

Information for Adult Physical Activity: *Factsheet*

Tower Hamlets Joint Strategic Needs Assessment 2017

UPDATED 2017

Executive Summary

The benefits of physical activity surpass that of any other drug or medical treatment for health, wellbeing, longevity and protection from serious illness for people of all ages¹. Only half (55.2%) of the Tower Hamlets adult population meet government guidelines on physical activity levels per week, lower than London and National levels³³. Yet three quarters of Tower Hamlet's adults would like to increase their participation in Sport.³⁴ The greatest gain to population health will come from getting people who are currently inactive to do some activity, rather than getting those who are already active to do more. It is therefore important that we focus on interventions that are likely to impact on this group, for example making sure neighbourhoods are safe and attractive for walking in.

The focus of local and national strategies for sports participation and physical activity is towards increasing participation in physical activity by involving the community and enabling organisations to work together to ensure that local environments are an asset to physical activity and making the best use of existing resources.

There are a vast amount of opportunities within Tower Hamlets aimed at increasing participation in physical activity and sports for both the general population and other groups within the borough who may face barriers to physical activity. However, often these opportunities are not effectively utilised.

Recommendations

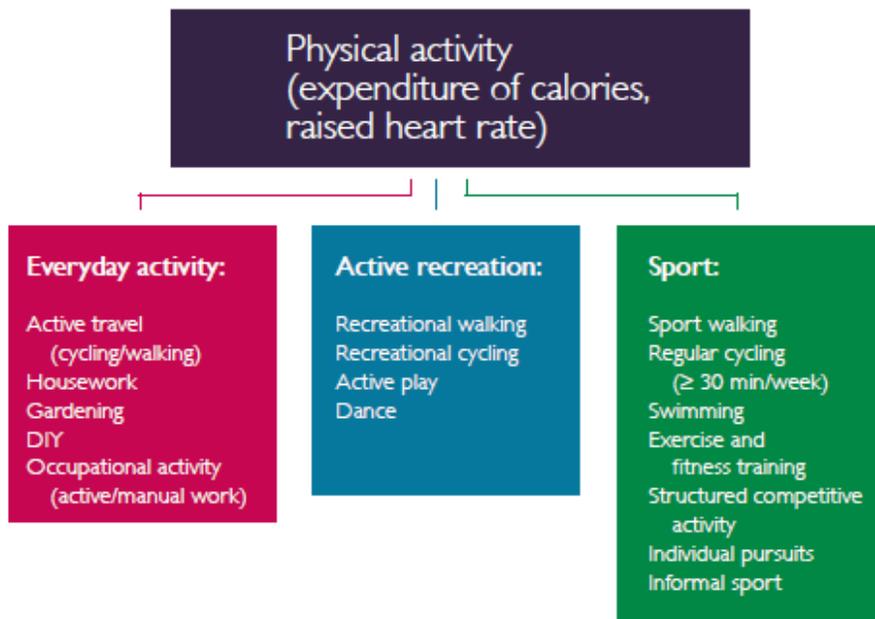
- To better understand the physical activity needs, assets, barriers and motivators in Tower Hamlets particularly in wards where the lowest levels of physical activity have been identified.
- To develop a 'whole systems' approach to address physical activity, recognising the needs in local neighbourhoods and working in partnership with the residents, to create environments which increase physical activity opportunities, as part of people's everyday lives, across the whole lifecourse.
- To ensure a systematic approach to evaluation of local physical activity initiatives is developed to identify if they are making a difference in Tower Hamlets.

1. What is Physical Activity?

Physical activity (PA) is a general term that describes any movement the body makes which requires energy. In Public Health terms it is commonly defined as "any force exerted by skeletal muscle that results in energy expenditure above resting level."² This definition covers sports, exercise and general physical activity.

This document is concerned with physical activity in its broadest terms i.e. bodily movements that are undertaken as part of playing, working, active transport, house chores and recreational activities (Figure 1). Sport represents a precise form of physical activity that may or may not involve a competitive element whilst the concept of 'exercise' describes a form of physical activity at a relatively intensive level aimed at improving fitness and health.

Figure 1. Physical activity forms (Department of Health, 2009)³



Physical activity can range from light to vigorous activities that vary in the amount of energy they consume, the greater the effort put into physical activity, the more vigorous that activity is (see Figure 2 for examples). Intensity levels therefore vary depending on the type of physical activity and individual circumstances such as age, gender, weight status, attitude to physical activity, previous exercise experience and relative level of fitness. For example, jogging can be considered a moderate intensity activity for a well-trained individual yet considered a high-intensity activity for an older person or someone with health impairments. It is up to each individual to ascertain activities that will help them achieve their moderate or vigorous exertion levels.

Figure 2. Physical activity and energy expenditure (Adapted from Department of Health, Chief Medical Officer Report, 2004).⁴

Sleep	Sedentary behaviour	Light activity	Moderate activity	Vigorous activity
	e.g. watching tv	e.g. strolling or walking at normal pace – no noticeable change in breathing and can carry on full conversation	e.g. walking at a brisk pace – raising the heart rate, breathing faster and feeling warmer but still able to talk	e.g. jogging – high heart rate breathing hard and fast, unable to talk without pausing for a breath
Less than 1 MET ¹	1 MET	2 to 3 MET	3 to 6 MET	6 MET plus
Low < ----- Energy Expenditure -----> High Measured by Metabolic Equivalent of Task (MET) i.e. rate of energy consumption by task ¹				

¹ MET is considered as an index of the intensity of activities and is experimentally and statistically derived from a sample of persons and are indicative averages. It compares the working metabolic rate (the amount of oxygen used by the body during physical activity) to the resting metabolic rate. It is a way to compare the amount of exertion required for different activities. At rest the, the body uses one MET for basic functions such as breathing, sleeping 0.9 to 23 (running at 22.5 km/h or a 4:17 mile pace). Describing an activity using MET allows comparisons among people of different weight. Calorie expenditure varies with a person's body weight. Moderate physical activity requires 3 to 6 METs, vigorous or high intensity physical activity requires more than 6 METs.

Why is physical activity important?

The benefits of physical activity to health and wellbeing are well documented. Physical activity can help towards improved sleep, maintaining a healthy weight, managing stress and improving quality of life⁵. Additionally it also reduces the risk and impact of non-communicable diseases and premature death, some examples of the levels of risk reduction through physical activity are listed in the table below.

Table. Primary reduction of risk by being physically active (NHS London, 2012)⁶

Disease	Risk reduction	Strength of evidence
Death	20-35%	Strong
CHD and Stroke	20-35%	Strong
Type2 Diabetes	35-40%	Strong
Colon Cancer	30-50%	Strong
Breast Cancer	20%	Strong
Hip Fracture	36-68%	Moderate
Depression	20-30%	Strong
Hypertension	33%	Strong
Alzheimer's Disease	20-30%	Moderate
Functional limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Osteoarthritis disability	22-80%	Moderate

What is Sedentary behaviour?

