

Report to:	HEALTH AND WELLBEING BOARD
Date:	8 March 2018
Executive Member / Reporting Officer:	Debbie Watson, Interim Assistant Director of Population Health Mark Tweedie, Chief Executive, Active Tameside
Subject:	INCREASING PHYSICAL ACTIVITY IN TAMESIDE
Report Summary:	<p>The evidence base for the preventative effects of physical activity on ill health, disease and premature mortality is exceptionally strong. Presently 32.7% of people in Tameside undertake no physical activity whatsoever.</p> <p>Around 170* lives are lost in Tameside annually as a result of inactivity. We consistently rank amongst the lowest performing for outcomes of cancer, heart disease, and stroke. The current picture of premature mortality shows action on physical activity is an absolute must.</p> <p>The biggest gains and the best value for public investment is found in addressing the people who are least active. For the remaining majority of residents who do meet the Chief Medical Officer's guidelines for physical activity, we have an onus and responsibility to ensure the opportunities for physical activity continue to be improved and expanded upon.</p> <p>The purpose of this report is to outline the local challenge, context and potential key actions for Physical Activity in Tameside. These are the proposals of Tameside Active Alliance for the Health and Wellbeing Board's information, with an invite to offer input and guidance.</p>
Recommendations:	<p>The Health and Wellbeing Board is asked</p> <ul style="list-style-type: none"> • to note progress to date, with regard to the establishment of the Active Alliance, the development of strategic priorities under the Greater Manchester Moving Blueprint, and the vision of a physically active Tameside. • to offer strategic support to the Active Alliance, to ensure physical activity remains a priority • to endorse the Greater Manchester Moving blueprint local priorities, and related key activities.
Links to Health and Wellbeing Strategy:	Promoting and increasing physical activity links to all strategic priority areas within Starting, Living and Ageing Well.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: (Authorised by the Borough Treasurer)	It is essential physical activity participation continues to be encouraged and remains a priority for the locality to improve residents wellbeing and life expectancy and to also reduce reliance on health and social care services.

Legal Implications:
(Authorised by the Borough Solicitor)

There needs to be a clear understanding of the cost benefit analysis and how this links to reducing the cost of significant health interventions to address our health inequalities and to enable resources to be allocated efficiently and effectively.

Risk Management :

There are no risks associated with this report.

Access to Information :

The background papers relating to this report can be inspected by contacting Annette Turner, Programme Manager, by:



e-mail: Annette.turner@tameside.gov.uk

1. INTRODUCTION

- 1.1 The evidence base for the preventative effects of physical activity on ill health, disease and premature mortality is exceptionally strong. Presently 32.7% of people in Tameside undertake no physical activity whatsoever. As well as ill health, this inactivity exacerbates poor social outcomes for local residents, and limits economic growth. Mobilising the wholly inactive segment of the borough to become physically active for at least 30 minutes per week would stand to increase the healthy life expectancy of those making the change, improve their quality of life, and potentially their social mobility. It would deliver a substantial reduction in the cost of treating the associated avoidable illnesses, and generate an economic return through a reduction in lost productivity, and increase in investment and opportunity within the local economy.
- 1.2 If physical activity was a drug it would be the most cost effective medication in the treatment of disease. Offering a reduction in certain cancers between 25-45%, dementia by 30%, heart disease by 40% and stroke by 30%. Work in this area would facilitate the greatest reduction in demand on services in terms of avoidable health problems, social care, and lost economic productivity. The current cost of inactivity in Tameside is £21.5 million per annum.

“The biggest gains and the best value for public investment is found in addressing the people who are least active”.

(Sport England; Towards and Active Nation)

- 1.3 For the remaining majority of residents who do meet the Chief Medical Officer’s guidelines for physical activity, we have an onus and responsibility to ensure the opportunities for physical activity continue to be improved and expanded upon. By utilising a whole systems approach to transform the local offer for recreation/social, active travel and sport, the intention is to make Tameside a place where being physically active is the obvious, preferred or even subconscious choice. Enrichment of the physical activity offer presents the opportunity for economic growth through the creation of new roles for individuals, and facilities and events attracting spend within the borough.
- 1.4 The purpose of this report is to outline the local challenge, context and potential key actions for Physical Activity in Tameside. These are the proposals of Tameside Active Alliance for the Health and Wellbeing Board’s information, with an invite to offer input and guidance.

