Decreasing Inactivity
Reducing levels of inactivity in the places and projects we invest in.
Learning about what interventions and delivery models are effective in reducing inactivity and delivering the outcomes.
Establish credibility and expertise in this area.

**MAJOR TACTICS**
- **Evolving and re-focusing existing system**
- **Testing & learning for the future**
- **Major disruptors**

**CONTRIBUTING TACTICS**
- **Increasing Activity** - Leading change in local leisure provision.
- **Increasing Activity** - Test investing in the organisations who have the greatest influence on those going through life changes.
- **Women** - Influencing women in and around pregnancy through trusted messengers.
- **Women** - Relaunch This Girl Can campaign and deliver commercial partnership strategy.
- **Women** - Activate ‘This Girl Can’ style experiences for women at scale through local authorities.
- **Lower Socio-Economic Groups** - Partner with a small number of places (with low socio-economic groups and high inactivity) to work with some of the most deprived communities.
- **Children and Young People** - Create opportunities for families to take part together.

**INVEST IN ORGANISATIONS**
- Trust that are leaders in support people with HCs to be more active. Partner with the Richmond Group of Charities (cover major health conditions with estimated reach of 2,1m contacts per year) to promote physical activity by testing a range of interventions and messages.

**TARGET PEOPLE WITH – or at risk of – particular health conditions that are strongly linked to inactivity**
- Mental health
- Asthma
- Diabetes
- Musculoskeletal conditions, e.g. arthritis.

**INCREASE KNOWLEDGE, SKILLS AND CAPABILITIES OF HEALTH CARE PROFESSIONALS**
- To raise and promote physical activity with patients and increase awareness of Chief Medical Officer’s guidance (e.g. currently only 20% GPs say they are ‘broadly or very familiar with physical activity guidelines’).

**CAMPAIGN TO RAISE AWARENESS AND RELEVANCE OF ACTIVITY GUIDELINES**
- This will focus on supporting people with authoritative advice on recommended minutes and intensity of physical activity – with a particular focus on:
  - Increasing intensity with ‘light intensity’ subgroups to change behaviour from inactive to active
  - 30 minutes and/or 150 minutes thresholds.

**ENSURE TACKLING INACTIVITY IS A LEAD CONSIDERATION IN OUR 12 LOCAL DELIVERY PILOTs**
- Use what we already know from previous inactivity pilots (e.g. Get Healthy, Get Active, and This Girl Can Swim etc.) and adapt testing and learning for what we don’t know.
- Carefully design ‘layered’ interventions for specific priority audiences with partners, for example, Active Ageing portfolio.

**EVERYDAY ENVIRONMENTS that make activity an appealing and easy daily choice have the potential to be major influencers of activity levels**
- This is particularly relevant to inactive people because walking is an activity that is accessible.

**SUCCESS MEASURE**
- People with long-term health conditions (HC) are almost twice as likely to be inactive as the rest of the population. 18 million people in the UK suffer from at least one HC. Many suffer from more than one condition. Millions more are at risk of developing HC due to their inactivity levels.
- 4 million adults (37% of inactive people) are doing >30 min activity but not at light intensity. Huge gains in reducing inactivity could be achieved by interventions that ‘nudge’ people to increase the intensity of the activities they do.
- 1.4 million adults are doing moderate-intensity physical activity but for <30 mins and less likely to do a mix of activities (a combination of activities increases the likelihood of being active).
- Influencing physical activity at scale in a sustainable way requires multiple ‘layers’ of intervention aimed towards places and targeted to priority audiences. Due to disproportionate effect of barriers, typically inactive people need more support at each layer.
TACTIC 1 & 2 (MORE HEALTH)

INSIGHT

People with long-term health conditions (HC) are almost two times more likely to be inactive as the rest of the population. 18 million people in the UK suffer from at least one HC. Many suffer from more than one condition. Millions more are at risk of developing HC due to their inactivity levels.

MAJOR TACTICS

Invest in organisations that are trusted experts to support people with HCs to be more active. Partner with the Richmond Group of Charities (cover major health conditions with estimated reach of 21m contacts per year) to promote physical activity by testing a range of interventions and messages.

