Health and Social Care Scrutiny Sub-Committee AGENDA

DATE: **Monday 16 December 2013**

TIME: **7.30 pm**

VENUE: **Committee Rooms 1 & 2, Harrow Civic Centre**

MEMBERSHIP **(Quorum 3)**

Chairman: **Councillor Mrs Vina Mithani**

Councillors:

Lynda Seymour	Victoria Silver (VC) Ben Wealthy	Mano Dharmarajah

Reserve Members:

1. Mrs Lurline Champagnie OBE 2. Jean Lammiman	1. Mrinal Choudhury 2. Kairul Kareema Marikar	1. Krishna James

Advisers:

Jaswant Gohil	Healthwatch, Harrow
Dr Nicholas Robinson	Harrow Local Medical Committee

Contact: **Manize Talukdar, Democratic & Electoral Services Officer**
Tel: 020 8424 1323 E-mail: manize.talukdar@harrow.gov.uk

Harrow COUNCIL LONDON

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

(i) to take the place of an ordinary Member for whom they are a reserve;
(ii) where the ordinary Member will be absent for the whole of the meeting; and
(iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
(iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Sub-Committee;
(b) all other Members present.

3. MINUTES (Pages 1 - 10)

That the minutes of the meeting held on 7 October 2013 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS

To receive questions (if any) from local residents/organisations under the provisions of Committee Procedure Rule 17 (Part 4B of the Constitution).

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

7. UPDATE ON THE MERGER OF EALING HOSPITAL NHS TRUST (EHT) AND THE NORTH WEST LONDON HOSPITALS NHS TRUST (NWLH) (Pages 11 - 20)

Report of Senior Responsible Officer, North West London Hospitals NHS Trust.

8. PAYMENT BY RESULTS (VERBAL REPORT)

Verbal report of the Director of Operations and Partnerships, Central and North West London NHS Foundation Trust.

9. HARROW & BARNET ON THE MOVE: THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH (Pages 21 - 134)

Report of the Director of Public Health, Harrow.

10. IMPERIAL COLLEGE HEALTHCARE NHS TRUST CONSULTATION ON ITS FOUNDATION TRUST APPLICATION (Pages 135 - 140)

Report of the Head of Public Affairs, Imperial College Healthcare NHS Trust.

11. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

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HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

7 OCTOBER 2013

Chairman:	*	Councillor Mrs Vina Mithani		
Councillors:		Mano Dharmarajah	*	Victoria Silver
	*	Lynda Seymour	*	Ben Wealthy
Advisers:	†	Jaswant Gohil	-	Healthwatch, Harrow
	*	Rhona Deness	-	Healthwatch, Harrow
	†	Dr Nicholas Robinson	-	Harrow Local Medical Committee

* Denotes Member present
† Denotes apologies received

165. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

166. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Mental Health: Payment By Results; Agenda Item 8 Proposal for Redistribution of Resources From Day Assessment Unit to Memory Services in Harrow; Agenda Item 9 - Project Plan for NHS Health Checks

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was an employee of Public Health England, previously known as the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 7 – Mental Health – Payment By Results & Agenda Item 9 - Project Plan for NHS Health Checks

Councillor Lynda Seymour declared a non-pecuniary interest in that she had been an employee of the London Borough of Barnet until 2012 and in that a member of her family was a user of mental health services in Harrow. She would remain in the room whilst the matter was considered and voted upon.

167. Minutes

RESOLVED: That the minutes of the meeting held on 16 July 2013 be taken as read and signed as a correct record.

168. Public Questions and Petitions

RESOLVED: To note that no public questions or petitions were received at this meeting.

169. References from Council and Other Committees/Panels

The Sub-Committee received the following Reference from the Corporate Parenting Panel: Report of Mental Health Care for Children Looked After.

The Sub-Committee agreed that the issues relating to the referral pathways between Harrow's Clinical Commissioning Group and the Child and Family Mental Health Services (CAMHS) raised at the meeting of the Corporate Parenting Panel on 8 July 2013 be further investigated and that relevant Scrutiny Members engage in dialogue with the CCG.

RESOLVED: That the Reference from the Corporate Parenting Panel be noted.

RESOLVED ITEMS

170. Mental Health - Payment by Results

Dr Mo Zoha, Consultant Psychiatrist, and Cathy Phippard, Care Pathways Project Manager, Central and North West London NHS Foundation Trust (CNWL) presented the report, on behalf of Sarah Khan, Programme Director at CNWL. They highlighted the following areas of the report:

- Payment by Results (PbR) had originally been introduced in the area of acute care in 2004. Under this system, a price was established against a procedure or set of procedures, with the aim of incentivising competition and choice, on the basis of quality rather than price alone;

- implementation of PbR would ensure greater standardisation of the process of assessing patients and the care they received;

- PbR was in its third year at CNWL, with some areas such as learning disability, substance misuse and children still to be developed nationally;

- under PbR, 21 needs-assessment groupings or clusters had been identified. Once a user was assigned to one of these clusters, it would trigger a package of care that would be routinely re-assessed;

- pricing would be local in the initial stages with the intention of a national pricing system in the future;

- in implementing PbR, CNWL had undertaken extensive staff training, engaged with frontline teams, implemented changes to its electronic records database, and undertaken dialogue with commissioners;

- CNWL's current priority was to ensure that the care packages provided under PbR were evidence-based.

A Member stated that she was disappointed by the content of the report as it did not address the needs of residents in Harrow which was a vital component of any scrutiny report for Councillors. Additionally, it did not address the implications of PbR in terms of outcomes for users and patients. It was also felt that the report could not be easily understood by a lay person.

She added that, in her view, the report focussed on processes and systems and did not sufficiently focus on outcomes for service users.

The Consultant Psychiatrist stated that the report had been approved by the Programme Director at CNWL and by the Director of Operations and Partnerships. It may be that there had been miscommunication regarding the Sub-Committee's request about the content of the report. He added that the report did focus on a range of outcomes and quality indicators, including patient outcomes. He added that under PbR, patients would be afforded the opportunity to provide feedback on the standard and quality of the treatment they were receiving, consultants' views would be sought. There were seven quality indicators being piloted by the Department for Health, which were being used to assess the efficacy of the programme.

A Member asked how the PbR agenda linked in with personalisation of care. A Doctor from CNWL advised that PbR was linked to social care and that CNWL:

- were evaluating the social care assessment process and ways of improving this to make it more transparent while focussing on the needs of the user;

- were assessing the care packages available, as these would be provided by a number of different providers such as third sector organisations and local authorities, and were integrating these to ensure a single combined social and health care assessment process and an integrated care plan for the user.

A Member stated that PbR was a key issue for users of mental health services and would have significant implications in Harrow, where there was a strong social care and health lobby, and asked about the risks associated with the programme.

The Head of Adult Social Care advised that payment would be made by the relevant CCG to CNWL so was an NHS system, but payments were already made to users under the personalisation of social care budgets. How this system would integrate with PbR would need to be monitored.

The Service Manager for Commissioning added that, CNWL was leading in London in the implementation of linking PbR and personal budgets for social care. This area was evolving and there were a number of unknown factors. CNWL was focussing on setting best practice nationally, while focussing on patient recovery. PbR would enable data gathering which would flag up any population prevalences and outcomes and make the process and delivery of care more transparent for the user. He added that, PbR may be a misnomer, as the programme aimed to ensure payment by need or activity and there were moves to rename the programme to 'Payment Pricing System'. PbR was a user-driven purchasing mechanism that had a number of checks and balances built into it to mitigate against any risks, which were, on the whole, low for the local authority.

The Vice-Chairman of the Sub-Committee requested a meeting with the Consultant Psychiatrist and the Chief Operating Officer at CNWL to further discuss the implications of PbR.

RESOLVED: That the report be noted.

171. Proposal for Redistribution of Resources from Day Assessment Unit to Memory Services in Harrow

Ms Parmjit Rai, Deputy Service Director, Central and North West London NHS Foundation Trust (CNWL) Dr Shirlony Morgan, Lead Clinician, CNWL and Dr Pramod Prabhakaran, Lead Clinician, CNWL took turns in presenting the report and highlighted the following areas:

- the proposals under consultation related to the redistribution of resources from the Day Assessment Unit (DAU) in Harrow to Memory Services in Harrow. This was a joint initiative between CNWL and the Harrow Clinical Commissioning Group (CCG) to support the delivery and evaluation of integrated, needs-driven, evidence-based care packages. Brent and Hillingdon had already moved to this model;

- over 35% of the UK's population was over 65 years of age. North West London had one of the highest concentrations of those over 65 years of age and current provision for this group was stretched;

- identifying dementia pathways was a key priority for the NHS and there was increasing pressure to develop and implement a local strategy to

meet the needs of older people, other users of the service and their carers;

- the Day Assessment Unit offered services to functional patients two days a week and to organic patients e.g., those suffering from dementia, two days a week, seeing an average of twenty patients over the four days;

- the DAU operated along the lines of a day hospital and was deemed to be an outmoded method of delivering services, was not cost-effective and did not cater for the needs of the population. This was the reason for the shift to Memory Services which would work in partnership with older peoples' services and carry out outreach work**;**

- patients attended the DAU for a time-limited period, usually for between 3-4 months. Patients attended therapy groups, drop-in sessions or cognitive stimulation sessions at the DAU. These were evidence-based therapeutic groups that should continue to be available to users;

- the diagnosis rate for dementia in Harrow was one of the lowest in the country and was at 32% in the borough. This meant that approximately 70% of those suffering from dementia did not get diagnosed, which led to additional complications later on. Early intervention could prevent entry or delay entry into long-term care for these patients and could enhance their quality of life;

- it was intended that the consultation would take on board the views of a wide cross-section of opinion and relevant stakeholders;

- it was proposed that Memory Services would focus on recovery-based models and was seeking support from the Health and Wellbeing Board and Harrow CCG to ensure that dementia care in Harrow was sustainable, accessible and effective.

A Member asked why the DAU only saw approximately 20 patients per week and why the dementia diagnosis rate in Harrow was so low. The Consultant Psychiatrist advised that the DAU was not considered to be integral to care and was under-used as demonstrated by the low referral rate to the DA. This was because most GPs considered it to be an outmoded method of delivering dementia care. If the service were available five days a week rather than four, then more patients could be accommodated. Harrow had an estimated prevalence of dementia and although it would not be possible to achieve a 100% diagnosis rate, a diagnosis rate of between 70-80% was a desirable target. He added that some hard-to-reach groups and Black and Minority Ethnic communities may choose not to access dementia services for a number of different reasons.

The Member asked whether there was evidence of the new model being successfully used by other authorities. The representative advised that there were a number of well-established models in use nationally, and that the

proposed model for Harrow was part of the National Dementia Strategy. He added that both the London Boroughs of Brent and Hillingdon had established similar services.

A Member asked how the proposed model differed from others. The Consultant Psychiatrist stated that GPs referred patients to the DAU for which there was a 31 week waiting list, following which a patient may be referred for an MRI scan, which could take a further 6 weeks, which meant that it could take up to a total of 40 weeks to complete the diagnosis process. It was proposed under the new model that MRI scans, blood tests etc would be carried out at the GP level and resources would be re-distributed to speed up the overall process. Additionally, patients would be assessed by a multi-disciplinary team operating 5 days a week, which would reduce the waiting time from 31 to 4 weeks. He added that, progressive conditions could lead to other crises which could be avoided through early planned intervention. The intention was to implement the following measures:

- early intervention;
- increased capacity of the service and reduced waiting list times for users;
- support for carers;
- educating the user about how to plan for the future;
- use of medication;
- home visits by specialist memory services nurses and the possible use of other local venues would be discussed with the CCG.

