

Annual Report of the Director of Public Health 2019

Leicestershire's health –

Physical Activity - Moving to a whole system approach



1. Foreword

Welcome to my annual report for 2019. In my last annual report we presented an infographic picture of the challenge of frailty and multi-morbidity on the health of the population of Leicestershire.

That initial look at the challenge of multi-morbidity has led to a more detailed piece of work in the Joint Strategic Needs Assessment (JSNA). From raising awareness of an issue, we are now moving to a phase where there is a real interest in understanding which groups of people with multiple health conditions use hospital care, and which groups within those are more amenable to preventing deterioration. That detailed work will be of critical importance in understanding our approach to what is known as ‘population health management’. As can be seen in the ‘update on recommendations’, the report has led to action and progress on a number of areas such as tackling loneliness, ‘social prescribing’ and supporting the NHS in their redesign work.

In this year’s report I have focussed on physical activity and, in particular, moving towards a whole system approach to improving levels of physical activity.

I would like to thank Liz Orton from the Public Health Department for her help in compiling the report and Kajal Lad from the Strategic Business Intelligence Team for her tremendous work in constructing the infographics and narrative that underpin it.



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2. Introduction

Directors of Public Health have a statutory duty to write an Annual Public Health Report that describes the state of health within their communities.

It is a major opportunity for advocacy on behalf of the population and, as such, can be used to help talk to the community and support fellow professionals, providing added value over and above intelligence and information routinely available such as that contained within health profiles or the Joint Strategic Needs Assessment (JSNA).

It is intended to inform local strategies, policy and practice across a range of organisations and interests and to highlight opportunities to improve the health and wellbeing of people in Leicestershire. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders about priorities and recommend actions to improve and protect the health of the communities they serve.

Within this report, data is presented around a whole system approach to physical activity in Leicestershire. The content should be used by commissioners and providers of services to respond to changes in the health of Leicestershire residents.



3. Recommendations and summary

Policy makers and public sector organisations should adopt the seven components set out here as the basis of thinking about their approach to improving physical activity levels. In doing so the ‘magnificent seven’ should be underpinned by strong systems leadership, active policy and partnerships and research. The seven components are:

Active environment

Active travel

Active early years and schools

Active people and families

Active workplaces and workforces

Active communities

Physical activity as medicine

Although all seven need to be considered together by policy makers and stakeholders, the Public Health Department will prioritise three in particular. It is vitally important that we build physical activity back into the environment, re-engineer physical activity back into our lives, to make physical activity an easier choice for travel and leisure and to ensure physical activity is something that all families can achieve. The three we will prioritise are:

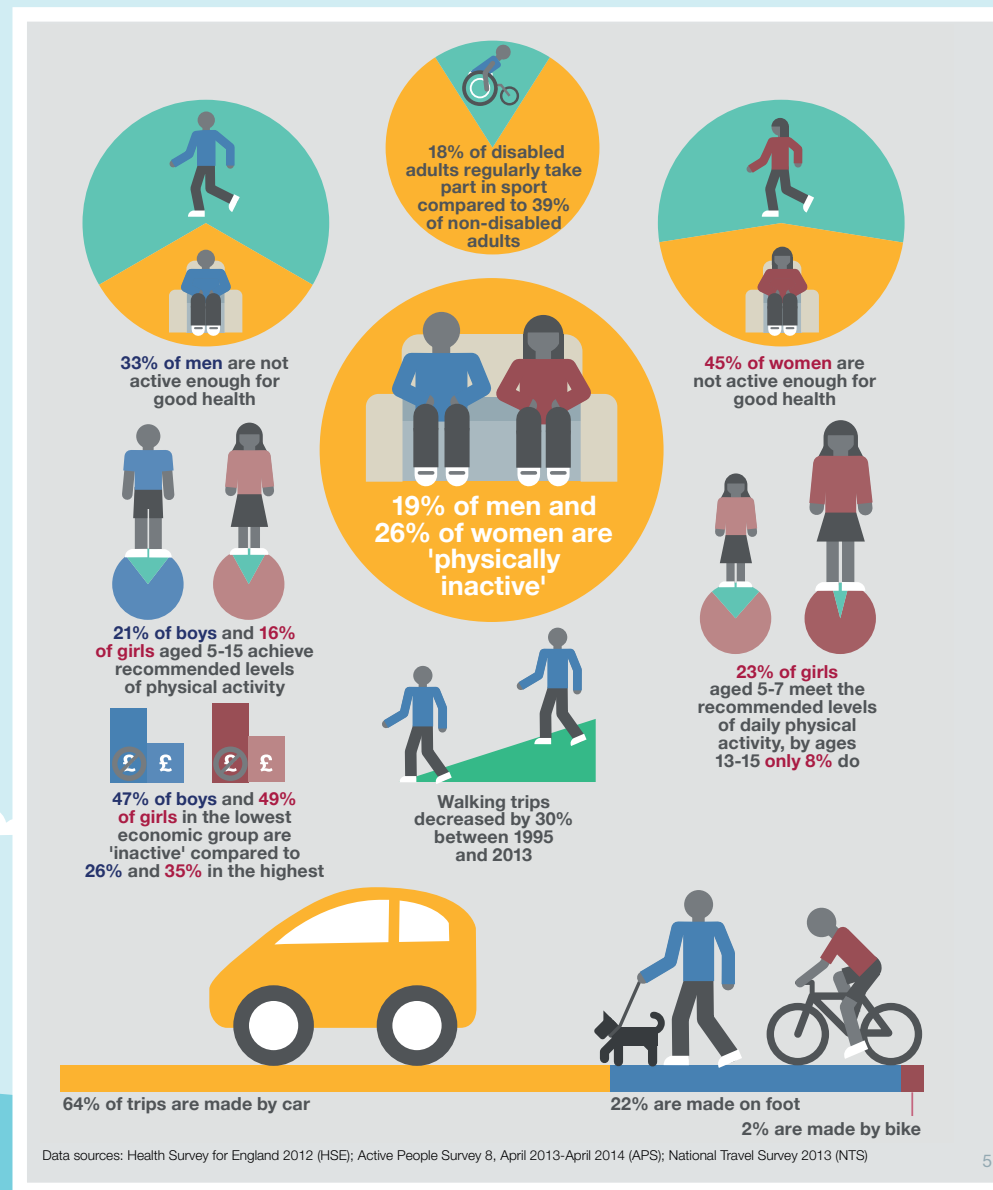
- We need to work towards a future where active design principles are embedded in planning policy and are central to planning decisions across Leicestershire. This would be facilitated by the development of healthy planning design guidance being adopted by all district local authorities. Further work is also needed to promote the use of our green assets for physical activity purposes.
- In future, we want to work more closely with local planning authorities to increase provision of active travel and high-quality walking and cycling infrastructure in new developments. Newly built areas should ideally prioritise cycling and walking as the preferred means of transport and the adoption of 20 mph limits/zones where appropriate.
- We need to prioritise those programmes aimed at families. For example, Leicestershire County Council, working in partnership with the Home Start Charities, District Councils and Leicester-Shire and Rutland Sport (LRS) have been successful in securing funding from Sport England to help low income families become more active together. The programme works directly with families to assess their physical activity needs, and co-produce bespoke activity plans with achievable, time related goals. Families receive weekly visits from volunteers who review their physical activity plans and help with difficulties they've faced, if necessary, attending activity sessions with families to boost their confidence and help them develop manageable routines. The programme ensures that there are free and low-cost family friendly physical activities in the community using outdoor gyms, parks and other green spaces. We need to learn from this programme to help identify and better target opportunities to promote affordable and flexible physical activity through culture and leisure services.

4. Why is physical inactivity a problem?

Around half of women and a third of men in England are damaging their health through a lack of physical activity and are not gaining the social, physical and mental health benefits of being active¹. This is unsustainable and costing the UK an estimated £7.4bn a year^{2,3}. If current trends continue, the increasing costs of health and social care will destabilise public services and take a toll on quality of life for individuals and communities.

Physical inactivity directly contributes to one in six deaths in the UK⁴, the same number as smoking⁵. Around a quarter of us are still classified as inactive, failing to achieve a minimum of 30 minutes of activity a week. Changes in social, cultural and economic trends have contributed to people participating in less physical activity, such as, fewer manual jobs, technology at home and work which encourages sedentary behaviours and over-reliance on cars and other motorised transport⁶.

