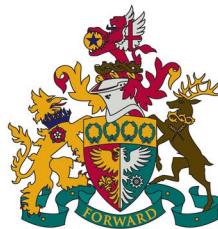


Hillingdon

Physical Activity Strategy

2012 - 2015



HILLINGDON
LONDON

Draft 30th March 2012

EXECUTIVE SUMMARY

Lack of physical activity has been identified as the fourth leading risk factor for global mortality and one of the biggest public health problems of the 21st century. In July 2011 the four Chief Medical Officers of England, Scotland, Wales and Northern Ireland issued guidance on the amount of physical activity they think the population should aim to achieve to reduce the risks of chronic conditions. In Hillingdon, few are achieving these recommended amounts of physical activity.

Physical activity protects against diabetes, heart disease, stroke, breast and bowel cancer. Hillingdon has a higher estimated prevalence of diabetes than London and England, and this is predicted to rise over the next ten years. Heart disease and stroke are the most common causes of death in Hillingdon. Among cancers, more than a quarter of cancer deaths in Hillingdon were due to cancer of the digestive system and breast cancer accounts for a large proportion of cancer deaths in Hillingdon females. An estimated £3,699,890 is spent directly on healthcare costs for treating chronic illness attributed to physical inactivity in Hillingdon³⁴.

Hillingdon is ideally placed to support an increase in physical activity and has invested in its natural resources and in new first class leisure facilities. It is one of the greenest London boroughs with numerous award-winning parks and open spaces. The borough is home to the best university for sport in London. Getting more people to make use of Hillingdon's resources and boosting demand for activities and events is crucial. Increasing the use of existing resources is also cost-effective at a time when substantial further investment is not expected.

Interventions and promotion must occur across the life course and cover all domains of residents' lives, to give each person the opportunity to be physically active whenever and wherever possible. Action must be taken at individual level, organisational level, community level and at an environmental level.

Our strategy aims to achieve the following outcomes:

- ✘ Increase professional and community awareness of the benefits and how to be more physically active
- ✘ Increase participation in physical activity opportunities
- ✘ Support and encourage local businesses and workplaces to create opportunities for staff to be active
- ✘ Create opportunities for active travel within the Borough, particularly walking and cycling
- ✘ Increase the number of volunteers in the borough supporting physical activity: signposting; helping at events and sports clubs
- ✘ Ensure partnership working for sustainability

- ✘ Ensure greater sports pathways within the community
- ✘ Ensure physical activity opportunities are inclusive, particularly for people with disabilities
- ✘ Ensure greater care pathways within the community

Through Active Hillingdon, a Hillingdon Strategy for Physical Activity, we hope to encourage more people to be more active, more often. We will do this using the evidence of what works and identified local resources. We will make sure there are opportunities for everyone to become more active, while being aware that some groups, for example women, older people and those with disabilities, might need more support to achieve this.

Raising the level of physical activity protects against obesity, type II diabetes, cardiovascular disease, many common cancers, bone and joint problems; it has positive mental health benefits, reducing anger, anxiety and depression; it can improve coping during pregnancy and reduces the number of falls in older people. Increasing physical activity deserves to be a priority for developing the health and wellbeing of our population.

This strategy has an ambitious target. Currently in Hillingdon just 52% of our population are physically active for at least 30 minutes a week. Increasing this by 15% would mean increasing the percentage of physically active people to 60%. Our target therefore is to increase the percentage of the population who are active for at least 30 minutes per week by 15%. This could mean an additional 21,000 people in Hillingdon increasing their levels of physical activity and enjoying better health as a result. This will require a step-change.

In this Olympic and Paralympic year, it is a perfect opportunity to increase action, messages and programmes that will get more people active.

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INTRODUCTION

STRATEGY INTENTION

Physical activity is a key ingredient in a happy, healthy life. The majority of adults in England do not meet the government's physical activity guidelines. The Active People survey found that the percentage of adults participating in moderate intensity physical activity, for 30 minutes or more on at least three days a week in Hillingdon was below the National, London and West London averages. It also found that less than half of Hillingdon's adult population get at least 30 minutes of moderate intensity physical activity on at least one day of the week.

Physical activity protects against many chronic diseases including obesity, diabetes, cardiovascular disease and common cancers. It also improves the health of bones and muscles, improving bone and joint problems and reducing the number of falls in older people. Physical activity can relieve anger, anxiety and depression, it also improves coping during pregnancy.

Hillingdon has a higher estimated prevalence of diabetes than London and England, and this is predicted to rise over the next ten years. CVD is the most common cause of death in Hillingdon. Among cancers, digestive system and breast cancer account for a large proportion of cancer deaths in Hillingdon. An estimated £3,699,890 is spent on chronic illness attributed to physical inactivity in Hillingdon. Physical inactivity is a killer, contributing to 191 deaths per year in Hillingdon³⁴.

In 2011, Hillingdon Health and Wellbeing Board listed the need to increase the population physical activity levels as a priority action. Promoting and embedding physical activity as an individual and cultural norm offers significant benefits for enhancement of the quality of life of Hillingdon residents, impacting on:

- ✘ Health outcomes and quality of life
- ✘ The local economy
- ✘ Social outcomes such as the building of social networks
- ✘ Congestion, pollution and the environment

This strategy aims to be ambitious but is a cost-effective, feasible, multi-agency approach to promote a step-change in the physical activity levels of our population in Hillingdon.

The development of a coordinated strategic approach for action on physical activity in Hillingdon is:

✘ Desirable

A 2011 Physical Activity Needs Assessment clearly demonstrates the need for action on physical activity for the benefit of Hillingdon's health and economy. In this Olympic and Paralympic year, it is a pertinent time to increase action, messages and programmes that will get more people active.

✘ Affordable

This strategy aims for greater efficiency to get more out of existing resources. We have identified low cost and even no cost initiatives that add capacity and delivery of outcomes. The strategy supports emerging projects which can find innovative ways to engage local business and workplaces. A joined up approach will also enable the identification of local and national funding opportunities to apply for.

✘ Sustainable

A wide range of stakeholders are engaged and we aim to build on existing initiatives in the borough. We hope to build a culture and environment that supports and proactively promotes being active. These factors are key to a sustainable strategy.

Being active is not a lifestyle 'add-on' it needs to be seen as a fundamental part of the everyday.

Public Health have drawn together services and groups from the London Borough of Hillingdon, the NHS, local business, the RAF and the voluntary sector to develop this strategy and the work behind it. It is only together under a coordinated framework with a breadth and depth of initiatives that we can hope to have a mass impact and have a visible impact on how people perceive and get involved in being physically active. This strategy has been produced and refined through a series of joint workshops, meetings and discussions.

Our strategic targets are to obtain a 15% increase in people being active in the borough and to decrease the gap in participation in Physical Activity between people with and without a disability by 15% by 2015. Decreasing physical inactivity, as described by the Active People survey, could save 19 lives per year in Hillingdon³⁴.

According to the Active People Survey, just under half of our Hillingdon population (48%) do no moderate or intense physical activity at all per week [Active People 3/ 4]. 52% of people achieve 30 minutes or more. In order to change the inactivity figure by 15% we will be aiming to increase those achieving 30 minutes of physical activity per week to 60%. This means helping 21,000 Hillingdon residents to be physically active.

Lack of physical activity has been identified as the fourth leading risk factor for global mortality¹. Nearly 2 million deaths per year are caused by physical inactivity³. Around 3% of the global burden of disease in developed countries and more than 20% of cardiovascular diseases and 10% of strokes are caused by physical inactivity². This puts physical inactivity among the ten leading causes of death and disability in the developed world². Physical inactivity has been identified as one of the biggest public health problems of the 21st century^{4,5}.

Physical activity is defined as “aerobic activity which involves using large muscle groups in the arms, legs and back steadily and rhythmically so that breathing and heart rate are significantly increased”. This definition includes all sorts of exercise, it doesn't have to be organised/competitive sport or going to the gym. By this definition Physical Activity includes walking and cycling for transport or pleasure; active recreation including dancing, gardening, playing outside; as well as manual work both paid (ie: manual labour) and unpaid (eg: moving furniture around at home). Physical activity has many physiological effects which benefit both physical and mental health.

Modern life means that people in the UK (and around the world) are more sedentary than ever before. Increased ownership of cars has resulted in much less travel by foot or bicycle. People are less physically active in their leisure time due to labour saving gadgets and multiple ways to keep brains engaged and entertained without getting off a seat. There are fewer manual jobs so most people do not get the chance to be physically active during the working day.

The increase of sedentary lifestyles has major implications for the population's health². A sedentary lifestyle, or lack of physical activity, is a risk factor for obesity, type II diabetes, cardiovascular disease, many of the most common cancers (including bowel and breast cancer), as well as bone and joint problems and psychological morbidity (including anger, anxiety and depression)^{6,7}.

As a risk factor for so many diseases, physical activity must be tackled to improve the population's health. As such, it is being recognised as a Public Health priority in the UK. Now that responsibilities for Public Health are moving from primary care trusts to local authorities, this message is as important for local government as it is for the NHS.