The opposite of physical activity is sedentary behaviour, this is not just 'inactivity' but rather a unique category in its own right requiring very low energy expenditure such as sitting and lying.⁷ The economic burden of physical inactivity has been estimated to be between £1-1.8 billion a year for England. This includes the costs of treating long-term conditions or acute events such as heart attacks, strokes, falls and fractures, as well as the costs of social care arising from for example, the loss of ability to work or to look after oneself.⁸

Physical Activity in the modern world

Physical activity levels have declined sharply since the post-war era because of reduced physical demands of work, household management, and travel. Technology has become more and more prominent in our work and home activities, encouraging us to sit still for longer periods.¹² As a consequence for the developed world, physical inactivity has emerged as the fourth leading risk factor for global mortality. WHO estimates that overall physical inactivity causes 1.9 million early deaths per year globally, accounting for 3.3% of all deaths.⁹ The impact is even higher for Londoners, as 4.17% of year's lost (premature mortality) are due to physical inactivity.¹⁰ Calculations on the overall burden of disease (Disability-Adjusted Life Years) estimate that 43,281 years (2.39%) are lost through ill-health, disability or early death for Londoners as a result of physical inactivity and 4.17% of years lost (premature mortality) due to physical inactivity in Londoners.¹⁰

2. What is Policy Context?

International

The Bangkok Declaration on Physical Activity for Global Health and Sustainable Development (2016)¹¹ outlines six strategic areas for investment at the country, regional and global level. It aligns with the four domains of Public Health England's Everybody Active, Every Day (see below).

National

'Everybody Active, Every Day' Public Health England's national physical activity framework (2014)¹²

This recognises that physical activity needs to be embedded across every community in a way that tackles the cost, access and cultural barriers to taking part. It identifies a need for a holistic approach focusing on four overlapping key domains (see Appendix B), namely:

1. Raising awareness amongst professionals
2. Developing networks of expertise
3. Creating the right environment for physical activity
4. Scaling up interventions that make people active

An update on this framework - **Everybody Active, Every Day: Two years on (2017)**¹³ has recently been published.

The government's **Sporting Future: A new strategy for an active nation (2015)**¹⁴ builds on the evidence base in Everybody Active, Every Day, setting out a strategy for reducing physical activity at the individual and population level. This was followed by Sport England's **Towards an Active Nation (2016)**¹⁵ strategy which sets out Sport England's strategy for reducing inactivity across the life course.

Sport England have also produced an **Active Design Guide (2015)**¹⁶, which sets out ten principles of active design for the layout of cities, towns, villages, neighbourhoods, buildings, streets and open spaces, to promote sport and active lifestyles:

1. Activity for all
2. Walkable communities
3. Connected walking and cycling routes
4. Co-location of community facilities
5. Network of multi-functional open space
6. High quality streets and spaces
7. Appropriate infrastructure
8. Active buildings
9. Management, maintenance, monitoring and evaluation
10. Activity promotion & local champions

The guide includes case studies to encourage planners, urban designers, developers and health professionals to create the right environment to help people get more active, more often.

Four Chief Medical Officers' Report 'Start Active, Stay Active' (2011)¹⁷

In 2002, the government set the objective for 70% of the population to be reasonably active by 2020. Since then this document has provided guidelines on the volume duration, frequency and type of physical activity required across the life-course to achieve general health benefits, and these are summarised in section 4.

The National Institute for Health and Care Excellence (NICE) has produced the following guidance and recommendations on physical activity:

- NICE (2008) Physical Activity and the environment¹⁸
- NICE (2008) Physical Activity in the workplace¹⁹
- NICE (2009) Physical Activity for children and young people²⁰
- NICE (2012) Physical Activity: Walking and cycling²¹
- NICE (2013) Physical Activity: Brief interventions for adults in primary care²²
- NICE (2014) Physical Activity: Exercise on referral schemes²³

They have also produced two summary briefings for local government:

- NICE (2012) Physical Activity Briefing - methods local governments can use to increase physical activity²⁴
- NICE (2013) Walking and Cycling – methods local governments can use to increase walking and cycling²⁵

Regional (London)

The Transport for London document **Improving the health of Londoners – Transport Action Plan (2013)**²⁶ outlines the potential that active travel has to increase physical activity and health. A follow-up document **'Healthy Streets for London: Prioritising walking, cycling and public transport to create a healthy city (2017)** sets out a Healthy Streets model by which streets and places should be assessed²⁷.



'Moving More, Living More: The Physical Activity Olympic and Paralympic Legacy for the Nation' (2014)

produced in by the London Mayor in association with the Government emphasises the need for:

- A sustained, strategic and long lasting approach towards increasing physical activity, encompassing partners across all sectors (including third sector, communities and individuals) and levels working together in a more connected way.
- Providing opportunities and physical environments which are convenient for people, fit into their everyday lives and suit their interests.
- Recognition that some groups such as disabled people, older people and some ethnic minority groups, are less likely to be active than others and may require a tailored inclusive approach.
- Targeting the least active thereby reducing health inequalities and advancing relative health gains.

Local

At a local level there are the various interlinked strategies which impact upon physical activity.

Tower Hamlets Health and Wellbeing Strategy 2017-2020

The new strategy sets out five priorities, four of which (healthy place; communities driving change; employment and health; and child weight and nutrition) have key links to increasing levels of physical activity.

Other local strategies which impact on the environment, including the **Local Plan** have a key role to play in supporting people to become more active as part of their everyday lives. More information can be found in the **Spatial Planning and Health JSNA (2016)**²⁸.

A new **Physical Activity and Sport Strategy** is currently under development and will be published in 2017. This will be linked to the **Open Space Strategy** and the **Leisure Facilities Strategy** (both also under development and due for publication in 2017).

Transport Local Implementation Plan 2011-31²⁹

This outlines key projects and investment in the borough's transport system to help support delivery of key priorities up until 2031. In LIP2 the focus is on encouraging sustainable and active modes of travel. This includes pedestrian and cycle environment enhancement including resign of footways and new cycling routes, traffic calming, safety and street scene improvements. The Tower Hamlets Green Grid³⁰ is the local strategy to improve the spaces and routes in the borough to encourage local residents to walk, cycle and enjoy their local environment.

Making Connections: towards a climate friendly transport future 2008-33³¹

This report identifies people-friendly travel. This includes the need to promote walking, cycling, development of new routes and facilities, the retention and enhancement of green space and public spaces including safer streets for all.

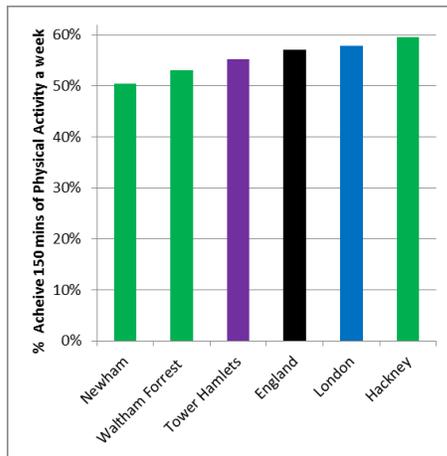
Clear Zone Plan 2010 -2025³²

The Tower Hamlets Council Clear Zone will help create healthier, more accessible, climate friendly and liveable neighbourhoods in the west of the borough. This will be achieved through the introduction of innovative, sustainable transport and place shaping measures, in partnership with key stakeholders.