2. THE WIDER CONTEXT

- 2.1 The Greater Manchester Moving blueprint for Physical Activity and Sport in Greater Manchester sets out 10 priorities for GM. The objectives for Tameside have been set out to align closely with the wider aims for the city region, thus contributing to the overall vision. Our local deliverables under the plan are set out in the below table:

Table 1

Tameside Priorities under the GM Moving Strategy	
1	Increase the number of people walking and running
2	Increase the number of people cycling
3	Create more active and sustainable environments and communities through the GM spatial plan
4	Create a transport system that promotes an active life
5	Reduce social isolation and social and economic inactivity through physical activity and sport
6	Develop a vibrant and growing physical activity and sport sector and contribute towards economic growth

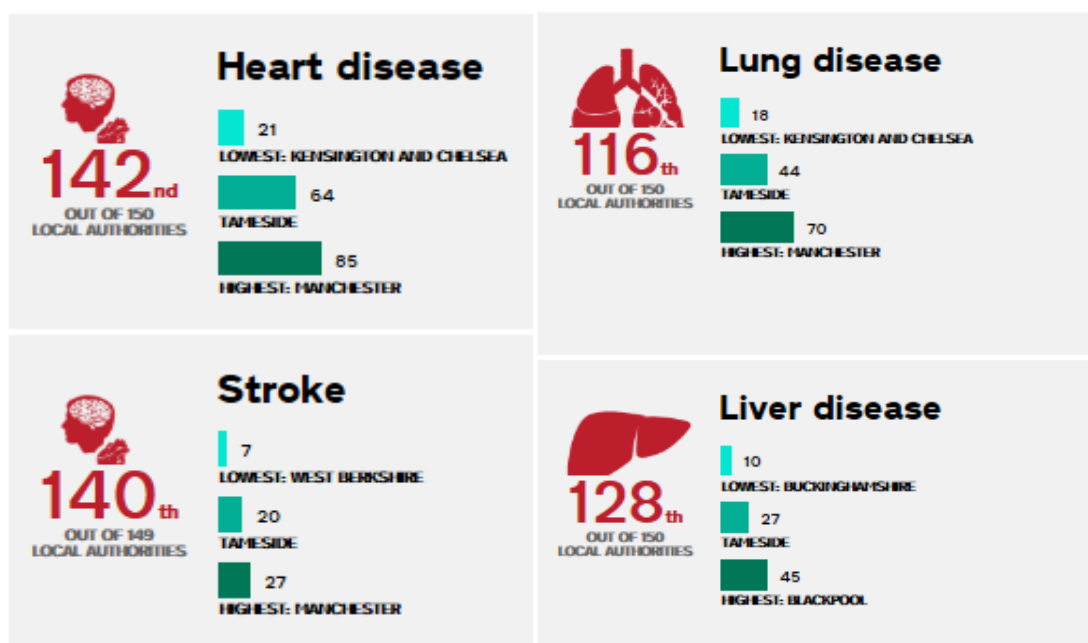
7	Develop an informed and skilled paid and volunteer workforce
8	Coordinate and deliver a clear social marketing and communications plan to support GMM
9	Promote physical literacy in the early years, at school and at home
10	Maximise the NHS contribution to develop a more active GM

3. TAMESIDE ACTIVE ALLIANCE

- 3.1 Tameside Active Alliance takes responsibility for ensuring delivery against our local objectives. It provides a formal collaborative leadership network for representatives of key Tameside stakeholders to optimise their endeavours to increase the physical activity levels of the Tameside population. The Alliance provides the environment for effective strategic planning, and the design, implementation and further development of a broad, balanced, accessible and sustainable physical activity offer in Tameside. The work of the Alliance contributes significantly to the aims and objectives of Care Together and the Greater Manchester Moving Strategy.

