainable physical activity occurs during everyday activities within the built environment, rather than exclusively for leisure. Streets and parks designed to be safer and more attractive were the most common changes people reported which would encourage them to walk more.

3.4 Increasing physical activity in the Bradford district

According to the 2014 UKActive report *Turning the tide of inactivity* the cost of inactivity to the Bradford local authority is £24 million per year. Using an approximate per capita adjustment of the 2002 estimation from The Department for Culture, Media and Sport, increasing physical activity in adults in Bradford by just 10% would save the district £4.8 million per year – this figure is likely to be significantly higher with a now larger population and with the relatively large gain Bradford has to make compared to the England average.

The local authority is committed to increasing participation in sports and physical activity as set out in:

- The *Strategy for Sport and Physical Activity in the Bradford District 2011-15*, which has invested in sports clubs and facilities in the district and promoted successful mass participation events such as the Skyrides;
- The *City of Bradford's Sustainable Travel to School Strategy 2014-17*, which has helped develop travel plans for all schools focussing on sustainable, active and safe travel to school;
- The *Children's Healthy Weight Strategy 2013-17*, which has developed work with midwives health visitors, children's centres and schools to identify overweight children and provide early exercise and healthy eating interventions.

There is work ongoing between Public Health and Sport and Leisure departments, undertaking an audit of all departments in the council on their work relevant to physical activity, and Public Health and Regeneration and Culture departments, evaluating the use of 20 mph traffic speeds on urban roads in the district to reduce injuries and increase active travel. The Combined Authority is promoting walking and cycling through *City Connect*.

The NHS is delivering schemes targeting groups in the district with particular health risks:

- The Bradford District CCG's *Healthy Hearts* promotes the best use of the cholesterol lowering drugs statins, increases awareness and detection of atrial fibrillation in primary care and uses physical activity to improve management outcomes in cardiovascular disease;
- Bradford City CCG's *Beating Diabetes* scheme screens the at-risk population to identify undiagnosed diabetes needing treatment and deliver prevention or risk mitigation interventions to others according to their level of risk.

The voluntary and community sector is doing a lot of varied work in the community including delivering physical activity sessions, supervised exercise and gym sessions and promoting healthy lifestyles through learning through sports, arts and crafts.

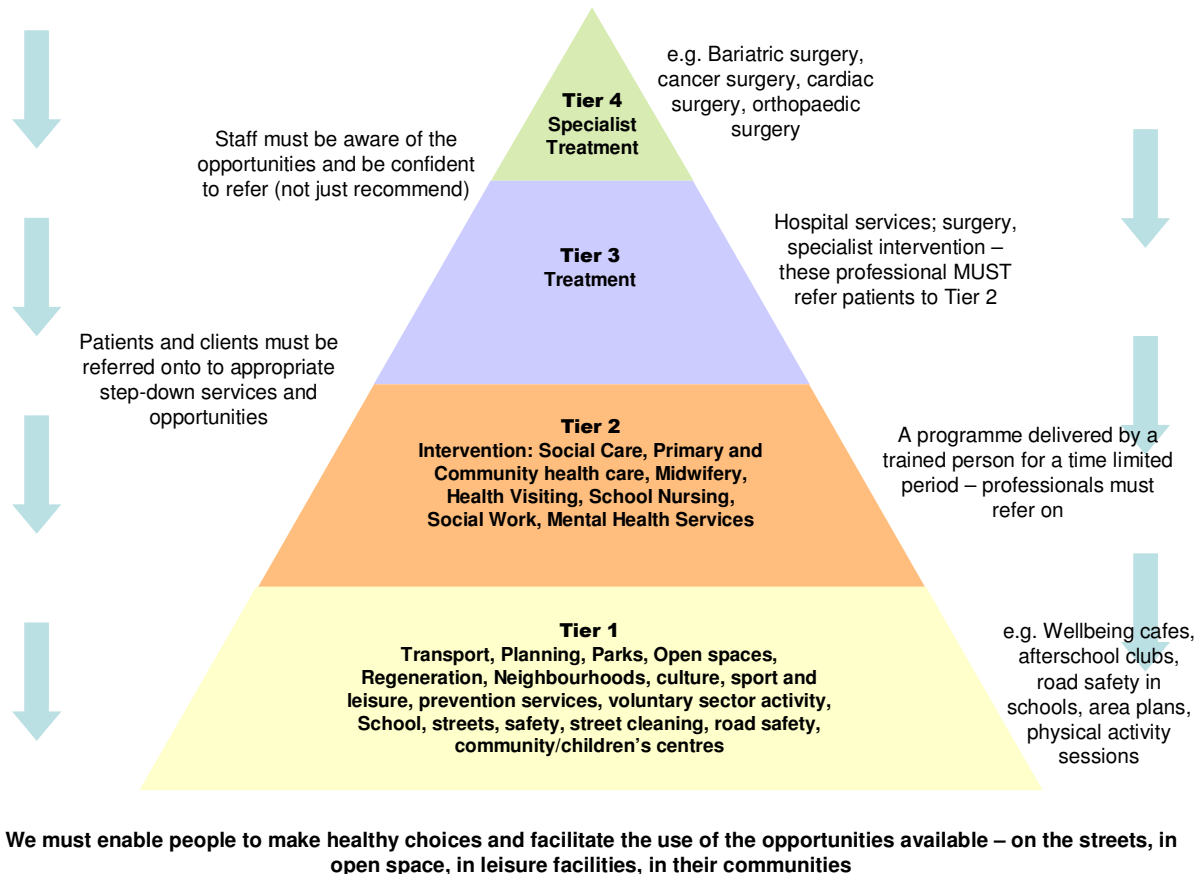
With the potential benefits of increasing physical activity, the potential relief from the health and financial burden of physical inactivity, the ongoing good work across sectors and the public will to become more active, there is a strong case for an overarching system-wide approach that aims to weave a more active lifestyle into the fabric of the district.

