

PROPOSAL FOR A LOCALITY DELIVERY MODEL TO INCREASE PHYSICAL ACTIVITY LEVELS ACROSS CAMBRIDGESHIRE

To: Health Committee

Meeting Date: 8 September 2016

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: 2016/058 **Key decision:** Yes

Purpose: The purpose of this paper is to present and secure Health Committee support for funding the proposal for a collaborative countywide physical activity Programme.

Recommendation: That the Health Committee approves the following.

- Approve and support the implementation of the collaborative countywide physical activity programme “Cambridgeshire Lets Get Moving”.
- The use of Public Health reserves to fund the Programme at a total cost of £513,000 for an initial two years, with a view to identifying ongoing sources of funding after the initial two years, if positive evaluation outcomes are achieved.

<i>Officer contact:</i>	
Name:	Val Thomas/Jayne Wisely
Post:	
Email:	Val.thomas@cambridgeshire.gov.uk
Tel:	01223 703264

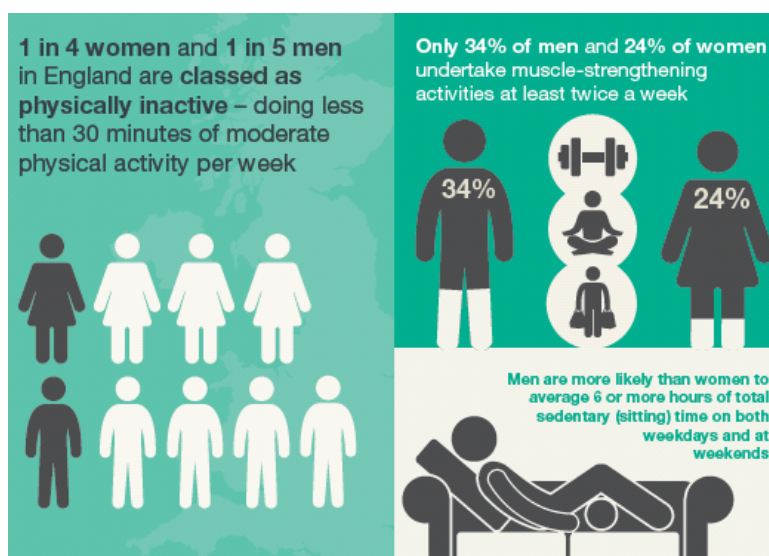
1. BACKGROUND

- 1.1 This proposal and the request for funding have been developed through the Cambridgeshire Public Health Reference Group (PHRG). The PHRG provides whole system leadership and multi-agency co-ordination for public health initiatives in Cambridgeshire. It also provides governance for Priority 3 of the Health and Wellbeing Strategy, “Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices”. It has a wide membership that includes CCC, the district councils, Cambridgeshire and Peterborough CCG, the voluntary sector and academics from Cambridge University.
- 1.2 Following its inception the PHRG reviewed the need and evidence for promoting and establishing improved public health outcomes. A healthy diet and physical activity, as determinants of a healthy weight, along with community engagement, were identified as the areas that the PHRG would in the first instance prioritise. Two Task and Finish Groups were established to take forward the work
- 1.3 The first Task and Finish Group focused upon implementing a number of pilot diet and physical activity projects. This led to the generation of the proposal under consideration in this paper, for a collaborative initiative between the District Councils and their partners to provide a countywide physical activity programme that would involve targeting areas and groups with high need. The proposal has been reviewed by the PHRG, which approves and supports it. .
- 1.4 The second Task and Finish Group has overseen the development of the “Healthy Weight Strategy” which secured the support of the Health Committee (July 2016 meeting) to proceed to further engagement and consultation with stakeholders and the public, and will be launched later this month. . The main aim of the Strategy is to increase the proportion of healthy weight children and adults in Cambridgeshire through improving the levels of healthy eating physical activity. The central theme of the Strategy is that it will require collaboration across the system to achieve its aim and objectives.

2. MAIN ISSUES

- 2.1 Inactivity or sedentary behaviour is associated with poor health at all ages. Being physically active is good for overall health and also contributes towards addressing obesity and maintaining a healthy weight. However there is a substantial number of people in England who have a low level of physical activity. The population is around 20% less active than in 1961. If current trends continue, it will be 35% less active by 2030. Half of women and one third of men are not active enough to stay healthy. Only 21% of boys and 16% of girls aged 5 to 15 in England take the amount of physical activity they need for good development. Physical inactivity is associated with health inequalities as people living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.

