

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

Date: **9<sup>th</sup> February 2015**

Agenda item:

Wards: ALL

### **Subject: Physical Activity for the 55s and over**

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Caroline Cooper-Marbiah. Cabinet Member for Adult Social Care and Health.

Contact officer: Barry Causer, Public Health Commissioning Manager.

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#### **Recommendations:**

- A. To note the number of activities taking place across Merton to increase physical activity and reduce physical inactivity by the over 55's.
  - B. To support an application for pilot funding by LBM Public Health to develop and implement a targeted approach to evidence based physical activity provision, through the development and implementation of a local physical activity strategy across all relevant stakeholders.
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#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of this report is to update the Panel on progress in supporting residents who are aged over 55 years of age to become more physically active. The report will provide an overview of the importance of physical activity, the policy context and recent changes, and an overview on the current physical activity levels in Merton. It will also provide information on current approaches to support the over 55s to be more active, and seek to gain support for an application to Sport England for the development of a physical activity strategy, linked to the Health and Wellbeing Strategy 2015-2018.
- 1.2. It should be noted that the term 'physical activity' will be used as an umbrella term that covers a number of activities including sport, using a leisure centre, walking, cycling, group dance classes or outdoor activities such as gardening. All count as physical activity and are all as important as each other.

#### **2 PHYSICAL ACTIVITY**

- 2.1. The evidence of health gain from an active lifestyle is now well established and the Chief Medical Officer (CMO) has highlighted significant health benefits including reducing the risk of many chronic conditions, such as coronary heart disease, stroke, type two diabetes, cancer, obesity and musculoskeletal conditions.
- 2.2. Further guidance from the CMO recommends that adults should aim to be active daily, and over a week activity should add up to 150 minutes in bouts

of ten minutes or more. Older people should also undertake physical activity to improve muscle strength on at least two days per week.

- 2.3. Being physically active is also central to our mental health and people who are inactive have three times the rate of moderate to severe depression of active people. Staying physically active can also reduce the risk of vascular dementia and have a positive impact on non-vascular dementia.
- 2.4. Importantly, promoting physical activity and reducing physical inactivity is also at the heart of falls and fracture prevention in older people. The Department of Health (DH) guidance “Falls and Fractures: Effective Interventions in Health and Social Care”<sup>1</sup> states four areas for intervention including ‘to prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards’. In primary falls prevention, physical activity can prevent the onset of pathology and system impairments that lead to disability and increased risk for falls. In secondary prevention of falls, physical activity slows the progression of disease and system impairments, and in tertiary prevention physical activity contributes to the restoration of function to a level that allows for more autonomy in the performance of essential activities of daily living.
- 2.5. Being inactive is an issue at every age, but the evidence shows us that people become less active as they age. Generally, the more we do, the greater the benefit. Moving those who are inactive to a significant level of physical activity would have the greatest benefit, but any shift helps. There is a three-year difference in life expectancy between people who are inactive and people who are minimally active. This is an incentive to focus on the most inactive: identifying and supporting them to being physically active.

### **3 POLICY CONTEXT**

- 3.1. Two significant Government policies have recently been published, each of which aim to raise the profile of physical activity and clearly state the benefits for society of a physically active nation:
- 3.2. In October 2014, Public Health England (PHE) published their physical activity framework ‘Everybody active, everyday’. This provided a high level summary of the evidence for use by Local Authorities and stakeholders to deliver cost effective approaches to increasing physical activity levels. This sets out clear guidance for public sector bodies and others to promote physical activity, under the four themes of: Active society; Moving professionals; Active environments; and Moving at scale.
- 3.3. More recently, in December 2015, the Government published its Sports Strategy ‘Sporting Future: A New Strategy for an Active Nation. This seeks to redefine what success looks like by concentrating on five key outcomes against which funding will be closely tied: physical wellbeing, mental wellbeing, individual development, social and community development and economic development. This strategy comes with a funding opportunity for

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<sup>1</sup> Falls and Fractures: Effective Interventions in Health and Social Care, July 2009  
[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@pg/documents/digitalasset/dh\\_109122.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf)

Local Authorities to access pilot funding and resources to support the development and implementation of local physical activity strategies.