Physical activity needs to be made easy, fun and affordable and active recreation and living must be available to all, in every community. To deliver this vision, as laid out in the Public Health England report *Everybody active, everyday*, action is needed across four areas:



- Active society – creating a social movement;
- Moving professionals – activating networks of expertise;
- Active environments – creating the right spaces;
- Moving at scale – scaling up interventions that make us active.

3.5 A system-wide approach



Source: Public Health Bradford

Being active every day needs to be embedded across every community in every aspect of life. There is a need, therefore, for everyone to play their part, and for everyone to have a greater understanding of why physical activity is important, and what the consequences of inactivity are. Simply focusing on public health messages alone will not be sufficient to change the cultural and behavioural norms that have developed around physical activity.

A system-wide approach means active environments, an active society and active schools. Everyday thousands of people within our communities come into contact with services – social care, education, healthcare, third sector – thus all sectors need to be on board and the professionals within them need to spread the word and make every contact count.

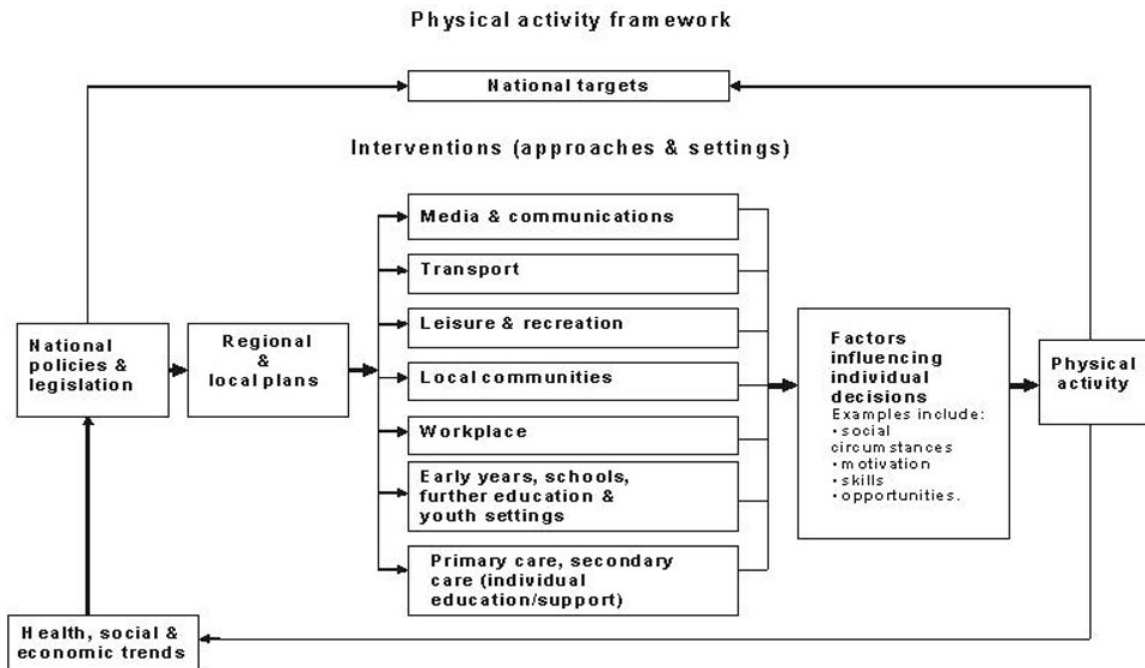
Organisations need to work together to enable and facilitate behaviour change.