4. THE CHALLENGE/LOCAL PRIORITIES

- 4.1 Around 170* lives are lost in Tameside annually as a result of inactivity. We consistently rank amongst the lowest performing for outcomes of cancer, heart disease, and stroke. The current picture of premature mortality shows action on physical activity is an absolute must.



- 4.2 Many more lives are limited by illness that could be prevented if people moved more. At present, Tameside trails behind the regional and national averages for physical activity. By significantly reducing the number of people who are inactive, we could potentially prevent:
- 1,344 new diabetes cases;
 - 60 new breast cancer cases;
 - 21 new colorectal cancer cases;
 - 73 new cases of coronary heart disease.
- 4.3 Whilst the above is a best case scenario of everyone in Tameside becoming active to the Chief Medical Officer guidelines standard, we know that this is a long way off being

achievable locally. At this point we stand to make the most significant impact by prioritising those who are completely inactive, and groups that show lower levels of activity than the rest of Tameside.

- 4.4 Those least likely to engage in physical activity are women and girls, BME, over 55s, disabled people and those with long term conditions.
- 4.5 The Live Active scheme, discussed later in this report, seeks to address those with disabilities and long term conditions. An Active Ageing programme is also in the bidding/planning stages with Greater Sport, to invest in the provision of physical activity for older people. An agreement in principle for the bid has been obtained, with proposals being pulled together with a partnership approach for review/approval in the near future.
- 4.6 This leaves a gap with regards to the encouragement of women and girls and BME communities. A bespoke social marketing campaign for Tameside, echoing the likes of neighbouring Bury 'I will if you will', and Sport England's 'This Girl Can' campaigns could be considered to reach out to these groups. The aim of a campaign would be to primarily increase levels of physical activity literacy amongst the target audience. A campaign rooted in sound behaviour change theory could support those least likely to engage to overcome any real or perceived barriers to start making best use of the support and facilities available.
- 4.7 Tameside has a strong existing asset base of sports and social clubs, attractive greenspaces, a network of canals and cycle ways, and excellent sporting facilities both indoor and outdoor. We also have a great number of advocates for physical activity in our communities; and a dedicated workforce behind our current sport and physical activity offer. A call to action to those in the latter stages of behaviour change would encourage prospective 'new movers' to connect with any number of groups already in operation within Tameside.
- 4.8 The appointment of a new team of Social Prescribers under Care Together would also help with the facilitation of connections, offering additional 'hand holding' options for those who are more apprehensive in joining activities. Likewise they are able to traverse the gap between communities and services that refer into activities to ensure people feel truly supported to access groups they may have previously felt unable to join.

5. WHAT DOES A PHYSICALLY ACTIVE TAMESIDE LOOK LIKE?



5.1 Consultation via the Tameside Active Alliance has prioritised action across a number of settings.

5.2 **Active Travel**

- More people choosing to walk or cycle to the shops, to work, or for short journeys;
- More walking buses for school age children;
- Town centres with safely shared spaces for pedestrians, bikes and cars;
- Cycle hubs and cycle parks, and park and ride facilities in full use to connect with public transport rather than taking the car;
- Highly populated, well lit, safe and clean walkways/cycle ways connecting major routes;
- Employers with good facilities and flexibility to accommodate active commuters, and where practicable, enable physical activity within the working day.

5.3 **Leisure/Social**

- More people using the streets for free activity e.g. learn to run, Nordic walking;
- More active pursuits in greenspaces, building on existing offers like archery, bowling, Metafit;
- Increased membership to groups offering a wide range of activities in communities, armchair exercise, Tai Chi;
- Well maintained and varied active outdoor play for children;
- More groups supported to operate and publicise activities e.g. organised hikes, buggy pushes, Welly Walks;
- More older people participating in dance classes and social activities that reduce isolation and help maintain independence.

5.4 **Sport**

- Playing fields used to capacity, including events, matches and spectator sports;
- Increased usage of trim trails in parks;
- Increased usage of Active Tameside facilities, including Live Active scheme for long term conditions;
- Wider provision of activities for older people e.g. Walking Football, line dancing, hiking, curling, indoor bowls;
- More organised street events and higher participation in them e.g. family bike rides, fun runs.

