

INTEGRATED STRATEGIC NEEDS ASSESSMENT:

PHYSICAL ACTIVITY

SUMMARY

KEY ISSUES

Being physically active has a positive impact on health and wellbeing. The benefits are important for people of all ages.

Just under three quarters of adults in Cheshire West and Chester **do not** participate in at least 30 minutes of moderate intensity activity at least three times a week. This is however better than the North West and national average (22.5% and 21.9% respectively). Forty-six % of adults are inactive (ie do less than 30 minutes of moderate intensity activity per week). Physical activity levels decrease with age and differ between genders, ethnicity and socio economic status.

UNMET NEED AND SERVICE GAPS

Most people are not active enough. A whole population prevention approach is crucial and needs a wide range of actions to improve physical activity. We need to co-ordinate our approach to increasing physical activity opportunities.

Whilst it is important to ensure the whole population are meeting physical activity guidelines, the biggest impact on chronic disease reduction would be to target those who are significantly inactive.

Those groups that are more likely to report being inactive (0x30 minutes of physical activity) are: females, non white ethnicity, older adults, those in lower socio economic classes, those with a limiting disability.

RECOMMENDATIONS FOR COMMISSIONERS AND POLICY MAKERS

- Joint working on the promotion of cycling and walking across the borough for short and long journeys
- Joint working with transport and town planners to ensure there is good provision of safe walking and cycling possibilities
- Joint working with a range of council functions and communities to ensure the environment that surrounds communities is health enhancing and enables physical activity (e.g. playgrounds, safe walking and cycling routes in park, open spaces, roads, practical conservation and outdoor gym opportunities).
- Joint working with culture and leisure services to ensure the provision of suitable opportunities for adults and older adults to increase their activity, in particular those who are inactive
- Joint working to utilise the opportunities that the Olympics is to provide to promote physical activity and use local opportunities such as Heart Towns Ellesmere Port and Chester to increase awareness of importance of keeping active
- Working with national campaigns such as Change 4 Life in delivery of consistent behaviour change messages locally
- Ensure health professionals are able to provide brief advice and health promotion on opportunities for behaviour change with regard to physical activity
- Ensure local primary care services are aware of the community based activities that are available for those wanting to increase their activity levels

INTEGRATED STRATEGIC NEEDS ASSESSMENT

PHYSICAL ACTIVITY

MAIN REPORT

INTRODUCTION

Physical inactivity accounts for 6% of all deaths globally and is the fourth leading risk factor for mortality (DH 2011). Physical inactivity increases the risk of an individual suffering poor health outcomes such as coronary heart disease, stroke, type 2 diabetes, depression, dementia, some cancers (such as breast and colon) along with increasing the risk of falls and hip fractures in older adults (DH 2011).

Definition of Physical Activity

Start Active, Stay Active, a report by the Chief Medical Officers defines physical activity as follows:

“Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.”

Source: DH 2011 p. 09

Physical activity can be further broken down by intensity as outlined below.

Table. Examples of physical activity by intensity

Activity	Intensity	Energy expenditure (Kcal equivalent, for a person of 60kg doing the activity for 30 minutes)
Ironing	Light	69
Cleaning and dusting	Light	75
Walking – strolling, 2mph	Light	75
Painting/decorating	Moderate	90
Walking – 3mph	Moderate	99
Hoovering	Moderate	105
Golf – walking, pulling clubs	Moderate	129
Badminton – social	Moderate	135
Tennis – doubles	Moderate	150
Walking – brisk, 4mph	Moderate	150
Mowing lawn –walking, usin power-mower	Moderate	165
Cycling – 10-12mph	Moderate	180
Aerobic dancing	Vigorous	195
Cycling 12-14mph	Vigorous	240
Swimming – slow crawl, 50 yards per minute	Vigorous	240
Tennis – singles	Vigorous	240
Running – 6mph (10minutes/mile)	Vigorous	300
Running – 7mph (8.5 minutes/mile)	Vigorous	345
Running – 8mph (7.5 minutes/mile)	Vigorous	405

Source: Department of Health (2004) At least five a week; Evidence on the impact of physical activity and its relationship to health.

The **national recommendations** emphasise the importance of physical activity across all ages and provide guidance by age group

- Early years (under 5s)
- Children and young people (5-18 years)
- Adults (19-64 years)
- Older adults (65+ years)

Guidelines for adults aged 19-64 and older adults are given below. These are based on the current evidence-base.