#### **4 PHYSICAL ACTIVITY LEVELS IN MERTON**

- 4.1. As described in the 2015 Merton JSNA summary document,<sup>2</sup> the number of Merton residents who are active enough to benefit their health appears to be increasing, with 60.5% of residents active for the 150 minutes per week recommended by the CMO. This is not significantly different than London (57.8%) and England (57%) averages.
- 4.2. Positively, the number of residents who are classed as inactive (taking part in less than 30 minutes of activity per week) in Merton (23.6%) is significantly better than London (27%) and England (27.7%) but this still shows that 1 in 4 Merton residents are inactive and so moving those who are inactive to a significant level of physical activity should be prioritised.
- 4.3. Men (50.4%) are more active than women (31.6%) in Merton. This is a trend shown in both London (Men 43.9% vs. Women 32.3%) and England (Men 40.6% vs. Women 30.7%), however it is noticeable that there is a larger gap between the genders than regionally or nationally, which seems to be because men are more active in Merton compared to London and England.
- 4.4. In Merton, residents with a White British ethnicity are more active (42.9%) than both London (38.3%) and England (25.1%). Merton residents from Black and Minority Ethnic groups (37.8%) are as active as London (38.2%) and more active than England (33.9%). It is noticeable that there is a larger gap between the ethnicities than is seen at regional or national level, which should be explored further.
- 4.5. London Sport (previously known as Pro-Active South London) reported in 'Activity levels and behaviours of people over 55 within Merton (2014)', that 63.8% of people in Merton aged 55-64 (compared to 60.5% in London and 62.4% in England) and 78.2% of people in Merton aged 65 and over (compared to 75% in London and 74.8% in England) are completely inactive. This report takes a segmentation approach and looks at demand by activity type and ward to suggest activities that should be included in the over 55's programme offer.

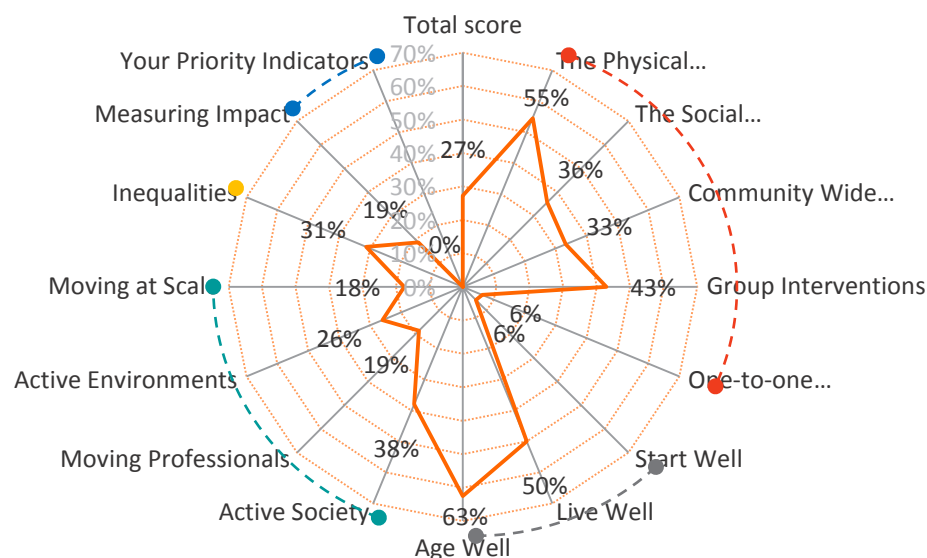
#### **5 MERTON APPROACHES TO INCREASING OVER 55'S PHYSICAL ACTIVITY**

- 5.1. The Merton Health and Wellbeing Strategy (2015/18) and Merton's Culture and Sport Framework (2015) both have a focus on supporting people to improve their wellbeing; which includes a focus on increasing physical activity and reducing physical inactivity. A number of approaches are being taken to increase physical activity in residents over 55, including-
  - 5.1.1 The development by LBM Public Health of a self assessment tool against the evidence contained in PHE's 'Everybody active, everyday' framework, with a potential national roll-out of the self assessment tool in partnership with PHE and Sport England. Although the tool is still being refined, it has

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<sup>2</sup> <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>

shown (see diagram below) that Merton is performing relatively well in the design and implementation of physical activity programmes that target older people.