By encouraging more of the population to achieve the government guideline amounts of physical activity, health and social care services stand to benefit. Incidence of chronic diseases should go down and in addition to the health benefits, increased physical activity could improve productivity in the workplace, reduce congestion and pollution through

active travel, and result in healthy development of children and young people.

NATIONAL GUIDANCE

In July 2011, the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland issued guidance on the amount of physical activity we should aim to achieve to reduce the risks of chronic conditions. These guidelines draw on evidence for the health benefits people can achieve by taking regular physical activity throughout their lives⁸. The guidelines are as follows:

Early Years (Under 5s)

- ✘ Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- ✘ Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- ✘ All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Children and young people (5–18 years)

- ✘ All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- ✘ Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- ✘ All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Adults (19–64 years)

- ✘ Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes 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.
- ✘ 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.
- ✘ Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- ✘ All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Older Adults (65+ years)

- ✘ Older adults participating 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 provides greater health benefits.
- ✘ Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes 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.
- ✘ 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.
- ✘ Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
- ✘ Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
- ✘ All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

STRATEGIC FRAMEWORK AND LINKS TO OTHER PLANS

Increasing physical activity levels in our population is a theme that runs through many national and local strategies. A specific mention should be given to Hillingdon's Sustainable Community Strategy, which sets out 10 key priorities for joint working between the major public services in Hillingdon. It is a strategy for the Hillingdon Partners whose members are Hillingdon Council, the NHS, the Metropolitan Police, London Fire Brigade, the RAF, Groundwork Thames Valley, Uxbridge College and Brunel University, Age UK, Hillingdon Association of Voluntary Services, Jobcentre Plus and the Hillingdon Chamber of Commerce. Of the 10 sustainable community priorities, one is to increase participation in sport and physical activity and confirms that Hillingdon is committed to becoming a more active, healthy and successful sporting Borough.

Other strategies with physical activity elements include:

National

- ✘ Healthy Lives, Healthy People. A call to action on obesity in England. 2011. A Department of Health Strategy.
- ✘ Be active, be healthy: A plan to get the nation moving. 2009. A national physical activity strategy published by the Department of Health.
- ✘ Places people play: is a nationwide funding programme from Sport England and the British Olympic Association that focuses on a mass-participation legacy for the 2012 Olympics and Paralympics. 2010.

- ✘ Sport England Strategy 2008-2011. Strategy on behalf of the Department of Culture, Media and Sport. This focuses on three elements, growing participation, sustaining people's satisfaction and supporting people to excel. 2008.
- ✘ Sport England Strategy 2012-2017 focuses on increasing the number of people who play sport regularly and reducing the number of young people who stop playing when they finish school.

Regional

- ✘ Go London! A regional physical activity strategy, particularly focusing on the Olympic and Paralympic legacy published by NHS London in 2010.
- ✘ A Sporting Future for London. A strategy for Physical Activity on behalf of the Mayor of London.
- ✘ Inclusive and Active 2, 2010-2015 whose strategic aim is to increase opportunities for people with disabilities to participate in sport and physical activity in London.

Local

- ✘ Hillingdon's Sustainable Community Strategy, 2011.
- ✘ Healthy Weight, Healthy Lives in Hillingdon, Local Obesity Strategy. Created in response to Healthy Weight Healthy Lives which is now superseded by Health Lives, Healthy People.
- ✘ Sustainable Modes of Travel Strategy 2009
- ✘ Sport Hillingdon: A Sports and Physical Activity Strategy 2007-2012. A previous London Borough of Hillingdon Strategy. This strategy builds on Sport Hillingdon.

FRAMEWORKS FOR THINKING ABOUT PHYSICAL ACTIVITY

The CMOs' 2011 report suggested interventions that they believed would lead to increases in physical activity. These interventions were listed under four headings: Interpersonal action, Community action, Organisational action and Environmental action⁸. By taking action at every level in society there will be more incentives for every individual to have an active lifestyle.

Another framework for thinking about physical activity is that of the lifecourse. Making sure there are opportunities to be active throughout an individual's life; so that there are initiatives to get everyone active from toddlers to teenagers, new parents to grandparents, will ensure there are no life stages in which people lose the habit of being active.

A final framework that describes physical activity in different domains of an individual's life proposes the headings "Active Living", "Active Travel",

“Active Recreation” and “Active Sport”. This was first put forward by Active Leeds, a physical activity strategy by Leeds PCT and local authority²¹. This was based on a discussion in the CMOs Report on Physical Activity in 2004. We have elaborated upon this to give a more detailed version presented in Table 1. Any Physical Activity Strategy should aim to cover physical activity in all of these domains in order to give residents the opportunity to be active in all areas of their lives.

The frameworks for thinking about physical activity interlock. We need a strategy that considers all the domains of life, at every stage of life. We need to take action on every level to effect the behaviour of our population and increase their levels of physical activity.

Physical Activity

Every day / inherent				Specialised		Remedial
Active Living	Active Workplace	Active Travel	Active Recreation	Active sport / physical education		Active care
Eg: Moderate to vigorous household chores Gardening DIY Taking the stairs	Eg: Active /manual work Provision of facilities to encourage physical activity Active events or activities	Eg: Walking routes Cycling routes School travel plans Walking bus	Eg: Active Play Movement and dance Walking or cycling as leisure pursuits Exercise and fitness	Informal Sport	Organised Sport	Eg: Cardiac rehab, Weight management Exercise on prescription MEND and MINI MEND
				Eg: Street sports, Casual badminton	Eg: School based PE and extra-curricula activities	
				Kickabouts in the park	Structured competitive activity Talent and elite sports development	

Table 1: (developed from Be Active Be Healthy 2009 & Active Leeds)

PHYSICAL ACTIVITY PREVALENCE AND CONSEQUENCES OF INACTIVITY

PHYSICAL ACTIVITY IN UK ADULTS

In 2008, based on self-report, 39% of men and 29% of women aged 16 and over nationally, met the CMOs' minimum recommendations for physical activity in adults⁹. The proportion of both men and women who meet the recommendations, according to self-report, decrease with age [Figure 1].

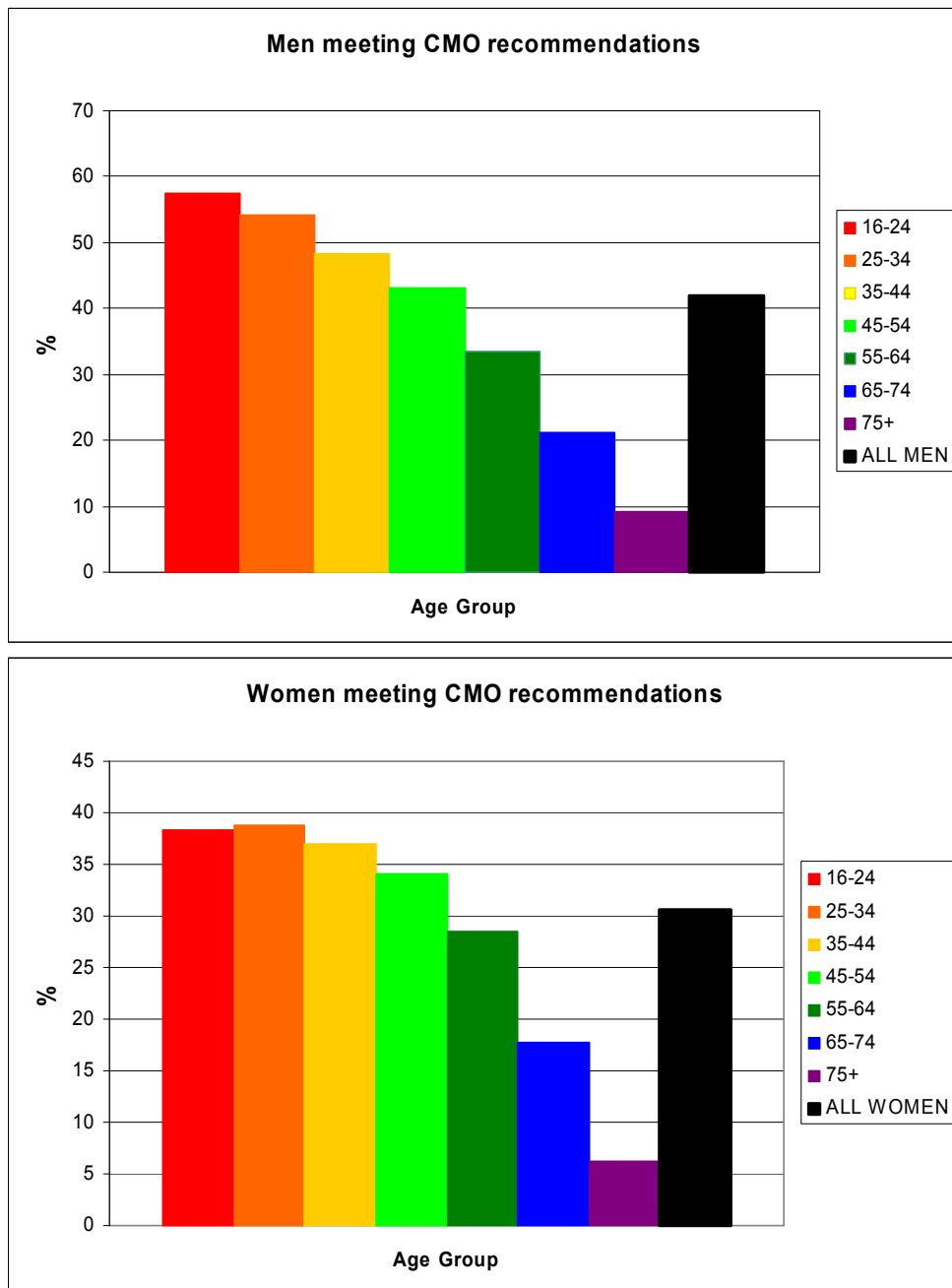


Figure 1: Adults achieving the recommended physical activity guidelines, by age and gender, 2008. Source: Health Survey for England⁹

Men and women who are underweight or normal weight by BMI are more likely to achieve the recommended physical activity levels than those who are overweight, and those who are overweight are more likely to achieve the recommended levels than those who are obese or morbidly obese⁹. 46% of men and 36% of women who were neither overweight nor obese met the recommendations, but just 32% of men and 19% of women who were obese.

