

**PHYSICAL ACTIVITY**

**SOUTH YORKSHIRE AND BASSETLAW  
INTEGRATED CARE SYSTEM COLLABORATIVE BOARD**

10 May 2019

<b>Author(s)</b>	Susan Hird		
<b>Sponsor</b>	Greg Fell		
<b>Is your report for Approval / Consideration / Noting</b>			
Noting			
<b>Links to the STP (please tick)</b>			
<input checked="" type="checkbox"/> <b>Reduce inequalities</b>	<input checked="" type="checkbox"/> <b>Join up health and care</b>	<input checked="" type="checkbox"/> <b>Invest and grow primary and community care</b>	<input checked="" type="checkbox"/> <b>Treat the whole person, mental and physical</b>
<input checked="" type="checkbox"/> <b>Standardise acute hospital care</b>	<input checked="" type="checkbox"/> <b>Simplify urgent and emergency care</b>	<input checked="" type="checkbox"/> <b>Develop our workforce</b>	<input checked="" type="checkbox"/> <b>Use the best technology</b>
<input checked="" type="checkbox"/> <b>Create financial sustainability</b>	<input checked="" type="checkbox"/> <b>Work with patients and the public to do this</b>		
<b>Are there any resource implications (including Financial, Staffing etc)?</b>			
Potentially – detail to be clarified			
<b>Summary of key issues</b>			
<p>Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health. Men are more likely to report being active at the recommended level than women. Physical activity varies with age and life stage. People tend to get less active with age, especially in older years. And people with disabilities or long-term conditions are twice as likely not to be active enough for good health.</p> <p>This physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). Unfortunately our population is around 20% less active than in the 1960s. If current trends continue, it will be 35% less active by 2030.</p> <p>Physical activity is not just an option for combating obesity. Low physical activity is one of the top 10 causes of disease and disability in England. Persuading inactive people (those doing less than 30 minutes per week) to become more active could prevent one in ten cases of stroke and heart disease in the UK and one in six deaths from any cause.</p> <p>The ICS could play a key role in increasing levels of physical activity across SY&amp;B.</p>			
<b>Recommendations</b>			

The suggested approach for the ICS is:

- Set ambition and expectation for the NHS. Ensure the NHS plays a full role in promoting activity within clinical services – as both primary prevention and treatment. This means building physical activity as a treatment option into care pathways (moving away from the model of referring someone to a physical activity scheme).
- Investment in leadership and implementation roles may accelerate this. Those roles don't currently exist.
- Upstream interventions (transport strategy, air quality strategy, parks and green space, a built environment that facilitates physical activity) are the key role of LA and Sheffield City Region. The ICS should have a high expectation of LA and SCR on this.
- Explore the potential for integration of NHS treatment services in leisure facilities (note integration, not just colocation).
- Lead the NHS approach to active travel for the NHS
- Potential to have a significant focus on exercise and frailty – both prevention and as part of care (PJ paralysis and decompensation whilst in hospital).
- Work with local authorities through Place Based Plans – each LA will have its own physical activity strategy to build on. The Sport England-funded Local Delivery Pilot work in Doncaster will create more evidence about what works.
- Build the important strategic links such as the SCR Active Travel Commissioner, Yorkshire Sport Foundation Partnership and Sport England, and the potential for collaboration

## Summary update to the Collaborative Partnership Board

### SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM COLLABORATIVE BOARD

10 May 2019

#### 1. Purpose

To provide a brief and basic update on physical activity and the potential role for the ICS in supporting the transformation of SY&B into having the most physical active population in the UK. There is ongoing work happening to create a more detailed proposal.