3. What is the local picture?

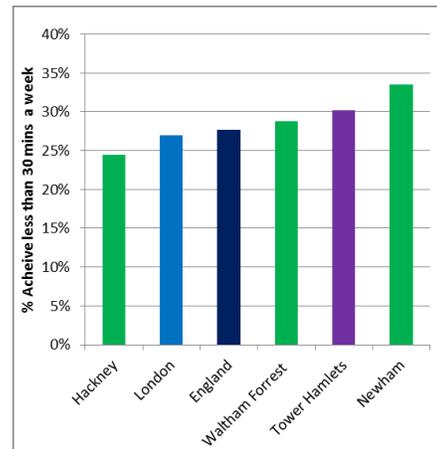
According to the Public Outcomes Framework 2014 data 55.2% of Tower Hamlets adult population achieved the national guidelines of 150 minutes of moderate physical activity a week. This is slightly lower than the London and National rates of 57.8% and 57% respectively³³ (see figure 3). In contrast, 30.2% of adults in Tower Hamlets were recorded as inactive in 2014, meaning that they did not achieve 30 minutes of total moderate physical activity a week, this is higher than the London rate of 27% and the National rate of 27.7%³³ (Figure 4).

Figure 3: Adult (16+) Participation in moderate physical activity for 150 minutes a week or more for Tower Hamlets, London, England and Neighbouring boroughs, 2015



Source: Public Health England, 2015

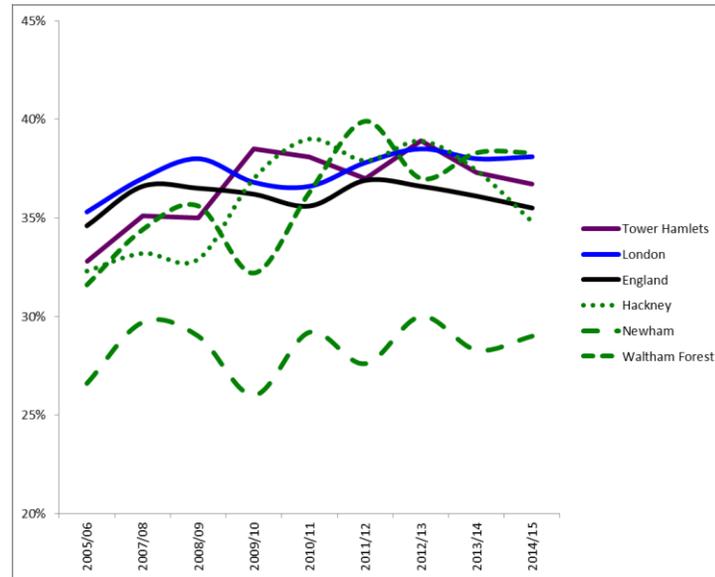
Figure 4: Adult (16+) Participation in moderate physical activity for less than 30 minutes a week for Tower Hamlets, London, England and Neighbouring boroughs, 2015



Source: Public Health England, 2015

The Active People Survey (APS) records the sport and recreation activity of residents by borough. It shows that in 2014/15, 36.7% of Tower Hamlets adults (16+) participated in a sport at least once a year³⁴. This figure has fluctuated year by year since 2005/06 with a general increasing trend. When comparing to other areas Tower Hamlets generally participates more in sports activities than the national average and markedly more than its neighbouring borough Newham, yet less than London (see Figure 5).

Figure 5: Adult (16+) Participation in Sport (at least once a week) for Tower Hamlets, London, England and Neighbouring boroughs, 2005-2015



Source: Active People's Survey (2016)

Of those who participated in some sport once a week:

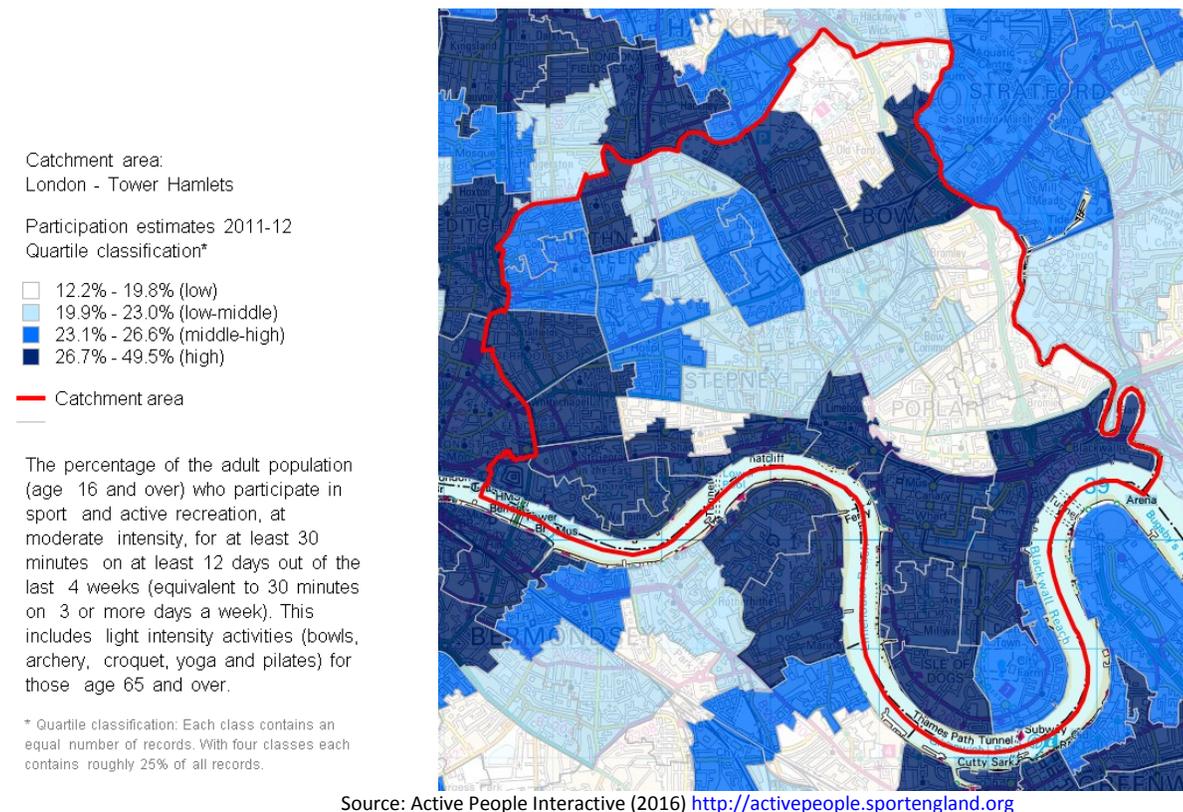
- 46.7% were males
- 25.9% were females
- 18.7% in the 55+ age group
- 35.6% were white British
- 38% were black and minority ethnic community

The APS findings which are consistent with Health Survey for England (2012)³⁵ does show that more men than women are physically active in Tower Hamlets and the BME community are underrepresented in relation to the current size of this population in the borough. Although these figures are consistent with the Health Survey for England they could be disguising very low participation rates in some of the lower income communities in Tower Hamlets as indicated in the map of inactivity (figure 6 next section). The figures also indicate lower participation rates amongst the female and the over 55 population.

Geography of inactivity

Participation estimates for 2011-12 from the Active People Survey indicate that areas with low levels of physical activity include Bow East, Bromley North, Bromley South, Lansbury, Poplar, Shadwell as well areas such as Stepney Green, St Dunstan's, and Mile End (see Figure 6).

Figure 6: Physical Activity Borough level: Active People Survey³⁶



It is not known why some localities have people who engage less in physical activity than others as we do not have much cumulated information on the main barriers residents face to participating in physical activity. We do know that there are many factors that are shown to have an association with low physical activity such as geography, age, disability, race, sex and sexual orientation and gender identity.¹² The Determinants of Physical Activity and Active Living are outlined in Appendix A.