Target people with – or at risk of - particular health conditions that are strongly linked to inactivity and are experienced by large numbers of people. This is likely to include:
- Mental health
- Asthma
- Diabetes
- Musculoskeletal conditions, e.g. arthritis.
28% of the population and research shows growing rates

The opportunity for impact is big

At some point in our lives, most of us will develop a long-term health condition, and many of us more than one.
High Complexity Case Management

High Risk Disease and Care management

High proportion of LTC population Supported self management

Prevention – Population level
Long-term conditions do not only affect older people

Mean age of diagnosis

How to read this graphic
- Dark purple: Long-term mental illness
- Light blue: Physical long-term conditions

Circle size = frequency of long-term conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mean Age of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMI</td>
<td>37</td>
</tr>
<tr>
<td>Depression</td>
<td>38</td>
</tr>
<tr>
<td>Diabetes</td>
<td>53</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>54</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>60</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>60</td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td>61</td>
</tr>
<tr>
<td>COPD</td>
<td>61</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>66</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>66</td>
</tr>
<tr>
<td>Dementia</td>
<td>78</td>
</tr>
</tbody>
</table>
The number of people with diabetes is expected to increase from:

3.9 million people in 2017

4.9 million people in 2035
Number of people living with a cancer diagnosis in the UK

- 2010: 2 million
- 2020: 3 million
- 2030: 4 million
**General population**

<table>
<thead>
<tr>
<th>INACTIVE</th>
<th>FAIRLY ACTIVE</th>
<th>ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 30 MINUTES A WEEK</td>
<td>30-149 MINUTES A WEEK</td>
<td>150+ MINUTES A WEEK</td>
</tr>
<tr>
<td>25.7%</td>
<td>12.5%</td>
<td>61.8%</td>
</tr>
</tbody>
</table>

25.7% of people (11.5M) do less than 30 minutes a week. 12.5% (5.6M) are fairly active but don’t reach 150 minutes or more a week. 61.8% (27.7M) do 150 minutes or more a week.

**Those self-reporting a limiting illness or disability**

| 43% | 13% | 44% |
SPECIFIC BARRIERS TO ADDRESS

Barriers preventing people with LTCs from doing physical activity

- Pain before, during or after physical activity: 59%
- Feeling tired before, during or after physical activity: 40%
- Breathlessness before, during or after physical activity: 36%
- Lack of motivation: 33%
- Not knowing what types of activity are right for them / their condition: 33%
- Fear of hurting themselves: 28%
- Lack of suitable facilities: 11%
- Lack of time: 8%
- Feeling embarrassed: 8%
- Feeling unsafe in public spaces: 7%
- Cost: 7%
- Other: 7%
- None of the above: 5%

Q. The following are some barriers that might stop people with long-term conditions from doing physical activity. Please select the biggest barrier you think would be most likely to stop people with long-term conditions from doing physical activity. Base: All (n=323)
People living in deprived areas are more likely to develop multiple long-term health conditions on average 13 years earlier than people living in more affluent areas.
Tactic 1

Invest in organisations that are trusted experts to support people with HCs to be more active.

Partner with the Richmond Group of Charities (cover major health conditions with estimated reach of 21m contacts per year) to promote physical activity by testing a range of interventions and messages.
The Richmond Group

- Coalition of 14 charities
- Collectively over 21 million contacts per year
- Access to professional and volunteer networks

Co-ordinated care
Patients engaged in decisions about their care
Supported self management
Prevention, early diagnosis and intervention
Emotional, psychological and practical support
Movement for All

Theoretical framework that demonstrates a clear link between evidence and insight, the model/s adopted, and the proposed benefit to service users.

Consistent approach to communicating on physical activity for prevention and condition management

- Enable health and care professionals to provide timely brief advice to encourage physical activity
- Influence physical activity provision to ensure it’s accessible for inactive people
- Provide evidence based support to the individual based on need
- Support those who are close to inactive people to enable them to change behaviour

Consistent evaluation
Tactic 2

Target people with—or at risk of—particular health conditions that are strongly linked to inactivity and are experienced by large numbers of people.
1. Muscle and bone problems
2. Diabetes
3. Mental Wellbeing and Mental Health
1. Muscle & Bone Problems

Musculoskeletal problems – a broad range of health conditions affecting the bones, joints, muscles and spine

- Over 100 different complaints
- Millions are affected
  - 1/3 people = back pain
  - 8.75 million = osteoarthritis
  - 3 million = osteoporosis
  - 52% of all working aged disabled people
WHY do we think it COULD BECOME a focus?

• More years are lived with muscle and bone problems than any other health condition.
• 30 million working days are lost every year
• Impact of employment and early retirement
• Can be caused or worsened by work
• Back pain alone costs £1.6 billion

• 20% of the adult population consult their GP
• Account for £4.76 billion of NHS spending each year
• Associated with a large number of co-morbidities, including diabetes, depression and obesity
2. Diabetes Prevalence

The number of people with **diabetes** is expected to increase from:

- **3.9 million** people in 2017
- **4.9 million** people in 2035
UK Active/Diabetes

• Targeting inactive people living with Type 2 Diabetes
• Patients invited to meet Health Coach as part of comms to attend eye appointment (which 80% of patients attend)
• 12-week behaviour change programme offered with follow-up at end of programme and then 6 and 12 months
• Evaluation – change in activity levels from baseline as well as wellbeing, self-efficacy and relevant clinical markers
• 2 year investment - £130k
3. mental wellbeing and mental ill health

1. Reducing inactivity amongst people with, or at risk of, mental health problems (DI2)

2. Contribute to helping people use physical activity as a means to manage their mental health problems and improve their mental wellbeing

3. Build the evidence base relevant to mental health and physical activity
A greater proportion of those affected by mental health problems are more likely to be inactive.