The extent of the problem



5. Leicestershire's Physical Activity Profile

| Group | Indicator Name | Time Period | Value | |
|--------------------|--|-------------------|------------------|--|
| Key Indicators | Percentage of physically active adults | 2017/18 | 64.3% | |
| | Percentage of physically inactive adults | 2017/18 | 23.3% | |
| | Percentage of adults walking for travel at least three days per week | 2016/17 | 16.9% | |
| | Percentage of adults cycling for travel at least three days per week | 2016/17 | 2.6% | |
| | Percentage physically active for at least one hour per day seven days a week at age 15 | 2014/15 | 14.9% | |
| | Percentage with a mean daily active sedentary time in the last week over 7 hours per day at age 15 | 2014/15 | 68.8% | |
| | Percentage of adults who do any walking, at least 5 times per week | 2014/15 | 51.2% | |
| | Percentage of adults who do any walking, at least once per week | 2014/15 | 82.1% | |
| | Percentage of adults who do any cycling, at least three times per week | 2014/15 | 4.4% | |
| | Percentage of adults who do any cycling, at least once per month | 2014/15 | 15.6% | |
| | Access to woodland | 2015 | 6.9% | |
| | Utilisation of outdoor space for exercise/health reasons | Mar 2015-Feb 2016 | 20.8% | |
| Related conditions | Percentage of adults (aged 18+) classified as overweight or obese | 2017/18 | 60.6% | |
| | Reception: Prevalence of overweight (including obesity) | 2016/17 | 20.3% | |
| | Year 6: Prevalence of overweight (including obesity) | 2016/17 | 29.6% | |
| | Estimated diabetes diagnosis rate | 2018 | 79.4% | |
| | Under 75 Mortality rate from colorectal cancer | 2015-17 | 11.6 per 100,000 | |
| | Under 75 Mortality rate from breast cancer | 2015-17 | 18.9 per 100,000 | |
| | Hypertension: QOF (Quality Outcomes Framework) prevalence (all ages) | 2017/18 | 15.0% | |
| | Coronary Heart Disease (CHD): QOF (Quality Outcomes Framework) prevalence (all ages) | 2017/18 | 3.0% | |
| | Stroke: QOF (Quality Outcomes Framework) prevalence (all ages) | 2017/18 | 1.8% | |
| | Depression: Recorded prevalence (aged 18+) | 2017/18 | 11.5% | |

The percentage of physically active adults is **SIGNIFICANTLY WORSE** than the national average.

The percentage of physically inactive adults is **SIMILAR** to the national average.

The percentage of adults walking for travel at least 3 days per week is **SIGNIFICANTLY WORSE** than the national average.

The percentage of adults cycling for travel at least 3 days per week is **SIMILAR** to the national average.

The percentage of people utilising outdoor space for exercise/health reasons is **SIMILAR** to the national average

Excess weight in adults is **SIMILAR** to the national average

Excess weight in children aged 4-5 and 10-11 is **SIGNIFICANTLY BETTER** than the national average.

Under 75 mortality rate from colorectal cancer is **SIMILAR** to the national average.




Under 75 mortality rate from breast cancer is **SIMILAR** to the national average.

■ Significantly better than England
 ■ Similar to England
 ■ Significantly worse than England
 ■ Not compared
 ■ Higher than England
 ■ Lower than England

6. What are the benefits of leading an active lifestyle?

There are many benefits to leading an active lifestyle across the life course. From birth right through to later years there are physical and mental health benefits from regularly incorporating physical activity into daily life.

Table 1: Overview of the benefits physical activity can bring at different life stages

| Babies and children (birth – 5 years) | Children and young people (5 – 18 years) | Physical activity benefits for adults and older adults (18 years +) |
|---|---|--|
| <ul style="list-style-type: none">■ Builds relationships & social skills.■ Maintains healthy weight.■ Contributes to brain development & learning.■ Improves sleep.■ Develops muscles & bones.■ Encourages movement & co-ordination.  | <ul style="list-style-type: none">■ Builds confidence & social skills.■ Develops co-ordination.■ Improves concentration & learning.■ Strengthens muscles & bones.■ Improves health & fitness.■ Maintains healthy weight.■ Improves sleep.■ Makes you feel good.  | <ul style="list-style-type: none">■ Benefits health by reducing your chance of:<ul style="list-style-type: none">- Type II diabetes by 40%.- Cardiovascular disease by 35%.- Falls, depression and dementia by 30%.- Joint and back pain by 25%.- Cancers (colon and breast) by 20%.■ Improves sleep.■ Maintains healthy weight.■ Manages stress.■ Improves quality of life.  |

7. Current physical activity recommendations

The Chief Medical Officers (CMO) have set out the amount and type of physical activity we should all aim to do at each stage of our lives. These guidelines draw on global evidence for the health benefits that can be achieved by taking part in regular physical activity.

| Age group | CMOs physical activity guidelines |
|--|--|
| Early years (0-5 years) | <p>Infants (less than 1 year): Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.</p> <p>For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better.</p> <p>NB: Tummy time may be unfamiliar to babies at first, but can be increased gradually, starting from a minute or two at a time, as the baby becomes used to it. Babies should not sleep on their tummies.</p> <p>Toddlers (1-2 years): Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day, more is better.</p> <p>Pre-schoolers (3-4 years): Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.</p> |
| Children and young people (5-18 years) | <p>Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.</p> <p>Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.</p> <p>Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.</p> |
| Adults (19-64 years) | <p>For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.</p> <p>Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.</p> <p>Each week, adults should accumulate at least 150 minutes (2 ½ hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.</p> <p>Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.</p> |

Source: Department of Health and Social Care, UK Chief Medical Officers Physical Activity Guidelines (2019)
 *Moderate intensity physical activity leads to faster breathing, increased heart rate and feeling warmer, whereas vigorous intensity physical activity leads to very hard breathing, shortness of breath and a rapid heart rate.

Physical activity for adults and older adults

BUILD STRENGTH



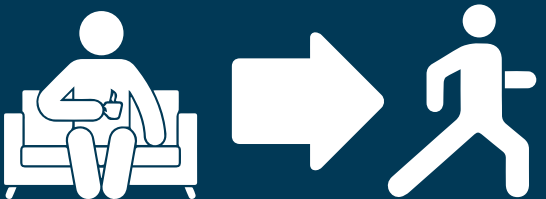
to keep muscles, bones and joints strong!

IMPROVE BALANCE



to reduce the chance of frailty and falls!

MINIMISE SEDENTARY TIME



8. How do we create a system that enables people to be more physically active?

Physical inactivity and excess weight are driven by complex environmental, societal and individual factors. A growing body of evidence suggests that a 'whole system approach' is the most effective way to address these multiple factors and is the subject of current research by Public Health England (PHE) and Leeds Beckett University. From this research, PHE have recently produced a guide for Local Authorities to develop their own whole system strategy.

This approach accepts that there is no one solution to tackle such an ingrained problem and that local action to promote healthy weight across the life course requires a coordinated collaborative approach across many different organisations to align priorities and work more closely together.

The figure below shows seven components forming Leicestershire's whole system approach to increase physical activity, where the central focus is the community. These are underpinned by strong systems leadership, active policy and partnerships and research.

For physical activity levels to rise, I am calling for organisations and policy makers to adopt these seven principles as the cornerstone of their approach. Addressing the environment, active travel, getting people and families active, focusing on early years and physical activity within schools, communities and the workplace we can help make being active a reality. The role of physical activity as medicine within healthcare is also vitally important. In this report we look at data for each of the seven principles, current work and where things need to go next.

Many issues cut across all domains and may be the responsibility of multiple agencies. Leicestershire has been an early adopter of the whole system approach. This report looks at each domain and provides an overview of the range of local issues and programmes which reflect the 'whole system' actions being used to achieve meaningful changes in the population's physical activity levels.



9. Active communities, cultural and social norms

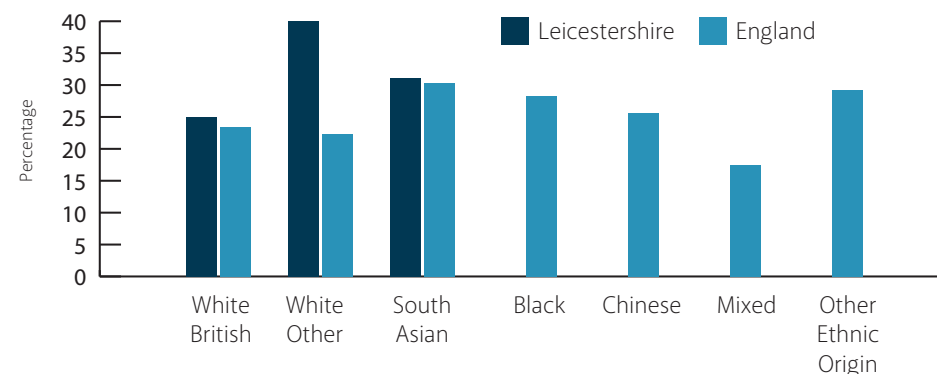
Current situation

Active communities sit at the heart of a systems approach to physical activity and our approaches need to be sensitive to cultural and social norms within those communities. There are many cultural and social barriers which inhibit some BAME (Black, Asian and Minority Ethnic) communities from participating in physical activity, it is therefore important we recognise these and plan services which address these barriers wherever possible.