Early evidence emerging from the Public Health Neighbourhood Pathfinders in Tower Hamlets highlights that there are a number of barriers to becoming active that include poor communication of the availability of activities, a low level of community engagement, perceptions that activities aren't targeted at the local population, and perceptions around safety. Some of these barriers identified differ between wards.

Poor air quality could be another barrier for not actively participating in outdoor physical activities. Currently there are 6 areas within Tower Hamlets that have been highlighted by the Greater London Authority as priority focus areas for air quality improvement in 2011 (see Appendix C)³⁷. These improvement areas have been chosen based on a number of factors including locations where air pollution limit levels have been exceeded, level of human exposure is high and traffic patterns are of concern.

Active Travel

Transport for London (TfL) report that on an average day there are 6.3 million walk trips in London (where walking was the only mode used) and 6.8 million walk stages (where walking was part of a longer trip using other modes). However only 34 per cent of adults in London are achieving two 10-minute periods of active travel per day. In Tower Hamlets there are around 263,700 trips made by walking each day, however TfL estimate that an additional 64,700 local trips that are currently made by motorised transport could be walked³⁸. A similar picture is seen for cycling, with TfL estimating that across London 8.17 million daily trips that are currently made by motorised modes (car, motorcycle, taxi or public transport) could be cycled. The estimates for Tower Hamlets specifically are that only 21,200 trips per day are currently made by cycling, compared with a potential of 233,900 cyclable trips. This means that only 8% of cyclable trips are being realised³⁹.

Barriers to cycling have been explored and suggestions made for how to overcome these⁴⁰, including:

- Making cycling more economically accessible through initiatives such as recycled/pool bikes.
- Offering training to provide reassurance to participants that they can cycle.
- Running led group rides in controlled traffic-free environments to emphasise safety, build confidence and encourage socialising.
- Making use of existing groups and networks – building on existing relationships (trust/ role models) to successfully engage with the community and encourage people to ‘try’ cycling.
- Empowering members of the local community to help plan and deliver the initiatives - research demonstrates the benefits of schemes being run by ‘insiders’ and trusted networks of voluntary and community groups that are better placed to ‘broker relationships’.
- Tailoring flexible programmes that can accommodate home and family commitments, religious duties and cultural events.
- Cycling activities should also be run in warmer months (May – September), when the weather is more favourable.
- Involving the family – encouraging participants to see cycling as a family activity/hobby.
- Using community languages – recruiting staff with relevant language skills, and involving them in the design of baseline data collection and marketing materials from the very outset.

Utilisation of outdoor space for exercise / health reasons

There has been some improvement in the percentage of Tower Hamlets residents reporting that they use outdoor space for exercise or health reasons (from 4.4% in 2013/14 to 18.1% in 2014/15) so that we are now in-line with the England average and performing better than the London average⁴¹.

Financial costs of being inactive

Healthcare costs resulting from physical inactivity include the costs in general practices (primary care) and in the hospital sector (secondary care). The costs for Tower Hamlets are estimated to be £4,914,552 per annum, or £2,326,951 per 100,000 populations (based on the Tower Hamlets population figure of 211,201 from 2007 census data). Figure 7 outlines the estimated financial burden of physical inactivity per disease in Tower Hamlets, where coronary heart disease and diabetes are shown to accumulate considerable costs. To obtain the local cost estimates Sport England commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates of the primary and secondary care costs attributable to physical inactivity for Primary Care Trusts (PCT) across England for 2009/10.

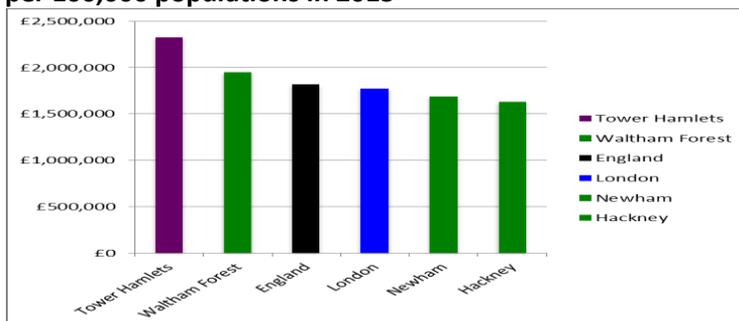
Figure 7. Estimated financial burden of physical inactivity for Tower Hamlets in 2013.

Expenditure in treatment (total):	Total Estimated Expenditure in Tower Hamlets
Cancer Lower GI	163,141
Breast Cancer	356,025
Diabetes	1,123,779
Coronary heart disease	2,626, 874
Cerebrovascular disease	644,733
Total	4,914,552

Source: Sport England data accessed at <http://localsportprofile.sportengland.org/> (January 2016)

In comparison to local and national comparators the estimated financial burden of physical inactivity is substantially higher in Tower Hamlets (see Figure 8). This could be linked to the high levels inactivity in Tower Hamlets previously described, due to the levels of deprivation and to a significant proportion of the local population with South East Asian backgrounds, who are more susceptible to certain health conditions such as Type 2 Diabetes, Coronary Heart Disease and Stroke.⁴²

Figure 8. Estimated financial burden of physical inactivity for England, London, Tower Hamlets and Neighbouring Boroughs per 100,000 populations in 2013



Source: Sport England data accessed at <http://localsportprofile.sportengland.org/> (January 2016)

Motivation

Positively, 75% of Tower Hamlets adults (16+) surveyed by the Active People Survey (APS) in 2014/15 want to do more sport, this includes those who are considered to be active and inactive. This figure is markedly higher than London at 66% and England at 57.4%⁴³.

4. What are the effective interventions?

Physical activity recommendations

In 2014 PHE publication ; Everybody Active Every Day⁴⁴ is highlighting 4 domains for interventions

1/ Active society: creating a social movement

- key message is that activity is fun, fulfilling and can be an easy choice
- needs to be a main component of policies and planning
- people in the communities will be agents of change
- improved marketing is required

- commitment from all sectors is required over the long term

2/ Moving professionals: activating networks of expertise

- Thousands of public facing professionals and volunteers are a readymade network
- Involvement is required from all sectors not just health
- Sectors in a good position to influence and lead includes education, sports and leisure, health and social care, planning, design, development and transport.

3/Active environments: creating the right spaces

- Healthy environments support health, recreation and wellbeing
- Land use has a big impact on health
- Physical activity needs to be built into daily routes
- Local authorities can work across policy areas and bring experts to deliver change.

4/Moving at scale: interventions that make us active

- Positive change needs to be long term and at a large scale
- Interventions should be based on community needs
- Research and co-design will means initiatives are workable and effective
- It relies on maximising existing assets

The four Chief Medical Officers (CMOs) across the UK produced new guidance on physical activity. The guidance entitled 'Start Active, Stay Active' (Department of Health, 2011) focus on achieving health gains through a life course approach to physical activity. The recommendations for adults include:

1. Adults 19 to 64 years:

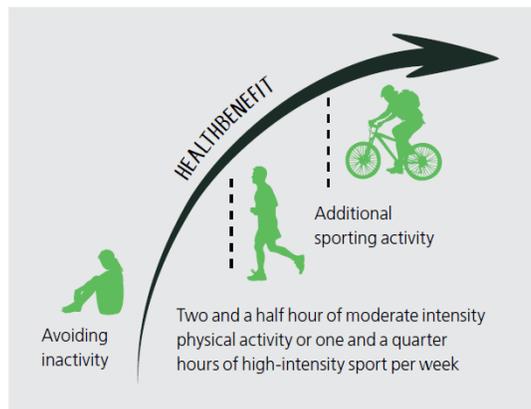
- Adults and older adults to should aim to be active daily
- Activity should add up to least 150 minutes of moderate activity in bouts of 10 minutes or more e.g. 30 minutes five time a week;
- Comparable benefits can be achieved through 75 minutes of vigorous activity spread across the week or a combination of moderate and vigorous activity.
- Activities to develop muscle strength in the major muscle groups at least two days a week

2. Older adults over 65 years:

- Daily activity which covering a week should add up to least 150 minutes of moderate intensity activity in bouts of 10 minutes or more – giving 30 minutes on at least 5 days a week.
- Two days each week they should engage in activity that strengthens muscles.
- For older adults who are at risk of falls, these individuals should engage in physical activity to improve balance and co-ordination on at least two days a week.