Figure 2: Physical activity in England



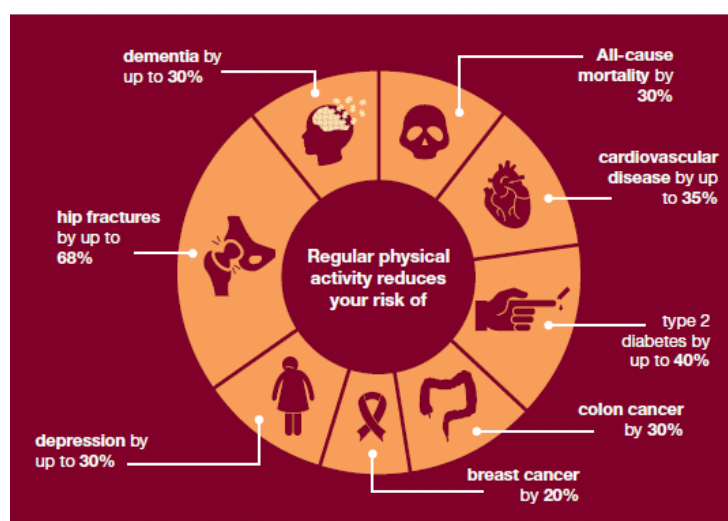
Source: Public Health England. Health Matters 2016

In Cambridgeshire 58% of adults are estimated to be active and 25% inactive. In Fenland the figure for those being active is 48% and for inactivity it is 37%. In terms of obesity, 64% of adults and 27% of 11 year olds are estimated to have an unhealthy weight.

- 2.2** The benefits of physical activity are extensive It is associated with the prevention of a range of physical and mental health conditions. Physical activity has been found to be key in the prevention and management of 20 long term conditions which includes coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems, and musculoskeletal conditions. 1 in 3 of the working age population have at least 1 long term condition and 1 in 7 have more than one.

Figure 2 identifies some of the most common conditions influenced by physical activity and level of risk that can be reduced by being active.

Figure 2: Physical activity and reduction of risk.



Source: Public Health England. Health Matters 2016

2.3 Physical inactivity is associated with a range of negative effects on health outcomes

- There is three year difference in life expectancy between those who are inactive and those who are minimally active
- Low physical activity is one of the top 10 causes of disease and disability in England
- It has been estimated that around 1% of cancers in the UK (around 3,400 cases every year) are linked to people doing less than the recommended 150 minutes of physical activity each week.
- The link between physical activity and mental health is well established. For example it has been found that people who are inactive have 3 times the rate of moderate to severe depression of active people.

2.4 The impact of physical inactivity upon health creates costs for the whole system.

- Physical inactivity was estimated to cost the UK £7.4 billion annually of which annual NHS costs were estimated at £0.9 billion .
- Public Health England calculated in 2016, using the most recent cost data collected at the CCG level, that physical inactivity costs the NHS in England more than £450m a year in relation to only five health issues.
- It is estimated that physical inactivity creates a further £2.5 billion cost in terms of its contribution to obesity. There are social costs are associated with increased frailty in older people and associated and health and social care services.
- Physical inactivity is associated with employment costs. In England, the costs of lost productivity from sickness absence and premature death have been estimated at £6.5 billion per year. Programmes at work designed to decrease levels of physical inactivity have been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days.
- Poor air quality, congestion and collisions in urban areas of England each costs society around £10 billion a year. Reducing physical in activity by increasing walking or cycling, instead of using motorised transport, can help reduce these associated costs.

2.5 It is evident that Cambridgeshire is experiencing substantial costs because of physical inactivity. These are difficult to calculate exactly as the impacts are complex and reverberate throughout the system but the national figures are indicative of their scale.

2.6 There is evidence for interventions that increase levels of physical activity in the wider population and amongst those with a high risk of poor health outcomes. The evidence indicates that physical activity is a challenging behaviour to change which reflects socio-economic factors including affordable opportunities and the built environment alongside entrenched cultural attitudes. Consequently in Cambridgeshire there is a range of initiatives led by different organisations that aim to tackle physical inactivity. These include local planning policies that increase opportunities for walking and cycling, a travel to work

programme, community led walking programmes, school and workplace based projects and the more targeted exercise referral schemes. There is also economic evidence for many of these interventions. For example a work-based physical activity programme costing £18,900 for a company with 100 employees could lead to an overall net saving of £10,941.