A Member asked how CNWL would ensure that the consultation included all relevant stakeholders and hard-to-reach groups. A Doctor from CNWL advised that a joint local authority and CCG-led event to look at all aspects of dementia care and a series of public consultation meetings were planned.

The Head of Commissioning for Mental Health and Learning Disabilities at NHS Harrow CCG advised that CNWL was committed to seeking the views of the widest group of carers and hard-to-reach groups, community providers, nurses and support workers in shaping this initiative. She added that a number of task and finish groups had been set up, and CNWL would consult the Dementia Alliance with regard to the ongoing management of the service.

A Member asked whether any support was available to those currently on the waiting list. The Head of Commissioning for Mental Health and Learning Disabilities stated they were evaluating how to better manage the waiting list process, which included educating GPs to progress the pathway and that commissioned services were set clearly defined targets.

Members requested that a further report be submitted at a future meeting of the Sub-committee once the results of the consultation had been completed and compiled.

RESOLVED: That the report be noted.

172. Project Plan for NHS Health Checks

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning which set out the project plan for the Barnet and Harrow Scrutiny Review Group looking at NHS Health Checks, which had been included in the work programme agreed by the Overview and Scrutiny Committee (O&S).

An officer advised that the Review was time-limited and the Chair of the Health and Social Care Scrutiny Sub-Committee was the Chair of the Review Group, which was a cross-party group. She added that the take up of health checks in Harrow had been low compared to that in Barnet.

Members commented that there may a number of reasons for the low take-up in Harrow. The Chairman advised that a meeting of stakeholders was planned and data relating to the take-up of health checks would be collected from local GP surgeries. She added that the Centre for Public Scrutiny had agreed to provide officer time to Harrow in carrying out this Review.

RESOLVED: That the project plan be noted.

173. Harrow Community Nursing Service -Service Model Developments

The General Manager of Harrow Community Services at Ealing Hospital NHS Trust and Deputy Director of Nursing and Clinical Practice, Ealing Integrated Care Organisation presented the report and highlighted the following areas:

- District Nursing provision in Harrow had not been reviewed for approximately 10 years. The service's values, cultures and practices needed to be reviewed in or to be able to respond to the changing context of increasingly complex local needs and nursing needs;

- the District Nursing Service model introduced in January 2012 aimed to deliver service productivity efficiencies through a revised service skill mix which would be supported by a range of service quality improvements and innovations;

- the new model had been implemented following a service-demand, capacity and productivity review with the aim of:

    - supporting integrated care delivery by aligning District Nursing Teams to General Practice Peer Groups;

    - a revised skill mix to more effectively manage the needs of patients and improve patient outcomes;

- realising service productivity and savings efficiencies;

- extensive caseload analysis had been undertaken to identify the most complex cases, i.e. the 10% of clients who received the most visits and less complex clients were supported in self-care in order to target resources appropriately;

- service-users' feedback and complaints data had been evaluated. Service quality and improvement had been undertaken through focussing on Key Performance Indicators;

- End of Life Care (EOLC) pathways had been agreed with the CCG;

- there was collaborative working in a local, national and professional context;

- ensure that provision was clinically efficient, safe for nurses, caring and compassionate and meeting the patient's needs.

A Member stated that the patient feedback from the survey was very positive and asked which patients had been consulted. The General Manager advised that 100 surveys had been carried out in the first tranche, with a 42% response rate, which was low. Additional patient feedback would be sought and this would be triangulated against performance data and complaints data. The Deputy Director of Nursing added that GPs, those delivering acute care and carers would also be surveyed.

A Member stated that some local authorities were using Patient Opinion, an online patient feedback platform which was a good resource for health professionals in designing care.

The Chairman asked whether there was enough capacity within nursing teams. The Deputy Director of Nursing advised that there was a team of 36 nurses in total. She added that there was a high vacancy rate among District and Community nurses across a range of skill-sets and that it would be important to support nursing teams through this period of transition and strengthen their professional practice and leadership.

A Member asked who was eligible to receive this service and the difference between a District Nurse and a Community Nurse. The General Manager advised that adults who were house-bound were eligible and that there was a separate community paediatric service for those under 18 years of age.

The Deputy Director advised that District Nurses and Community Nurses had similar responsibilities, but different accountabilities, and that a Community Nurse would report to a District Nurse.

A Member asked about EOLC pathways and providers. The Deputy Director stated that there was a project with the CCG to look at collaborative working. Six different services, hospitals, third sector and community services had

taken part in designing the pathway, and care plans had been discussed with family members. A Macmillan GP had been appointed and discussions had taken place with St. Luke's Hospice to ensure the patient had a holistic experience.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.50 pm).

(Signed) COUNCILLOR MRS VINA MITHANI
Chairman

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Ealing Hospital NHS Trust

The North West London Hospitals NHS Trust

STRONGER together

4 December 2013

Update for Harrow Health and Social Care Scrutiny Sub-Committee

This report provides an update on the merger of Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLH).

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1. The merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

1.1 Introduction

This report provides an update for the Committee on the merger of Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLHT) and the development of the revised business case for merger.

Specifically it provides information about:

- the revised business case for merger, which was approved by both Trusts' boards in November 2013 which has been submitted to the NHS Trust Development Authority (TDA) for approval in January 2014
- the new timeline
- progress with the financial, clinical and legal due diligence processes
- the outcomes of the Office of Government Commerce (OGC) review
- progress with the clinical integration programme
- recent stakeholder communication and engagement activities

1.2 Background

Following the delay in the merger programme when the final business case was deferred in September 2012 because of financial challenges and the need to align it more closely with the outcomes of the Shaping a Healthier Future programme, we have been working to a revised timeline and process agreed with the TDA.

There remains a strong commitment to the merger and in November our Trusts' Boards approved a new business case for merger (27th November at NWLH and 28th November at EHT).

This has now been submitted to the TDA for their approval in January 2014 (as part of TDA's gateway 3 process). The next step is for us to finalise a full business case to be approved by the TDA in May. If the formal go-ahead is given

by the Secretary of State for Health in April 2014, the merger is likely to take place in July 2014.

A more detailed timeline is provided below.

Key dates in the assurance process are as follows:

Gateway 3	
22nd November 2013	Submission of business case to TDA
3rd December 2013	Fourth joint Trust Clinical Strategy workshop
25th November 2013	Financial due diligence commences
28th November 2013	Trust Boards approve of Business Case
22nd November 2013-January 2014	Gateway 3 assurance by TDA
24th January 2014	Business case approval by TDA Board

Gateway 4	
November 2013-mid-March 2014	Full business case preparation
February 2014	OGC review
March 2014	Financial & clinical due diligence refresh
March 2014	Gateway 4 assurance by TDA
15th May 2014	Full business case approval by TDA Board
May-June 2014	Secretary of State approval
June 2014	Laying of orders & Parliamentary approval
1st July 2014	Merger date

2. The Business Case for merger

2.1 What is different about this Business Case?

This latest business case re-states the compelling arguments for the merger, if anything, more strongly. Much of the narrative remains and is consistent with our view that the two organisations will be 'Stronger Together'. However, there are two main differences.

The first is that it is more closely aligned with the Shaping a Healthier Future (SaHF) programme for services across North West London. These have now been consulted on and approved by the Secretary of State for Health. We believe the merger of the Trusts puts us in a better position to manage safely the implementation of its recommendations than if we did it alone as two separate organisations.

The second big change is that we have spelt out more clearly what will happen if we don't merge. This includes both Trusts facing huge financial challenges in delivering and sustaining high quality services for our communities.

The long term financial model shows that the new Trust will deliver recurrent surpluses without the need for further support from year four (2017/18). This compares to delivering deficits of £41.8m if the Trust did not merge.

The business case does four key things:

1. makes the case for merger; describing the context, rationale and key benefits for patients, staff and the organisations;
2. models the five year financial impact of merging the two organisations in the context of the service change aligned with Shaping a Healthier Future, which will form the base case for merger;
3. compares the financial impact of non-merger and the implications of this in terms of clinical and financial viability; and
4. describes the future structure and governance arrangements.

See attached stakeholder briefing which provides more information about the merger business case.

3. Assurance processes

The TDA process for approving mergers includes comprehensive due diligence of the clinical, financial and legal aspects of the proposed transaction.

3.1 Financial due diligence

A financial due diligence review carried out by independent professional advisors is required as part of the assurance process. The focus of the financial due diligence is on testing important elements of the business case for merger, including:

1) the assumptions underpinning the financial modelling and the modelling itself;
2) the assessment of value for money of merging relative to the alternative of no merger taking place; and
3) the implementation plans and the understanding of risks and issues and their mitigation.

An invitation to tender for independent advisors to carry out this work was placed through the Government Procurement Service in November. Bids were submitted by three leading accountancy firms and the contract was awarded to KPMG LLP who commenced on site on 2nd December 2013.

3.2 Clinical due diligence

Clinical staff from across the two Trusts have been involved in a process called Clinical Due Diligence (CDD) as part our planning for the merger. CDD is about making sure we capture what we are doing well and identify any key clinical risks. The report which will be developed from this process forms part of the formal handover to the new Trust Board, London North West Healthcare, to ensure we do not lose organisational memory. It is also part of TDA assurance process for the merger.

The review has been on-going since late September. Early drafts of the report findings are being shared regularly with both executive teams and preparations for a joint stakeholder assessment event are underway.

The next stage of the process will be to present the findings, conclusions and recommendations to the Trust Boards, external stakeholders (comprising NHS England, the TDA, Brent CCG, Harrow CCG and Ealing CCG, the CQC and local Healthwatch groups) for their scrutiny and agreement of the final CDD recommendations prior to formal Trust Board sign-off.

3.3 Legal due diligence

The tender process for the legal due diligence will start in early December following the finalisation of the scope of work with the TDA. This review will be completed as part of the Gateway 4 full business case submission and assurance process. This is to ensure that it reflects the most up-to-date baseline for the assessment of potential liabilities transferring into the new Trust on disestablishment of EHT and NWLH.

4. Office of Government Commerce review process.

As part of the new requirement of the TDA merger process, a review by the Office of Government Commerce to assess our readiness to merger took place from 22nd-24th October. A final report has been issued by the review team. . Overall, the team assessed Delivery Confidence as Amber, stating that '*successful delivery appears feasible but issues require management attention…issues appear resolvable at this stage of the project if addressed promptly.'* Six recommendations were made together with suggested timings for the implementation of actions to address/mitigate these.

5. Update on clinical integration

The two Trusts have already embarked on a programme of reviewing clinical integration, joint working opportunities pre-merger and the development of a joint clinical strategy across key specialties ahead of the merger.

A series of workshops for clinicians and managers were held in May, July, October and December, exploring the potential and benefits of early integration.

The Boards initially gave the go ahead to set up six clinical teams across both organisations to continue to meet and develop their plans. These are:

- Emergency care
- Frail elderly care
- Vascular and diabetes services
- Orthopaedics
- Maternity; and
- Paediatrics

In addition, and in parallel, further work is being done to identify opportunities for a wider group of services to work more closely together or take forward early integration opportunities.

This work is being carried out under the supervision of the Clinical Integration Cabinet and its recommendations will be subject to check and challenge from the Clinical Reference Group. This will ensure that there has been adequate operational and clinical scrutiny of options and proposals before they are submitted to Boards.