- The evidence supports an integrated approach across the health sector, including the use of physical activity as part of treatment. Health professionals need to refer to community based



interventions to facilitate lifestyle improvement.

- Social care professionals and voluntary sector workers need more information about what is available to help clients maintain independence.
- Physical activity in early years and our schools needs to be regular, good quality, age appropriate and encouraged by all teachers.
- The Local Authority is responsible for many parts of the system that can contribute significantly to increasing everyday physical activity – public parks, open spaces, recreation areas, streets, road safety, regeneration, urban design, planning, transport, development, infrastructure, education, sport and leisure, social care, children’s services, housing, culture, public health.
- We need to share information and facilitate access to physical activity.



Source: National Institute for Health and Care Excellence.

In these ways all sectors in the district and all encounters with their services point toward the benefits of increasing physical activity and enable it to be part of daily lives, so that a more active life can become a normal life in the Bradford district.

3.6 Conclusion and key factors

Making daily life in the Bradford district more physically active is a high priority for the HWBB and one that needs consideration separate to, but alongside, the work promoting sport and planned exercise. To achieve this there needs to be a commitment from all relevant sectors to review their policies and practices that might impact physical activity and to work together to develop an integrated strategy to increase daily physical activity in the district.

- The NHS and the Local Authority (particularly public health and environment and sport) should ensure walking, swimming and cycling and other forms of physical activity are



promoted in the district, feature as part of the joint strategic needs assessment and health and wellbeing strategy and are a part of all relevant health care treatments including in chronic disease pathways.

- The NHS should recognise the financial benefit it will experience from increasing physical activity in the population at Tiers 1 & 2 in *Section 3.5* through a subsequent reduction in associated diseases, and thus work with the Local Authority and other relevant agencies to support work in the communities and referral into and promotion of this work.
- The Local Authority, transport agencies, parks and neighbourhoods, the Police and agencies involved in walking and cycling should ensure the environment is supportive for physical activity including for vulnerable groups such as older people and people with disabilities, with safer communities and access open and green spaces for all.
- The Local Authority (particularly public health, environment and sport and regeneration and culture), transport agencies and the Police should ensure an integrated transport plan will promote physical activity by complementing it with public transport, prioritising walking and cycling over car use, reducing traffic on the roads, promoting safer traffic speeds and recognising the benefits to the local economy and the environment, including to air quality.
- The NHS, Schools, local businesses and workplaces and the Local Authority should promote physical activity associated with daily life, work and education through promotion and better facilities for healthy commuting and an active school, workplace and health service.
- All sectors should prioritise the least active individuals and communities, those groups with the poorest access to a physically active life and support for those people who want to increase their existing low levels of physical activity by demonstrating the benefits and rewarding their contribution to the district.
- All relevant agencies should understand the behaviour changes needed in society to achieve an increase in physical activity, recognise people willing to make the necessary change and facilitate them and share successes in achieving these changes with other agencies.
- Any agreed actions toward increasing physical activity in the district should complement work in the wider region including proposed work by the Combined Authority on promoting walking, swimming and cycling.

4. FINANCIAL & RESOURCE APPRAISAL

There are no direct financial or resource pressures as a result of this paper. The report's aim to accelerate progress on increasing physical activity would contribute to reducing pressure on local health services in the long-term. The estimate contained within the paper is that physical inactivity costs the District £24 million per year.

5. RISK MANAGEMENT AND GOVERNANCE

Arrangements for governance and risk management will be decided as appropriate to the decision of the Board regarding further development of strategy or action plans.

7. OTHER IMPLICATIONS

7.1 EQUALITY AND DIVERSITY

The report's intention is to stimulate debate and further action to increase physical activity levels across the District in order to improve the health and wellbeing of the general population. Further



action would address the protected characteristic of age through the focus on active school travel, and furthermore could place an increased focus on activity in care homes for older people. The intended outcomes would include increasing accessible opportunities for physical activity to improve the general health of people with disabilities and targeting some initiatives in order to reduce health inequalities for minority ethnic groups by increasing rates of physical activity to reduce the incidence of some of the conditions that disproportionately affect minority ethnic communities.