There are differences in physical activity achieved by those in different income brackets. When surveyed, approximately 88% of men, and 84% of women in the two highest income quintiles had participated in at least one occasion of physical activity of at least moderate intensity in the four weeks prior to interview. For those in the two lowest income quintiles the participation figures were between 66% and 71% for men and approximately 68% for women¹⁰.

When minority ethnic groups were surveyed, Irish and Black Caribbean men reported the highest proportion meeting the current physical activity recommendations, 39% and 37% respectively, similar to the proportion of men in the general population (37%). Women among Black Caribbean, Black African and Irish groups reported the highest rates meeting current physical activity guidelines, 31%, 29% and 29% respectively, compared with 25% of women in the general population. Only 11% of Bangladeshi and 14% of Pakistani women did the recommended amounts of physical activity in the four weeks prior to interview.

Data collected by accelerometry (where people are asked to wear a small monitor, like a pedometer to give an objective measure of physical activity) show that although men spent an average of 31 minutes in moderate or vigorous activity in total per day, and women averaged 24 minutes, most of this was sporadic. To be counted towards the recommendations for physical activity, activity must be accrued in periods of at least 10 minutes.

Based on accelerometry, only 6% of men and 4% of women met the government's current recommendations for physical activity. 50% of men and 58% of women did less than 30 minutes of moderate or vigorous activity on all days in the week of accelerometer wear⁹.

Men and women aged 16-34 were most likely to have met the recommendations (11% and 8% respectively) and the proportion of both men and women meeting the recommendations fell in the older age groups.

A report conducted in October 2009 on sport and physical activity across the EU collected reasons preventing participation in sport¹². The

most common reason given was a lack of time (45 percent of). 13% of respondents said that disability or illness prevented them from doing sport and 7% did not like competitive activities. Three percent cited a lack of suitable facilities close to where they live and a further 3% said they do not have friends with whom to do sports [Figure 2]. In the UK disability or illness as a barrier to sport was more common, with more than 1 in 5 stating that this was why they didn't participate.

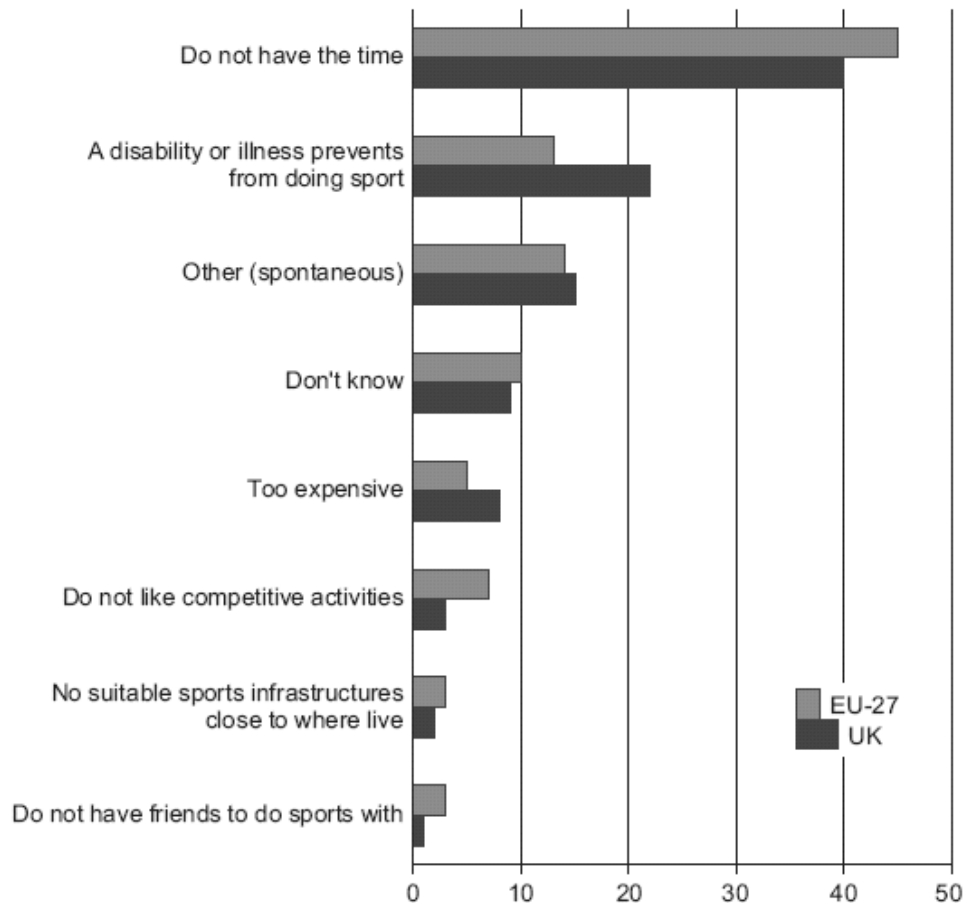


Figure 2: Reasons preventing practicing sport more regularly, 2009. Eurobarometer (2009)¹². Respondents aged 15 and over were asked “From the following reasons, what is currently preventing you the most from practicing sport more regularly?” Numbers presented are percentages.

PHYSICAL ACTIVITY IN UK CHILDREN

Based on self-report, a higher proportion of boys than girls aged 2-15 were classified as meeting the recommendations for physical activity, doing at least an hour of moderate or vigorous activity every day (32% and 24% respectively). Among girls, the proportion meeting the government recommendations generally decreased with age, ranging from 35% among girls aged 2 to 12% among those aged 14. There was a less consistent pattern among boys⁹.

For most children, the largest contribution to their total physical activity comes from informal sports and activities, but for girls aged 14-15, more of their activity comes from walking than from informal sports.

In contrast to the association found in adults, the proportion of children meeting government recommendations increased as equivalised household income decreased [Figure 3]. However, children from the lower income households also spent more time doing sedentary activity, particularly watching TV.

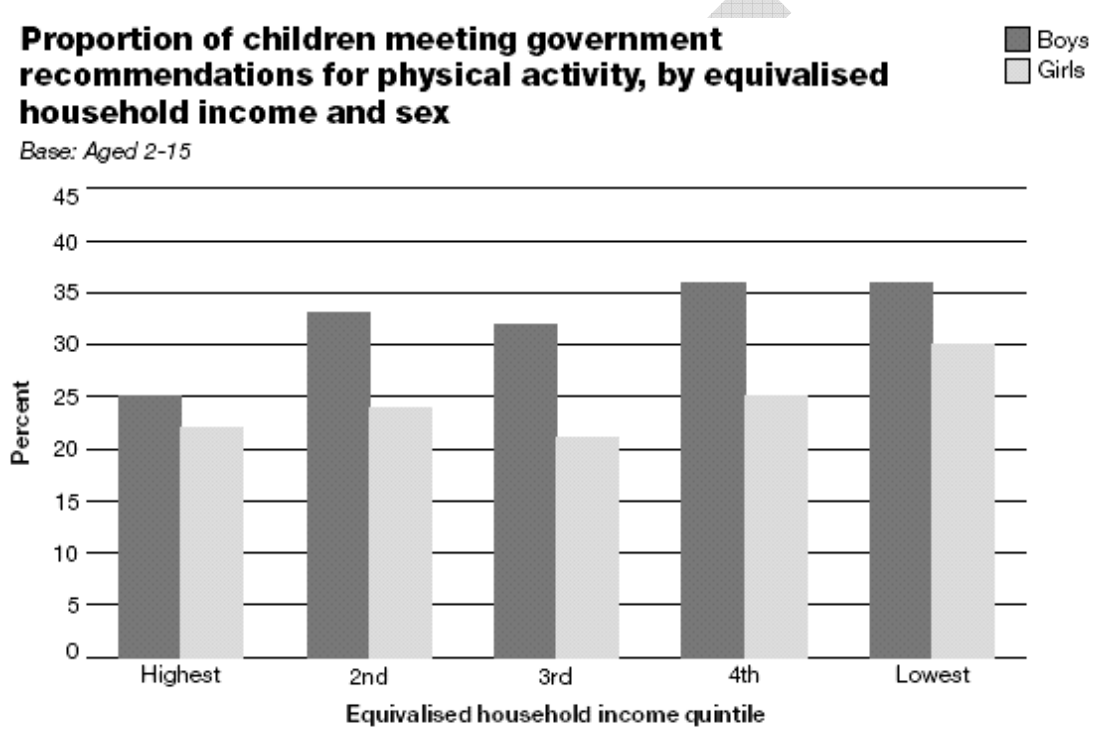


Figure 3: The percentage of children meeting government targets appears to increase as equivalised household income decreases. Health Survey for England 2008⁹. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Like the self-report data, accelerometry also indicated that a higher proportion of boys than girls were classified as meeting the government recommendations for physical activity (33% and 21% respectively). Accelerometry also showed that one in five children achieved the intermediate level of 'some activity' with 47% of boys and 61% of girls in the low activity group.