6. Stakeholder communication and engagement update

The business case will be the main focus of communication and engagement activities in the run-up to the submission of the final business case to the TDA board. Future communications will aim to explain what is different, such as the new timeline and process, alignment with SaHF, clinical integration and the new financial model.

The Trusts will continue to use existing internal and external communication mechanisms set up to support the merger programme such as the regular Stronger Together newsletter, the dedicated website and merger email address.

A Stakeholder Reference Group (SRG) was set up in July 2013 to ensure continued user/public involvement in the merger programme. It meets monthly and members include the chairs of Heathwatch Brent, Healthwatch Harrow and Healthwatch Ealing. The Group has two key roles:

- The first is to keep Healthwatch updated on the merger programme and give them early sight of documents to ensure the patient view/user involvement is incorporated; and
- The second is an advisory role to help us to revive our engagement and ensure best practice.

In particular, the group will be looking at how we bring stakeholders into the clinical integration work to support integration and the development of a joint clinical strategy.

8. Conclusions

The Trusts would like to thank the Committee for their ongoing support and welcome the opportunity to discuss the merger and the business case.

As the Committee will be aware, it provided a formal response to the Trusts on its views regarding the merger. Given some time has now passed, the Trusts would welcome further comments and views from the Committee so that these can be included in the Final Business Case which will be submitted to the TDA in March. The Trusts would need any formal responses by the end of February 2014 and would be happy to provide any further information or attend meetings or events.

The Committee is asked to:

- Note the contents of this report
- Note the approval of the business case by the boards and the new timeline

Simon Crawford, Senior Responsible Officer
Merger Programme

Footnote: NHS Trust Development Authority (NTDA): New NHS body established to take over responsibility (effective from 1 April 2013) the oversight and support of non-Foundation Trusts from Strategic Health Authorities.

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STRONGER together

Merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

November 2013

Business case for the merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust.

This briefing provides an update about the merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust and information about the business case. For more information about the proposed merger please see our website www.nwlh.nhs.uk/stronger-together. You can also email us on merger@nhs.net.

Introduction from Chief Executive, David McVittie

We continue to be committed to a merger of our organisations and believe that our organisations will be stronger together. Our reasons for merging have not changed and, if anything, are even more compelling.

We have a strong vision for the new organisation, London North West Healthcare, for the care it will provide and for the staff who will work here.

We will be stronger for our patients and able to deliver safer and more specialist care by providing services across larger populations. We will be able to provide more care closer to where patients live or in their homes by joining up community and hospital services.

We will be stronger for our future and better able to meet the challenges ahead than we would as separate organisations.

Of course we won't be able to achieve any of this without the skills and expertise of our dedicated staff. But the merger will bring benefits for them too, with greater opportunities for training and development and new roles and career pathways.

We are working to a new timeline and process which we have agreed with the Trust Development Authority (TDA).

In November we presented a revised business case to both Trust Boards and they gave their approval for it to be submitted to the Trust Development Authority for Its approval in January. The following provides some information about this business case.

The next step is for us is to finalise a full business case to be approved by the TDA in March. Subject to approvals from the Secretary of State for Health, the Trusts would merge in July 2014.

Over the past few years we have been talking to our staff, NHS partners, local organisations and the public about the proposed merger.

We want to thank everyone who has supported us to date and given up their time to listen to us, attend events and give their views. This is not the end of a journey, but the start of one. If the merger is approved, your involvement will be vital in helping us to shape the new organisation and ensure we truly deliver on our promise to provide the highest quality of care for our patients, in hospital, at home or in the community.

David McVittie
Chief Executive and Transactions Director
The North West London Hospital NHS Trust and Ealing Hospital NHS Trust

London North West Healthcare NHS Trust would be one of the largest integrated NHS organisations, employing more than 8,000 staff, serving nearly 900,000 people, with a budget of more than £650 million a year.

A well as Central Middlesex, Ealing and Northwick Park Hospitals, the Trust would manage the world-renowned St Mark's Hospital. It would be responsible for community health services across Brent, Ealing and Harrow, including Clayponds Rehabilitation Hospital in south Ealing and Meadow House Hospice.

What's happening?

Following a delay to the merger programme when the business case was deferred in Autumn 2012 because of financial challenges and the need to align it more closely with the outcomes of the Shaping a Healthier Future (SaHf) consultation, things have picked up and gained momentum.

There remains a strong commitment to the merger and we are working to a new timeline and process. In November our Trust boards approved a new business case for the merger and this has now been submitted to the TDA for its approval.

There are a number of important steps in the process before go ahead for merger can be given. The final business case will be considered and submitted to the TDA's board for approval in March 2014. If formal go-ahead is made by the Secretary of State for Health in April 2014, the merger is likely to take place in July 2014.

What is different about the business case this time around?

There are two main differences in the business case since the one completed in September 2012.

The first is that it is more closely aligned with the Shaping a Healthier Future (SaHF) programme for services across North West London. These have now been consulted on and approved by the Secretary of State for Health. We believe the merger of the Trusts puts us in a better position to safely manage the implementation of its recommendations than if we did it alone as two separate organisations.

The business case continues to make the case for organisational merger. However as part of the development of the business case, the Trusts have to take into account what services may look like in the future to reflect the SaHF vision.

The second big change is that we have spelt out more clearly what will happen if we don't merge. This includes both Trusts facing huge financial challenges in delivering and sustaining high quality services.

What does the business case say?

The business case re-iterates why the two Trusts will be stronger together. It gives compelling arguments for the need to adapt to a challenging healthcare environment to ensure our services are fit for the future.

Our clinical vision

It sets out our **clinical vision** for the new organisation, **London North West Healthcare NHS Trust**, and the **benefits for patients and our staff** (Chapters 5 and 6).

"We will provide excellent clinical care in the right setting by being compassionate, responsive and innovative."

It describes how the new organisation will provide innovative high quality care not just in hospitals, but in health centres and at home for our highly diverse local communities in Brent, Ealing and Harrow.

The benefits include:

- Improved clinical outcomes and safer care by providing services across larger populations
- Better access to the right specialist teams and equipment when these are needed
- Joined up care across communities and hospitals helping to avoid the need for admission to hospital
- More care close to where patients live or in their own homes
- Shorter stays in hospital

"Cardiovascular disease is a major health problem for local residents. We have strong cardiology departments … but combining cardiology expertise can only strengthen services further and improve 24/7 access to first class local preventative, diagnostic and treatment cardiology service."

It shows how the Trust will be **a clinically led and patient centred organisation** that will nurture and promote excellence in clinical work, listen and respond to patients and partners and recruit, develop and retain the best staff.

It describes that there will be four **clinical divisions** led by senior clinicians:

- Integrated medicine
- Surgical services
- Women and children's services
- Clinical support services

The vision includes a commitment to **excelling in teaching and training and** describes how the new organisation will be able to build on the leading research, development, innovation and good practice of the existing Trusts (chapter 5).

The compelling financial benefits of the merger are explained in Chapter 8 of the business case. This shows how the new organisation could achieve recurrent surpluses from 2018/19 onwards and have sufficient numbers of patients to support clinical sustainability. It demonstrates that without change neither Trust is sustainable in the longer term and would have increasing deficits.

The business case also includes:

- The **new organisation's structure and governance arrangements** (Chapter 7). It details the structure of the Board, roles and responsibilities and the proposed divisional management structure which will ensure strong and visible clinical leadership of the Trust.

- **Our engagement and communication with stakeholders** (Chapter 9). Key themes and issues raised by stakeholders are highlighted and it describes how we are refreshing our engagement and are working with local Healthwatch organisations. It also sets out plans for future communication and engagement for the new Trust.

- The business case reveals our implementation plans for ensuring the new organisation is safe and well governed from the start, demonstrating our **readiness for day one and beyond and ensuring business as usual for our patients** (Chapter 10).

Where can I find out more or get involved?

We welcome your views. You can get in touch with us by:

- Contacting us on 020 8869 3298, or email us on merger@nhs.net
- If you would like someone to attend one of your meetings to discuss the merger then please call or email.
- Read the business case on our website www.nwlh.nhs.uk/stronger-together

REPORT FOR: **HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE**

Date of Meeting:	16 December 2013
Subject:	Harrow & Barnet on the Move: The Annual report of the Director of Public Health
Responsible Officer:	Dr Andrew Howe, Director of Public Health
Scrutiny Lead Member area:	Councillor Chris Mote, Policy Lead Member & Councillor Nana Asante, Performance Lead Member
Exempt:	No
Enclosures:	Annual report of the Director of Public Health 2013

Section 1 – Summary and Recommendations

This report *is a call to action from the DPH on physical activity across Barnet and Harrow. It looks at the levels of physical activity in different groups in the population and considers the evidence of what works to get more people active. It gives ideas that individuals, groups and organisations could adopt to make Barnet and Harrow a healthier and more active place. Finally, Dr Howe challenges everyone to take action and to tell us about their success stories.*

Recommendations:

For information

Section 2 – Report

The Health and Social Care Act 2012 added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B(5), the Director is required to prepare an annual report on the health of the people in the area of the local authority and the local authority is required to publish this report.

This is the first annual public health report (APHR) of the joint Director of Public Health for the London boroughs of Barnet and Harrow. The report is a call to action on physical activity. It details the best available evidence on the importance of physical activity across the life-course and in specific population groups.

Each chapter is based on a population group and outlines the government's guidelines, provides a better understanding of physical activity at the national, regional and local level and details the services and projects that relate to physical activity, offered by both councils.

There are two chapters dedicated to how levels of physical activity impact on mental health and wellbeing and how the environment within which we work, live and play also impacts on one's ability to take physical activity. Again, the best available evidence is outlined to support more active lifestyles for better mental health and wellbeing and also recommendations made to councils, employers and schools to encourage them to create environments that support physical activity.

This APHR offers more than the usual public health rhetoric; in a move that I hope will engage and motivate residents to become more physically active I have put forward the DPH challenge. The challenge encourages residents to see what they can do to become more physically active or help family, friends or others in the community to do so. Helpful hints and tips are offered. These range from setting achievable goals or building preferred activity into daily life through to ways to get and maintain motivation. I hope that our residents will take up this challenge and share their successes with us using social media. The use of the stated hash-tags should allow us to gain insights into how successful the challenge has been. Next May we intend to shortlist all challenge entries and showcase the three most inspiring stories from Barnet and Harrow each of which will be awarded a prize. Prizes will also be awarded for a community group and primary and secondary school in each borough. All shortlisted entries will be invited to attend the first Public Health Awards ceremony in June 2014 to celebrate their success stories.

My intention with this report was to move beyond the more traditional recitation of data and knowledge of what the problems of the boroughs. This call to action is a more interactive, inclusive, solution-designed format that allows our residents to be a part of the positive changes my team and I are trying to achieve, rather than merely being talked to.

Financial Implications

This report does not have financial implications per se. It does however highlight areas that the council departments and partner organisations could consider in the formation of their strategies and plans that would support the people of Harrow becoming more active.

Clearly in these days of austerity there needs to be a careful prioritisation of council lead activities but the Council and partners should consider the full implementation of these recommendations.

Performance Issues

The report is a call to action and as such it does not have performance indicators. Physical activity is a risk factor for a wide range of physical and mental health conditions so improving it will reduce the levels of obesity, reduce the diseases associated with physical activity, promote social cohesion, improve balance and stamina in older people, thus promoting independence and reduce social isolation.