When interpreting the above recommendations, each individual's physical and mental capabilities should be considered. There is a direct link between the amount of physical activity performed and the extent of its impact on health. Individuals who are barely active or not active at all can expect to derive the greatest added benefit from increasing their levels of physical activity (see Figure 9).

Figure 9. Dose-response curve (Source: according to Haskell 1994)⁴⁵



Walking and cycling

NICE has published guidance on promotion of physical activity titled “Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel or Recreation”⁴⁶. It recognises that walking and cycling should become the norm for short journeys and should be encouraged throughout local communities.

Further recommendations include:

- Ensuring walking and cycling are included in chronic disease and physical activity pathways.
- Ensuring the needs of all sections of the population is addressed. This includes people with impairments who may require adapted equipment.
- Incorporating public health goals to increase the prevalence and distance of cycling and walking.
- Providing people with information (e.g. maps) and suitable training to make different travel choices.
- Creating environments suitable for active lives including cycle parking and safe roads.
- Targeting less active groups and address issues that may act as barriers.

Built Environment

NICE outlines guidance for the promotion and creation of physical environments that support increased levels of physical activity⁴⁷. It recommends the following:

- Ensuring the potential for physical activity is maximised within new developments and planning applications and that local facilities and services are easily accessible on foot, by bicycle and by other modes of transport involving physical activity.
- Providing the highest priority for pedestrians and cyclists (including persons with mobility is impaired) when developing or maintaining streets and roads. Other measures include re-allocating road space to support physically active modes of transport and introduction of traffic-calming schemes to restrict vehicle speeds and create safe routes.
- The planning and provision of a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity that offers convenient, safe and attractive access to workplaces, homes, schools and other public facilities including shops and social destinations.
- Public open spaces and public paths should be accessible on foot and by bicycle; they should also be accessible by public transport and be safe, attractive and welcoming to everyone.
- New workplaces should be linked to walking and cycling networks, and where possible these links should improve existing walking and cycling infrastructure by creating new through routes.
- During building-design, attention should be paid to staircases including location to encourage people to use them.

Workplace

As a majority of adults spend a significant part of their daily lives at their place of work, enabling employees to be physical active is critical for long-term welfare. NICE Guidance 13 (2008) 'Promoting Physical Activity in the Work Place'⁴⁸ recommends that local employers encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan).

It suggests that local authorities should offer advice and information resources (particularly to small and medium sized enterprises) for example, the services of physical activity experts. If demand exceeds resources it suggests focusing on enterprises where a high proportion of employees are from a disadvantaged background and enterprises where a high proportion of employees are sedentary. Employers can assist their employees to be physically active during the working day by:

- where possible, encouraging them to move around more at work (for example, by walking to external meetings)
- putting up signs at strategic points and distributing written information to encourage them to use the stairs rather than lifts if they can
- providing information about walking and cycling routes and encouraging them to take short walks during work breaks
- encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover
- policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day)
- the dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity as well as provision of health checks
- ongoing advice and support to help people plan how they are going to increase their levels of physical activity

Disease Care Pathways

The NICE guidance 44⁴⁹ recommends that brief advice on physical activity be incorporated into the care pathway in the prevention or treatment of conditions such as cardiovascular disease, type 2 diabetes, stroke or to improve mental health. Ensuring that assessment of physical activity and the delivery of brief advice and follow up are built into the long term diseases management strategies, highlighting that physical activity as an independent modifiable risk factor for many conditions. This includes utilising local resources to support increased physical activity and providing training to healthcare professionals on how physical activity promotion fits within their remit and how it can help prevent and manage a range of health conditions.

Behaviour change

One of the key interventions to sustaining physical activity is behaviour change. NICE guidance on Behaviour Change⁵⁰ has a number of recommendations, these include ensuring robust needs assessments are conducted and interventions are designed based on theoretical underpinnings and in consideration of social, financial and environmental barriers and enablers. It also recommends that investments should target programmes that identify and build on the strengths of individuals and communities and the relationships within communities.

5. What is being done locally to address this issue?

Tower Hamlets have a wide range of community programmes and facilities geared towards increasing physical activity of its residents. They cover the range of physical activity from everyday activity, active recreation to sport (as shown on Figure 1 page 2), as well as a whole systems approach to addressing physical activity and some programmes to support disease pathways.

Key examples are described below. This is not an exhaustive list as what is offered is continually changing. For ongoing up to date information Ideas Stores² in Tower Hamlets have comprehensive local information on their data bases.

Whole Systems Approach

To support the whole system approach there are a range of local plans which contribute to increasing the opportunities for local residents to take part in physical activity including the healthy schools programme, clean air policy, planning improvements to green spaces, the green grid, and the work place health charter.

Public Health Neighbourhood Pathfinders⁵¹

A localised initiative has started to be rolled out in Tower Hamlet to work with a 'Whole Systems' approach to address physical activity in the more disadvantage neighbourhoods. In 2015, residents in two small residential areas situated in the east of the borough were supported to assess, through mapping, the healthy lifestyle resources and barriers available to them. As a result a local primary school, Marner, situated in the north east of the locality of Tower Hamlets has been monitoring air quality, has set up weekly parents walking groups and acquired funding to transform small disused pockets of land into play areas. In the SE of the borough funding bolstered the Healthy Weight programmes at Cubitt Town Junior School and 7 parents who had never before considered sailing have become sailing leaders to encourage more residents to access the local sailing club.

Everyday Activity

LinkAge Plus³

Link Age Plus provides activities for people aged 50+ living in the London borough of Tower Hamlets. The aim of Link Age Plus is to help older people achieve a better quality of life by improving well-being and reducing social isolation. The service is delivered in various locations across the borough. They are an outreach and service who also provide wide range of weekly activities including: keep fit, Tai chi, walking and gardening sessions. Local residents have benefitted from social interaction by being engaged in activity outside of their homes.

Green Networks⁴

This is an initiative developed by the Poplar Housing and Regeneration Community Association. It supports developing green spaces into gardens where food can be grown. It is managed by volunteers.

Active Recreation

I am Tower Hamlets⁵

This is a joint programme between GLL and Tower Hamlets Council to build hubs of meaningful, attractive and sustainable opportunities that engage communities & promote participation in physical activity. The project will consider how to enhance the role of leisure centres and play areas in their surrounding communities by

² <https://www.ideastore.co.uk/>

³ <http://linkageplus.co.uk/about-us/>

⁴ <http://www.poplarharca.co.uk/community/join/green-network>

⁵ <http://www.better.org.uk/iamtowerhamlets>

understanding what our community needs are, what the community assets are and how to best use them.