PHYSICAL ACTIVITY IN HILLINGDON

The Active People survey measures participation in at least moderate intensity sport and active recreation for adults aged 16 and over. One indicator that is reported from the active people survey is NI8. NI8 represents the percentage of the population achieving three episodes

of 30 minute physical activity each week³³. This indicator does not include information on physical activity within work settings, walking or cycling for travel (rather than for pleasure), gardening, DIY or dancing for social or artistic purposes. Although NI8 does not include all the physical activity that people do, as we would define it, it is reported at local level giving us information about Hillingdon specifically.

The Active People survey (carried out between October 2008 and October 2010) found that the percentage of adults participating in moderate intensity physical activity, for 30 minutes or more on at least three days a week in Hillingdon was below the National, London and West London averages. It also found that less than half of the adult population get at least 30 minutes of moderate intensity physical activity on at least one day of the week. Hillingdon performs worse than the London average on this measure, although better than the West London average¹³.

The Active People Survey shows that, in Hillingdon, older age groups are less active than younger ones, women are less active than men, lower socio-economic groups are less active than higher socio-economic groups and those with disabilities are less active than those without. However, in contrast to national data, the most recent survey found no difference between physical activity levels in white and non-white groups [Figure 4].

Note that our strategic target will be monitored using the Active People Survey. We will be reporting on the number of people achieving 30 minutes of physical activity per week, aiming for 60%. Although, as described above, the Active People Survey does not include all the physical activity that people do, it gives us an indication of how active the population is. It is also what was used to model the costs of physical inactivity for PCTs by the Department of Health.

% Achieving 3 x Physical Activity per Week (N18)

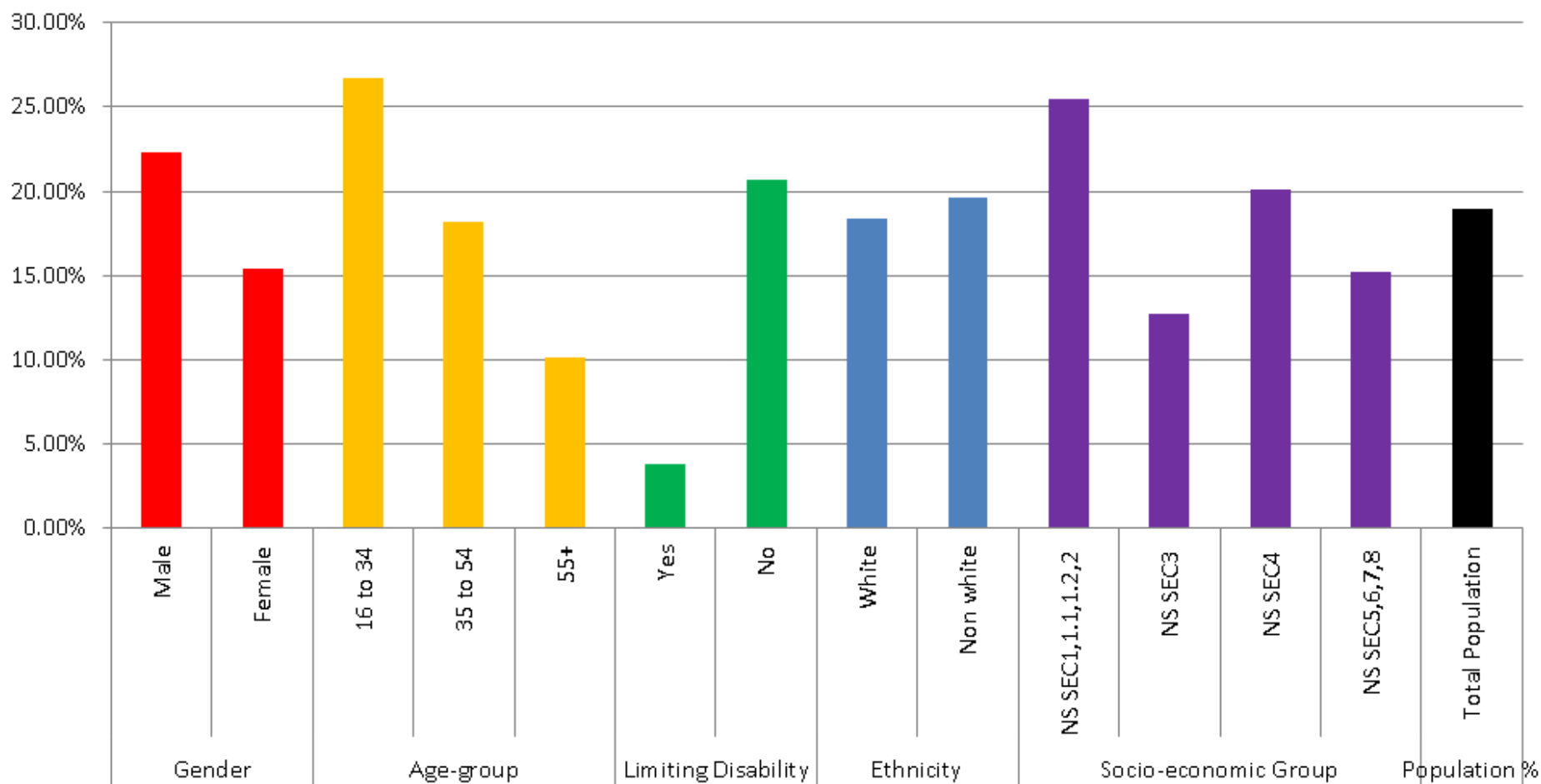


Figure 4: Data from the Active People Survey for Hillingdon, carried out October 2008- October 2010, % Achieving 3 x 30 minutes Physical Activity per week¹³.

DISEASES ASSOCIATED WITH SEDENTARY BEHAVIOUR IN HILLINGDON

Physical activity can protect against obesity, type II diabetes, cardiovascular disease (including coronary heart disease and stroke), many of the most common cancers (including bowel and breast cancer), as well as bone and joint problems and psychological morbidity (including anger, anxiety and depression). It can improve coping during pregnancy and reduces the number of falls in older people. Some of the most important diseases that can be affected by physical activity levels are described below.

DIABETES

Diabetes is a chronic condition caused by too much glucose in the bloodstream. Increased levels of sugar in the blood can cause a large number of complications including cardiovascular disease (CVD), amputation, nerve damage and blindness. Ninety percent of diabetes is type II diabetes (also known as diabetes mellitus) and physical activity can be both preventative and curative in this condition.

In Hillingdon we have slightly higher estimated prevalence of diabetes than the London and England average and this is predicted to rise over the next 10 years.

CARDIOVASCULAR DISEASE

CVD is the collective term for a group of related conditions including heart disease, stroke, diabetes, kidney (renal) disease & peripheral arterial disease. Physical inactivity is a risk factor for CVD.

Although mortality from CVD is falling, it is one of the most common causes of death in Hillingdon killing over 550 people every year. In 2009, a total of 578 people died of CVD in Hillingdon (32% of all deaths). Almost 18% of deaths from CVD were amongst people aged under 75 years (104 persons).

There are inequalities in the death rates due to CVD by ward. The wards with highest CVD mortality rates during 2003-07 are Uxbridge South, Townfield, Yiewsley and Pinkwell¹⁵.

CANCER

Cancer is a disease of cells that make up the body. Normally, these cells divide in an orderly and controlled manner, but if for some reason the

process gets out of control, cells multiply and may develop into a lump (tumour). A benign tumour will not spread to other parts of the body and so is not cancerous. However, it may cause problems by pressing on surrounding organs. A malignant tumour has the ability to spread within the body and if left untreated, it may spread into and destroy surrounding tissue. Cancer is not a single disease with a single type of treatment. There are more than 200 different kinds of cancer.

Physical inactivity is a risk factor for cancer of the bowel and breast, two of the most common cancers in the UK.

After CVD, cancer is the next biggest killer in Hillingdon. In 2008, 509 people died of all types of cancer in Hillingdon (27% of all deaths) Almost half (46%) of cancer deaths were amongst people aged under 75 years (237 persons). Hillingdon has the ninth highest prevalence of cancer among the London boroughs, with more cancer than London on average but less than England.