There are however a number of indicators that are routinely monitored from the Public Health Outcomes Framework. These include

a. Childhood obesity and overweight at age 5-6 and 10-11
b. Proportion of the population who are physically active and physically inactive
c. Utilisation of outdoor space for exercise/health reasons

Current data on these indicators

d. Annual data on childhood obesity shows that the rates in Harrow are similar to those of London and England

Indicator	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
2.06i – Excess weight in 4-5 year olds	19.7	20.9	21.3	22.4	14.9	21.4
2.06ii – Excess weight in 10-11 year olds	33.5	33.3	32.6	33.9	32.1	35.8

e. Physical activity rates are similar to London and England. This is a new measure and previous data is not available

Indicator	2012
2.13i - Percentage of physically active and inactive adults - active adults	54.5
2.13ii - Percentage of active and inactive adults - inactive adults	24.8

f. Use of outdoor space for sport and physical activity has declined. Although the previous rates were higher, although not significantly so, than London and England, the latest figures show that only 6.5% of people over the age of 16 used outdoor space for sport and physical activity in Harrow, which is below the rates for London and England. This reduction may be true or may be due to sampling problems.

Indicator	Mar 2011 - Feb 2012	Mar 2012 - Feb 2013
1.16 - Utilisation of outdoor space for exercise/health reasons	15.2	6.5

The public health team will report on these indicators in the quarterly PHOF updates.

Environmental Impact

This report has no direct environmental impact. However, more people taking up walking and other methods of active transport could improve the local environment.

Risk Management Implications

No risks have been identified from this report.

Equalities implications

The Equality Act 2010 places specific and general duties on service providers and public bodies. This includes having due regard to the equality implications when making policy decisions around service provision. A separate equalities impact assessment has not been undertaken as the report identifies and addresses aspects of the defined equalities groups.

This report is split into different age groups and has sections covering mental health and disabilities. The report highlights that in some age groups there are gender and ethnic group differences in the number of people undertaking physical activity. It also highlights the impact that physical activity can have on different groups e.g. For young adults, physical activity can improve self esteem, result in lower levels of anxiety and stress and have a positive impact on educational attainment, for older adults, physical activity can reduce the risk of heart disease, stroke, type 2 diabetes and cancer. In relation to mental health, research shows that if people are more active, this may result in an improved ability to deal with stress, improved mood and mental wellbeing. More evaluation is needed on the existing programmes to identify whether they have a positive impact on mental health. For people with disability, physical activity can reduce social isolation and create a positive role model for disabled people.

The report contains steps which public bodies and individuals can take to increase the number of people who are undertaking physical activity. When public bodies are making relevant decisions on policies such as planning and infrastructure, funding of services and contractual arrangements with third party providers, the information contained in this report should be used to identify any impact of these decisions on specific protected groups under the Equality Act 2010.

Priorities

Harrow Council's priority is to deliver a cleaner, safer and fairer Harrow. This report supports this priority in a number of ways. By increasing physical activity, there could be a reduction in car use and therefore a cleaner environment; more people using parks or walking in their neighbourhoods would deter criminal activity and antisocial behavior; and finally the report highlights some inequalities in access to and participation in physical activity by some groups which are already being addressed with the introduction of outdoor gyms and free health walks.

Section 3 - Statutory Officer Clearance

Not required

Section 4 - Contact Details and Background Papers

Contact:
Dr Andrew Howe, Director of Public Health, 020 8420 5501

Background Papers:
Harrow & Barnet on the Move: The annual report of the Director of Public Health 2013

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Harrow & Barnet On The Move

The Annual Report of the Director of Public Health

of the London Boroughs of Barnet and Harrow

2013-14

Foreword

Welcome to what is my first report as Joint Director of Public Health for Harrow and Barnet Councils.

I have taken physical activity as the theme of the report for a number of reasons. Firstly, so many people have increasingly sedentary lives, driving short distances to save time; sitting on our sofas watching TV – often watching programmes about the sport we could be taking part in; obesity is on the increase in both children and adults and along with it increasing rates of diabetes; our children are the least physically active generation that we know of, preferring to play on their computers than go outside and play with friends.

In this report, I will look at physical activity from all angles and by all groups in our community. The report will present the best evidence about why we should be physically active, what works to get different groups in the community active and what the two councils are doing to help you make the change to become fitter and healthier or to help your family, friends and community become a more active place. I have made recommendations for future action for both councils as well as for other organisations including schools.

But that's not all, we all need to make a personal commitment to do more exercise and at the end of the report you will find my challenge – one I hope you will take up with enthusiasm.

Come on, let's get going!

Dr Andrew Howe

Director of Public Health

Barnet and Harrow

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Chapter 1: The Importance of physical activity

Physical activity refers to any bodily movement that involves a raised heart rate and requires burning calories[1]. This can range from active play or occupational activity to dancing and organised and competitive sport.

Low levels of physical activity have high costs for the individual, families and wider society (figure 1). The level of physical activity we take is influenced by a range of factors including, age, gender, socio-economic status, occupation, our weight and where we live. In the UK, the Department of Health defines physical inactivity as less than 30 minutes of at least moderate intensity physical activity on five days per week. Only 34% of men and 25% of women in England manage this level of activity[2].

Being physically active goes far beyond merely balancing calories, for some time we have known about the benefits of physical activity[3]; the most physically active people have around a 30% reduction in the risk of death compared to those who are less active.

Background

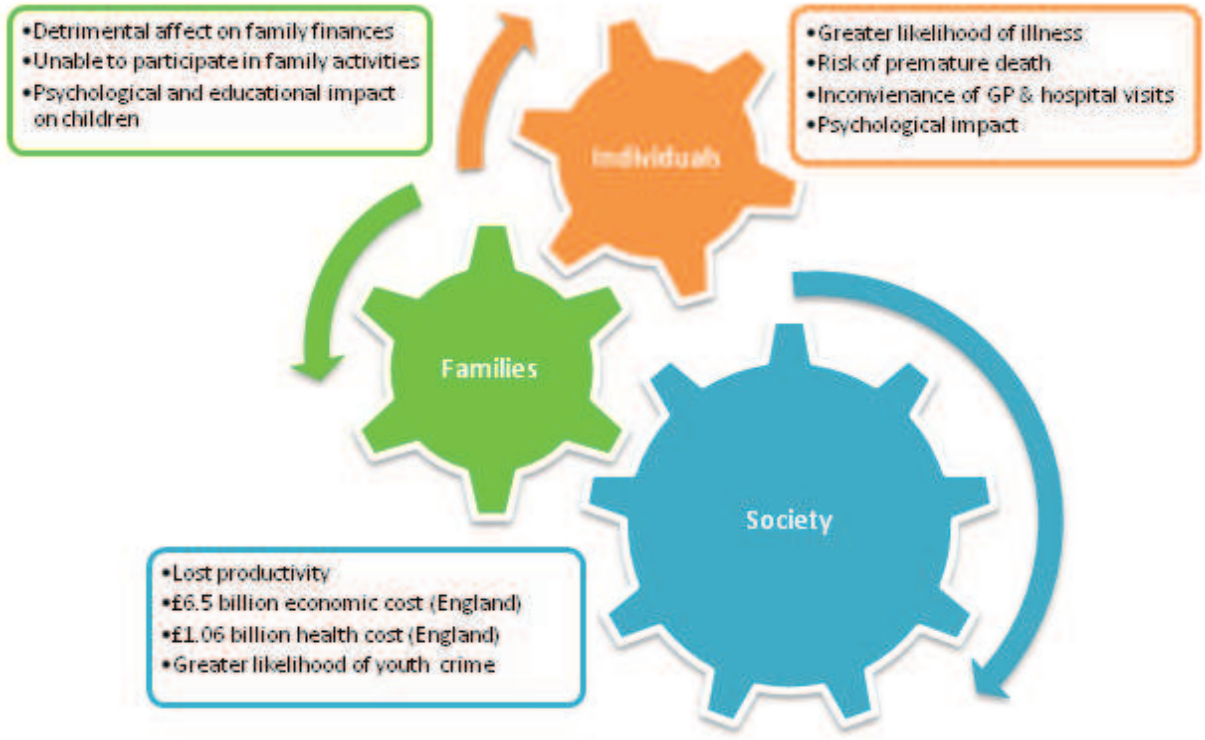
Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. This follows high blood pressure (13%), tobacco use (9%) and high blood glucose (6%)[1].

There is a clear relationship between the amount of physical activity people do and all-cause mortality. But physical activity is not just about preventing death, it can also help with a wide variety of health issues.

Bones, joints & muscles

Increasing physical activity can increase spine and hip bone density by 1% to 2%. Better bone density means a reduced risk of fractures due to osteoporosis. Physically active older people also have a 30% lower risk of falling and so are less likely to break their hip if they do fall.

Figure 1: Interlinking impacts of low levels of physical activity at individual, family and societal level [4,5]



People with osteoarthritis, fibromyalgia or rheumatoid arthritis may benefit from moderate intensity, low impact physical activity such as swimming and walking. This level of physical activity has been found to be an effective means of reducing pain and improving function, quality of life and mental health. Muscle strengthening (physical activity that involves the use of weights or body weight) has been found to enhance muscle mass, strength and power.

Middle aged and older adults who participate in regular physical activity have a 30% lower risk of experiencing some limiting physical factors that would for example prevent a person from completing a range of simple or complex tasks.

Heart health

Physically active people have a 20% to 35% lower risk of cardiovascular disease (heart disease and stroke). This is important because diseases of the cardiovascular system are the number one cause of death locally, regionally and nationally. Regular physical activity has been linked to increased levels of high-density lipoprotein (HDL) – also known as 'good' cholesterol.

Cancer

Adults participating in daily physical activity have a 30% lower risk of colon cancer and in women, a 20% lower risk of breast cancer. Experts think that physical activity could also help protect against other cancers including endometrial cancer (cancer of the lining of the womb).

Cancer Research UK estimates that 1% of all cancers in the UK may be related to inadequate levels of physical activity. One percent sounds low, but this could mean that among 40 to 79 year olds, 124 breast cancers in Harrow and 179 breast cancers in Barnet could be prevented each year if we increased our levels of physical activity.

Metabolic health

Moderately active adults have a 30% to 40% lower risk of developing type 2 diabetes and metabolic syndrome (a combination of factors that increase the risk of developing heart disease and diabetes) compared to their less active counterparts. For those already diagnosed with diabetes regular physical activity has been found to prevent long-term complications and help control blood sugar.

Mental health & wellbeing

Participation in regular physical activity has been shown to reduce the risk of depression in adults and memory loss and dementia in older adults by as much as 30%. Physical activity can also relieve the symptoms of depression and anxiety and improve mood and sleep quality. Feeling rested, contented and happier will in turn give an improved sense of wellbeing.

Healthy weight

Aerobic physical activity has been shown to have a favourable and consistent effect on achieving weight maintenance. Physical activity uses up calories and can help maintain a healthy energy balance. Combining physical activity, with a healthy balanced diet can increase energy expenditure.

How much should I be doing?

The government's recommendations for physical activity are based on the "lifecourse" approach, which reflects our different needs at different stages of life (Box 1). The guidelines have also shown that a shorter session of activity, from as little as 10 minutes of moderate to vigorous activity a day, can give the same benefits in terms of risk factors for heart disease and type 2 diabetes. This is a good starting point for those who might have been inactive for some time.

Box 1: Government guidelines for minimum amount of physical activity[6]

Under 5s

Children capable of walking unaided should be physically active for at least 180 minutes (3hours) daily.

Children & Young people (5-18 years)

Should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours daily

Adults (19-64 years)

Should aim to be active daily with moderate intensity activity adding up to 150 minutes (2.5 hours) per week or 75 minutes of vigorous activity per week.