#### 2. Key issues

- 2.1 Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health. Men are more likely to report being active at the recommended level than women. Physical activity varies with age and life stage. People tend to get less active with age, especially in older years. And people with disabilities or long-term conditions are twice as likely not to be active enough for good health.
- 2.2 This physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). Unfortunately our population is around 20% less active than in the 1960s. If current trends continue, it will be 35% less active by 2030.<sup>1</sup>
- 2.3 Physical activity is not just an option for combating obesity. Low physical activity is one of the top 10 causes of disease and disability in England. Persuading inactive people (those doing less than 30 minutes per week) to become more active could prevent one in ten cases of stroke and heart disease in the UK and one in six deaths from any cause.
- 2.4 Many people don't realise that physical activity has significant benefits for health, both physical and mental, and can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression (figure 1). Physical activity can prevent or delay frailty.
- 2.5 Evidence shows that one in four patients would be more active if advised by a GP or nurse, yet nearly three quarters of GPs do not speak about the benefits of physical activity to patients due to either lack of knowledge, skills or confidence.<sup>2</sup>
- 2.6 Getting people to be more physically active is about small and simple stuff. Any physical activity is better than none, and starting small and building up gradually is good. As little as 10 minutes of moderate physical activity at a time provides physical and mental health benefits. Figure 2 shows what counts as moderate activity.
- 2.7 Physical activity data for SY&B is currently poor (and is the same across the country), because we rely on data collected through a national survey which doesn't give us the detail we really need, and we don't systematically collect any local population data on physical activity. Doncaster, through the Local Delivery Pilot funding from Sport England, are currently collecting

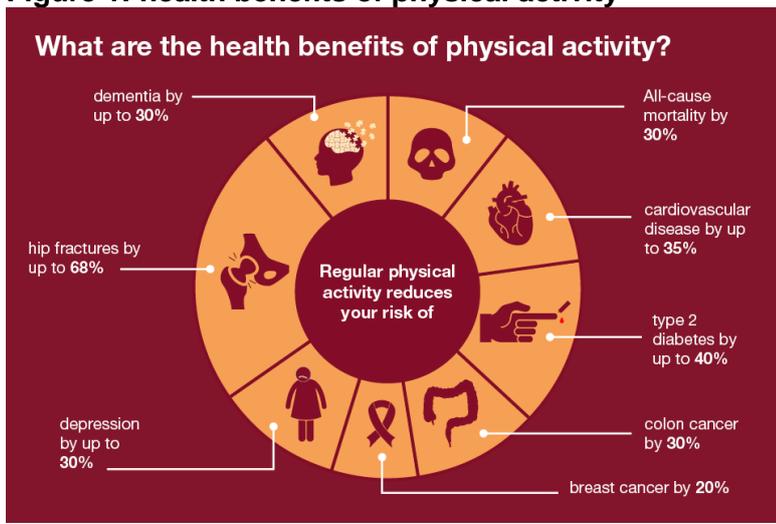
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<sup>1</sup> <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

<sup>2</sup> <https://www.gov.uk/government/news/new-physical-activity-resource-for-health-professionals>

population physical activity data. The early data make a grim picture – physical activity levels in deprived communities are lower than the national survey data suggest.

**Figure 1: health benefits of physical activity**

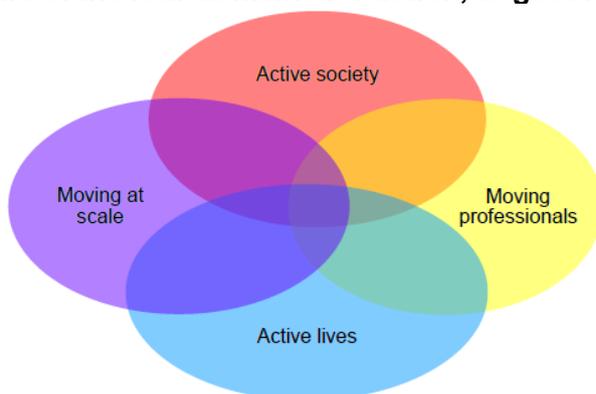


**Figure 2: what counts as moderate activity**



2.8 So what is the ICS role in getting everyone active, every day? Figure 3 shows the four domains for action, with more detail below.