6. KEY ACTIONS TO ACHIEVE THIS

6.1 Active Alliance to Provide Systems Leadership to:

- a. Develop an in depth needs assessment to fully understand physical activity in Tameside;
- b. Develop a Physical Activity Strategy and implementation plan with shared vision;
- c. Maintain Tameside Active Alliance group, Terms of Reference, and regularly report to Health and Wellbeing Board;
- d. Co-ordinate Partnership approach for key events;
- e. Ensure physical activity is on all strategic agendas.

6.2 Ensure local environment enables active lifestyles by:

- a. Designing in 'physical activity' and making it an 'unconscious choice';
- b. Removing the physical barrier to activity that exist within the built environment;
- c. Ensuring that enabling physical activity is woven into our Commissioning and Planning activity;
- d. Providing high quality parks and greenspaces;
- e. Creating a wide ranging cycling infrastructure;
- f. Developing a system that supports active travel.

- 6.3 Ensuring our communities are supported to be active by:
- Providing high quality and wide-ranging facilities, activities and services;
 - Encouraging wider use of the physical assets which already exist within our communities;
 - Creating an environment that is conducive to developing a grass-roots social movement;
 - Supporting the development and delivery of activities by local clubs, groups and organisations;
 - Embedding a culture of activity amongst children and young people which remains with them throughout their life.
- 6.3 Creating and Maintaining an Active Workforce by:
- Ensuring that we, as local employers, support our workforce to be more active;
 - Working with local businesses to encourage innovative and effective methods of increasing activity amongst employees;
 - Maximising the impact that the existing workforce can have on increasing the physical activity levels of the population of Tameside.

7. LIVE ACTIVE SCHEME

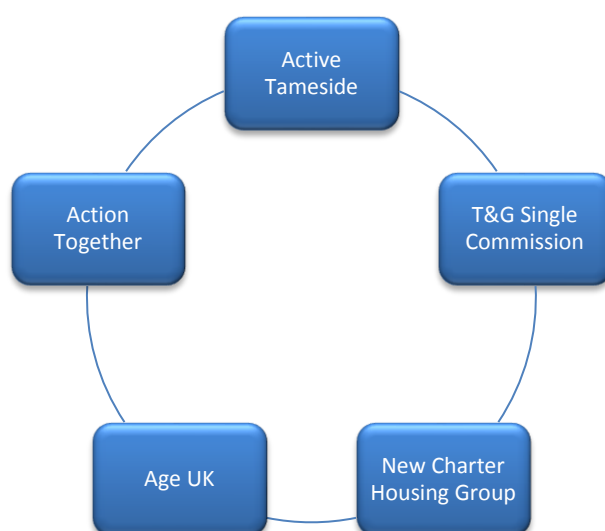
- 7.1 The Live Active scheme is an exercise on referral programme for those with long term conditions, for whom physical activity must commence with an element of caution/supervision. The scheme is integral to the overarching objective to get those who are inactive active, and support those who perceive that they are 'unable' to exercise to do so safely. Participants of the scheme include, but are not exclusive to those who have the following conditions:
- Diabetes;
 - Obesity;
 - Heart Disease;
 - Chronic Obstructive Pulmonary Disease;
 - Hypertension;
 - Chronic Back Pain.
- 7.2 Referral has historically been made from Primary Care including GPs and Practice Nurses, Cardiac and Pulmonary Rehabilitation, Diabetes Nurses, Mental Health Teams, Physiotherapists, Rheumatology departments, and Stroke Services. Of late, the referral system has been expanded to include a degree of self-referral.
- 7.3 The programme runs over a 12 month period with consultations taking place at regular intervals to ensure participants stay on track to achieve good outcomes.
- 7.4 Live Active in numbers:
- 2,635 referrals to date, 835 completed full 12 months;
 - 60 minute reduction in sitting time per day by week 24, maintained at week 52;
 - 9.2% of participants less reliant on medication;
 - 86.6% received improvement in quality of life;
 - 77.6% doing at least 1 x 30 minutes physical activity per week by week;
 - 57.3% perceived noticeable improvement in fitness;
 - 29.3% achieved weight loss;
 - 19.5% reported pain reduction.
- 7.5 In addition to a range of physical benefits such as a reduction in blood pressure, and lowering of BMI, mental health was also positively affected by participation in the programme. Participants completed the WEMWBS Survey on commencement of the

programme, and on completion, a clinically significant improvement in score is frequently evidenced. Likewise, self-reported benefits such as improved sense of wellbeing, improved confidence and making new friends are cited as a benefit by up to 40% of people.