Older adults (65+ years)

Should aim to be active daily, a week of moderate intensity activity should add up to 150 minutes (2.5 hours). Regular exercisers should aim for 75 minutes of vigorous activity per week

Images courtesy of depositphotos.com

Source: Start active, Stay active, Department of Heath

Although it isn't usually until adulthood and older age that most chronic conditions set in, the exposure to risk through inactivity begins in the early years. Habits are formed early in childhood and so it is important that physical activity is incorporated within family activities throughout childhood. Developing these habits early in life can have a positive effect since levels of physical activity are known to decline between childhood and adolescence. Higher levels of activity in childhood generally lead to sustained participation in physical activity in later years.

The prevention of different conditions may require different 'doses' or levels of activity. There is limted evidence to link specific levels of activity to different disease conditions and as such the guidelines offer recommendations for general health benefit.

Levels of physical activity can be classified as light, moderate and vigorous and table 1 show the range of activities which fall into these categories. Moderate physical activity is known to stimulate the cardiorespiratory, musculoskeletal, and metabolic systems over time allowing these systems to become more efficient. Moderate activity will also lead to faster breathing, an increase in the heart rate and a feeling of warmth. The bodily

response you experience from physical activity will depend on your level of fitness, although fitness will improve with increasing doses of physical activity.

Vigorous activity offers health benefits over and above that of moderate intensity; this level of activity will lead to heavy breathing, being short of breath, a rapid heartbeat and not be able to carry on a conversation comfortably.

Table 1: Intensities and energy expenditure for common types of physical activity

Activity	Intensity category	Intensity (METS*)	Energy expenditure†
Ironing	Light	2.3	69
Cleaning and dusting	Light	2.5	75
Walking-Strolling, 2mph	Light	2.5	75
Painting/decorating	Moderate	3.0	90
Walking – 3mph	Moderate	3.3	99
Hoovering	Moderate	3.5	105
Golf – walking, pulling clubs	Moderate	4.3	129
Badminton – social	Moderate	4.5	135
Tennis – doubles	Moderate	5.0	150
Walking – brisk, 4mph	Moderate	5.0	150
Mowing lawn – walking, using power-	Moderate	5.5	165
Cycling – 10-12 mph	Moderate	6.0	180
Aerobic dancing	Vigorous	6.5	195
Cycling – 12-14 mph	Vigorous	8.0	240
Swimming – slow crawl, 50 yards per	Vigorous	8.0	240
Tennis – singles	Vigorous	8.0	240
Running – 6mph (10 minutes/mile)	Vigorous	10.0	300
Running – 7mph (8.5 minutes/mile)	Vigorous	11.5	345
Running – 8mph (7.5 minutes/mile)	Vigorous	13.5	405

Source: Based on data from Ainsworth et al. 2000

* MET = Metabolic equivalent: 1MET = A person's metabolic rate (rate of energy expenditure) when at rest. 2 METS = A doubling of the resting metabolic rate

Kcal equivalent, for a person of 60kg doing the activity for 30 minutes)

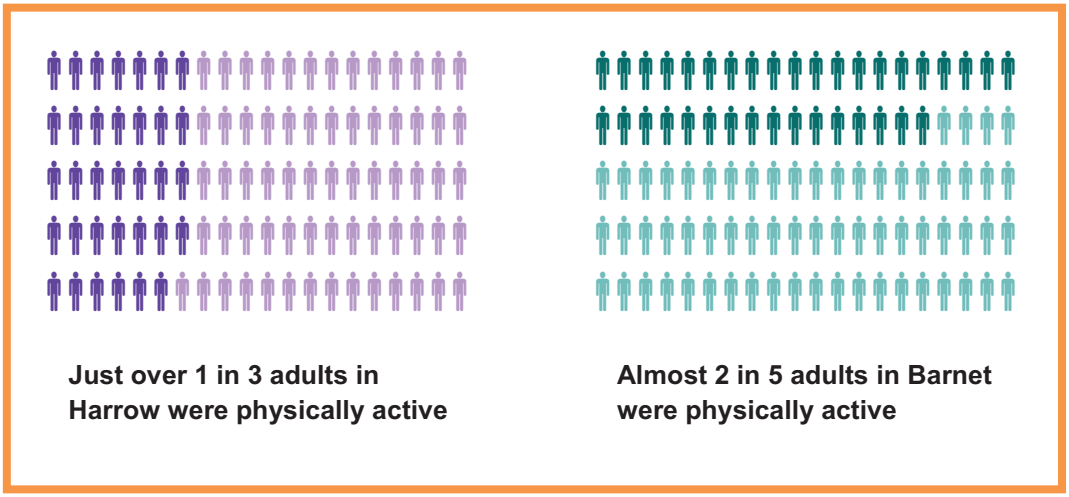
† Kcal equivalent, for a person of 60kg doing the activity for 30 minutes)

How active are we?

National data from Sport England shows that between 2005/06 and 2011/12, there was a statistically significant increase in the proportion of adults reporting that they had participated in at least four sessions of at least moderate intensity activity for at least 30 minutes in the previous 28 days[2]. During this period, there were also significant increases in the participation of both men and women although the participation of women was on average 10% less than that of men. There were also significant increases among those 26 years and over, adults across the disability spectrum, those of white and non-white ethnicities and individuals in higher social classes (National Statistics Socio-economic Classification (NS-SEC) 1 - 3).

However, no significant change was observed in those of lower socio-economic status (NS-SEC 4 – 8) and there was a statistically significant decrease in the level of participation among those aged 16 to 25 between 2005/06 and 2011/12.

Figure 2: Adult participation in one 30 minute moderate activity session, Barnet and Harrow 2011/12



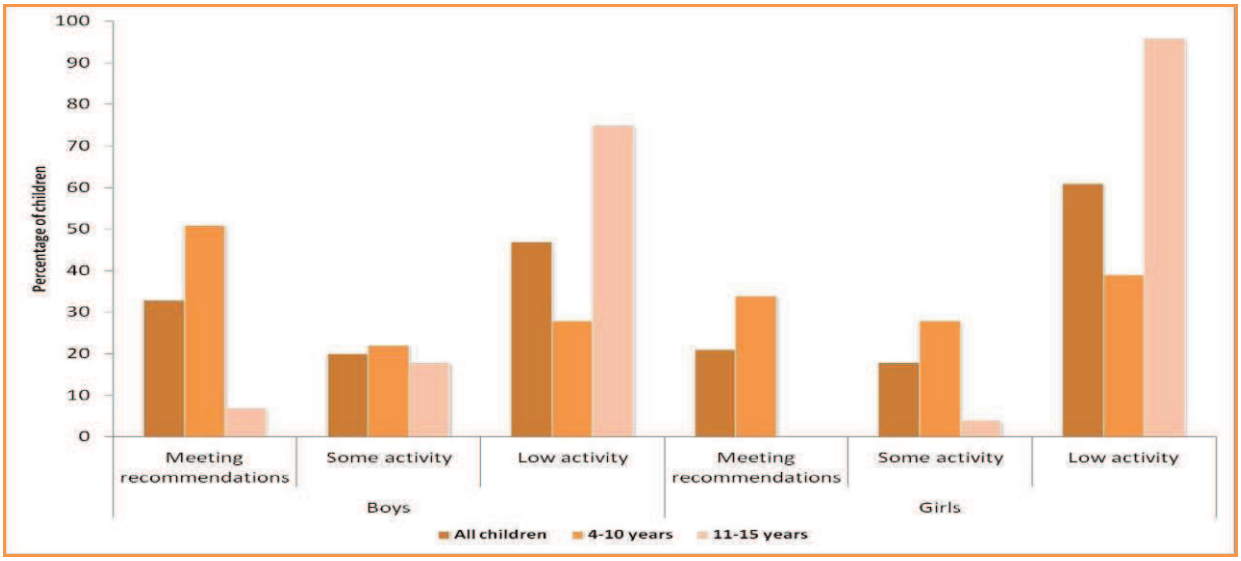
Source: Sport England, Active People Survey 6

During 2011/12, fewer than half of the population of England took part in some physical activity based on the previous guidelines of at least 30 minutes a day of at least moderate intensity physical activity on five or more days of the week. This was reflected locally where only 34% of Harrow residents and 36% of Barnet residents met the recommended physical activity (figure 2).

In much the same way that men tend to be more physically active then women, boys also tend to be more active than girls. Data from the 2008 Health survey for England shows that among children up to the age of 15, 33% of boys and 21% of girls met the previous recommendations of 60 minutes or more of at least moderate activity on all seven days. However, when the ages were split roughly into primary (4-10 years) and

secondary (11-15 years) school ages there was a marked decline in the proportion of boys and girls meeting the recommended levels of activity as children transitioned from primary to secondary school (figure 3).

Figure 3: Objectively measured physical activity levels in children, age and gender, England 2008



Source: Health Survey for England 2008

The National Institute for Health and Care Excellence (NICE) have commissioned the production of a Return on Investment (ROI) tool to help facilitate decision making at local level in physical activity policy. The tool allows users to assess the ROI of implementing a package of interventions, thus estimating the benefits that could be achieved through physical activity programmes.

The bigger picture

Physical inactivity is one of the major risk factors causing death and ill-health both globally and locally. Increasing physical activity has the potential to improve the physical and mental health of the population, reduce all cause mortality and improve life expectancy and quality of life. It can also save money by significantly easing the burden of chronic disease on health and social care services. Increasing cycling and walking will reduce transport costs, save money and help the environment. Fewer car journeys can reduce traffic, congestions and pollution, improving the health of communities[7]. Increasing physical activity in children and young people can help them in the acquisition of social skills through active play (leadership, teamwork and co-operation), better concentration in school and displacement of anti-social and criminal behaviour[8].

Physical activity, health and wellbeing are embedded within a range of policies, strategies and guidance publications across a wide range of sectors and service areas. The ***Health and Social Care Act***[9] set out that the old Primary Care Trust's public health responsibilities for local health improvement would transfer to councils. Councils now lead on promoting integration and partnership working between the NHS, social care, public health and other local services and strategies. Health and wellbeing boards are in place to ensure the integration of commissioning of local NHS services, social care and health improvement.

The Coalition Government's Healthy white Paper ***Healthy Lives, Healthy people: our strategy for public health in England***[10] sets out a new vision for public health emphasizing the importance of healthy lifestyles. Being physically active is a vital part of a healthy lifestyle.

The ***Public Health Outcomes Framework***[11], is intended to refocus the whole system around the achievement of positive health outcomes for the population and reducing health inequalities.

The indicators are grouped into four main domains: 'Improving the wider determinants of health'; 'Health Improvement'; 'Health Protection' and 'Healthcare public health and preventing premature mortality'. Physical Activity is mainly addressed within the Health Improvement domain, alongside other lifestyles factors. Indicators that are relevant to physical activity include:

Domain 2: Health Improvement

- Excess weight in adults
- Proportion of physically active and inactive adults
- Recorded diabetes

Domain 4: Healthcare public health and preventing premature mortality

- Mortality causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from respiratory diseases
- Health-related quality of life for older people
- Hip fractures in over 65s

The UK-wide physical activity guidelines issued by the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland and detailed in ***Start Active, Stay Active***[6]. The guidelines offer recommendations for children, young people and adults and for the first time in the UK include guidelines for early years and older people.

The guidelines advise that physical activity is important for all age groups and that excessive sedentary behaviour is an independent risk to health at all ages.