**Figure 3: the four domains for action, to get everyone active every day**



- i. Active society**
  - People are more likely to be active if it is seen as ‘normal’, and if their friends and peers are also active. Large, community-wide campaigns have been effective in increasing physical activity, but only when supported by local level community activities.
  - Lots of different settings have a role to play here – eg schools, workplaces, voluntary sector, local authority and the NHS.
  - The ICS could have a key role in supporting Place action around this social norm – what could the ICS do to make being active a social norm in every hospital, every clinic, every treatment encounter? What could the ICS do to make being active a social norm for staff, including things like active travel?
  
- ii. Moving professionals**
  - 1 in 4 patients would be more active if advised by a GP or nurse and very brief advice on physical activity has been shown to be effective. Therefore, health and social care professionals and volunteers can play a significant role in supporting people through incorporating physical activity within an ‘every contact counts’ approach.
  - We need to start using validated tools such as the General practice physical activity questionnaire (GPPAQ) to assess physical activity levels, and to create a baseline of physical activity data for our population (that nobody else in the country currently has).
  - There are lots of resources to help professionals have better conversations with people about physical activity.
  - The ICS could play a key role in creating a movement of ‘Moving Professionals’, which in turn would have a large impact on physical activity in the population.
  
- iii. Active environments**
  - Environment shapes behaviour and this has been a major factor in discouraging people from activity. Our homes, workplaces and local environments have been shaped to make it difficult to be physically active. For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life, such as walking or cycling. But our neighbourhoods and towns and studies have largely been designed around the car.
  - NICE has produced a suite of guidance on physical activity and the environment, to support increased levels of physical activity including: the promotion and creation of physical environments, physical activity in the workplace, and walking and cycling.
  - Building design can encourage movement through and around the building, as well as between sites. NICE recommends that campus sites, such as hospitals, encourage active travel between sites by creating pleasant and accessible routes for walking and cycling.
  - There is strong evidence that workplace physical activity programmes are effective. These can include flexible working policies and incentive schemes; policies to encourage employees to walk or cycle; information, ongoing advice and support; independent health checks focused on physical activity.
  - Workplaces can introduce practical measures to encourage active travel such as showers for cyclists. There is strong evidence for the effectiveness of interventions to increase stair use. Simple signs near the lifts can point out that 2 minutes of stair-climbing each day could burn enough calories to eliminate the weight an average adult gains each year. Encouraging physical activity is an important part of the Workplace Wellbeing Charter.
  - The ICS can have key roles across this domain: advocating for more active environments via local politicians, fully implementing NICE guidance within NHS sites, and using the Workplace Wellbeing Charter to its fullest potential.
  
- iv. Moving at scale**
  - Local authorities have a key role here, to encourage local leadership and action to increase physical activity and reduce inactivity through health and wellbeing boards, ensuring that physical activity is included in joint strategic needs assessments and joint health and wellbeing strategies. They should also weave their approach to physical activity across their relevant functions, including sport and leisure, planning, transport, social care and economic development.

- There is probably a bigger role here for local place based NHS input, rather than the ICS. Connections need to be made to local spatial and neighbourhood plans; transport plans; community sports and physical activity plans; CCG and ACP strategic plans; and economic regeneration plans.
- NHS commissioners and providers can integrate the ambition to increase physical activity through clinical commissioning pathways into the NHS strategic plan and delivery action plans; and demonstrate local leadership to activate networks of professionals to promote physical activity in clinical care, such as supporting local physical activity champions in primary and secondary care.

### **3. Recommendations**

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- Investment in leadership and implementation roles may accelerate this. Those roles don't currently exist.
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- Build the important strategic links such as the SCR Active Travel Commissioner, Yorkshire Sport Foundation Partnership and Sport England, and the potential for collaboration

**Paper prepared by Susan Hird  
On behalf of Greg Fell**

**Date 10 May 2019**