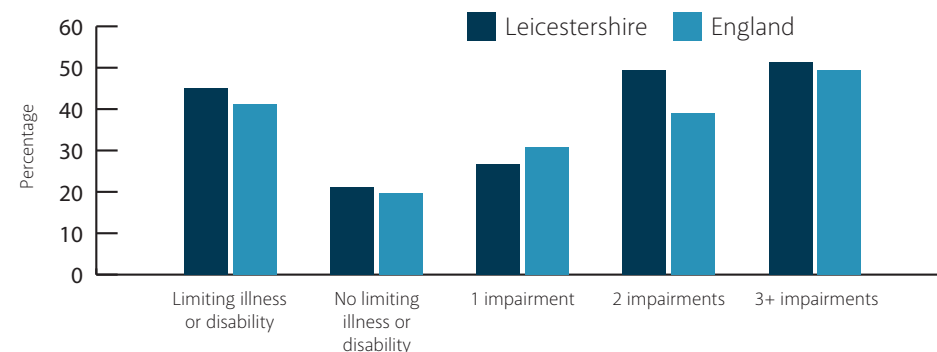
Key facts on inequalities

- **Ethnicity** - In Leicestershire, variation exists in the levels of inactivity across different ethnic groups. Those from a White Other ethnic group reported having the highest prevalence of inactivity (41.5%), followed by the South Asian group (32.3%). There is a large difference between the Leicestershire average for the White Other group and the national average (23.2%).
 - **Disability** – Both, locally and nationally, a higher proportion of those with a limiting illness or disability reported inactivity compared to those with no limiting illness or disability.
- Note: The data presented has not been tested for statistical significance; therefore, caution needs to be applied when interpreting the results.*
- Source: Sport England – Active Lives Adult Survey, 2018*
- **Occupation** – Nationally, those in in managerial and professional occupations are more likely to meet physical activity guidelines (72%) than those in routine/semi-routine occupations and never worked and long-term unemployed (54%)⁷.
 - **Sexual Orientation** - a lower proportion of those identifying as gay or lesbian (18.6%) or bisexual (17.8%) classified as being inactive compared to those identifying as heterosexual or straight (22.2%), or other (29.5%)⁸.

Physical Inactivity in adults aged 16+ by ethnicity, 2017/18



Physical Inactivity in adults aged 16+ by disability, 2017/18



Key barriers:

- BAME (Black, Asian and Minority Ethnic) individuals are influenced by four main barriers, perceptions, cultural expectations, personal barriers, and factors limiting access to facilities.
- There is evidence that individuals from the LGBT+ community can be deterred by the use of homophobic and transphobic language within sport settings and the acceptance of this language as 'banter'⁹.

What are we doing?

A conscious effort is being made to make local services as inclusive as possible and where funding and capacity allows, provide tailored sessions for groups with particular needs. An example is DHAL, a weight loss and exercise programme designed for South Asian men and women in Loughborough, which provides tailored and culturally appropriate dietary advice and physical activities sessions.

Where do we need to get to?

We need to reduce inequalities in physical activity levels, particularly in the groups described. To do this we need to undertake more comprehensive monitoring and evaluation of physical activity programmes and improve the engagement and participation of under-represented groups. More research and community engagement is needed to understand how to break down social and cultural barriers to participation and local programmes need to be able to operationalise this intelligence in order to achieve more equitable reach.

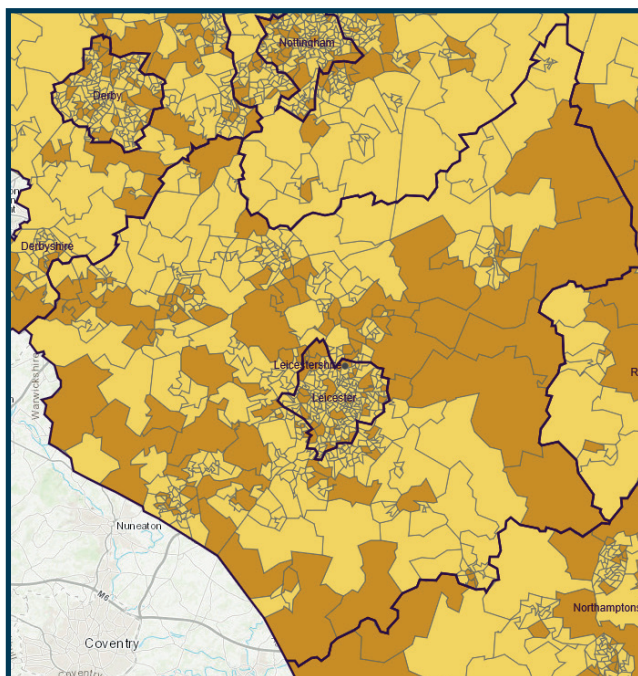
10. Active environment

Current situation

Access to open and green space – parks, gardens, tree-lined streets, communal squares and allotments is important for quality of life and for the sustainability of towns and cities. People who have close access to green space live longer than those without it. Having the open space to exercise also alleviates stress and depression and has been shown to aid mental health^{10,11}.

Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity. Both the presence of a woodland and the number of people who can readily access the space represents a significant asset to that community. Woodlands provide spaces for community activities, social connectedness, volunteering as well as employment¹².

Standards of Green Space Index Score in Leicestershire



Green Space Index (GSI)

The green space index map shows publicly accessible local park and green space provision in areas of Leicestershire. A GSI score above one indicates sufficiency in quantity of provision across different typologies of park and green space. Across Leicestershire, there is variation in the provision of park and green space. The map also shows a cluster of areas in the east of Leicestershire which show a greater than minimum level of provision of parks and green spaces.

GSI Score

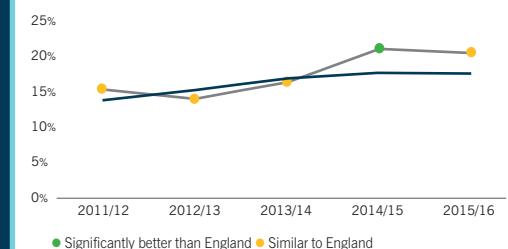
- Greater than minimum standard
- Less than minimum standard

Access to Woodland

6.9% of the population in Leicestershire has access to woodland of at least 2 hectares within 500 meters of where they live compared to 16.8% nationally.



Utilisation of outdoor space for exercise/health reasons in Leicestershire



Utilisation of outdoor space for exercise/health

In Leicestershire, there has been an increase from 2012/13 to 2014/15 in the proportion of residents utilising outdoor space for exercise/health reasons. In 2015/16 the percentage is similar to the national rate of 17.7%.

What are we doing?

There is now more joined up planning and delivery of programmes to increase the availability and use of green space which span many different organisations including local authorities, Sport England, Town and Country Planning Association and Leicester-Shire and Rutland Sport (LRS). This is leading to practical 'on the ground' improvements which increase and encourage physical activity. Examples include work by senior officers to embed the principles of building 'Active environments' into the many new housing developments across Leicestershire. This is helping to increase newly built areas with additional pathways and cycle paths, which encourage walking and cycling to be the preferred method of transport; speed restrictions to make it safer for pedestrians, better public transport links to reduce dependence on the car and more green areas, including allotments, sport and recreational areas.

Where do we need to get to?

We need to work towards a future where active design principles are embedded in planning policy and are central to planning decisions across Leicestershire. This would be facilitated by the development of healthy planning design guidance being adopted by all district local authorities. Further work is also needed to promote the use of our green assets for physical activity purposes.



11. Active travel

Current situation

Choosing to walk or cycle instead of using a car or public transport is a way of incorporating physical activity routinely into daily lives. Modern dependence on the car, even for short journeys, has significantly reduced the population’s activity levels – and is something we see dramatically in the reduction of school children walking or cycling to school every day.

Parents report that a shortage of time, or confidence that the environment is safe for children to travel independently, are reasons for opting to use the car to take children to school.

Similar difficulties apply to adults getting to work, often in locations that are hard to reach by public transport or far enough away that they feel they need to commute by car.