Cancer of the digestive system was the major cause of cancer deaths (28%) in males and in females (27%) in 2008. There were 981 deaths from cancer of the digestive system during the 2002-08 period¹⁵.

The second highest cancer type in females was breast cancer. In 2008, a total of 41 females died of breast cancer in Hillingdon and the number of new breast cancer registrations rose from 127 in 2001 to 152 in 2006. There have been 1831 breast cancer registrations in Hillingdon between 1999 and 2008¹⁵.

BENEFITS OF INCREASING PHYSICAL ACTIVITY IN HILLINGDON

The cost of physical inactivity in terms of health is stark. While loss of life is impossible to value, the cost of treating people who have contracted the diseases discussed in the previous section due to physical inactivity in Hillingdon is calculable. The Department of Health commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates through modelling, of the primary and secondary care costs due to physical inactivity for PCTs across England. The cost data for this analysis were taken from the National Programme Budget Project (NPBP) and were related to five diseases, defined by WHO as particularly relevant to physical inactivity, ischaemic heart disease, ischaemic stroke, breast cancer, colon/rectum cancer and diabetes mellitus.

Results are published in Be Active Be Healthy 2009 and on the Department of Health website. This demonstrates that for Hillingdon there are 191 deaths from breast and bowel cancer and CVD attributable to

physical inactivity each year. The cost of physical inactivity is calculated at £3,699,890^{34,35}.

CONCLUSIONS

The majority of adults in England do not meet the government's physical activity guidelines. The Active People survey found that the percentage of adults participating in moderate intensity physical activity, for 30 minutes or more on at least three days a week in Hillingdon was below the National, London and West London averages. It also found that less than half of Hillingdon's adult population get at least 30 minutes of moderate intensity physical activity on at least one day of the week.

Men are more likely to be active than women, and younger age groups are more likely to be active than older ones. Those with disabilities and with a BMI in the overweight or obese category are less likely to be active, as are adults in lower socio-economic groups. National data suggest that women in minority ethnic groups, particularly Asian women, need support to increase their physical activity levels. However, Hillingdon data don't indicate a difference between white and non-white groups.

The majority of children fail to reach the government recommendations for physical activity. Boys are more likely to meet recommendations than girls. In contrast to what is seen in adults, children from poorer backgrounds are more likely to meet recommendations on physical activity.

Physical activity protects against diabetes, CVD, breast and bowel cancer. Hillingdon has a higher estimated prevalence of diabetes than London and England, and this is predicted to rise over the next ten years. CVD is the most common cause of death in Hillingdon. Among cancers, digestive system and breast cancer account for a large proportion of cancer deaths in Hillingdon. An estimated £3,699,890 is spent on chronic illness attributed to physical inactivity in Hillingdon.

While some groups may need more support, there are no groups who are achieving the recommended amounts of physical activity which is why this strategy has a broad focus.

WHAT DOES THE EVIDENCE SHOW ABOUT WHAT WORKS?

ACTIVE LIVING

Time barriers have been stated as a major reason that people do not get enough physical activity. A study looking at how interventions designed to increase physical activity could overcome the time barrier, demonstrated that encouraging people to be active and fulfil another objective at the same time increased physical activity uptake²². For example, people might also want to spend time with their children or their parents, save money or improve their home environment in some way. For these reasons, playing with the kids, household chores, washing the car, DIY and gardening are good ways to encourage people to be physically active. Washing the car with the kids, rather than paying to have it done by a machine, could tick even more boxes at once.

Active living also means encouraging people to take opportunities to be physically active in daily life wherever possible. Making sure stairs are easy to find and attractive to use, rather than escalators or lifts, encouraging walking to nearby shops rather than relying on supermarkets a car-drive away are small every-day actions that can make a big difference to health.

ACTIVE WORKPLACE

Many workplaces are designed to inhibit physical activity during the workday (for convenience) with technological advances greatly increasing the number of things that can be done from a desk and layout of working areas to minimise time spent away from the work station. While current work environments may encourage people to stay at their desks, there is evidence that increasing physical activity at work is in an employer's best interests.

Employees who are sedentary, who smoke and who are overweight take 50% more sickness absence than employees with none of these three risk factors. Each of these three risk factors is associated with additional cost of that employee to the employer²³.

The workplace is a key setting in which to target adults and encourage physical activity. Initiatives to increase physical activity at work are likely to overcome the main barrier: time constraint. Promoting physical activity in the workplace is one of the CMOs' recommendations for increasing physical activity in the population. Examples of what a conscientious

employer could do are providing gyms at the office, showers for cyclists and walkers, prioritising stairs over lifts and encouraging active commuting.

Of those initiatives that target physical activity, methods limited to small group and classroom-based approaches, and those that focus on increasing vigorous structured exercise, such as aerobic classes or fitness facilities, may exclude a large percentage of the targeted population. Attention should also be given to increasing lifestyle activity, such as occupational, leisure and transportation-related activities. Environmental initiatives that support opportunities to increase lifestyle activity and structured exercise throughout the day will have the ability to affect the entire worksite population and increase activity at varying levels.

There are tools that can be used to assess employees perceptions of their current workplace environment so that areas for improvement can be addressed²⁴. These tools identifies whether the culture permits or encourages physical activity and the opportunities during the work day, to do so.

A recent initiative developed by Central YMCA in partnership with University of Westminster and funded by the Government as well as NHS Camden and NHS Westminster looked at the establishment of workplace physical activity champions in 17 small to medium sized businesses in central London. Their report states that this pilot increased physical activity as well as improving mood in the companies studied. A physical activity champion could be a role for a staff member to take on in a similar way to a fire marshal or a first aider. This physical activity champion then encourages and facilitates an increase in the physical activity and exercise achieved in their workplace²³.

One way that an employer can encourage active commuting is though a travel plan. A University of Bristol Study looked at trends in active commuting after implementation of a travel plan. Results showed that between 1998 and 2007, in contrast to national trends, the percentage of respondents who usually walked to work increased from 19.0% to 30.0%. The percentage of regular cyclists also increased from 7.0% to 11.8% (although this change was not statistically significant). About 70% of those walking or cycling to work achieved more than 80% of the guideline amounts of physical activity by their commute. This study suggests that transport plans aimed at reducing car usage are a feasible and effective strategy for increasing physical activity among the workforce³⁶.

ACTIVE TRAVEL

The domain that is easily the most studied, perhaps because of the additional pressures of limited oil reserves, pollution and traffic congestion is active travel.

Transport Health and Environment Pan European Programme (THE PEP), a body set up to address the key challenges to achieving more sustainable transport patterns and to facilitate integration of environmental and health concerns into transport policies, have reviewed evidence and made recommendations on how we can make a shift towards environmentally friendly transport including public transport, walking and cycling.

THE PEP key messages state that in general, successful policy options consist of a combination of spatial planning, modal split policy, technical solutions and campaigns or financial instruments aimed at influencing behaviour²⁷. The evidence based measures they recommend are:

- ✘ Encouraging the shift away from car-use
- ✘ Campaigns promoting walking to school
- ✘ Bike campaigns directed at companies that have a competitive element
- ✘ Promotion of environmentally friendly public transport

There is a range of policy options open to councils in the UK to prompt people towards alternatives to travelling by car. These include reducing parking around schools and imposing traffic restrictions such as 20mph zones [Appendix 1]. In the Netherlands, high parking fees in the city centre of Amsterdam resulted in a decrease in car movements (-14%) and an increase in bicycle movements (+36%). The bicycle has overtaken the car as most frequently used transport vehicle in the city centre of Amsterdam.

Components of a School Travel Plan to promote walking or cycling to school should include action at all of the levels mentioned by the CMOs' report. Environmental action includes changes to the infrastructure including road crossings, speed-reduction measures, road markings and signs. Interpersonal action includes road safety education for children and education/promotion of walking as an alternative form of transport to parents and the public. Community and organisation action can include rewards and awards for participation at the level of the individual children and the school.

The CMOs' recommendations on physical activity include environmental action to set up towns and cities for cycling. They cite the evidence that many European cities have been able to influence modal shift so that more of their population cycle. Demonstration towns in the UK have also indicated that willing local authorities, investment in cycling infrastructure and social marketing can lead to an increase in levels of cycling. The CMOs' recommend that cycling is prioritised as part of local authority transport plans.

Many initiatives that can be used to promote use of cycling have been tried and tested in Copenhagen. For example, the main street and many main arteries in Copenhagen have a 'Green Wave' for cyclists so that cycling at a constant speed means cyclists hit every traffic light on green, while cars may be stopped frequently at red. This allows cyclists to make their journeys quickly and calms the traffic so that the roads are safer.

As a result of Copenhagen's many bicycle friendly policies, there are more bikes than inhabitants. On the streets with the heaviest bicycle traffic there are between 20,000 and 30,000 cyclists a day. Every day 1.3 million km are cycled in Copenhagen, with 36% of all commutes into the city made by bicycle and 55% of the commutes within the city.