The flexibility of the guidelines creates new ways to achieve the health benefits of an active lifestyle. These include:

- A lifecourse approach
- A stronger recognition of the role of vigorous intensity activity
- The flexibility to combine moderate and vigorous intensity activity
- Weekly target; daily activity
- New recommendations on sedentary behaviour

The ***NHS Health Check*** programme is an important national programme that relates to adult physical activity[12]. The programme aims to help prevent heart disease, stroke, diabetes and kidney disease. It is a national initiative that offers preventative checks to all those aged 40 –74 who have not already been diagnosed with one of these conditions, to assess their risk of vascular disease followed by appropriate support, advice and interventions to help them reduce or manage that risk. The NHS Health Check programme offers an ideal opportunity to identify and tackle modifiable factors that impact on vascular disease such as physical inactivity and managing those sedentary adults who are at risk of developing the above conditions.

Transport Planning and Policy Guidance[13] aims to integrate planning and transport at the national, regional and local level to:

- promote more sustainable transport choices for both people and freight;
- promote accessibility to jobs, shopping, leisure facilities and services by public transport, walking and cycling; and
- reduce the need to travel, especially by car.

The guidance set out strategies and measures for local authorities to promote walking and cycling as part of their local walking and cycling strategies.

Sport England Strategy: A Sporting Habit for Life 2012-2017[14] aims to create a meaningful and lasting community sport legacy by growing sports participation at the grassroots level. By offering long-term pathways that help young people continue playing sport into adulthood the strategy wants to create a lifelong habit, in particular, amongst 14 to 25 year-olds. National governing bodies will be supported by County

sports partnerships and continue to play a pivotal role in increasing participation, among young people.

The strategy will invest the funding in four main work areas: Whole Sport Plans, School Games, Facilities and Local Investment.

There are five London Pro-Active Partnerships covering the East, Central, North, South and West of London and they are part of the national County Sports Partnership network. Each Partnership consists of a network of organisations committed to working together to increase participation in physical activity and sport. ProActive London aims to improve the health and well being of Londoners, provide strategic co-ordination and contribute to the London 2012 legacy through sport and physical activity. The partnerships are responsible for the local roll out of the national strategy.

A Sporting Future for London[15]: The Mayor's sports strategy aims to deliver a grass-roots sporting legacy for Londoners from the 2012 Olympic and Paralympic Games by securing a sustained increase in participation in sport and physical activity amongst Londoners and using sport to assist in tackling social problems including ill health, crime, academic underachievement and lack of community cohesion. The Mayor is committed to using the Games to transform the sporting landscape by making sport and physical activity accessible to all. The Mayor is also aiming to strengthen the link between sport and physical activity.

NICE Physical Activity Briefing (PHB3)[16]: In addition, to guidance relating to physical activity (PH2, PH17, PH8, PH13) NICE have also developed public health briefings for local authorities and their partner organisation in the health and voluntary sectors, in particular those involved with health and wellbeing boards. The briefings cover a range of topics and in the case of physical activity offer assistance in the development and response to increasing physical activity for the local population.

Local Health and Wellbeing Strategies

Locally, there is a significant degree of overlap in the themes of the Health and Wellbeing strategies of the two councils, particularly in relation to increasing physical activity. Both strategies recognize the need to create a supportive environment to address the prevention agenda and that partnership working is key to identifying and addressing the factors underpinning health inequalities across Barnet and Harrow.

Figures 4 and 5 show how the high level strategic Health and Wellbeing aims are filtering down to concrete action in both boroughs.

Figure 4: Barnet's Health & wellbeing strategy as it relates to physical activity

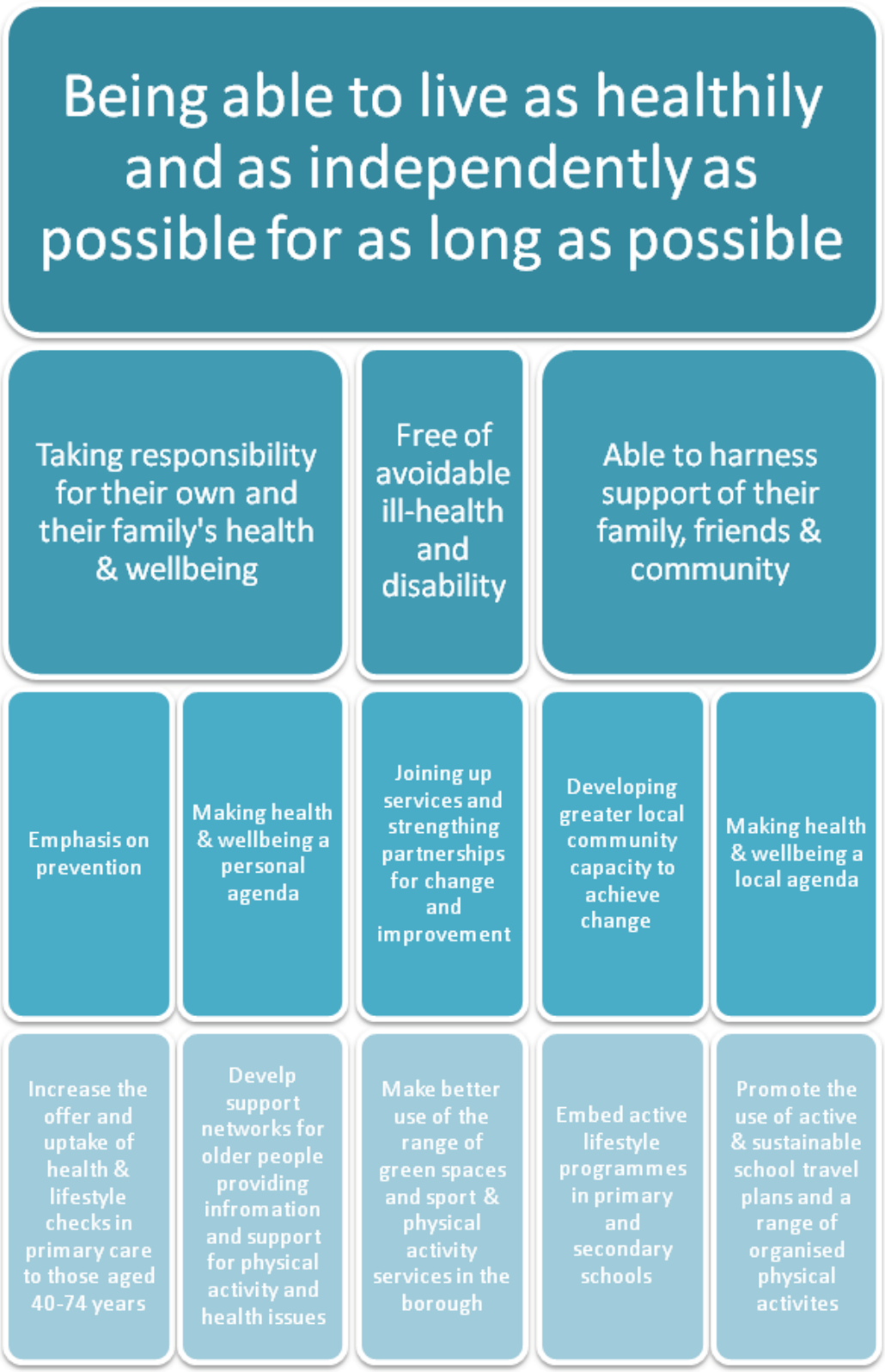


Figure 5: Harrow's action plan as it relates to physical activity

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Chapter 2: Physically active children

As soon as they are able to walk, pre-school children need unstructured, active and energetic play to allow them to develop basic motor skills and balance. By school age however, young children are developmentally ready to benefit from more intense activity, over shorter periods. This is reflected in the government's physical activity guidance (figure 6).

Figure 6: CMO physical activity recommendations for children

Source: Start Active, Stay Active

While the evidence for physical activity among under 5s is limited it is fairly conclusive; being active at such a young age is the basis for creating an active adult and thereby reducing health risks associated with inactivity later in life. Playing or undertaking structured activities organised by adults combined with reduced time sitting or lying improves motor skills, promotes healthy weight, enhances bone and muscular development and helps children develop social skills.

As children get older the behaviour patterns that have important implications for their health and wellbeing - both short and long term are cemented and the health benefits from regularly activity become more pronounced. The evidence suggests that for older children, those participating in physical activity session of greater intensity and longer duration achieve greater health benefits, particularly for bone and metabolic health.

Background

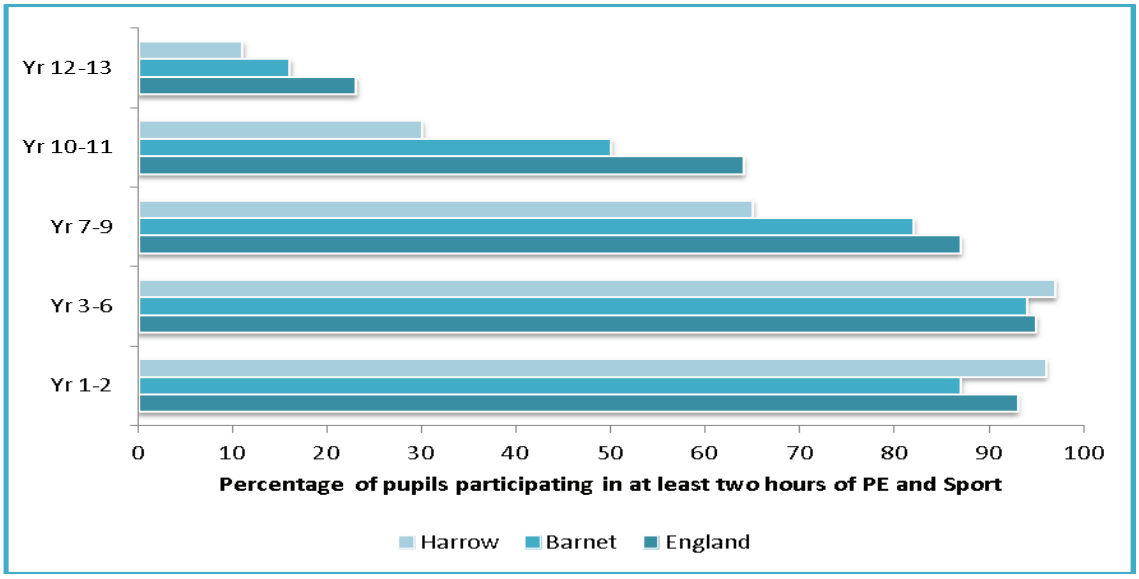
Across England the percentage of children who are physically active for 60 minutes every day rose from 66% to 68% between 2002 and 2008 across all children aged two to 15[1]. The same data showed an 8% difference in activity levels between boys and girls, with lower proportions of girls meeting recommendations in 2008. This percentage further decreased as girls got older; at two years 35% of girls met the recommendations compared with only 12% among those aged 14.

For the first time the latest government guidelines for physical activity incorporate recommendations regarding sedentary behaviour. Children in England spend on average 3.4 hours on weekdays and 4.1 hours on weekends in sedentary pursuits which include watching television, reading and other screen time activities such as playing computer games or with mobile devices[1] when they could be being physically active.

Sports and Physical Activity Participation

Physical education (PE) is a key element of physical activity and sport participation in young people of school age. The 2009/10 PE and Sport Survey found that not only were lower proportions of 5-16 year olds participating in at least two hours a week of high quality PE and sport during curriculum time in Barnet (81%) and Harrow (78%) when compared to the national average (86%) but also as children progressed through the school system the proportion of pupils participating in high quality PE declined markedly[2].