Percentage of adults (aged 16+) walking for travel at least three days per week

| AREA | 2015/16 | 2016/17 |
|---------------------------|---------|---------|
| Blaby | 15.3% | 15.9% |
| Charnwood | 18.9% | 17.1% |
| Harborough | 16.6% | 19.2% |
| Hinckley and Bosworth | 13.2% | 13.6% |
| Melton | 14.1% | 19.2% |
| North West Leicestershire | 12.8% | 14.8% |
| Oadby and Wigston | 20.8% | 22.6% |
| Leicestershire | 16.1% | 16.9% |
| England | 22.7% | 22.9% |

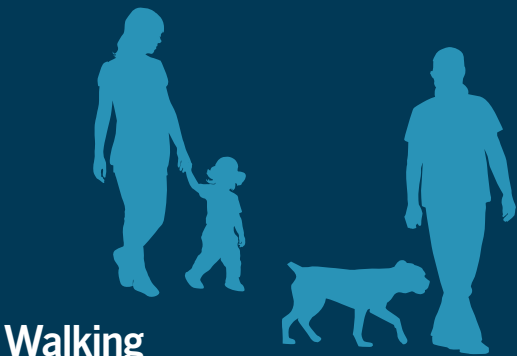
Source: Public Health England (2019), Physical Activity Profile

Percentage of adults (aged 16+) cycling for travel at least three days per week

| AREA | 2015/16 | 2016/17 |
|---------------------------|---------|---------|
| Blaby | 1.2% | 2.7% |
| Charnwood | 4.2% | 3.6% |
| Harborough | 1.8% | 3.2% |
| Hinckley and Bosworth | 2.8% | 2.0% |
| Melton | 1.2% | 0.8% |
| North West Leicestershire | 1.9% | 2.0% |
| Oadby and Wigston | 2.4% | 2.3% |
| Leicestershire | 2.5% | 2.6% |
| England | 3.3% | 3.3% |

Source: Public Health England (2019), Physical Activity Profile

Statistical significance compared to England ■ Lower (worse) ■ Similar



Walking

Leicestershire has a significantly lower proportion of adults walking for travel at least three days per week in comparison to England. This varied by district with four of Leicestershire’s districts (Blaby, Charnwood, Hinckley and Bosworth and North West Leicestershire) performing significantly worse than the national average. Oadby and Wigston has the highest proportion of adults walking for travel at least three days per week in 2016/17.



Cycling

Leicestershire has a similar proportion of adults cycling for travel at least three days per week in comparison to England. In 2016/17, Melton was the only district that has a significantly lower proportion of adults cycling for travel at least three days per week in comparison to England, all other districts have a similar proportion to England. Charnwood has the highest proportion of adults cycling for travel at least three days per week in 2016/17.

More **WALKING** and **CYCLING** also has the potential to achieve related policy objectives:



**SUPPORTS LOCAL
BUSINESSES**
and promotes **VIBRANT
TOWN CENTRES**



PROVIDES
A HIGH-QUALITY
APPEALING PUBLIC REALM



REDUCES
ROAD DANGER & NOISE

REDUCES



CAR TRAVEL
AIR POLLUTION
carbon dioxide emissions
AND CONGESTION



INCREASES

the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play

& PROVIDES

an opportunity for everyone, including people with impairments, to experience and enjoy the outdoor environment.

What are we doing?

With a key focus on school children, schools are encouraged through Leicestershire County Council's 'Choose How you Move' team to adopt a 'Whole School Approach' to promoting Active Travel, including developing a School Travel Plan and through participating in 'Mode-Shift Star'. A new Active Travel Schools Officer has increased the number of children walking or cycling to school by establishing Park and Stride sites and a no-waiting clear zone at two schools experiencing problems with school-gate congestion and safety problems. Educational campaigns, competitions and incentives have been introduced to increase levels of active travel by pupils.

There is also lots of workplace activity to reduce car-based commuting. Support and grants up to £5,000 are available to small businesses to overcome barriers to active travel. Examples of grant funding last year included a bike repair station, showers and bike parking, EV charging points, and walking clothing.

Leicestershire County Council has a pool of four electric bikes for staff use on duty, which are popular for meetings and site visits. They also have a fleet of ten electric bikes that are given to businesses for a six-week period for their staff to use for commuting and leisure. Bikes, locks, coats, panniers and training, along with personalised route support are provided and so far, over 35% of users have continued to commute by bike or electric bike once the pilot scheme ended.

Where do we need to get to?

In future, we want to work more closely with local planning authorities to increase provision of active travel and high-quality walking infrastructure in new developments. Newly built areas should ideally prioritise cycling and walking as the preferred means of transport and the adoption of 20 mph limits/zones created where appropriate.



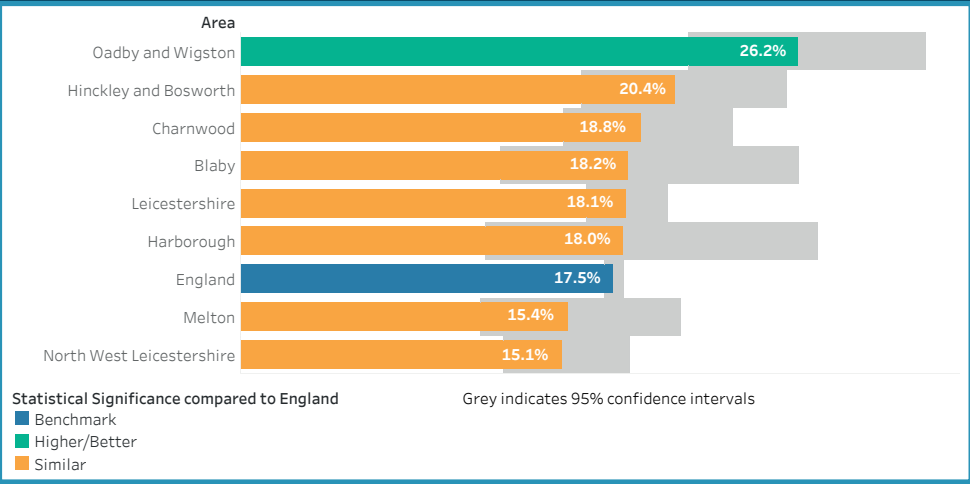
12. Active early years and schools

Current situation

Children and young people’s participation in physical activity is important for their healthy growth and development. It can reduce the risk of chronic conditions (for example, obesity) and improve their general health and wellbeing. The best way to encourage children and young people to be physically active may differ according to their age, developmental stage, culture and gender. For example, improving their physical skills and general ability to participate may make physical activity more enjoyable. It may also help increase their activity levels throughout childhood and into adulthood¹³.

Physical Activity Levels in children and young people aged 5-16 in Leicestershire – 2017/18

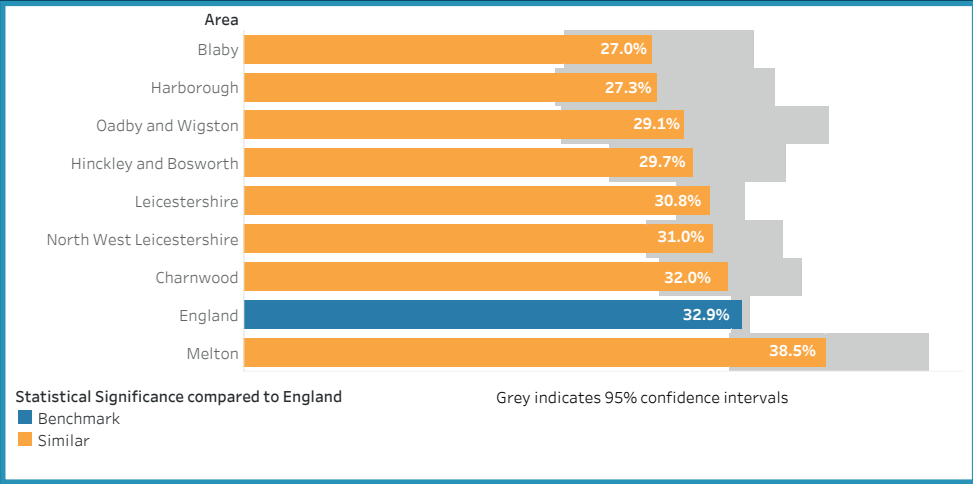
Physical Activity - Active (60+ minutes of activity, every day of the week)



Nationally, 17.5% of children aged 5 to 16 were active. In Leicestershire, 18.1% of children were active, this is similar to the national average. Oadby and Wigston had the highest percentage of children who met the recommendation (26.2%) and was the only district with a significantly higher proportion of children meeting the recommendation compared to the national average. All other districts had similar proportions to the national average, with North West Leicestershire (15.1%) having the lowest proportion.