- 7.6 Due to the success of the programme the Live Active scheme currently requires an element of re-engineering to accommodate high demand with a relatively small team of staff.

8. ACTIVE AGEING

- 8.1 The proposed Active Ageing project will work with older people aged 55-65 (pre-retirement) to seek out and address barriers to adopting healthier behaviours. It will test a range of engagement methods in order to increase physical activity, with a view to reducing premature mortality from cardiovascular disease. The ages of 55-65 and transition to retirement are considered as a major life event which may change people's daily routines and affect health behaviours, including daily physical activity. Physical activity is one of the key components of active and healthy ageing, and is inextricably linked to increases in independent living.
- 8.2 The overarching aim of the project is to create a system transformation that makes physical activity the preferred easy option in selected neighbourhoods for older people aged 55-65. This will be achieved through the development of a four component multidisciplinary action learning approach incorporating:
 1. Optimising the supply of opportunities;
 2. Stimulating the demand to participate;
 3. Providing specialist support to enable participation;
 4. Generating a social movement.
- 8.3 The project plans on utilising intensive collaboration to co-design, deliver and evaluate our work and interventions, whilst building upon existing hard and soft community assets.



- 8.4 The Active Ageing project will be aligned strategically with Greater Manchester's and Tameside's developing health and social care system transformational plans, specifically the integrated neighbourhood programme developed by the newly formed Tameside & Glossop Integrated Care Foundation Trust under the Tameside Care Together Strategy, which contributes to the Greater Manchester Population Health Plan.

9.0 GREATER MANCHESTER SPATIAL PLAN AND THE BUILT ENVIRONMENT

- 9.1 There is no single answer to increasing physical activity in the borough. Rather it must be a combination of factors working together.

“People do not make choices about sport and activity in a vacuum. Where they live and work plays a big part in the choices they make, with each community having its unique structure, relationships and geography”

(Sport England; Towards an Active Nation)

- 9.2 This being the case it is imperative that forward planning of the built environment and spatial development of the borough factors in increased possibilities for physical activities as standard. Greater Manchester Spatial Plan sets out the intention to support healthy lifestyles through the provision of a high quality green infrastructure network across Greater Manchester, supporting an increase in the proportion of trips that are made by walking and cycling.
- 9.3 Within Tameside, the development of Garden City Suburbs at Godley Green and Ashton Moss represent the future blueprint for active towns. These plans incorporate higher standards that are conducive to increasing physical activity. Better use of community and green spaces, and transport links with goals of reduced emissions means physical activity is being built in as a matter of course, making the choice to be active a simple and supported one.
- 9.4 In the meantime, a step change approach to improvements in the existing built environment is required. Strategic influence to promote the design of physical activity into all structural progression will be the responsibility of the Tameside Active Alliance and affiliated groups. Plans for increased active travel are already underway and are being steered by Tameside Strategic Cycling Group and Transport for Greater Manchester, with plans to create traffic free commuter routes to central locations by connecting the existing disjointed networks, resurfacing bridle ways, and advocating segregated on-road cycle ways where off road is not possible.
- 9.5 Further plans that could be promoted at a strategic level through the Tameside Active Alliance and Health and Wellbeing Board could include designing safer walking routes through visible open spaces, more lighting, fewer covered passages, alleyways and subways. Ensuring early dialogue with housing developers to ensure estates are designed with access to community spaces, places for recreation, and links to join active travel routes. Work with highways to ensure off road green routes and roadside pavements on arterial routes are maintained and fit for pedestrians year round. At a Greater Manchester level, ensuring Tameside is connected to onward travel options.

10. RECOMMENDATIONS

- 10.1 As outlined on the front sheet of the report.