Figure 7: Children and young people's participation in school based PE & sporting opportunities



Source: PE and Sport Survey 2009/10

Figure 7 shows PE and sport participation by school year. In Harrow, almost a third of pupils stopped participating in PE and sport when they started secondary school followed by a further third stopping by Years 10 and 11. Only one pupil in 10 continues in years 12 and 13. In Barnet, the decline upon starting secondary school was lower than Harrow's but a further third stopped by Years 10 and11 and another third in Years 12 and 13, leaving only 3 in 20 participating by the time they leave school.

In terms of sport participation, the proportion of children aged 5-15 who 'participated in sport in the last week' significantly decreased from 81.4% in 2008/09 to 77.7% in 2011/12[3]. As with other physical activities, boys were more likely to have participated in sport than girls. Table 2 lists the ten most popular sports that children participated in in the last four weeks in England.

Table 2: The top ten most popular sports participated in by 5-10 year olds (in the last four weeks) in England 2011/12

Sport	%
Swimming, diving or lifesaving	45.3
Football (including five-a-side)	36.9
Cycling or riding a bike	29.6
Walking or hiking	19.5
Gym, gymnastics, trampolining or climbing frame	13.0
Tenpin bowling	9.2
Tennis	8.8
Cricket	6.9
Martial arts – Judo, Karate, Taekwondo and other martial arts	6.4
Roller skating/blading or skate boarding	5.9

Figure 8: National online news, July 2013

In addition to competitive sport, travelling to and from school is a prime opportunity for children to achieve part of their recommended daily physical activity. Recently there have been calls from health experts to reduce the numbers of parents who drop their children to school (figure 8).

The 2010 National Travel Survey suggested that for 41% of 5-16 year olds the main method of getting to and from school was by walking, second was 'being driven' (33%)[4]. The Harrow School Sport Survey 2012, found that 54% of 5-12 year olds surveyed reported that the main way they travelled to and from school is by foot[5].

Walking to school as a form of physical activity is one area where girls participate more, with 65% of girls compared to 63% of boys walking to or from school at least one day in the last week[1]. Data from the National Travel Survey found that 68% of children aged 2-16 reported walking (in general) for at least 20 minutes or

more, at least once a week.

The Olympic effect

Children's motivation to take part in sport increased as a result of the London 2012 Olympic and Paralympic Games. Data from the Taking Part Survey found that, in 2011/12 one quarter of 5 -10 year olds were encouraged to take part in sport as a result of the UK hosting the Olympic and Paralympic Games. Among 11-15 year olds, almost half were inspired to take part in a sport[3].

> ***"Watching great Olympians play sports that I have not tried yet makes me want to play them"***
>
> *Comment from the Harrow School Sport Survey 2012*

This observation is also reflected in data from the Harrow School Sports Survey, which suggests that 56% of those surveyed reported that the London 2012 Olympics inspired them to do more sport, compared to 34% who said it hadn't made any difference to them[5].

What works?

NICE guidelines provide a number of recommendations to increase the physical activity levels of those aged 18 years and under[6].

- Involve children and young people from the outset – find out what would encourage them to participate in more physical activity and which activities they would like to regularly participate in. Ensure this involves children from different socioeconomic and ethnic groups to get everyone's views. Also ensure those with a disability are involved.
- Support the delivery of national campaigns, such as Change4Life at a local level. Integrate such campaigns into local initiatives and requirements such as the National Child Measurement Programme.
- Ensure sustainability is a key element of all initiatives, for example utilising the free resources provided by Change4Life
- Educate children and parents/carers around the benefits of physical activity and the opportunities available locally, taking a whole family approach.
- Develop effective partnerships to deliver multi-component interventions (e.g. after school clubs) including schools, families and communities.
- Have a coordinated approach to the development of school travel plans to encourage more physical activity.

Services provided in both boroughs

Children's Centres

Children's centres have a pivotal role in supporting the physical development of babies and young children.

Harrow's children's centres provide services for babies, young children and young people to ensure the best possible start in life. The centres act as a central point where families can access information and services from a team of professionals. The early years curriculum includes a 'Physical Development Stage' which is delivered by children's centre staff.

In Barnet, the Eat Well Be Active programme currently operates in Sweets Way children's centre where a series of training sessions with staff and workshops with parents are held to ensure they have the confidence to create opportunities for physical activity and purposeful play. There is a Being Active Matters programme for Early Years settings delivered on behalf of the Early Years Advisory Team where, over a period of four to six months, staff are trained and work is carried out with children to help them to be more physically active.

> ***"The physical development of babies and young children must be encouraged through the provision of opportunities for them to be active and interactive and to improve their skills of coordination, control, manipulation and movement. They must be supported in using all of their senses to learn about the world around them and to make connections between new information and what they already know. They must be supported in developing an understanding of the importance of physical activity and making healthy choices in relation to food."***
>
> *The Early Years Foundation Stage Statutory Framework*

Primary School Sport Premium

The government is providing additional funding of £150 million per annum for academic years 2013/14 and 2014/15 to improve provision of PE and sport in primary schools. This funding, provided jointly by the Departments for Education, Health and Culture, Media and Sport, will be allocated to primary school head teachers.

Schools Sports Partnerships

Although Harrow no longer has a School Sports Partnership (SSP) several primary and secondary schools work together independently to promote PE and sport. The Harrow School Improvement Partnership (HSIP) provide the service, School Sport Harrow, to support schools aiming to increase the standards of teaching and provision of extra-curricular sporting opportunities and health outcomes through physical activity. This is achieved through teacher training, brokering and promoting good practice between schools, auditing current practice and running competitions and events.

Barnet has an equivalent Barnet Partnership for School Sport (BPSS). The BPSS is a "not for profit" organisation that has been established as a mechanism to maintain the outcomes achieved by the School Sport Partnerships, including the organisation of events, competitions, festivals and leadership opportunities. The overall outcome is to increase participation at all levels. Ninety percent of Barnet Schools have subscribed to be a part of the BPSS.

Healthy Schools London

Healthy Schools London is an award scheme sponsored by the Mayor of London in recognition of schools helping children lead a healthy lifestyle. Schools in Barnet and Harrow are already doing great work to support their pupils to be more active but Healthy Schools London will document this and help schools to go further.

To fulfill the criteria for a bronze award schools have to name a member of the senior leadership team responsible for physical activity, have an up to date policy for increasing physical activity and provide a minimum of 90 minutes to two hours of PE a week. The criteria also requires schools to provide evidence regarding their playground provision and active travel.

At the time of print, Healthy Schools London is in the early stages but already 21 Schools from Harrow and 23 Schools from Barnet have registered with the programme and are working towards the bronze award.

Change4Life Clubs

The national Change4Life School Sport Clubs programme launched in March 2012 and currently runs in 12 primary schools in Harrow. One member of staff per school runs lunch time or after school clubs which encourage young people to have fun while being

physically active and learn about how to eat healthily and live a healthy life-style. The hours of activity are recorded on wrist bands and in log books which encourage parents to get involved in their child's progress.

Further investment from the Department of Health, has allowed 22 more clubs to be established in Harrow's primary schools over the next two years. This has also been delivered by the BPSS in Barnet and is expanding in 2013-14.

School Games Organiser (SGO)

The school sport coordinator (SSCO)and teacher release programmes have ended due to the termination of the funding which enabled secondary school PE teachers to be seconded for one day per week to local primary schools. Two academies in Harrow, however, are continuing with this initiative independently and will focus on running sports activities on their school site for children from local primary schools. There is one school games organiser (SGO) in Harrow who has overall responsibility for the national school games programme in the borough. The SGO's remit covers objectives previously governed by SSCO's (table 3)

In Barnet, there are four SGOs based in four schools across the locality. They make up part of BPSS.

Participation in the London Youth Games in Harrow and Barnet

The Games are a unique season of events at the heart of youth sport in the capital involving all 33 London Boroughs and 26 Sporting National Governing Bodies. The Games are free of charge and open to all young people, aged between 7 and 18 living in or going to school in London. Encouraged by Harrow Sports Development Team and BPSS, Harrow and Barnet children regularly participate in the London Youth Games.

Table 3: School Sport Coordinators objectives

Strategic planning:	To enhance PE and sports development for the school through the school development plan.
Primary liaison:	To establish and develop linked PE and sports development programmes for local schools, particularly targeting the KS2/3 interface.
School to community:	To build and support school/club links.
Out-of-school-hours activities:	To develop and support out-of-school-hours sport programmes with local clubs, NGBs, school sport associations and sports development officers.
Coaching and leadership:	To develop leadership, coaching and officiating programmes for senior students to gain appropriate skills and qualifications to enhance their future role within the sporting community.
Raising standards:	To support schools in reviewing current PE and sport programmes and the role they play in raising standards across the school.

The Games offer competitive opportunities for participants of varying abilities and experience and has been a stepping stone in the careers of international Olympic and Paralympic athletes. Each year approximately 200 young people aged 11 to17 represent 'Team Barnet' at various competitions and the finals weekend in July at the Crystal Palace National Sports Centre. 'Team Harrow' is represented by over 300 young people, in 2013, 314 young people participated in the Games.

Volunteering and Sports Clubs

The Community Sport and Physical Activity Network's (CSPAN) 2012/13 Delivery Plan aims to enable young people in schools to volunteer their time, access local sports clubs and to increase membership levels. The CSPAN plans to meet this objective by using the SSP to undertake an audit of local sports clubs identifying coach education, volunteering & placement opportunities. They also want to deliver a coach education programme at Stanmore College to build capacity amongst sports clubs and improve the skills of 142 local coaches. Finally, they plan to deliver a sport maker volunteering convention for young people in Harrow schools and colleges (similar to the adult version currently running).

Both boroughs also deliver Sports Makers, a volunteer programme, accredited through ASDAN, a curriculum development organisation and awarding body, involving local sporting organisations offering 12-hour work placements. The programme targets young people aged between 14 and 17 and provides a high-quality learning experience that increases skills and knowledge that will support young people to develop themselves and improve their employment prospects.

Harrow Programmes

London Youth Mini Games

The Mini Games is a scaled down version of the main games for younger athletes. The Mini Games cover eight events designed for young people aged 9 to11. In 2013, 53 children represented Harrow.

2012 School Games

'School Games' is an umbrella term for all school sport competition. Sixty one percent of Harrow schools participate in the school games, compared to 57% of schools signed up nationally.

The school games ensure all competition takes place according to national governing bodies

(NGBs) frameworks for each sport. Every school competes to the same standards and so when one team wins the league in one borough they will be of the same standard as a team winning in another borough. Both teams can then competently compete in the next level; ensuring young people have a clear route to better quality sport in higher level competitions.

Football Development Programme on the Rayners Lane Estate

The Rayners Lane Estate in Roxbourne, is one of two areas in the borough which falls into England's 20% most deprived lower super output areas. This area is a key focus for many interventions. Harrow council's sports development team plan to create a weekly futsal session at the Beacon Community Centre with exit routes to local football clubs. They also plan to train local coaches to ensure sustainability of the project.

Cedars Youth and Community Centre

Cedars YCC provide a number of activities aimed at younger children.

Tots and Mini Tots Football sessions are growing in popularity with up to 30 children attending each of the Saturday morning sessions.

Tots and Mini Tots Tennis are Saturday morning tennis coaching sessions for children 4-8 years old. Around 25 children attend each session.