Source: Sport England – Active Lives Children and Young People Survey (2018)

Physical Activity – Less Active (less than an average of 30 minutes a day)

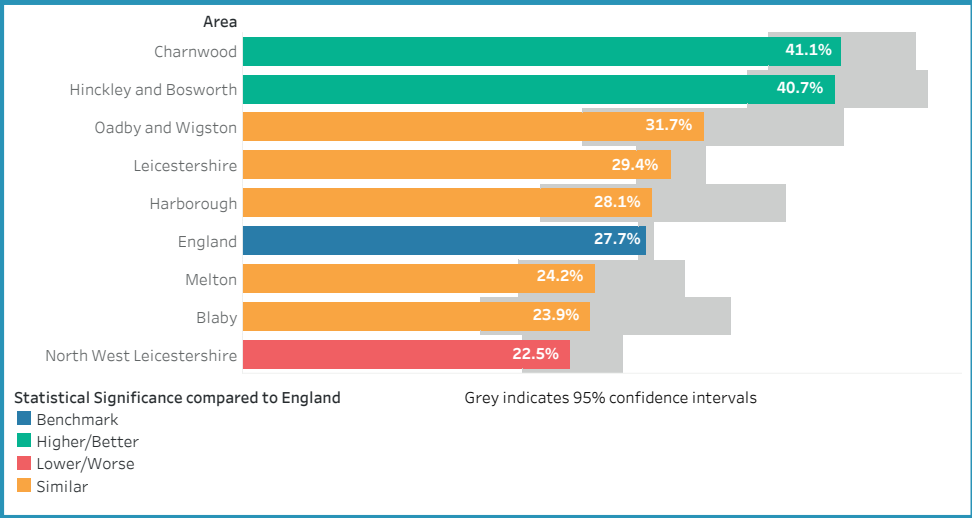


Nationally, just under one third (32.9%) of children aged 5 to 16 were ‘less active’ (did less than 30 minutes of physical activity a day). In Leicestershire, 30.8% of children were ‘less active’, this is similar to the national average. Melton (38.5%) had the highest proportion of ‘less active’ children and Blaby (27.0%) had the lowest proportion. All districts have a similar prevalence of less active children aged 5 to 16 compared the national average.

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019

Physical Activity Levels at school* for children in school years 1 to 11 in Leicestershire – 2017/18

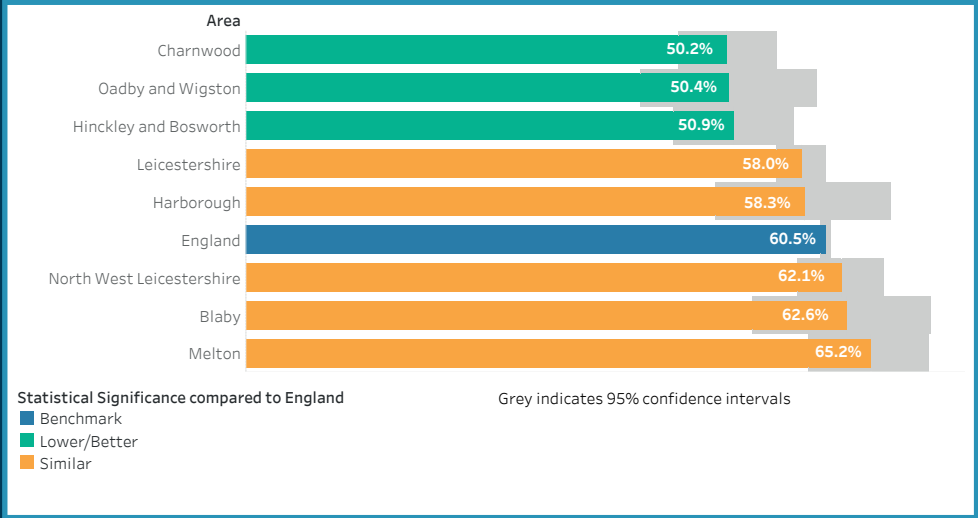
Physical Activity - Active (30+ minutes of activity, every day)



Nationally, 27.7% of children in school years 1 to 11 were active in school. In Leicestershire, 29.4% of children in school years 1 to 11 were active in school, this is similar to the national average. Charnwood (41.1%) and Hinckley and Bosworth (40.7%) had a significantly higher proportion of children who were active in school compared to the national average, whilst North West Leicestershire (22.5%) had a significantly lower proportion of children that were active in school.

Source: Sport England – Active Lives Children and Young People Survey (2018)

Physical Activity – Less Active (less than an average of 30 minutes of activity a day)



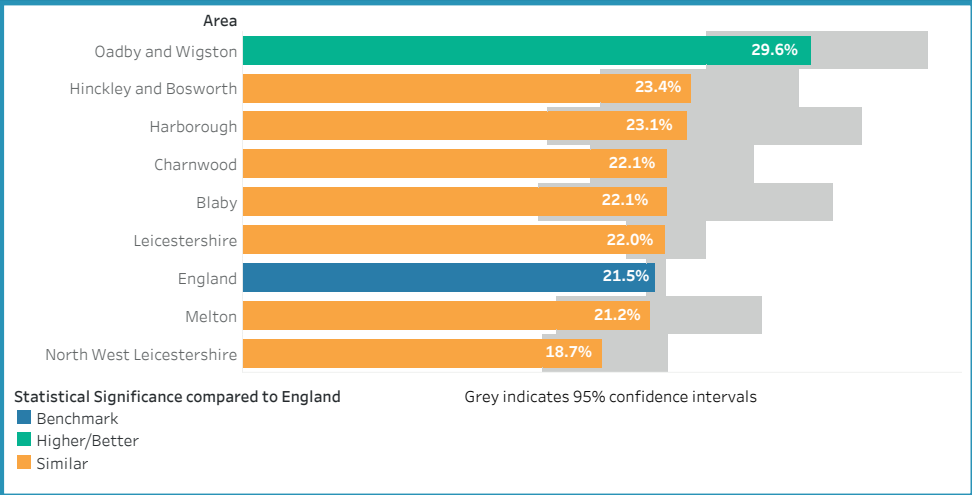
Nationally, 60.5% of children in school years 1 to 11 were less active in school. In Leicestershire, 58% of children in school years 1 to 11 were less active in school, this is similar to the national average. Charnwood (50.2%), Oadby and Wigston (50.4%) and Hinckley and Bosworth (50.9%) had a significantly lower (better) proportion of children who were less active in school compared to the national average.

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2019

* 'At school' refers to activity done while at school, during normal school hours. It includes activities in PE lessons and break times but excludes activities at before and after school clubs, even if these take place at school.

Physical Activity Levels outside** school for children in school years 1 to 11 in Leicestershire – 2017/18

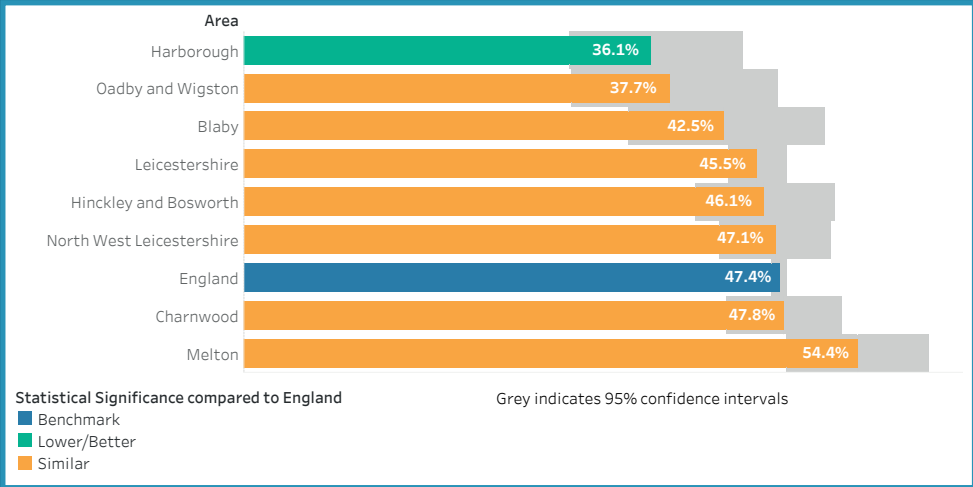
Physical Activity - Active (30+ minutes of activity, every day)



Nationally, 21.5% of children in school years 1 to 11 were active outside of school. In Leicestershire, 22% of children in school years 1 to 11 were active outside of school, this is similar to the national average. Oadby and Wigston (29.6%) was the only district to have a significantly higher percentage of children being active outside of school compared to the national average.