7.2 SUSTAINABILITY IMPLICATIONS

The report favours a system wide approach under Tier 4 under Section 3.5 describing wider implications in which public realm, voluntary participation/ activism and active travel modes feature. It is these aspects that would contribute to more environmentally sustainable neighbourhoods.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The active travel component of this report has greatest potential to mitigate greenhouse gas emissions. Emissions from road transport account for around a fifth of all greenhouses emitted in the district. Shifting travel behaviour toward sustainable travel modes would support a reduction in overall emissions. Moreover cycling, walking and taking public transport enables individuals to take personal responsibility for climate change impacts.

7.4 COMMUNITY SAFETY IMPLICATIONS

Increasing rates of physical activity in everyday life will increase the numbers of people using public areas including streets and street crossings, parks, the countryside and urban public spaces for physical activity. These areas will need to be safe, and perceived as safe, if they are not to deter people from using them to increase their levels of physical activity. The report describes perceptions of safety during daylight hours, implying that extending safe physical activity to after-dark hours will require that citizens also feel safe in their immediate or intended environment to enable increased, everyday physical activity to continue during the winter months.

7.5 HUMAN RIGHTS ACT

There are no Human Rights Act implications arising from the report.

7.6 TRADE UNION IMPLICATIONS

There are no Trade Union Implications arising from the recommendations of this paper.

7.7 WARD IMPLICATIONS

There are no ward implications arising from the report.

7.8 AREA COMMITTEE

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS



None.

9. OPTIONS

None.

10. RECOMMENDATIONS

- a. The Board members are asked to review policies and practices of their respective agencies that might impact physical activity and to work together to improve these practices and develop policies to increase daily physical activity in the district.
- b. The Board is asked to consider the key factors set out in *Section 3.6* to increase physical activity in the whole population through joint work across all relevant sectors.
- c. The Board is asked to develop a vision of how a more active district will look in the future and an integrated overarching strategy to achieving this vision.
- d. The Board is asked to decide where formal governance of the strategy will lie and consider a risk management arrangement in relation to the joint work.

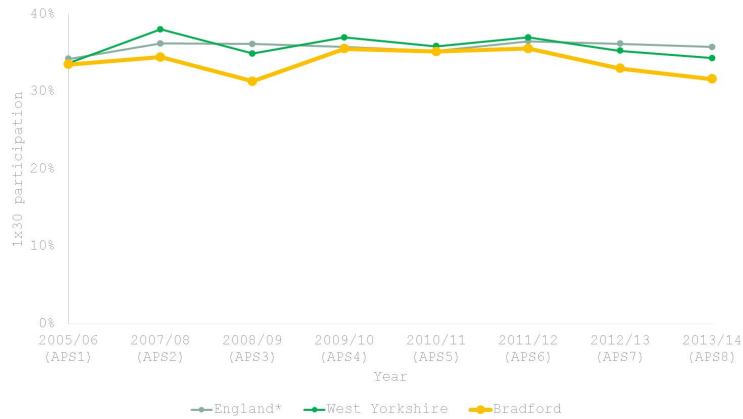


11. APPENDICES

11.1 Appendix 1. Sport England Active People Survey data for Bradford

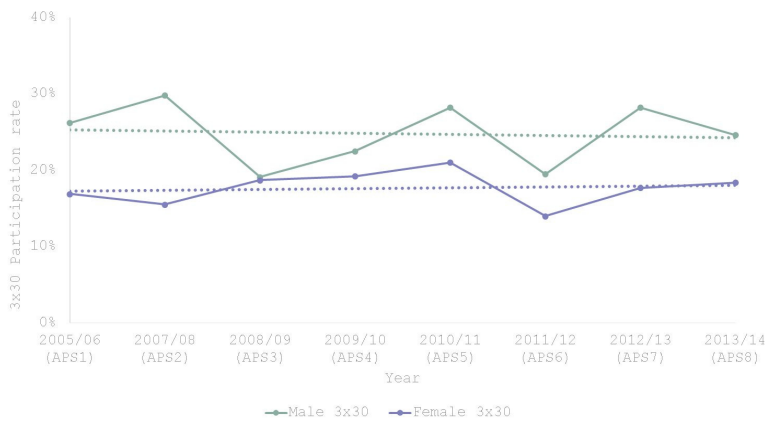
The following charts are taken from the latest Sport England Active People Survey and demonstrate levels of activity in Bradford compared to region and national, and the gender divide in the district.