Health Walks⁶

Health walks are free walking groups based at community centres or leisure centres. There are currently eight active walking groups within the Borough, each consisting of 10 to 15 people the majority of who are plus 50, some have people who suffer from long-term health co-morbidity conditions and depression, there are also one or two groups which are predominately women.

Cycling

- The Santander⁷ Hire scheme is available across many locations in Tower Hamlets with over 2000 bikes and 2,700 docking points. There is roughly 200,000 cycle hires per month in the Borough according to Transport for London.
- The Council also offers free cycle training on a one-to-one basis for any adult who lives, works or studies in the borough. Residents of all ages and abilities can also join the 'All Ability Cycling Club' at Victoria Park funded by the Council and run by Bike Works⁸.
- Cycle FIT is a cycling initiative based the Jagonari Centre in Whitechapel. It is for women whose access is dependent on women-only environments⁹
- The Tower Hamlets Cycling Club¹⁰ provides cycling sessions for both adults and children. Its objective is to break down barriers that discourage certain groups from enjoying cycling (including women from ethnic minorities and people with disabilities) and to help local residents explore local cycle routes. Bikes are available for those who don't have their own including those that are adapted.

Active People, Active Parks¹¹

To encourage sport in the local community this programme hosts a variety of activities such as social walking and jogging, badminton and volleyball within Queen Elizabeth Olympic Park and its local community.

Sport

Leisure Centres¹²

There are 6 leisure centres in Tower Hamlets; these are managed by Greenwich Leisure Limited (GLL). One additional centre will open in June 2016 - Poplar Baths. The centres encompass a range of activities ranging from gyms, studio based activities, outdoor courts and pitches, to swimming pools and an outdoor athletics track at Mile End. A number of these centres provide free sessions such as 'Free Swim Friday', 'Young@heart' programmes for those aged 50 and above and 'For the Girls, By the Girls', which targets women.

Go4Sport

This programme offers a variety of sport activities such as athletics, badminton, street dance and tag rugby. It is run in partnership with Sport England, Poplar & Limehouse Health & Wellbeing Network and Poplar Harca to encourage residents of Poplar and Limehouse (aged 14 and over) to try new activities.

Disability Sport¹³

There are a number of inclusive sports sessions for people with disabilities throughout the borough for different age groups, including swimming, gym sessions, multisport sessions, cricket, Tai Chi and Pilates. There is also a

⁶ <https://www.walkingforhealth.org.uk/walkfinder/london/walk-tower-hamlets>

⁷ <https://tfl.gov.uk/modes/cycling/santander-cycles>

⁸ http://www.towerhamlets.gov.uk/lqn/transport_and_streets/cycling/cycle_training.aspx

⁹ http://www.towerhamlets.gov.uk/lqn/transport_and_streets/cycling/community_led_cycling_projects.aspx

¹⁰ <http://www.towerhamletswheelers.org.uk/news/tower-hamlets-cycling-club>

¹¹ http://www.towerhamlets.gov.uk/lqn/leisure_and_culture/sport_and_physical_activity/find_a_sport_or_club/partnership_programmes.aspx

¹² <https://www.better.org.uk/leisure-centre/london/tower-hamlets>

¹³ http://www.towerhamlets.gov.uk/lqn/leisure_and_culture/sport_and_physical_activity/find_a_sport_or_club/disability_sports.aspx

participation and volunteering project, Motivate East, that is centred around the Olympic Park to encourage disabled people to try out sports and physical activity.

Health Trainers Programme and new Healthy Communities Programme¹⁴

The existing Health Trainer service which delivers healthy lifestyle sessions within the community and offer support to a range of people to help them make positive health changes these include physical activities and healthy eating sessions will end in September 2017, and will be replaced by a new Healthy Communities Programme, in line with the Health and Wellbeing Strategy's 'Communities Driving Change' priority. Communities throughout the borough will be supported to identify and take action on the priorities that matter most to them, as well as being supported to become more active as part of their everyday lives.

Secondary prevention programmes

Making Every Contact Count (MECC)⁵²

MECC is a method of providing opportunistic brief advice on health behaviours such as physical activity so that clients or patients are encouraged to make positive lifestyle changes for better health. Since 2014 London Borough of Tower Hamlets frontline staff have been trained to implement MECC with their clients when the opportunities are presented to them. Additionally, Tower Hamlets Together, the integrated model of health and social services will be implementing a targeted MECC approach that will focus on prevention where the need is greatest. This will be implemented in 2016.

Fit 4 Life

This is a council funded programme of weight management services that incorporates physical activity to support local people to achieve weight loss. Priority is given to patients with or at risk of developing Type 2 diabetes or cardiovascular disease.

There are Fit 4 Life services, these are:

- *The Fit 4 Life Centre*: Participants are referred into this centre which provides assessments, support for personalised goal setting and action plans and referrals to other community services. All participants receive on-going contact and motivational coaching for a year and follow up at 3, 6 and 12 months.
- *Specialist weight management* - These are 12 week multi component programmes for adults with a BMI at or above 35 kg/m² with high risk co-morbidities or a BMI at or above 40 kg/m².
- *Specialist disabilities service*: 12 week multi component programme for adults with disabilities which mean they need more intensive 1:1 or small group support.

The Fit 4 Life services incorporated the recommendations from the public consultation in 2013, they are linked with primary and secondary care services as well as community programmes (see appendix D for Programme Pathway).

MEND Mums¹⁵

MEND Mums is designed for mothers who have a BMI of 25 or above and have had a baby within the last 2 years. The programme incorporates energy boosting workouts and nutrition tips to help mothers establish long term healthy habits. This programme is based in community venues throughout the borough and mothers can refer themselves onto the programme.

¹⁴ <https://www.ideastoreonlinedirectory.org/kb5/towerhamlets/cd/results.page?communitychannel=0&qt=health+trainers&term=Tower+hamlets&sorttype=distance>

¹⁵ <http://www.towerhamlets.gov.uk/Documents/Children-and-families-services/Special-education/Learning-support/Overview-of-MEND-services-in-Tower-Hamlets-Bookings.pdf>

6. What evidence is there that we are making a difference?

Although in some respects there is a range of physical activity and sports activities available within Tower Hamlets, each has their own form of evaluation. There is currently no plan in place to evaluate the combined work of the various strategies that address the physical environments, healthcare and community work for physical activity for example. Therefore it is not yet possible to evaluate systematically whether the combined efforts taking place in the borough are making a difference.