Source: Sport England – Active Lives Children and Young People Survey (2017/18)

Physical Activity – Less Active (less than an average of 30 minutes of activity a day)



Nationally, 47.4% of children in school years 1 to 11 were less active outside of school. In Leicestershire, 45.5% of children in school years 1 to 11 were less active outside of school, this is similar to the national average. Harborough (36.1%) was the only district to have a significantly lower (better) percentage of children being less active outside of school compared to the national average.

** ‘outside school’ refers to activity done outside of school hours. It includes anything done before getting to school and after leaving school (including travel to/from), as well as activity done at the weekend, on holiday days and before and after school clubs, even if these took place at school.

What are we doing?

In September 2020 all schools will have to deliver statutory Health Education (including teaching about healthy eating and physical activity) following the DfE statutory Guidance issued in June 2019.

In Leicestershire, a broad range of programmes are already offered to keep pre-school and primary school children as active as possible. Public Health's Healthy Tots (www.leicestershirehealthytots.org.uk) and Healthy Schools (www.leicestershirehealthyschools.org.uk) programmes provide comprehensive resources and training for schools and early years settings to help deliver 'purposeful play' and high quality PE lessons.

Public Health have also developed, in collaboration with LRS and the Seven School Sports and Physical Activity Network (SSPAN), a 'Whole School Approach to Physical Activity' (WSAPA), which is available for all schools through SSPAN, it includes a focus on:

- Increasing schools' engagement in active travel initiatives
- Delivering Fundamental movement skills programmes
- Developing new inactivity programmes
- Introducing the "Daily boost" (daily mile) programme into Primary schools

The WSAPA approach encourages schools to plan and deliver physical activity interventions in each of the following seven themes (or principles):

- develop and deliver multi-component interventions
- ensure skilled workforce
- engage student voice
- create active environments
- offer choice and variety
- embed in curriculum, teaching and learning
- embed monitoring and evaluation

Where do we need to get to?

There remain gaps in the provision of comprehensive physical activity programmes across the 0-16 age group. In particular, evidence shows the number of pre-school children that are physically under-developed and overweight is increasing year on year, and more pupils are reaching reception year, not physically and emotionally 'school ready'.

This can be best addressed through additional work in pre-school settings and with parents generally, to promote 'active play' and by encouraging the uptake of the Whole School Approach to Physical Activity' (WSAPA) programme across all Leicestershire Schools.

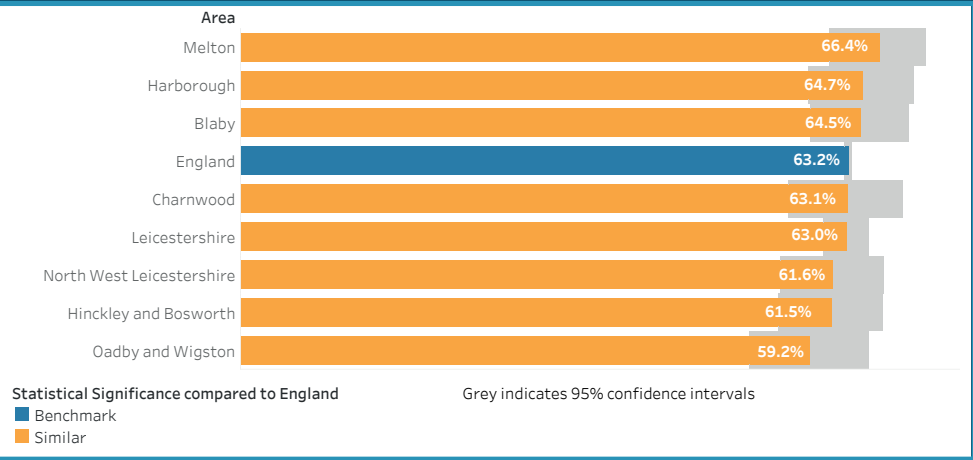
13. Active people and families

Current situation

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year¹⁵.

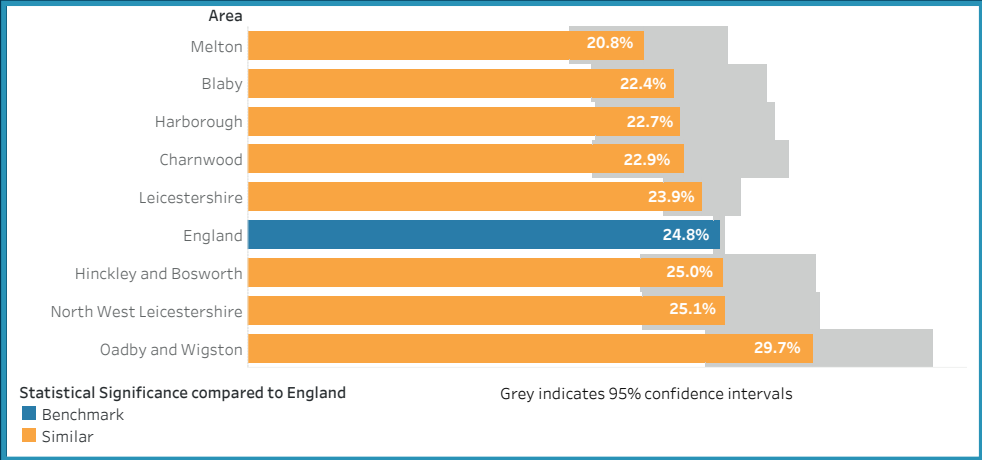
Physical Activity Levels in adults aged 16+ in Leicestershire – November 2018/19

Physical Activity - Active (150+ minutes of activity a week)



Nationally, 63.2% of adults aged 16 and over were active. In Leicestershire, 63% of adults aged 16 and over were active, this is similar to the national average. All districts had a statistically similar prevalence of active adults aged 16 and over in comparison to England. Out of all the districts, Melton (66.4%) had the highest proportion of active adults aged 16 and over and Oadby and Wigston (59.2%) had the lowest proportion of active adults.

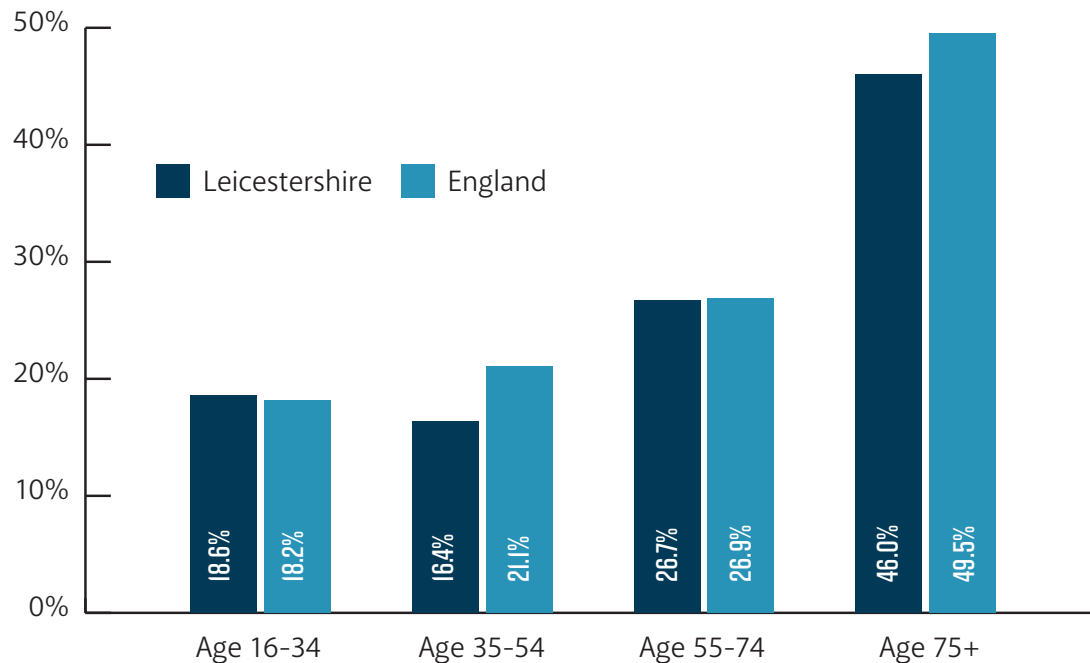
Physical Activity – less active (less than 30 minutes of activity a week)



Nationally, 24.8% of adults aged 16 and over were less active. In Leicestershire, 23.9% of adults aged 16 and over were less active, this is similar to the national average. All districts have a similar prevalence of less active adults aged 16 and over in comparison to England. Oadby and Wigston (29.7%) had the highest proportion of less active adults aged 16 and over, whilst Melton (20.8%) had the lowest proportion.