Proportion of those aged over 16 years participating in one 30 minute physical activity per week



Source: Sport England

Proportion of Bradford males and females over 16 years participating three times per week



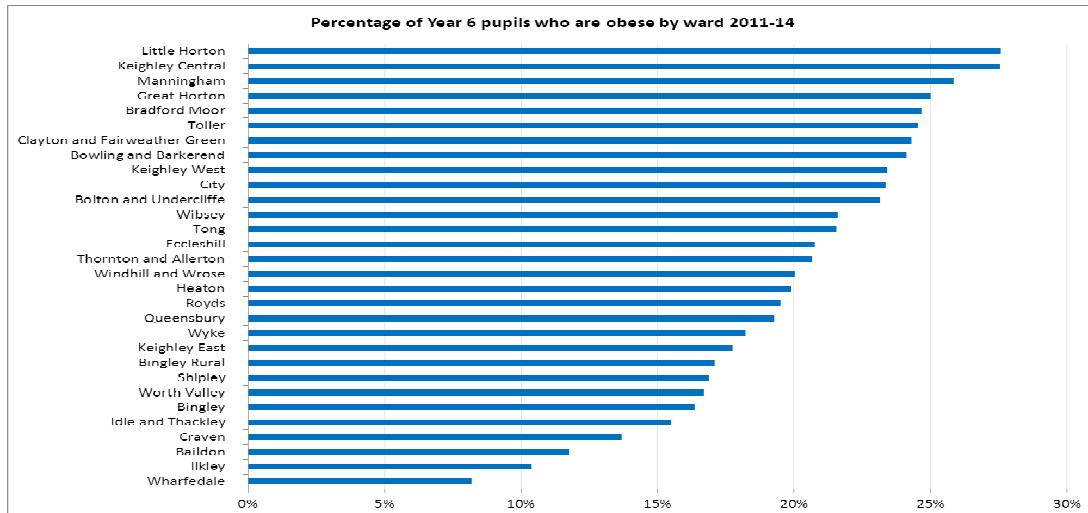
Source: Sport England



11.2 Appendix 2. Childhood Obesity and Physical Activity by Bradford wards

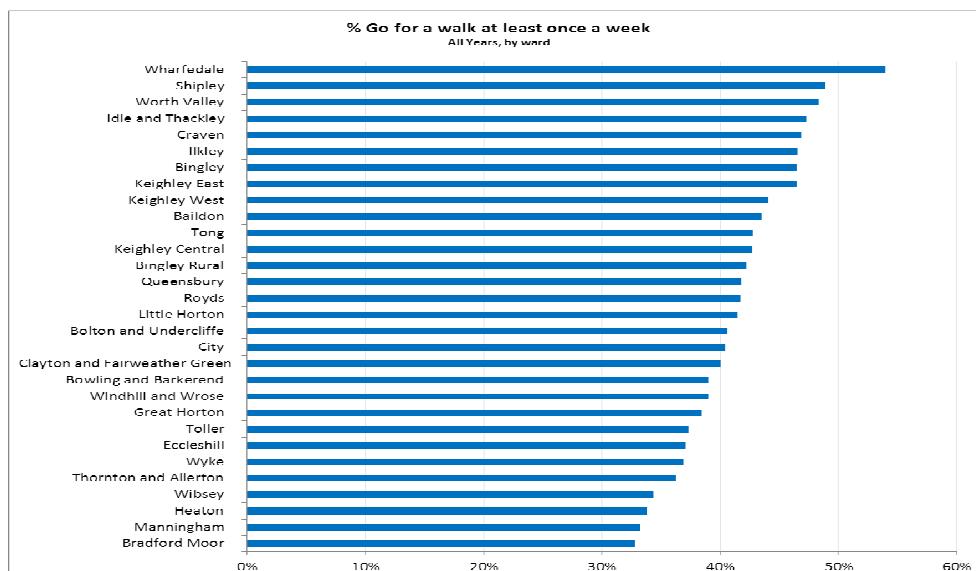
Obesity

The following chart is taken from the National Child Measurement Programme for Year 6 pupils (aged 10-11 years old.) The highest rates are seen in Little Horton and Keighley Central, both of which are particularly deprived areas. The lowest rates are seen in Wharfedale and Ilkley, which are considerably less deprived.



Activity

The following chart is taken from the results of the children and young people lifestyle survey which was carried out in 2013, which asked a number of questions on physical activity. The chart looks at those who said that they go for a walk at least once a week. It shows that people who live in less deprived areas are more likely to go for a walk than those in the more deprived wards.



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