Table Start Active, Stay Active Physical Activity Guidelines

Adult (19-64 years) Guidelines

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Older adults (65+ years)

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Source: Department of Health (2011) Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers

Physical inactivity is costly to the NHS and wider society as a whole. It is estimated that the cost to the NHS of physical activity in the UK is £1.06 billion although this is said to be a conservative estimate. To the wider economy in England it is estimated to cost £5.5 billion per year due to lost productivity from sickness absence and around £1 billion due to premature death or working population adults (DH 2011).

WHO'S AT RISK AND WHY

We know that taking regular physical activity improves health yet less than half of the population are active in line with guidance. Nationally 18.9% of women and 25.2% of men are physically active for 30 minutes of moderate intensity 3 times a week. Locally 25.8% of adults report being active at least 30 minutes 3 times a week (moderate intensity activity). This means that just under three quarter of adults are reporting that they did not meet the national guidelines at that time of being questioned (Sport England 2012). The national guidelines now recommend 150 minutes each week.

Levels of sedentary behaviour and inactivity are also monitored through the Health Survey for England and the Active People Surveys. Nationally 32% of men and 33% of women report being sedentary for six hours or more on weekdays. This increases to 44% of men and 39% of women at weekends.

Sex differences

Physical activity is higher in men of all ages compared to women.

Age differences

Physical activity declines significantly with increasing age.

Table . Participation in Sport and Active Recreation (formerly NI8 3X30 minutes moderate activity), by year and age band

Year	Area	Age Bands				
		16-25	26-34	35-54	55 and over	Total
2005/6	Cheshire West & Chester	36.8%	35.0%	25.0%	14.1%	23.8%
	England	32.8%	27.8%	22.6%	11.4%	21.3%
2009/11	Cheshire West & Chester	42.5%	22.1%	27.5%	17.2%	25.8%
	England	32.6%	27.3%	24.0%	13.0%	21.9%

Source : Sport England Local Sport Profiles, 2011

Ethnic minorities

Physical activity is lower in black or minority ethnic groups with the exception of African Caribbean and Irish populations

Socio economic status

Physical activity participation levels are lower in low-income households.
Table Participation in Sport and Active Recreation (formerly NI8 3x30mins of moderate activity) by years and socio-economic class

Year	Area	Professional/ managerial (NS SEC 1- 2)	Clerical, sales and services (NS SEC 3)	Small employers (NS SEC 4)	Routine, manual and unemployed (NS SEC 5-8)	Total
2005/6	Cheshire West & Chester	26.5%	21.7%	26.0%	19.5%	23.8%
	England	N/A	N/A	N/A	N/A	21.3%
2009/11	Cheshire West & Chester	30.0%	19.4%	21.5%	20.3%	25.8%
	England	26.0%	19.6%	22.1%	17.0%	21.9%

Source : Sport England Local Sport Profiles, 2011

What are the health benefits of being physically active?

Physical activity has a protective effect on a range of health outcomes. The relationship between physical activity and health outcomes has been summarised in Start Active, Stay Active (DH 2011):

- Approximately 30% risk reduction in all-cause mortality comparing most active and least active
- 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke
- 30-40% lower risk of type 2 diabetes and metabolic syndrome in at least moderately active people compared to sedentary individuals
- 20-30% lower risk of depression and dementia for adults who are physically active daily
- 30% lower risk of colon cancer and 20% lower risk of breast cancer in adults who are active daily
- 36-68% risk reduction of hip fracture at the highest level of physical activity
- 30% lower risk of falls in older adults who participate in regular physical activity
- Aerobic physical activity has a consistent effect on achieving weight maintenance of less than 3% change in weight.

CURRENT NEED IN THE POPULATION

The Active People Survey is the largest survey of its kind in Europe. The survey is conducted as a telephone interview, with 500 people interviewed per local authority area and is currently scheduled to run until 2016-17 (in-line with NGB whole sport plan funding).

The main participation indicator (NI8) measures the number of adults (aged 16 and over) participating in at least 30 minutes of activity at moderate intensity at least three times a week.

Nearly 26% of adults in Cheshire West and Chester participated in at least 30 minutes of moderate intensity activity at least three times per week. This is better than the North West and national average (22.5% and 21.9% respectively) and has improved at a faster rate than nationally but still means that just under three-quarters of adults are not active enough.