Asked why they cycle 55% of Copenhageners say it is because "it is convenient", this is followed by "it's faster", "it's healthy" and "it's cheaper. This shows that the main reason why people might choose to be active is not necessarily be their health. By making the healthy option the most convenient, fast and cheap way to travel option- more of the population will chose that option and their health will benefit as a side-effect.

ACTIVE RECREATION

The CMOs' recommend that whole community approaches where people live, work and play give the opportunity to affect a large number of people and influence social norms around health and activity. Improving facilities and the environment can enable people to become more active, as can investment in community-level programmes such as parks, playgrounds, conservation scheme and walking clubs. All of these things could encourage people to be more physically active in their leisure time.

Some other actions which can be considered by local authorities to increase physical activity in leisure time include:

- ✘ Auditing demand for allotments following Planning Policy Guidance 17 and if a demand exists providing a sufficient number of allotments to let them to residents as required by Section 23 of the Small Holding and Allotments Act 1908
- ✘ Conducting a review of local by-laws that may restrict physical activity ie: those that restrict cycling or skateboarding or even kite-flying in certain areas. Adopt new by-laws revoking the previous restrictions using the process prescribed by the Local Government Act 1972 s.236.

ACTIVE SPORT

Hosting the Olympics and Paralympics presents an opportunity to engage the population and encourage participation in sport. Canterbury Christ Church University analysed the potential impact of the London 2012 Olympic and Paralympic games on physical activity, sports participation and health, as part of a programme of research commissioned by the Department of Health and partly funded by NHS London³⁰.

The research showed that having the 2012 Games in London will not automatically create a health legacy. However, it has the potential to play a key role in increasing participation and improving health as part of wider initiatives and strategies. The Olympic and Paralympic Games do not inspire everyone in the same way. Initiatives should be tailored for different target groups. What inspires some may have the opposite effect on others for example, elite sport rarely motivates (and may de-motivate) physical activity take-up among non-participants and the least active, while motivating those who already participate in sport to do so more often.

Key findings of the Canterbury Christ Church University report³⁰ include:

- ✘ The 2012 Olympic and Paralympic Games should be promoted as a four year festival of community participation events rather than an elite sport competition.
- ✘ For current or lapsed sports participants, the 'demonstration effect' (elite sportspeople acting as role models to inspire sport participation) should be harnessed to boost the local range and availability of new sports activities, particularly the less traditional ones.
- ✘ Festival events that do not necessarily involve participation in Olympic or Paralympic sports could encourage physical activity

participation in the sedentary and least active members of the community.

In addition to the Olympics, there are other ways to encourage Active Sport. One example of an intervention has been implemented in Birmingham where council leisure facilities were offered for free at specific times of day, a scheme called "Be Active". Access to free exercise increased people's likelihood to participate and 'hard-to-reach' groups including women and ethnic minority communities engaged with the scheme. Regular exercise increased participants self reported sense of well-being participation on the scheme increased participant demand for other lifestyle information such as smoking cessation and alcohol advice.

The success of the scheme is evident, as over 300,000 people have joined Be Active in total. That is nearly 1 in 3 of Birmingham's population. Gym, fitness class and casual swim attendances increased by over 10% in the first year, 84 gym instructors received enhanced training and 22 full time leisure posts were created across the city in 12 months from the increased demand for exercise qualifications. This means that over £100,000 of additional wages were paid into the Birmingham economy³⁸.

ACTIVE CARE

Recommendations of physical activity for those whose lack of activity is an imminent threat to their health has been shown to increase the amount of exercise performed. In 2006, NICE endorsed brief interventions in physical activity as being both clinically effective and cost-effective for delivery by the NHS in primary care³¹. Interpersonal action, with GPs and other primary care staff taking a role in encouraging individuals to exercise for their health, is one of the CMOs' recommendations for physical activity promotion in the UK.

The Chief Medical Officers of England, Scotland and Wales suggest that healthcare systems should include physical activity as an explicit element of regular behavioural risk factor screening, patient education and referral. This means that in the same way as a GP or practice nurse might ask a patient if they smoke, they could ask if a patient is physically active and, if not, give some recommendation that they become active.

By developing and maintaining strong links between primary care and local opportunities for exercise it might be possible for a healthcare professional to refer a patient to a session or a class where they can begin to be more active. In Wolverhampton, GPs have the option to refer

patients who are obese to weightwatchers or to a scheme called FitBug which promotes activity³². UK wide a programme called “Let's Get Moving” can be commissioned to provide exercise on prescription.

Active care could be prescribed for the obese, those with hypertension, those whose health check shows they have a >20% risk of a heart attack over the next 10 years, and those who have experienced a heart attack or stroke.

DRAFT

HILLINGDON'S ASSETS FOR AN ACTIVE COMMUNITY

Hillingdon is proud of its natural assets and is continuing to invest to improve and maintain its parks, open spaces, and canals for the benefit of residents.

The Council is committed to safeguarding and improving open spaces, enhancing and extending opportunities to facilitate active lifestyles.

We have invested to develop new leisure facilities. Hillingdon has built two new first class leisure centres and swimming pools, including an Olympic-sized pool. We are introducing significant improvements to Ruislip Lido. We have 19 Green Flag award parks and open spaces, as well as a cycle circuit in a country park, waterways, woods and paths.

ACTIVE LIVING

Active living is primarily in the domain of the home and the individual. Examples of active living are performing domestic chores while minimising use of labour saving gadgets and taking the stairs rather than escalators or lifts. For this reason, the best local asset is communication that raises professional and community awareness of the benefits and how to be more physically active so that people are more likely to choose to live their lives in a more active way.

With the Olympics and Paralympics happening in London in 2012 there is an opportunity presented to inspire people to get active. Hillingdon is hosting the South Korean Olympic team and the Canadian Paralympic Team. The Olympic torch will pass through Hillingdon on its way to the Olympic stadium. There is a cross-service group at the London Borough of Hillingdon which has a monthly planning meeting to address how to meet the cultural and health expectations of the Olympics.

With Physical Activity as one of the local Authority priorities in the Olympic and Paralympic year, funding has been allocated for a Level 1 communication strategy which has potential to promote Active Living.

ACTIVE WORKPLACE

Promoting physical activity in the workplace is one of the CMOs' recommendations for increasing physical activity in the population. Examples of what a conscientious employer could do are providing gyms

at the office, showers for cyclists and walkers, prioritising stairs over lifts and encouraging active commuting.

One way to encourage active commuting is the development of a Travel Plan. A Travel Plan is a way of making it easier for people to travel to a site and minimise the impacts of a journey by encouraging the use of better modes of transport, such as walking, cycling and public transport. Making a travel plan is one of the positive actions a workplace can take, it reduces the negative impacts on the local area and the environment, as well as helping the local economy and of course it means their staff are physically active and through this can improve health and quality of life.

The Council's current Travel Planning guidance for residential properties and workplaces is in line with the national standard set by Transport for London. The Council work with workplaces to promote the message of sustainable travel and use national campaigns to raise the profile of local workplace travel plans.

Workplaces travel plans in Hillingdon are secured through the planning process, with each workplace setting targets to achieve a change in travel behaviour.

33 workplace sites have a travel plans secured through the planning process. In addition, a number of sites have voluntary travel plans. These are mainly the largest employers in the Borough including Heathrow Airport, Hillingdon Hospital and Brunel University. Their Travel Plans are voluntary because the requirement for a Travel Plan was not in place when such sites were built.

55 total businesses in Hillingdon have an active travel plan. However, there are over 8,435 VAT registered businesses in the borough and while some of the largest employers in Hillingdon have voluntary travel plans, there are notable exceptions.

ACTIVE TRAVEL

Residential properties and schools in Hillingdon can have travel plans developed. Residential travel plans in Hillingdon are secured through the planning process and each residential property sets target to achieve through encouraging walking, cycling and use of public transport. School Travel Plans have been agreed by all but 3 schools in Hillingdon.

Hillingdon Council offers free cycling lessons for adults living in the borough, aimed at anyone over 16 who would like to gain confidence to cycle on the road, or those looking to return to cycling having not ridden for a while. The lessons are provided by an accredited trainer, and involve up to four hours free training which can be booked at convenient times.

Hillingdon is one of 13 boroughs that has been named a “biking borough” and received funding to improve cycling locally. As well as funding, the borough should also receive support from Transport for London to implement changes that will improve the cycling experience in Hillingdon.

Sky Ride came to Hillingdon on the 31st July 2011, and saw residents to cycling through traffic-free streets. This also allowed participants to explore some of the parks in the borough. 7000 people attended this event¹⁷. The idea behind skyride is that once bikes are dusted off and people rediscover the fun they can have riding, they will get on their bikes again.

Overall, the Sky Ride in Hillingdon performed better than the Central London Sky Ride in three key Metrics:

- ✘ Attracting a higher proportion of Non-Regular Cyclists
- ✘ Higher overall ratings for the event
- ✘ Greater impact on future cycling intent.

Thames21 is a third sector organisation which is currently running a project in Hillingdon funded by Hillingdon Community Trust. The Hillingdon project aims to clean up the Grand Union Canal in order to improve public access and open up the towpath for walking and cycling.