Less Active Levels in adults aged 16+ in Leicestershire by age group – May 2018/19

Less active Adults by age

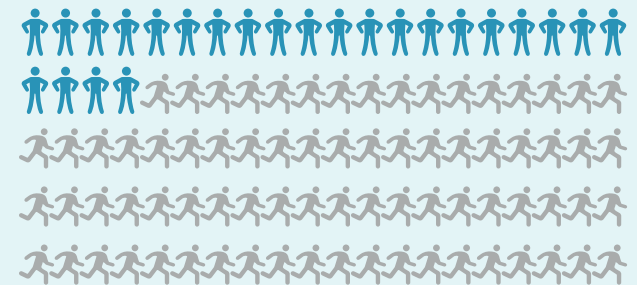


PHYSICAL ACTIVITY – LESS ACTIVE

(less than 30 minutes of activity a week) by age

Nationally the percentage of less active adults increases as age increases, in Leicestershire, the percentage of less active adults increases from age 35 and over.

23.9%
ADULTS
AGED 16+
IN LEICESTERSHIRE
ARE LESS
ACTIVE



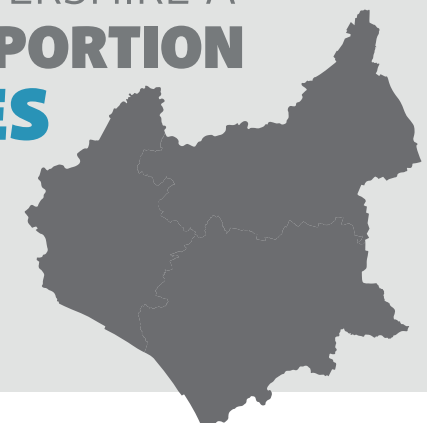
21.7% MALES LESS ACTIVE
IN LEICESTERSHIRE



25.6% FEMALES LESS ACTIVE
IN LEICESTERSHIRE



ACROSS LEICESTERSHIRE A
HIGHER PROPORTION
OF **FEMALES**
WERE LESS ACTIVE
COMPARED WITH
MALES



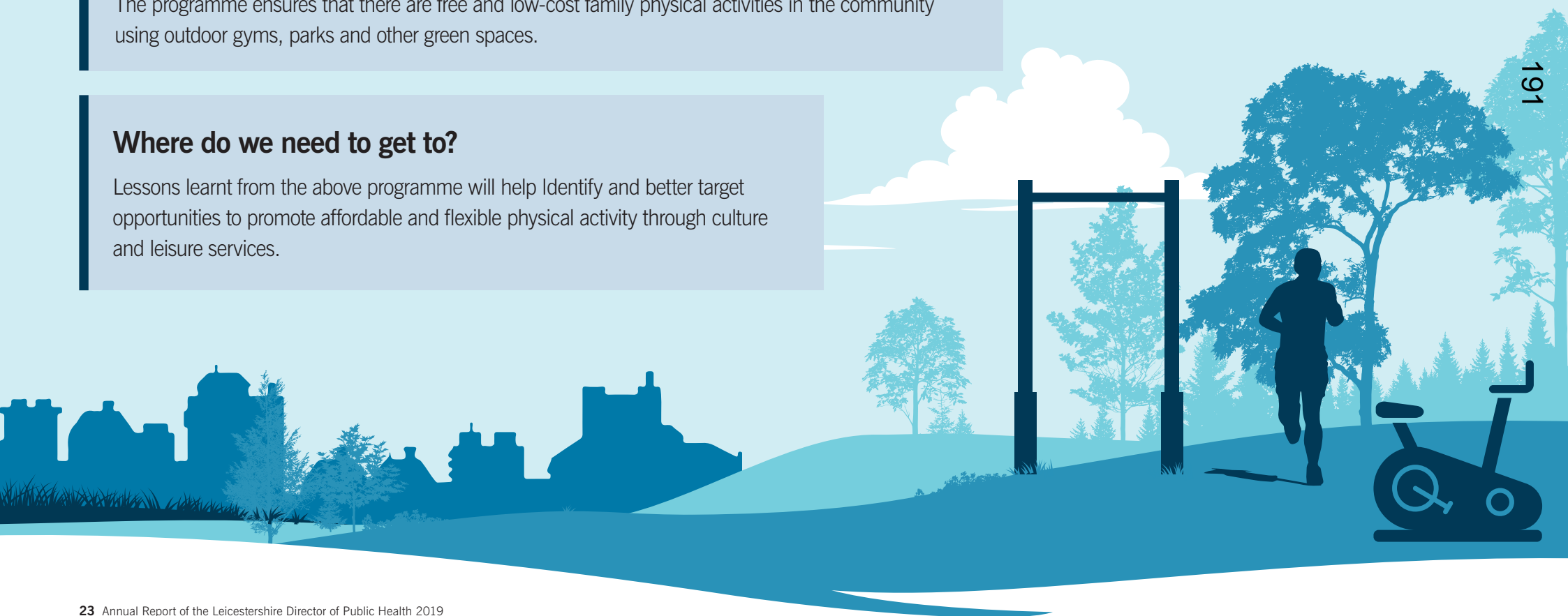
What are we doing?

Leicestershire's district and borough councils all provide a comprehensive programme of events and campaigns throughout the year to increase physical activity, aimed at all ages and abilities and at addressing barriers to participation. This is partly funded by the Public Health Department.

Programmes include those aimed at families. For example, Leicestershire County Council, working in partnership with the Home Start Charities, district / borough councils and LRS have been successful in securing funding from Sport England to help low income families become more active together. The programme works directly with families to assess their physical activity needs, and co-produce bespoke activity plans with achievable, time related goals. Families receive weekly visits from volunteers who review their physical activity plans and help with difficulties they've faced, if necessary, attending activity sessions with families to boost their confidence and help them develop manageable routines. The programme ensures that there are free and low-cost family physical activities in the community using outdoor gyms, parks and other green spaces.

Where do we need to get to?

Lessons learnt from the above programme will help identify and better target opportunities to promote affordable and flexible physical activity through culture and leisure services.



14. Active workplaces and workforces

Current situation

Life has become increasingly sedentary, with many people being employed in sedentary occupations. Being physically inactive at work has increased in recent decades. Long periods of sitting may increase the risk of obesity, heart disease, and premature death¹⁶. Estimates show a 5% increase in the risk of obesity and 7% increase in the risk of diabetes associated with every two-hour per day increase in sitting time at work¹⁷. It has also been estimated that those who sit for eight to 11 hours per day are at a 15% increased risk of death in the next three years than those who sit for less than four hours per day, whilst the risk increases to 40% for those who sit for more than 11 hours per day¹⁸.

30.8 MILLION

WORKING DAYS LOST

Due to **MUSCULOSKELETAL CONDITIONS** in England in 2016



15.8 MILLION

WORKING DAYS LOST

Due to **MENTAL HEALTH ISSUES** in England in 2016



PHYSICAL ACTIVITY PROGRAMMES AT WORK



**REDUCE
ABSENTEEISM**

by up to

20%

27%

**FEWER
SICK DAYS**

taken by physically
active workers

What are we doing?

Leicestershire County Council's Public Health Department and six local authorities have funded LRS to develop a 'Wellbeing @ Work' package which organisations across LLR can access free of charge, to support the implementation of workplace health initiatives. One of the major programmes is the Workplace Health Needs Assessment which provides practical advice on Workplace Health and standardised survey questions to identify the key priority areas for businesses to support their staff, including healthy eating, physical activity, smoking and alcohol awareness and sleep and stress management.

Where do we need to get to?

We will work with employers to encourage a health needs assessment of their workforce and to introduce interventions to reduce sedentary time at work and support people as they transition into retirement to continue to be active.



15. Physical activity as medicine

LEICESTERSHIRE RESIDENTS



Source: PHE, Public Health Outcomes Framework

60.6%
OF ADULTS
AGED 18+
ARE CLASSIFIED AS
OVERWEIGHT or
OBESE (2017/18)

6.8% DIAGNOSED
with **DIABETES** on
GP registers in 2017/18

Source: Quality Outcomes Framework, 2017/18



7,470
EMERGENCY
ADMISSIONS

from 2013/14- 17/18 were for **CORONARY HEART DISEASE** (average of 1,500 per year)

Source: PHE, Local Health Profile

4,439 EMERGENCY
ADMISSIONS FROM
2013/14- 17/18 were for
HEART ATTACKS

(average of nearly 900 per year)



Source: PHE, Local Health Profile

4,226 DEATHS

from 2015-17 were from
CARDIOVASCULAR DISEASE
(average of 2,100 per year)

Source: PHE, Productive Healthy Ageing Profile

2,455 AGED 65+

admitted to hospital for a **FALL** in 2017/18
PHE, Public Health Outcomes Framework



17.2%
reported a long-term
MUSCULOSKELETAL
PROBLEM
DURING 2017-18

Source: PHE, Productive Healthy Ageing Profile



20.2%
of those also reported
DEPRESSION
or **ANXIETY**
in 2016 - 2017

What are we doing?