7. What is the perspective of the public?

The mapping that came out of the Public Health Neighbourhood Pathfinders projects within Cubitt Town and Marner found that there are a number of barriers to becoming active, these include:

- Poor communication of existing physical activity opportunities by providers to the general public
- A lack of understanding about when activities should take place to best suit the needs of local residents
- A lack of engagement with local residents to help co-produce potential activities
- A feeling that sport and structured physical activity opportunities simply aren't targeted for the local population or will be too expensive to take part in
- A tendency for many residents to have a limited roaming distance from their homes to take part in positive activities of any nature – this is sometimes thought to be only 500 yards⁵³
- Perceptions of poor community safety in many parks and open spaces including high volumes of litter and dog fouling
- High pollution is discouraging families from venturing outside of the home

Public Consultation for specialist weight management programmes

Tower Hamlets public health conducted a public consultation⁵⁴ to find out service users and stakeholders views on what a physical activity and healthy eating programme should look like. These were the key recommendations:

- The programme should have a single referral entry point and accept referrals from specialist/secondary care
- Clients need to be fully aware about what the programme will include before they start the programme
- The programme should provide options for participants to attend individually or in groups
- Clients should be supported to understand the options they have for incorporating changes into their daily lives
- Programme support should be as practical as possible and not just classroom based
- Programme will need to establish relationships with existing community based programmes to ensure that clients have access to accessible community based facilities
- People with a variety of disabilities need specialist support in a safe environment
- Evening and weekend support should be available to meet the needs of carers and people that work
- The programme should provide long-term follow up of at least up to a year.
- During assessment there needs to be a clear procedure to mutually agree tailor made action plans that respond to individual client's needs
- The Groups need to be tailored according to the health and cultural needs of clients
- The programme needs to consider how to engage the wider family support for its clients

8. What more do we need to know?

- What are the physical activity needs, resources and barriers and motivations to participation in the different locations / wards in Tower Hamlets with the lowest physical activity levels i.e. Bow East, Bromley North, Bromley South, Lansbury, Poplar, Shadwell as well areas such as Stepney Green, St Dunstan's, and Mile End (See Figure 4).
- What physical activity interventions have been successfully accessed by local residents who come from the most disadvantaged communities in Tower Hamlets.
- An understanding of the demographics of the people are in Tower Hamlets who expressed an interest in doing more physical activity through the Active People Survey.

9. What are the priorities for improvement over the next 5 years?

Current Position	Evidence for effective interventions	Considerations
<p>Developing a whole system approach to a healthy place, and supporting communities to identify and drive change</p> <p>There are specific wards in Tower Hamlets where it has been demonstrated that there are low levels of physical activity. The APS has indicated that people in Tower Hamlets want to participate in more physical activity</p>	<p>Evidence shows there is more health gain for people who are inactive and who become more physically active.</p> <p>PHE policy paper on physical activity – Everybody Active Every Day</p>	<p>To take a whole systems approach as described in the PHE policy paper. Use local wards/neighbourhoods to understand what it required to support local residents to become more physically active.</p> <p>To identify the motivated residents who would like to participate in physical activity and what would support their participation.</p> <p>Build on the capacity of residents to help deliver and communicate activity opportunities.</p> <p>Improve community perceptions of parks and open spaces are addressed and changes are communicated to residents. Work with local community partners to utilise local neighbourhood spaces.</p> <p>Building capacity in sports clubs to provide inclusive and well-communicated offers co-designed with residents.</p> <p>Ensuring there is robust evaluation to evaluate the whole systems approach to measure the impact.</p>
<p>There is a proliferation of different kinds of physical activities in Tower Hamlets but there appears to be little coordination which results in local residents being unaware of what is being provided locally.</p>	<p>PHE policy paper on physical activity – Everybody Active Every Day</p>	<p>As part of the whole systems approach ensuring that the plethora of organisations offering the wide range of physical activity opportunities are included in any scoping exercise within the local neighbourhoods or wards.</p>
<p>Integrating physical activity as part of the prevention and management of chronic conditions</p> <p>There are specific communities in the Tower Hamlets particularly those from a south Asian background and those living in deprivation that are more susceptible to cardiovascular disease, mental illness and premature mortality whose health and wellbeing would improve from participating in regular physical activity.</p>	<p>Recognising the need to have physical activity high on the agenda in the prevention of and care of long-term condition such as CVD as recommended by NICE Guidance PHE44</p>	<p>To ensure that Tower Hamlets integrated care network improvement scheme make reference to the importance of physical activity on the care pathway for those with long-term conditions to prevent further complications.</p> <p>To ensure that any local prevention initiative has physically activity as a key component to prevent the onset of a long-term condition</p>

10. Contacts / Stakeholder Involvement

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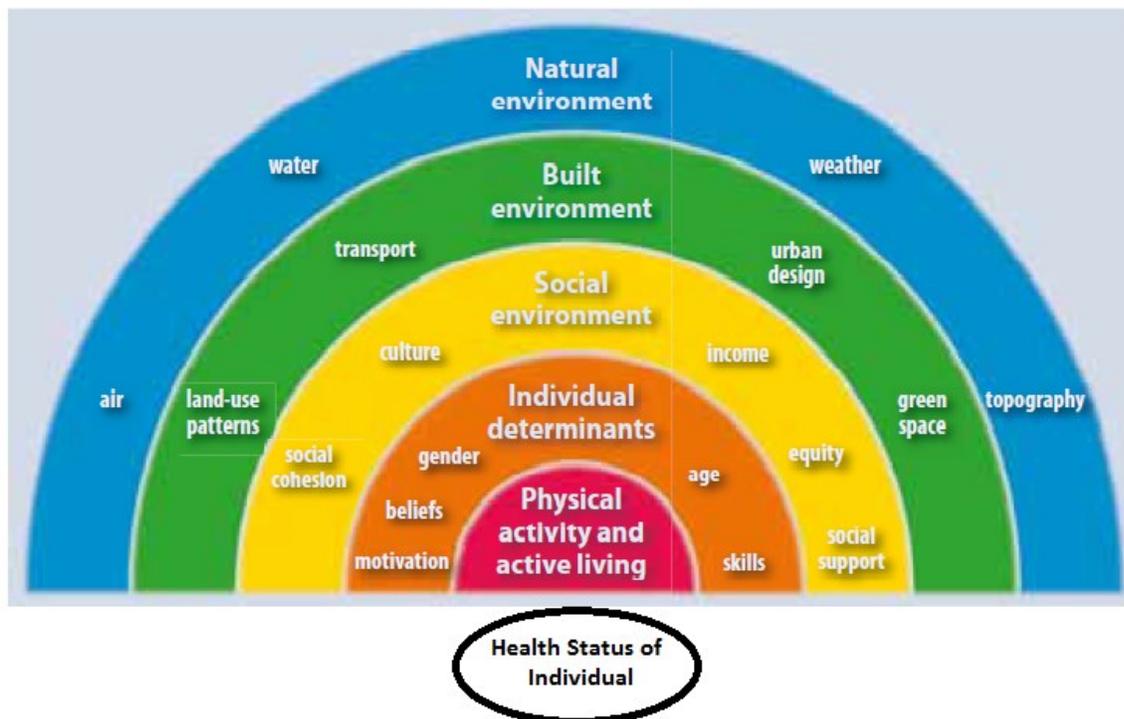
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Sukhjot Sanghera, Senior Public Health Strategist, London Borough of Tower Hamlets

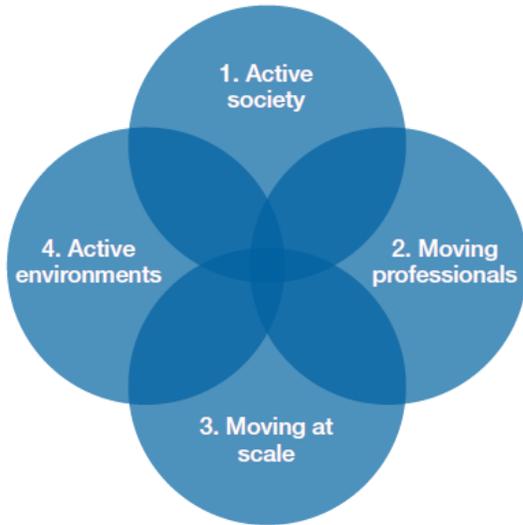
Appendices

Appendix A. The determinants of physical activity and active living (Adapted from Dahlgren, WHO, 2006)