Findings include the need to raise awareness of and therefore the use of the best available evidence, the need to support stakeholders to help measure the impact of physical activity services and interventions, a lack of priority indicators and targets for physical activity and the need to embed physical activity in primary care.

5.1.2 As part of the integrated health improvement, stop smoking and weight management service, LBM Public Health are commissioning a tiered programme of behaviour change to support adult residents to lead a healthy lifestyle. This will include the delivery of extended brief interventions with goal setting and signposting onto physical activity opportunities. As part of the performance management of the contract, LBM Public Health will monitor the referrals and participation by a number of target groups including residents over 55 years of age.

5.1.3 In 2015, LBM Public Health carried out a Falls Prevention Health Needs Assessment (FPHNA) and found that Merton has a significantly higher rate of older people, older women and those aged 80 and above being admitted to hospital for falls related injuries compared to the England average. It also found that

- There is a higher rate of ambulance call out and falls-related A&E attendance in the East of Merton when compared to the West of Merton.
- There is a higher rate of referrals into the NHS Community Specialist Falls Prevention Service in the West of Merton compared to the East.
- There is a higher prevalence of falls in women and emergency hospital admissions for falls when compared to men.
- Although women fall more often than men in Merton, the mortality from falls rate is higher in Men.

Following the completion of the FHNA, a multi stakeholder task and finish group developed the Merton Older People's Falls Prevention Strategy 2015-2018, which aims to achieve a reduction in preventable falls and ensure effective treatment and rehabilitation for those who have fallen. The implementation plan for the strategy includes (1) addressing a lack of "step down" for people who had completed their classes with the NHS specialist falls service, (2) the need to increase the capacity of primary prevention of falls in Merton and (3) the lack of prevention pathways between providers of primary, secondary and tertiary falls prevention.

- 5.1.4 Linked to the Fall Prevention Strategy (see 6.1.3) LBM Public Health are working with Age UK Merton, Wimbledon Guild, and the NHS Community Falls Prevention service to pilot an 'exercise for life programme'. This aims to meet the needs identified in the FPHNA and increase the capacity of Merton in the primary prevention of falls that is in promoting good bone health, promoting physical activity, preventing frailty and reducing accidents by providing local and various exercise classes (including chair based exercise classes) to people aged 65 and over for a maximum of 8 weeks.
- 5.1.5 The Merton Befriending Scheme Pilot provides a mixture of face-to-face and telephonic services, operating on a one-to-one basis with Merton residents over the age of 65 years in order to reduce social isolation and loneliness in the people who receive this service. It also promotes physical activity in those who are socially excluded and lonely, as they are encouraged to leave their home with someone to accompany them. The scheme commenced in January 2015 and over two years the scheme will engage with 184 elderly and frail residents. In Year 1 the target number of service users is 80. To date (as of three completed quarters) 51 service users are in receipt of befriending. An overview of the service users is as follows:
- The proportion of socially isolated and lonely older people from a Black, Asian or Minority Ethnic (BAME) group seen by the service is 26% of all the service users.
  - The average age of the service users is 84 years.
  - The distribution of the service users in terms of gender is 71% Female, 29% Male
- 5.1.6 The mandated NHS Health Checks programme commissioned by Public health is a prevention programme targeting 40 -74 year olds that aims to assess the risk of developing heart and vascular problems and offers personalised advice on how to reduce it. In the 2015 calendar year 1,306 Merton residents over 55 years of age had a health check conducted by staff at their GP practice. The intervention included a discussion around physical activity status, linked to the validated General Practitioner Physical Activity Questionnaire (GPPAQ). Of these 1,306 residents 8.3% were classed as inactive, 12.4% moderately inactive, 23.7% moderately inactive, 18.7% were classed as active and 36.9% were unspecified. Public health are exploring links to the national GP Clinical Champions programme to support primary care professionals in helping their patients to be more physically active and to signpost onto appropriate services.