ACTIVE RECREATION

There is plenty of space in Hillingdon for Active Recreation. Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is countryside including gardens, 35 allotment sites, informal nature conservation and town and country parks, as well as over 100 children's play areas (with more planned) [Figure 5]. Hillingdon has sixteen green flag sites, a National Nature Reserve at Ruislip Woods, and over 40 Sites of Importance for Nature Conservation (SINCs), all of which are open to the public. The Grand Union Canal runs through Hayes, Yiewsley, West Drayton, Uxbridge and Harefield.

Ruislip Woods covers 726 acres with footpaths, bridle paths and cycle paths. As part of the Hillingdon Improvement Programme, Hillingdon Council is undertaking a major development project to improve access

and facilities at Ruislip Lido, a 60 acre lake surrounded by a footpath which goes past a narrow gauge railway track and sandy beach.

The Green Spaces team found that 73% of respondents were satisfied with the parks, and that Hillingdon's Green Spaces are well used and popular with the residents. Comments gathered through the Green Spaces survey show that residents would like more information on the location of green spaces and the facilities and wildlife on offer, as well as action to be taken to address dog fouling, litter and antisocial behaviour.

The Warrender Park Public Consultation in 2008/2009 reports the following quotes from residents:

"The park is a crucial factor in our lives. Indeed it was one of the deciding factors when we came here to live"

"In recent times due to illness the park has provided us with respite and exercise. Our daily walks have been restorative, both physically and mentally"

There are also four public golf courses in Ruislip, Northwood (Haste Hill), Stockley Park and Uxbridge.

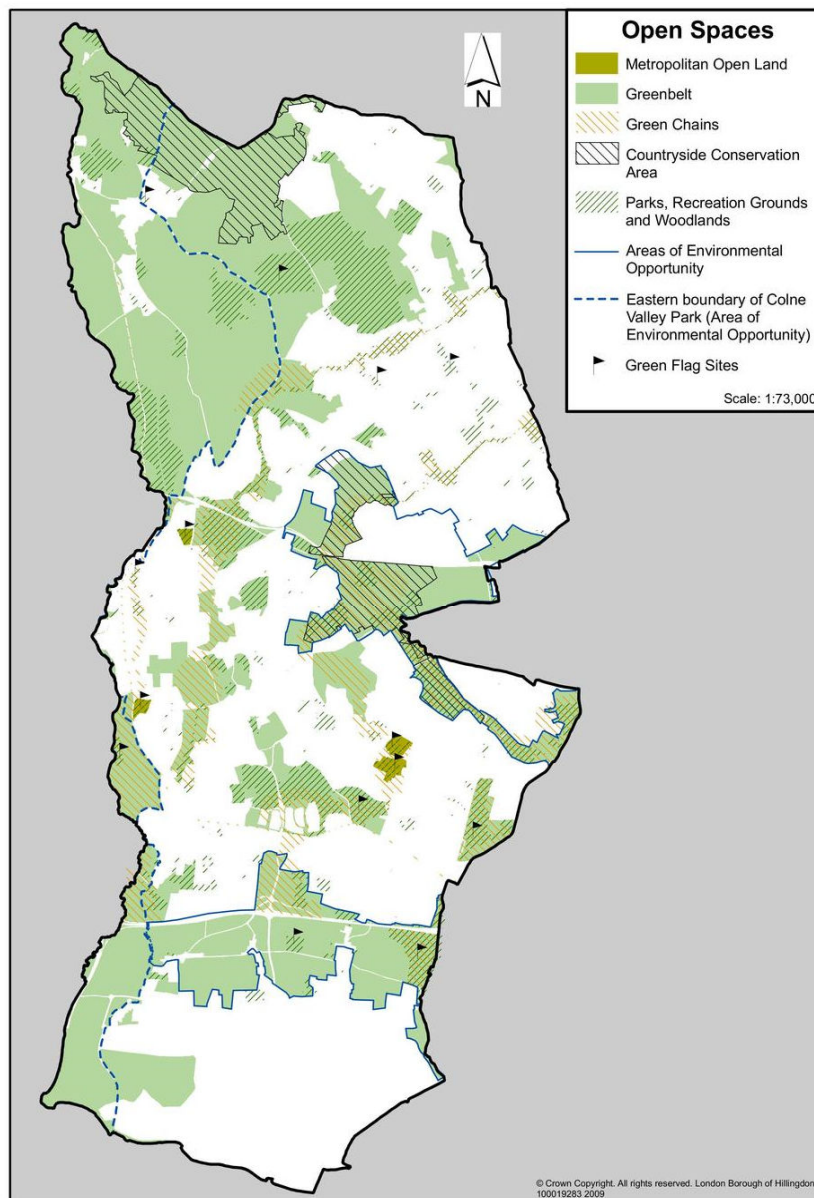


Figure 5: Green Spaces in the London Borough of Hillingdon

There are 2 swimming pools and 3 Fitness Zones, in Ruislip, in the North, and Hayes, in the South. The Botwell leisure centre opened in 2011 and there is also a 50 metre pool and leisure centre with sport facilities that opened in 2011 in Uxbridge [Figure 6]. There is also a toddler gym linked to Pinkwell children's centre.

Hillingdon Local Authority has a free swimming promotion for over 65s. Anyone over 65 can swim at any public indoor facilities for free.



Figure 6: New leisure facility in Uxbridge

There is a recently developed free-to-use multi-sport area, Adizone, which incorporates an outside gym, “freestyle” area (for gymnastics, aerobics and dance), basketball hoops, football goal and tennis wall [Figure 7].



Figure 7: Adizone, outside gym at Fasnidge Park (London Borough of Hillingdon website).

Hillingdon Outdoor Activities Centre provides outdoor experiences for visitors. There is a 45 acre lake for water sports and an activity centre for rock climbing and other activities. This centre provides access and training for residents who are interested in outdoor experiences.

There is a programme of walks, currently known as Healthy Walks ranging between 0.5 and 4 miles led by a trained volunteer. These are walks for leisure and walks are graded so that people can select walks that are suitable to their ability. This programme has been accredited under the 'Walking for Health' initiative, a nationally robust and evaluated programme that maintains high standards for healthy walks. Walks take place throughout the Borough, Monday to Saturday. The Healthy Walks programme managed by the Public Health team has achieved the Inspire Mark. The London 2012 Inspire programme enables non-commercial organisations across the UK to officially link their events and projects to the London 2012 Games. Initiatives including in the Inspire programme can use the Inspire Mark (a logo) to promote their project or event and demonstrate a connection with the Olympic and Paralympic Games.

Hillingdon Mind, a third sector organisation that promotes good mental health for all, have a walking club that do a walk a week in Hillingdon.

AgeUK has a base in Hillingdon which offers opportunities for older people to be active in their leisure time. The charity organisation offers armchair aerobics and "Extend Exercises" for people over 60 in Hillingdon.

ACTIVE SPORT

The borough's leisure facilities offer a variety of sports and fitness classes. Programmes include aerobics sessions, martial arts, gymnastics, trampolining, junior sports courses and competitive leagues in netball and football.

"Back to Sport" is a scheme run by the council for people over the age of 18 to encourage those who might have been active when younger, to restart a sport they used to enjoy. Sessions start from £2 an hour.

As well as the council owned facilities, Brunel University is the top university for sport in London and has facilities to match that reputation. Indoor facilities include a sports hall and netball hall, indoor climbing wall and pump room, exercise studio and four squash courts. The Brunel University Indoor Athletics Centre is a UK Athletics Regional Performance Centre and

is the chosen training venue for many of the country's finest athletes. Outdoor facilities include a sports park with two synthetic turf pitches and floodlighting, six tennis courts, four netball courts, athletics track and grass playing fields.

Uxbridge College is a further education college with two campuses in Uxbridge and in Hayes. The college has new £6 million sports facilities including an indoor hall for sports including 5-a-side football, cricket, basketball, netball and volleyball and an outdoor Multi Use Games Area including a basketball/netball court and a 5-a-side pitch and a fitness centre. There is also a dance studio.

The third sector also run a range of activities. DASH (Disablement Association Hillingdon) run yoga, keep fit, multi-sport, street dance, cricket and football for residents with disabilities. DASH have purchased adapted scales allowing wheelchair users to weigh themselves accurately, this is valuable as weight loss can be a key motivator for physical activity. Hillingdon Mind run badminton table tennis and yoga with support from a Sport England grant for people with mental health needs or addiction.

West London disabilities sports day is an annual event organised and hosted by Hillingdon Sports Development for special schools across West London. It is an event that allows over 100 young people with mild or severe learning disabilities to take part in a range of events.

'Queens Park Rangers in the Community Trust' runs a football development outreach programme at Botwell Green Sports & Leisure Centre, Hayes. This outreach programme includes 5 times a week football coaching at the leisure centre¹⁶.

The Kickz project, which is a partnership between premier league football teams and the metropolitan police, runs activities, such as football and Street Dance, at Ruislip High School on three nights of the week.

A wide range of activities and events have been planned to coincide with, and capitalise on, the opportunities presented by the Olympic and Paralympic games. It is hoped that this programme will galvanise interest, bolster and support existing groups and build on Hillingdon's strong offer of sports and leisure facilities to provide a legacy of increased physical activity.