Table Participation in Sport & Active Recreation (formerly NI8) by year and area.

Year	Cheshire West and Chester	North West	England
2005/06	23.8%	20.8%	21.3%
2009/11	25.8%	22.5%	21.9%

Source: Sport England Local Sport Profiles 2012

In Cheshire West and Chester, 45.6% of adults report not taking part in 30 minutes of moderate activity at any point during the week. This is lower than the national average (48.2%).

As a result of the publication of the CMO physical activity guidelines increasing recommended amounts of physical activity the national indicator will change from NI8. The Public Health Outcomes Framework proposes that physical activity will be a key indicator for health improvement. The two measures will be:

1. **Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.**
2. **Proportion of adults classified as "inactive".**

Both of these measures will continue to be obtained from the Sports England Active People Survey (self reported measures). (DH 2012)

CURRENT SERVICE PROVISION

Change 4 Life

A national campaign promoted locally to encourage people to make small changes to make big differences by improving the activity levels as well as understanding ways to eat more healthily.

Cycling Projects provides cycling initiatives across Cheshire West and Chester that aim to get people of all abilities active through cycling. Adapted bikes are available to enable people with a range of physical disabilities to be active outdoors

Get Fit on Foot are volunteer led walks coordinated by Cheshire West and Chester Council that provide an opportunity for all ages to get out and about and fit on foot.

Outdoor Gyms and two running routes provide residents with the opportunity to exercise on gym equipment in the outdoors at Westminster Park in Chester. The equipment includes exercise bikes and cross trainers that have been adapted for outdoor use and are available for free for people to use. Other outdoor gym locations include Alexander Park in Chester and Tilston Playing Fields Association in Tilston (rural Cheshire).

BRIO Leisure (Community Interest Company) manages 17 of Cheshire West and Chester's leisure sites including Northgate Arena, EPIC Leisure Centre and Winsford Lifestyle Centre. BRIO are the first and largest leisure CIC and are contracted to provide access to a range of sporting and physical activity opportunities.

Sport Cheshire is a registered charity who are contracted by Cheshire West and Chester Council to increase participation of adults and children in sport and physical activity along with coach, volunteer and club development. Sport Cheshire works closely with BRIO and other partners to improve participation across a range of settings and age groups.

PROJECTED SERVICE USE IN 3-5 YEARS AND 5-10 YEARS

Sport England Local sport profiles suggest that between 2005/06 and 2009/11 adult participation in moderate physical activity (3 x 30 minutes) has increased. Participation amongst males has increased more substantially than females during this time period.

Locally all age groups have observed an increase in participation over time apart from the 26-34 year old age group which have seen a decrease from 35% in 2005/06 to 22.1% in 2009/11.

When examined by socio economic class most socio economic classes have observed and increase in participation apart from socio economic classes 3 (Intermediate occupations) and 4 (Employers in small organisations and own account workers) which have observed a drop in participation

EVIDENCE OF WHAT WORKS

Whilst it is important to ensure the whole population are meeting the guideline on physical activity it is believed that the biggest impact on chronic disease reduction would be to target those who are significantly inactive or doing less than 30 minutes of physical activity each week (DH 2011).

A review in 2010 of the cost effectiveness of physical activity interventions found evidence that brief interventions for physical activity were effective. The review highlighted the importance of the environment on increasing levels of physical activity in particular for walking and cycling. Effectiveness is emerging to support the mass media campaigns, physical activity on prescription and free swimming (Lewis at al 2010).

NICE Public Health Guidance

A number of Public Health Guidance documents have been published by NICE which provide guidance on physical activity interventions. These are listed below:

- Four commonly used methods to increase physical activity (PH2)
- Physical activity and the environment (PH8)
- Promoting physical activity in the workplace (PH13)

The following guidance is currently in development at the time of writing:

- Walking and cycling (expected October 2012)
- Physical activity advice in primary care (expected May 2013)

It should be noted that guidance exists in which physical activity guidance is included but not does not form the main focus of the document for example (not exhaustive):

- Behaviour Change (PH6)
- Mental wellbeing and older people (PH16)
- Prevention of cardiovascular disease (PH25)
- Weight Management before, during and after pregnancy (PH27)

It should be noted that guidance also exists regarding the promotion of physical activity of children and young people. These documents should be included in the children's section of the JSNA.