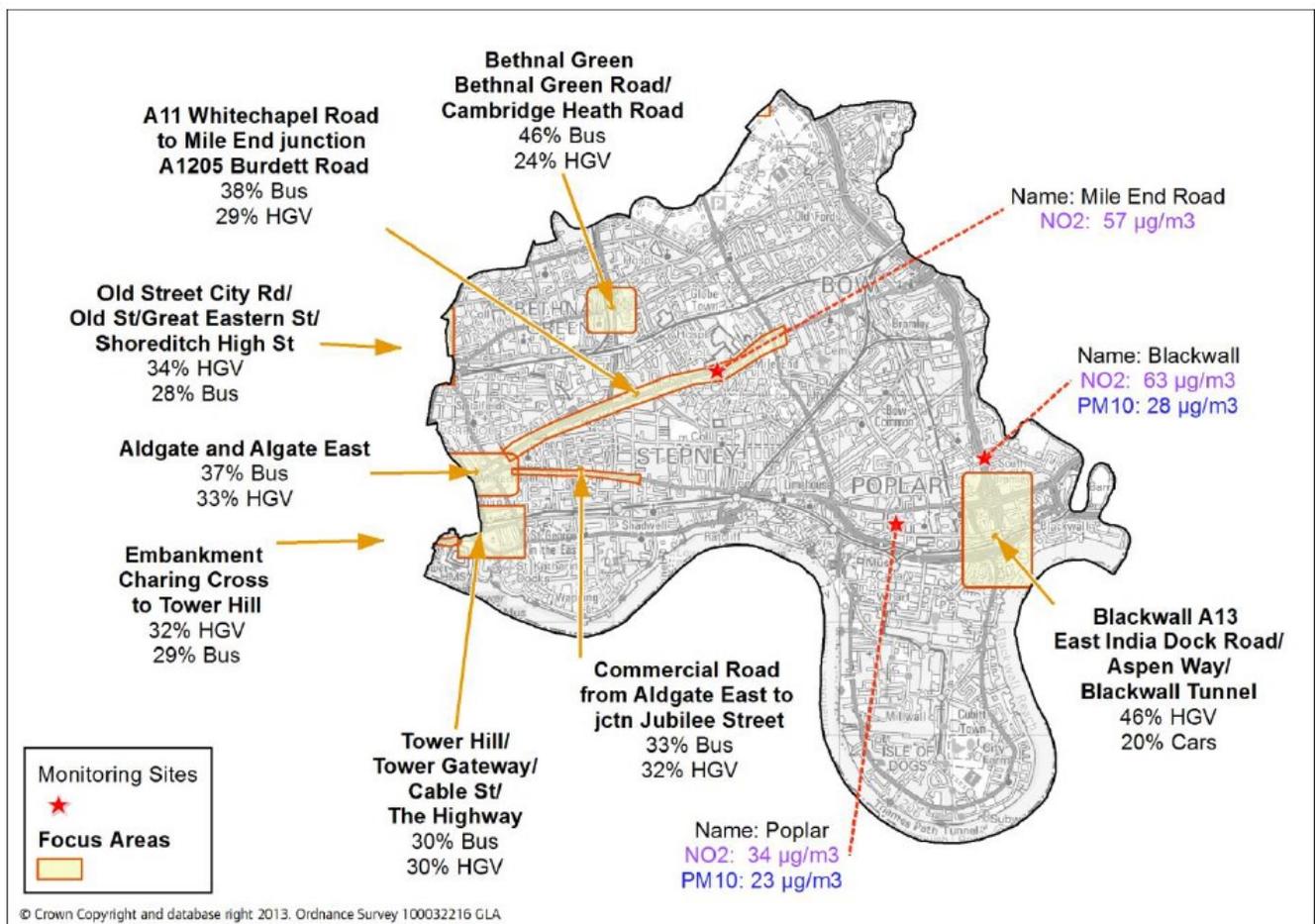
Source: Promoting physical activity and active living in Urban Environments, World Health Organisation Europe (2006).

Appendix B: Four domains for action at national and local levels



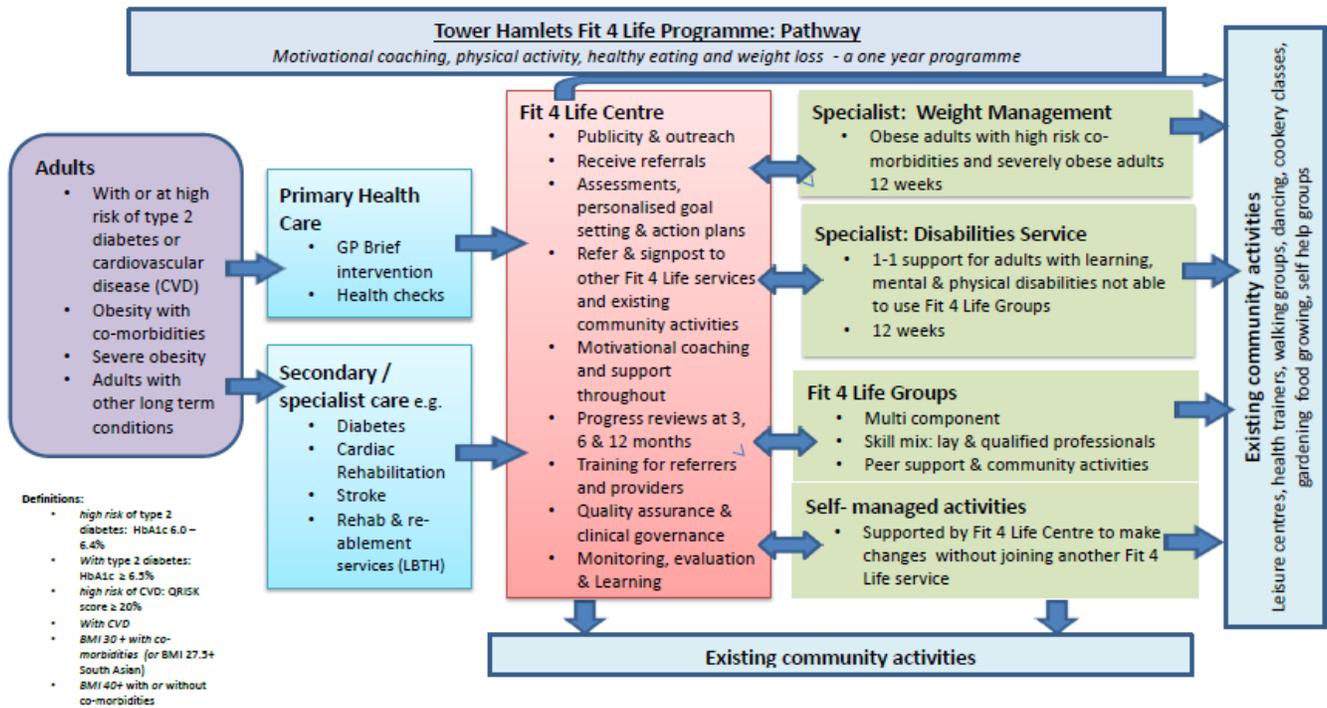
Source: Public Health England (2014) Everybody Active, Every Day: An evidenced-based approach to physical activity

Appendix C: Tower Hamlets Air Quality Focus Areas, 2011.



Source: Greater London Authority (2013). Air Quality in Tower Hamlets: A Guide for Public Health Professionals.

Appendix D: Fit 4 Life Programme Pathway



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