- 5.1.7 LBM Public Health are now routinely invited by planning colleagues to comment on major planning applications which have an implication for population health, including residential developments, highlighting areas where developers need to further consider health and wellbeing of different groups, including older people, to ensure positive impacts are maximised and negative impacts are mitigated. Depending on the development, this has included comments on the proposed proportion of Lifetime Homes and disability spaces, suggestions around improvements to the built environment and streetscape to promote walking and cycling over car use and to ensure accessibility for those with mobility issues, as well as recommending multi-generational uses for proposed community spaces. .
- 5.1.8 Leisure centre usage by residents who are over 55 has increased 3.5% (up 65,552 in 2014 to 67,883 in 2015) and the opening of the new Morden Leisure Centre will see an increase in members from all age groups. There will also be the ability to offer far more activities for 50+ members in the new facility. Other activities that older adults currently take part include allotments (with 335 out of 1,078 users receiving a reduced rate due to being an older adult), bowls (127 current members are older adults, out of a total membership base of 159) and volunteering opportunities to manage teams at the London Youth Games.
- 5.1.9 Future Merton provides regular free weekly walks in the boroughs parks and open spaces. The walks are popular and mostly attended by the over 55's with the average age 67 years. There are currently five walks with around 60 attendees each week. There is also a successful monthly walk provided by the Ethnic Minority Centre (EMC) with about 20 older people attending.
- Most attending the walks have some type of health concern such as diabetes, high blood pressure, arthritis, COPD etc., but all say how much the regular exercise in the open air have benefitted them. Loneliness can be another problem for the elderly so they also get the chance to talk people and make new friends.
- Future Merton also provide free cycle training for beginners, improvers and commuters to encourage a healthier lifestyle and a sustainable modal shift. Since April 2015, 79 residents between 55 and 64 years of age and three residents over 65 years of age have taken part.

## **6 OPPORTUNITY FOR ACTION**

- 6.1. As described in a 'Sporting Future: A New Strategy for an Active Nation' (see 4.3) Sport England will, following a competitive bidding round, pilot focusing significant resources, including intensive staff input, to support the development and implementation of local physical activity strategies in a number of selected geographic areas.
- 6.2. In a similar way that Merton's well received (albeit unsuccessful) application to be a Food Flagship borough stimulated debate locally on all things related to food and culminated in the development of a local Merton Food Charter and recognition as a sustainable food city, a commitment to apply for pilot funding for the development and implementation of a physical activity strategy will stimulate debate in all things physical activity.

- 6.3. Led by LBM Public Health, this strategic debate and subsequent application could include a detailed look at trends in physical activity (including the over 55's), segmentation, demand, how programmes are designed and evaluated, how activities should be targeted and the mechanism for how scarce resources are allocated. It should be a borough wide debate and use the latest available evidence to inform future planning and provision.

## **7 ALTERNATIVE OPTIONS**

- 7.1. NA

## **8 CONSULTATION UNDERTAKEN OR PROPOSED**

- 8.1. NA

## **9 TIMETABLE**

- 9.1. NA

## **10 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 10.1. This report has no direct financial, resource or property implications however reducing budgets across the Local Authority may have an impact on programmes and services that support increasing physical activity and reducing physical inactivity.

## **11 LEGAL AND STATUTORY IMPLICATIONS**

- 11.1. NA

## **12 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 12.1. As part of the on-going monitoring contracts, Service User Analysis is undertaken on a regular basis on commissioned services and is used to help inform priorities and reduce health inequalities.

## **13 CRIME AND DISORDER IMPLICATIONS**

- 13.1. NA

## **14 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 14.1. NA

## **15 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- 15.1. NA

## **16 BACKGROUND PAPERS**

- 16.1. Merton Health and Wellbeing Strategy. 2015/18.
- 16.2. Merton Culture and Sport Framework. 2015.
- 16.3. Government Sports Strategy. Sporting Future: A new Strategy for an Active Nation. 2015
- 16.4. Public Health England 'Everybody active, everyday'. 2014
- 16.5. Merton Falls Prevention Health Needs Assessment. 2015.
- 16.6. Merton Older People's Falls Prevention Strategy. 2015.

- 16.7. Department of Health. Falls and Fractures: Effective Interventions in Health and Social Care. 2009.
- 16.8. Pro Active South London. Activity levels and behaviours of people over 55 within Merton. 2014.