- Inactive (<30mins)
- Fairly Active (30-149mins)
- Active (150mins+)

Percentage of adult population

- People with mental health problems
- Population sample

Active Lives (2015-16)
being physically active is positively linked with all four mental wellbeing measures.
Mental health problems start early

1/10 children aged 5-16 have a diagnosable condition

1/2 of all mental health problems are established by the age of 14

3/4 of all mental health problems are established by the age of 24
Women are more likely to be affected by common mental health problems by gender.

NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey (2014)
Older people are vulnerable to mental health problems

• Depression affects around 22% of men and 28% of women aged 65 years and over \((Smyth, 2014)\)

• Dementia is on the rise, and is linked with increased risk of depression

• Loneliness and social isolation impacts mental health and vice versa
People with Health conditions are at greater risk

- People with health conditions are 2-3 times more likely to develop mental health problems
  
  (Twice as likely report, 2012)

- Those with multiple health conditions are 7 times more likely to have mental health problems
  
  (WHO, 2007)

- Those with a health condition are twice as likely to be inactive than those without
But we are not starting from scratch....

Get Set to GO

Mind for better mental health

LOTTERY FUNDED
decreasing inactivity

TACTIC 3

INFLUENCING HEALTHCARE PROFESSIONALS
Increasing knowledge, skills and capabilities of Health Care Professionals to raise and promote physical activity with patients and increase awareness of Chief Medical Officer’s guidance (e.g. currently only 20% GPs say they are ‘broadly or very familiar with physical activity guidelines’).
The opportunity is …

- 650,000 plus health care professionals who each will see ½ million patients during their careers. 1.2m people visit a pharmacy for health reasons every day. Considered trusted source of advice
- Those who regularly engage with this workforce are far more likely to be inactive

… but the reality is …

- c72% of GPs don’t speak to patients about being active
- Only 1 in 5 GPs are familiar with the CMO activity guidelines
- There is an absence of physical activity across the training spectrum, from basic training to continuing professional development
The approach

1. **Influence the existing HCP** through peer-to-peer training

2. Scope out how we upskill the **next generation of HCP** by visiting all the medical schools & update resources

3. Develop **dedicated HCP-facing resources** - e-learning and *Moving Medicine* digital resource

4. Testing & evaluating some new ideas:
   - Pilot of an Active Hospital model
   - Pilot a prescription-styled advice pad in 9 locations
Resource development

Moving Medicine
ONE YOU
PHYSICAL ACTIVITY ADVICE

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Today’s date</th>
</tr>
</thead>
</table>

Building up every day to regular activity can improve your mood, give you more energy and help you sleep. As well as reducing your risk of long term health conditions like heart disease, type 2 diabetes and some cancers.

I recommend that for your health you should...

<table>
<thead>
<tr>
<th>Get moving for at least...</th>
<th>Do muscle strengthening activities on at least...</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 10 minutes a day</td>
<td>☐ One day a week</td>
</tr>
<tr>
<td>☐ 15 minutes a day</td>
<td>☐ Two days a week</td>
</tr>
<tr>
<td>☐ 20 minutes a day</td>
<td></td>
</tr>
<tr>
<td>☐ Reduce the amount of time you spend sitting for long periods every day</td>
<td></td>
</tr>
</tbody>
</table>

Condition specific advice (optional):

<table>
<thead>
<tr>
<th>Date for review</th>
<th>Signed GP or Healthcare Professional</th>
</tr>
</thead>
</table>

DOWNLOAD THE FREE ACTIVE 10 APP

BECAUSE THERE'S ONLY ONE YOU
decreasing inactivity
TACTIC 4
MESSAGING
Campaign to raise awareness and relevance of activity guidelines.
This will focus on supporting people with authoritative advice on recommended minutes and intensity of physical activity – with a particular focus on:
• increasing intensity with ‘light intensity’ subgroups to change behaviour from inactive to active
• 30 minutes and/or 150 minutes thresholds.
1. RGC / health conditions
2. Strength and Balance
3. CMO/ targeting those at thresholds
4. TGC
5. Change 4 Life
6. Other key partners e.g. HCP

+ Getting the basics right
decreasing inactivity

TACTIC 5

Local Delivery Pilots and Targeted, Layered Interventions
- Beat the Street
- Active Ageing
- Enhancing LDPs
decreasing inactivity
TACTIC 6
Partner with Department for Transport, leaders in thinking on active travel?