- 2.7 The proposal for the Collaborative District Physical Activity proposal as found in Appendix 1 is part of the system wide approach to increasing the numbers of people who are physically active. This is the first example of this kind in Cambridgeshire, of a consistent collaborative programme for health improvement between all the district authorities and their partner Living Sport. This proposal aims to deliver a consistent and comprehensive pilot physical activity programme across the county. It acknowledges that there has been a varied approach amongst the district councils to delivering their health and leisure activities. The programme reflects the system wide approach that evidence indicates is necessary to increase levels of physical activity. It will include evidence based interventions at a population level and also for higher risk inactive individuals in a range of settings.
- 2.8 The Programme is branded as “Lets Get Moving Cambridgeshire”. Each district will implement the programme and will have a district co-ordinator who will be employed and managed by the district authorities. This will ensure that all local authority health and leisure services are integrated into the Programme. A countywide coordinator will ensure consistency and quality across all the district projects along with co-ordinating elements of the Programme that are countywide.
- 2.9 The governance will be through the usual contractual processes. A Section 75 agreement will be used to contract with the individual district authorities. , the option of a procurement exemption for the contract with Living Sport to provide overall co-ordination of the programme will be explored. Regular reports will be submitted to the PHRG which will review progress and provide support if possible to mitigate any barriers to Programme delivery. The Programme will be part of the regular reporting of Public Health activity to the Health Committee.
- 2.10 The Programme will make significant contribution to the achievement of the aim and objectives found in the Healthy Weight Strategy. It supports the key theme of system wide collaboration to support healthy behavioural change and communities taking responsibility for their health and wellbeing. Key performance indicators have been developed and the programme will be evaluated for changes in levels of physical activity.
- 2.11 The Health Committee has previously agreed the allocation of an earmarked Public Health Reserve to be used for the development and implementation of the Public Health Integration Strategy; led by the multi-agency Public Health Reference Group. It is proposed that £513,000 of this funding be used to implement this programme over 2 years. The programme will be fully evaluated and if this demonstrates positive outcomes alternative funding sources would need to be identified to sustain the initiative. However a key objective is to engage local communities in the use of the district council facilities involved in the Programme. If successful, this would be income generating and enable the programme to become partly self-sustainable after two years.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

- Physical inactivity is linked to obesity and a range of health conditions that create high level costs for health and social care services as detailed in the Healthy Weight Strategy

3.2 Helping people live healthy and independent lives

The following bullet points set out details of implications identified by officers:

- Physical inactivity is a major public health issue due to its substantial impact of health
- Increasing levels of physical activity in the population requires a wide range of interventions that address the varying needs of different communities These will need to include targeted actions that will address the inequalities associated with unhealthy weight and are indicated in the Strategy

3.3 Supporting and protecting vulnerable people

- The report above sets out the implications for this priority in **1.3**

4. SIGNIFICANT IMPLICATIONS 4.6

4.1 Resource Implications

The immediate resource implications of this programme for Cambridgeshire County Council and partner agencies are laid out in para 2.11. The wider resource implications of physical inactivity are described in paras 2.4-2.6

4.2 Statutory legal and risk implications

The level of funding required for this programme (£513k of earmarked reserve) is such that this is a key decision for the Health Committee. The governance and contractual mechanisms are laid out in para 2.9: A section 75 will be used for the contractual relationship with individual district authorities. A procurement exemption will be explored which would enable Living Sport, as County Sports Partnership, to provide overall co-ordination for the programme.

4.3 Equality and Diversity

A Community Impact Assessment is attached at Appendix 2.

4.4 Engagement and communications

The programme will be expected to engage with local residents to promote physical activity within communities.

4.5 Localism and local Member engagement

There are no immediate implications for localism and local Member engagement.

4.6 Public Health

The purpose of this programme is to improve population physical activity levels in Cambridgeshire, which in turn will lead to improvements in health outcomes.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Virginia Moggridge
Are there any Equality and Diversity implications?	Community Impact Assessment completed Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Are there any Localism and Local Member involvement issues?	No Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Cambridgeshire Healthy Weight Strategy	..\.\Health Improvement\Obesity\PHRG Obesity Strategy from 2016\DRAFT Healthy Weight Strategy 28 July 2016.docx
UK Active Report Lets Get Moving 2013	http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving

Department of Health Lets Get Moving 2010	http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/PublicHealth/Healthimprovement/PhysicalActivity/DH099438
Public Health England: Health Matters 2016	https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day
Public Health England Physical inactivity: economic costs to NHS clinical commissioning groups 2016	https://www.gov.uk/government/publications/physical-inactivity-economic-costs-to-nhs-clinical-commissioning-groups
Public Health Outcomes Framework	http://www.phoutcomes.info/
Public Health England: Health matters: getting every adult active every day 2016	https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day
Health England: Everybody active, every day. The case for taking action	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366522/141022_EAED_MP_toolkit.pdf
NICE Physical activity, Local government briefing [LGB3]	https://www.nice.org.uk/advice/lgb3/chapter/Costs-and-savings