Physical activity is often an essential part of recovery from long-term illness or surgery and can be used to slow-down physical deterioration from chronic conditions. However, it is essential that a health professional or trained advisor ensures that the chosen activity is both safe and suitable for that individual.

The Leicestershire Exercise Referral (ER) programme is a well-established programme for patients that are sedentary or inactive and have a medical condition or chronic illness which would be improved by increased physical activity. Patients are offered a 12 week, tailored physical activity programme, following an assessment by a BACPR (British Association for Cardiovascular Prevention and Rehabilitation) qualified Level 3 / 4 Instructor. Level 4 Instructors can support patients in higher risk categories, such as cardiac and Chronic Obstructive Pulmonary Disease (COPD) rehabilitation, morbid obesity, etc. In 2018-19, the programme received 4,127 referrals.

For people over 65, Leicestershire's 'Steady Steps' is a community-based 24 week exercise programme that aims to improve strength and balance. The programme has been shown to reduce the number, cost and long-term complications of falls in older people (aged 65 and above). In clinical trials, it has been shown to reduce injurious falls by 40% in targeted populations and pilot data from Leicestershire and Rutland shows an 18% reduction in falls.

Where do we need to get to?

Clinical Commission Groups (CCGS) and the local authority should review opportunities to jointly commission weight management services, establishing a route for oversight and accountability of this. These services include tier 3 (multi-disciplinary specialist services targeting patients at high or immediate risk as a result of obesity and obesity-related ill-health) specialist services and physical activity pathways for disease prevention and management (including cancer, cardiorespiratory, falls, obesity, back pain / musculoskeletal problems).

In addition, there are potentially many opportunities to make social prescribing of physical activities such as guided walking, gardening or light conservation work, viable alternatives to attending a gym or prescribing unnecessary medicines.



16. Feedback on recommendations for 2018

Social isolation/Loneliness

The council's 'tackling loneliness and social isolation' project, alongside the government strategy for tackling loneliness, will provide further opportunities for the whole council to do more on loneliness.

Response

Following the successful County Council led, multi agency loneliness conference held in late 2018, the County Council made tackling loneliness one of its priorities. A three year loneliness action plan has been developed that prioritises work with children and young people, young adults (aged 16-34), adults with a learning disability, dementia or who are unemployed and older people from BME groups and from the LGBT community. Community Grants have invested in infrastructure such as 'friendly benches' to help provide a focal point for communities to come together and the work of public health services such as local area coordination are key in working with a wide variety of individuals and groups to tackle social isolation.

Promote social prescribing in Leicestershire

I will ensure that the model for social prescribing in Leicestershire, with public health services at its heart, continues to be integral to the emerging integrated locality teams (ILTs).

Response

Public Health has provided support to the development of integrated locality teams, notably through the input of Simon Dalby, head of service for local area coordination, to the Hinkley ILT. Through 2019, Public Health has worked with CCGs to ensure that social prescribing link workers in the emerging primary care networks are part of the Leicestershire social prescribing 'family'. Public Health will provide a support package to those workers. Through the work of the Unified Prevention Board, a sub-group of the Leicestershire Health and Well Being Board, social prescribing support has been provided to other initiatives such as People's Zones, a police-led initiative.

Falls

We will continue to support the implementation of the falls programme, with an emphasis on evaluating the effectiveness of postural stability programmes.

Response

Leicestershire now has a CCG-funded postural stability instruction programme running in each of the district council leisure services and Public Health-funded maintenance programmes. The programmes in Leicestershire have contributed performance data to a newly developed Implementation Toolkit for the Falls Management Exercise (FaME – PSI) programme. The toolkit was developed by researchers at the University of Nottingham in collaboration with Leicestershire County Council. Further information is available at www.nottingham.ac.uk/research/groups/injuryresearch/projects/physical/index.aspx

Physical activity

Working with partners in Leicester-Shire and Rutland Sport (LRS) and district councils, the public health department will ensure that muscle strengthening activity and physical activities of older people are reflected in sport and physical activity plans.

Response

All district physical activity plans in 2018/19 prioritised physical activity in older adults including the provision of evidence-based programmes to improve muscle strength and balance.

Carers

Within public health, I will ensure we play our part in the implementation of the Carer's strategy, ensuring that public health information services provide good advice to carers.

Response

Detailed action plans have been developed for the priorities in the carers strategy. Priority 3 concerns the provision of information to carers so that they can seek the best support from health and social care colleagues, as well as broader issues such as welfare advice. The First Contact Plus service, provided by public health, is a core part of that information and advice support.

Support the health system to treat the person, not the individual conditions

Through the specialist support provided by public health consultants to CCGs and the broader health system, public health can play its part in redesigning pathways to take account of frailty and multi-morbidity.

Response

A detailed chapter on multi-morbidity and frailty has been published as part of the Joint Strategic Needs Assessment (JSNA). This chapter, and ongoing work through the prevention workstream of the NHS Sustainability and Transformation Partnership (STP) and the population health management working group, are considering which cohorts of people with multiple conditions would be more amenable to preventative action. Public Health continues to support the work of a number of groups, such as the Integrated Community Board (ICB) and the Primary Care Board (PCB) in providing a public health and population perspectives to redesign work within health.

17. References

- ¹Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre.
- ²Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33 (4): 527-535.
- ³Ossa D and Hutton J (2002) The economic burden of physical inactivity in England. London: MEDTAP International
- ⁴Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29
- ⁵Health & Social Care Information centre (2014) Statistics on Smoking, England - 2014. Leeds: Health and Social Care Information Centre.
- ⁶Public Health England (2014). Everybody active, every day. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf
- ⁷Sport England (2019). Active Lives Adults Survey, November 17/18 report. Available at: **www.sportengland.org/media/13898/active-lives-adult-november-17-18-report.pdf**
- ⁸Sport England (2018) Active Lives Online Tool. May 2017/18. Available at: **<https://activelives.sportengland.org/>**
- ⁹Pride Sports and Sport England (2016) Sport, Physical Activity & LGBT. Available at:
www.sportengland.org/media/11116/pride-sport-sport-physical-activity-and-lgbt-report-2016.pdf
- ¹⁰Van den Berg, A.E., Hartig, T. and Staats, H. (2007) 'Preference for nature in urbanised societies: Stress, restoration and the pursuit of sustainability', *Journal of Social Issues*, (63), 79–96. Cited by: Public Health England (2014) Everybody active, every day: What works – the evidence. Available at: **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf**
- ¹¹Chiesura, A. (2004) 'The role of urban parks for the sustainable city', *Landscape and Urban Planning*, (68), 129–138.
- ¹²Ward –Thompson C., Aspinall, P., Bell, S., Findlay, C., Wherrett, J. and Travlou, P., 2004. Open Space and Social Inclusion. UK: Forestry Commission
www.woodlandtrust.org.uk/publications/2013/10/healthy-woods-healthy-lives
www.gov.uk/government/organisations/natural-england
- ¹³National Institute for Healthcare and Excellence (2009). Physical activity for children and young people. Available at:
www.nice.org.uk/guidance/ph17/chapter/2-Public-health-need-and-practice
- ¹⁴British Heart Foundation (2017) Physical Inactivity and Sedentary Behaviour Report. Available at:
www.bhf.org.uk/informationsupport/publications/statistics/physical-inactivity-report-2017

¹⁵ Department of Health, 2011. Start Active, Stay Active: A report on physical activity for health from the four home countries Available at:
www.sportengland.org/media/2928/dh_128210.pdf

¹⁶ Shrestha N, Kukkonen-Harjula KT, Verbeek JH, Ijaz S, Hermans V, Pedisic Z. Workplace interventions for reducing sitting at work. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD010912. DOI: 10.1002/14651858.CD010912.pub5.

¹⁷ Hu FB, Li TY, Colditz GA, Willett WC, Manson JE, (2003) Television watching and other sedentary behaviours in relation to risk of obesity and type 2 diabetes mellitus in women. JAMA 2003;289(14):1785-91.

¹⁸ Ploeg HP, Chey T, Korda RJ, Banks E, Bauman A, (2012) Sitting time and all-cause mortality risk in 222 497 Australian adults. Archives of Internal Medicine 2012;172(6):494-500.