School Sports Partnerships were groups of schools working together to develop PE and sporting opportunities for all their pupils. The School Sports Partnership Team promoted 2 + 3 hours of PE. This has involved developing

'good PE' professional development courses, training staff to provide high quality PE lessons, improving the school curriculum, developing out of school activities and using students as volunteers. This work has resulted in participation in the 2 hour offer more than doubling, rising from 41% to 89%.

The Schools Sports Partnerships are undergoing some changes, however the investment in the community means that the expertise still exists and lasting partnerships will have been formed.

ACTIVE CARE

NHS Hillingdon commission a MEND ("Mind, Exercise, Nutrition, Do it!") programme for children aged 7-13 who are above a healthy weight. Physical activity is one of the components of this programme.

NHS Hillingdon also run health checks for people aged 40-74. This is part of a national programme which examines cardiovascular risk factors in individuals. If someone is found to be at a high risk of a future cardiovascular event they will be given lifestyle advice which may include recommendations about their physical activity.

Hillingdon Hospital's Lead Cancer Nurse, in association with Macmillan, Public Health in NHS Hillingdon and Council provided-leisure facilities, is promoting "Move More" for cancer patients. The hope is to provide all newly diagnosed cancer patients with discounts for leisure services (including golf), develop a walking group and purchase and develop an allotment. This programme of activity is supported by a report by Macmillan which states that there is strong evidence that physical activity can help prevent and manage sides effects caused by cancer or its treatment. That long term, physical activity is an effective way to help recover physical function, manage fatigue, improve quality of life and mental health, and control body weight. There is growing evidence that physical activity can reduce cancer patients' chances of dying from the disease or reduce risk of the disease recurring. Even in palliative care settings, physical activity is likely to give benefits for those in the last months of their life.

Uxbridge College have run an exercise referral course for 20 personal trainers in the past. This means there are a number of people in the population who are qualified to provide support for those with chronic disease, with the knowledge and skills to plan and adapt progressive

programmes of physical activity for a specific person. This is something that could be delivered in the future.

CONCLUSION

Hillingdon has many resources facilities, events, activities and initiatives available for supporting an increase in physical activity. Hillingdon is one of the greenest London boroughs, it has recently developed modern leisure facilities and it is home to the best university for sport in London.

In the current financial climate any new strategy is not going to have large new budgets to make an impact. What is more worthwhile is to realise the assets already within the Borough and encourage greater co-ordination and joint working that enables the best use of these assets to encourage and enable greater physical activity levels. Increasing utilisation of existing resources and promoting demand for activities and events that are already offered is crucial.

DRAFT

THE STRATEGY DEVELOPMENT PROCESS

APRIL – AUGUST 2011

- ✘ Physical Activity Strategy development agreed as key priority by the Health and Wellbeing board
- ✘ Physical Activity scoping paper developed
- ✘ Corporate management team at Hillingdon Local Authority approve strategy development
- ✘ Networking between key partners and providers.
- ✘ Agreement that a new strategy could follow on from the work of the CSPAN (Community Sport and Physical Activity Network) following a review of the CSPAN funded by Pro-active

SEPTEMBER 27TH 2011

- ✘ Workshop held to work on the scope and the potential actions of a physical activity strategy. 21 partner organisations attended.
- ✘ Discussion points see strengths and challenges board below.
- ✘ Sub group formed to action the strategy development.

Strengths	Challenges
<ul style="list-style-type: none"> ✘ Strong leadership ✘ Many agencies and organisations that can contribute and a high level of commitment. Potential widespread organisational commitment ✘ Centres of good practice (Brunel, Harefield Academy) ✘ One of the greenest boroughs in London with many open spaces ✘ Olympic and Paralympic athletes and visitors (obvious and subliminal promotion of sport and fitness). ✘ Better communication between 	<ul style="list-style-type: none"> ✘ Changing a whole culture ✘ Lack of unified 'voice' across organisations, mixed messages/priorities from different agencies ✘ Business not linked into previous strategy ✘ Challenging financial position ✘ Organisational change

community and local government	
✘ Volunteers and Sportmakers	
✘ Willingness to share best practice and local expertise	

NOVEMBER 22ND 2011

- ✘ Initial Senior Officer and partners meeting held
- ✘ Discussion points:
 - People need to know what's available/what's local
 - To increase demand for activity focus on the motivator: Raise money for charity, Elite sports, spend time with family, reduced income/save money, fun, feel good, relieve stress, social network. People may not see health as a motivator and this needs to be reflected in the work
 - Target activity- particularly in the South of the borough where deprivation will impact on participation levels. Link with local communities and inspire activity
 - Increase confidence of people with disabilities to attend activities. Target facilities for people with disabilities as well as making the mainstream more accessible.

FEBRUARY 23RD

- ✘ 52 people attended a partner event to consult on ideas for the strategy and to raise awareness across the Borough. The local authority, NHS, voluntary and private sector were represented as well as sports clubs and providers.

SPRING 2012

- ✘ Draft Strategy circulated to key partners for agreement
- ✘ Strategy finalised
- ✘ Strategy presented to the Health and Wellbeing Board for comment and approval

OUR GOALS

The goals of the strategy are to improve health, to promote community cohesion and to promote economic gain. Specific goals are:

Active Living

- ✘ Increase professional and community awareness of the benefits and how to be more physically active

Active Workplace

- ✘ Support and encourage local businesses and workplaces to create opportunities for staff to be active

Active Travel

- ✘ Create opportunities for active travel within the Borough, particularly walking and cycling

Active Recreation and Active Sport

- ✘ Increase the number of volunteers in the borough supporting physical activity: signposting; helping at events and sports clubs
- ✘ Increase participation in physical activity opportunities
- ✘ Ensure greater sports pathways within the community
- ✘ Ensure physical activity opportunities are inclusive, particularly for people with disabilities

Active Care

- ✘ Ensure greater care pathways within the community

Success of the strategy

- ✘ Ensure partnership working for sustainability

THE PARTNERSHIP

London Borough of Hillingdon and NHS Hillingdon including Public Health, Travel, Housing, Green Spaces, the Arts Service and the Sports Development Team.

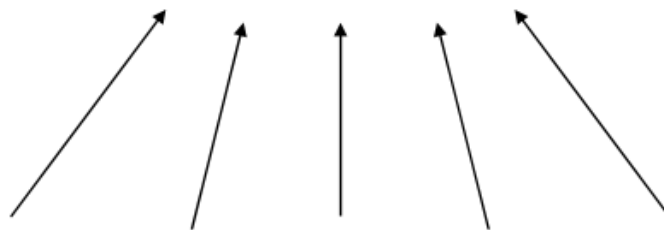
The Metropolitan Police, Fire Brigade, the Hillingdon Hospital, the RAF, British Airports Authority, Groundwork Thames Valley, Uxbridge College and Brunel University, Age UK, Hillingdon Association of Voluntary Services, Jobcentre Plus, the Hillingdon Chamber of Commerce, Glaxosmithkline, DASH, Pro-active West London

DRAFT

Health and Wellbeing
Board



Monitoring Group



Subgroups: Concerned with implementing
specific subsections of the strategy



ACTION PLAN

TOP LINE TARGETS:

- ✘ Obtain a 15% increase in people being active in the borough over 3 years
 - This equates to increasing the percentage of Hillingdon residents who are physically active for at least 30 minutes a week from 52% to 60%, measured by the Active People Survey.
- ✘ Decrease the gap between disabled and non-disabled peoples participation in Physical Activity by 15%.
 - The Active People Survey shows that 3.8% of people who describe themselves as having a limiting disability accomplish 3 x 30 minutes of physical activity per week, as compared to 20.7% of people without disability a gap of 16.9%
 - We want to see the gap between disabled and non-disabled peoples participation in sport as measured by the Active People Survey to decrease to less than 14.4%.

RESOURCING THE ACTION PLAN:

The Action Plan is designed to be affordable and cost-effective, only small additional monies are required in order to fulfil the strategy. These have mainly been identified but support from businesses and volunteers will need to be confirmed. We have prioritised increasing the use of existing resources and using existing budgets to reach more people, increasing cost-effectiveness.

The Action Plan looks to engage business to contribute to the strategy, particularly in developing workplace health.

The proposed Public Health Outcomes Framework suggests that there might be a small number of indicators focusing on health improvement relating to the causes of the greatest burden of disease and death. These indicators are likely to include measures related to both obesity and level of physical activity (as well as smoking and alcohol use). For a subset of those indicators, the Department of Health plans to attach a 'health premium' which aims to incentivise councils to make progress on health improvement priorities and reduce health inequalities. If this Public Health Outcomes Framework comes into being- there may be additional financial gain (over and above savings on chronic diseases, and economic benefits from decreases absenteeism etc.) from pursuing this strategy.

[Action plan under development. It is expected that a timetabled action plan will be developed to implement the strategy. This will be reported back to the Health and Wellbeing Board for comment and approval. The lead councillor for this strategy is Cllr Higgins, he will be kept informed of progress.]

DRAFT

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