STAKEHOLDER VIEWS

Cheshire West and Chester Council carry out Citizens Panel Surveys to gather views on a range of facilities and services run by the council. Recent feedback from these surveys demonstrated that:

- 31% of residents have visited a Council owned leisure facility about once a month or more in the last 12 months
- 57% of residents have visited a park at least once a month in the last 12 months
- 50% of residents had not visited a Council owned leisure facility in the last 12 months
- The top 3 reasons for not visiting the facilities included them being too expensive (35% of respondents), not being interested (28%) and not having enough free time (27% of respondents)
- 67% of respondents reported that health, fitness and general enjoyment were the main reasons for visiting parks, green spaces, footpaths and bridleways
- More than 80% of respondents thought that it was very important that public organisations promote aspects of a healthy, active lifestyle

UNMET SERVICE NEEDS AND SERVICE GAPS

Most people are not active enough. A whole population prevention approach is crucial and needs a wide range of actions to improve physical activity. We need to co-ordinate our approach to increasing physical activity opportunities.

Whilst it is important to ensure the whole population are meeting physical activity guidelines, the biggest impact on chronic disease reduction would be to target those who are significantly inactive or doing less than the recommended amount of physical activity each week.

The following groups have lower levels of participation and require more targeted needs based intervention; women, older adults, some minority ethnic groups and those in lower socio economic groups.

RECOMMENDATIONS FOR COMMISSIONERS AND POLICY MAKERS

A life course approach needs to be adopted in the development of a strategic response to the promotion of physical activity. Barriers that people face when accessing physical activity need to be acknowledged when developing a local response.

Physical activity needs to be promoted as an every day part of life. Physical activity interventions for older adults should be promoted as opportunities to connect with others and support an independent, healthy and sociable older age.

Key life transition points need to be acknowledged as opportunities to promote the importance of physical activity for health and wellbeing (for example parenthood and retirement).

Recommendations include:

- Joint working on the promotion of cycling and walking across the borough for short and long journeys
- Joint working with transport and town planners to ensure there is good provision of safe walking and cycling possibilities
- Joint working with a range of council functions and communities to ensure the environment that surrounds communities is health enhancing and enables physical activity (e.g. playgrounds, safe walking and cycling routes in park, open spaces, roads, practical conservation and outdoor gym opportunities).
- Joint working with culture and leisure services to ensure the provision of suitable opportunities for adults and older adults to increase their activity, in particular those who are inactive
- Working with national campaigns such as Change 4 Life in delivery of consistent behaviour change messages locally
- Ensure health professionals are able to provide brief advice and health promotion on opportunities for behaviour change in regard to physical activity
- Ensure local primary care services are aware of the community based activities that are available for those wanting to increase their activity levels

RECOMMENDATIONS FOR FURTHER NEEDS ASSESSMENT

It would be useful to develop understanding on the range of physical activity opportunities available across Cheshire West and Chester

It would be useful to develop understanding around access to facilities by a range of groups (e.g. by geography, age, gender, ethnicity, disability, deprivation etc).

KEY CONTACTS

Wendy Nulty, Public Health Improvement Lead, NHS Western Cheshire

REFERENCES

Department of Health 2011. Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers. London. Department of Health.[Online] Available on the World Wide Web at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128209 [Accessed 13/03/2012]

Lewis, C., Ubido, J., Holford, R. and Scott-Samuel, A. 2010. Prevention Programmes Cost-Effectiveness Review: Physical Activity. Liverpool Public Health Observatory. Liverpool. [Online] Available on the World Wide Web at: http://www.liv.ac.uk/PublicHealth/obs/publications/report/83_28th_Feb_Physical_activity_and_cost_FINAL.pdf [Accessed 13/03/2012]

National Obesity Observatory (2011) Knowledge and attitudes towards healthy eating and physical activity: what the data tell us. [Online] Available on the World Wide Web at: http://www.noo.org.uk/uploads/doc/vid_11171_Attitudes.pdf [Accessed 13/03/2012]

Sport Cheshire (2011) Active People Summary 2005/06-2010/11

Sport England 2012. Local Sport Profile 2012. [Online] Available on the World Wide Web at: http://www.sportengland.org/research/local_sport_profiles.aspx [Accessed 13/03/2012]