Barnet Programmes

Ambassador Programme

The young ambassador programme in Barnet seeks to develop young leaders and volunteers by providing them with the responsibility of being an ambassador for PE and school sport. The individual forms a vital link between the students, teachers and SGOs. Barnet partnership for school sport has platinum ambassadors (working with the BPSS) and gold ambassadors (working across the borough). Each secondary school has two sliver ambassadors (working within their school and attached primaries). The ambassadors act as a role model throughout Barnet and strive to promote the benefits of sport through assemblies, workshops and events.

Barnet Energy Clubs

Energy Club is a fun, free physical activity club for children aged 4-11, delivered by trained volunteers (primarily parents and friends) the clubs run 30 minute sessions outside of school hours at primary schools across the borough.

Barnet Healthy Lifestyle Coaches

Twelve primary schools have been selected using the London Borough of Barnet 's (LBB) 2012 National Child Measurement Programme (NCMP) data to receive the Healthy Lifestyle Coach (HLC) Project which is designed to support schools to inspire children who are less active to choose and enjoy new sporting activities and healthy choices.

The project aims to:

- Increase the number of children participating in school sport and motivate them to continue making healthy lifestyle choices
- Help schools to maximise their involvement in health-focused initiatives such as Change4Life
- Recruit and develop young people to take on roles as HLC champions.

Barnet Healthy Families Programme

BPSS run a series of 10 week programmes which bring families closer together through the development of active lifestyles. The sessions are held at three local locations offering a range of classes on different days. Activities range from fitness testing, archery and badminton to trampolining, circuits and gym sessions. Incentives and rewards are offered and there is also an end of programme celebratory event.

Alternative Education (Barnet)

Targeting young people at risk of exclusion from school, these day a week courses provide a high-quality, accredited learning experience for students. Alongside music production, catering, gardening and motorbike mechanics – a sport, health & wellbeing course will begin in the autumn term that will provide learners with a range of skills, qualifications and experiences.

Mini London Marathon

The mini London marathon involves a road race taking place over the final three miles of the main London Marathon route. Young people from all 33 London Boroughs and regions around the country compete in the under 13, under 15 and under 17 age groups.

At the 2013 event, a young Barnet boy successful won the under 13 category.

What could we consider doing?

The Councils

- Maximise the use of the Change4life brand within school and community groups.

- Ensure that messages and events are promoted widely and to the right groups and areas of the borough.
- Encourage more after school clubs within schools. These act as a feeder into community based clubs and so inspire the next generation
- Work with HSIP and BPSS
- Take the example of the school sports partnerships and extend the good practice into the community.
- Create environments that encourage activity
- Any emphasis on physical activity or sport should also be accompanied by healthy lifestyle messages to ensure a healthy weight is maintained
- Reduce barriers to popular sports such as swimming and football

Communities

- Encourage outdoor play
- Get children to join in with local community activities – community gardens or environmental projects
- Have a community fun day with lots of activities that children can take part in.

Schools

- Encourage more after school clubs within schools. These act as a feeder into community based clubs and so inspire the next generation
- Make play areas stimulating, fun and safe and give children the opportunity to create their own active play

The Health Sector

- Ensure parents know about developmental stages and how to encourage their children's movement skills
- Promote physical activity in children

Parents and Carers

- Encourage structured play either by providing a stimulating environment or an imaginative game. For example, a safe play area with equipment or a treasure hunt
- Be a role model, for example, walk your children to school instead of driving; walk or cycle to work or to the local shop.
- Young infants should be able to kick, crawl and pull themselves up without being restrained by carriers or clothing. Objects placed out of reach will encourage infants to move towards them.
- Tailor activities according to the child's developmental age and physical ability. Ensure they are inclusive, progressive and enjoyable. The activities should develop the child's movement skills (such as crawling, running, hopping, skipping, climbing, throwing, catching and kicking a ball). Children should also

experience more advanced activities such as swimming, cycling, playing football and dancing.

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Chapter 3: Physically Active Teenagers and Young Adults

The transition from childhood to adulthood can be fraught with difficulties for many young people; adolescence is generally thought of as an emotionally difficult time to navigate. These are the years when children who were once full of energy may lose interest in physical activities as they enter young adulthood.

Between school, college or university, studying, socialising and part-time jobs young people have a lot of interests vying for their time and attention. However, young people who have enjoyed sports and physical activity as children often remain active throughout their lives all they need is a little encouragement to get them through the teenage years.

The harms from physical activity are minimal for most teenagers and young adults; but the risks of poor health from inactivity are far greater.

Background

All young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities including those that strengthen muscle and bone should be incorporated at least three times a week, and young people, including teenagers should minimise the amount of time spent in sedentary activities[1].

Young people who have a physically active lifestyle have improved self-concept and self-esteem, and lower levels of anxiety and perceived stress[2]. It is also widely documented that young people's quality of life is also likely to be improved through elevated levels of physical fitness associated with high levels of physical activity.

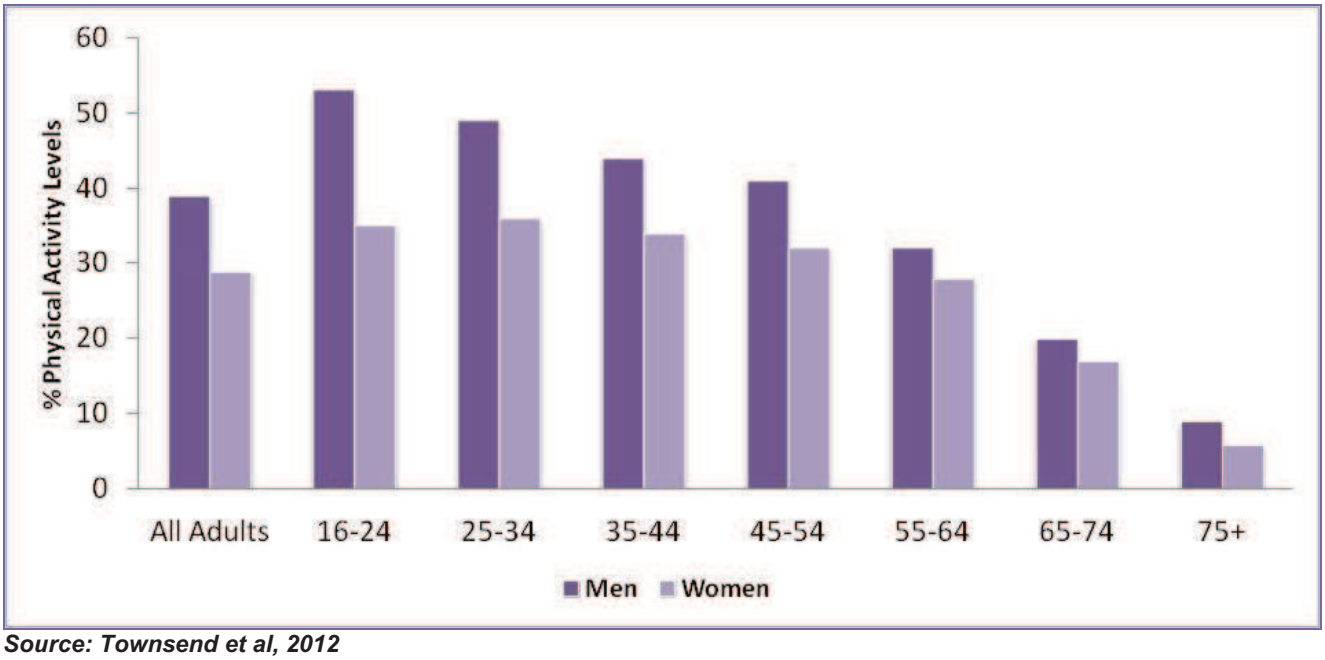
While the physical benefits of participation in sport are well known and supported by large volumes of empirical evidence, sport and physical activity can also have positive benefits on education. There is evidence to demonstrate that involvement in physical activity and sports has a positive impact on educational attainment especially in young

people[3]. Studies based on survey data show robust associations between sport participation (in school and non-school settings) and educational attainment, regardless of socio-demographic factors[4,5] . In addition, sport also helps by giving young people the opportunity to develop new skills, as well as the confidence and motivation to gain qualifications that can ultimately lead to employment and career development.

Furthermore, sport and physical activity projects can make a significant contribution to the reduction in crime rates and anti-social behaviour. It has become increasingly apparent in recent years that physical activity and sport can act as a diversionary activity in reducing the levels of crime and disorder, especially among young people who are recognised as the most significant group in terms of offending. Early involvement in sport and physical activities by young people can help in preventing a life of crime or diverting others away from re-offending.

Sport and physical activity can also be combined with other interventions to reduce crime in particular groups and communities[6]. And research has shown that young people who participate in organised sports at school or in their communities are less likely to engage in negative health behaviours, such as cigarette smoking and drug use, than those non-sports participants.

Figure 9: Self-reported physical activity by age and gender



Source: Townsend et al, 2012

Among 16 to 24 year olds in England, 53% of men and only 35% of women reported that they met the CMO's recommendations[7], this is the age group when self reported physical activity is at its peak among men (figure 9).

The British Heart Foundation report highlights three self-reported categories relating to the physical activity guidelines; meeting recommendations, some activity, and low activity. The report shows the need for the majority of young women and a smaller proportion of young men to increase their activity levels to meet the recommendations.

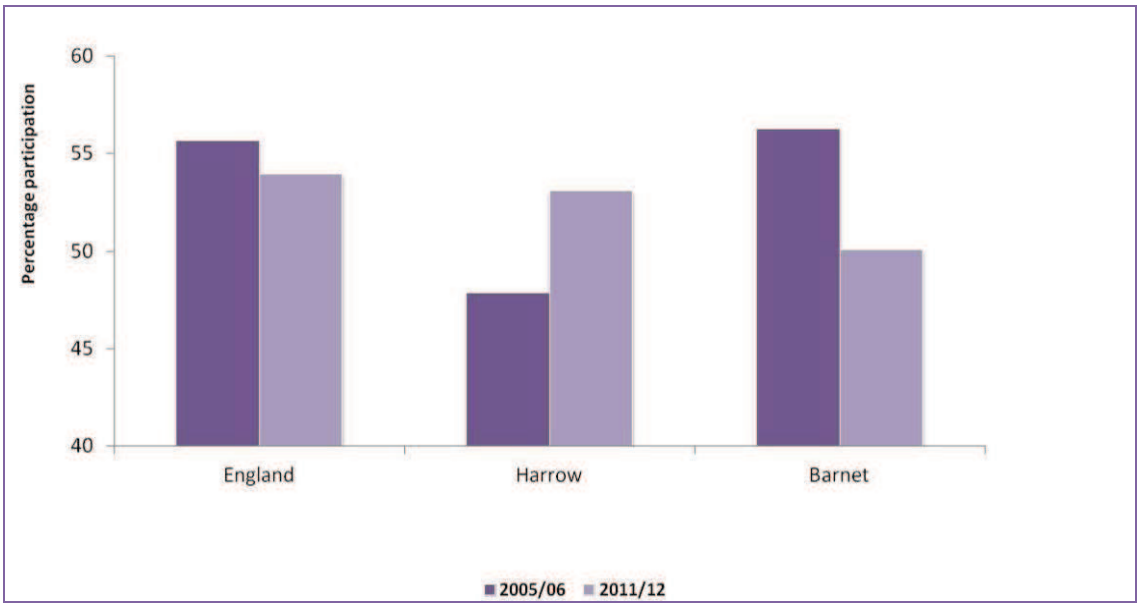
"who could I play with if I really wanted to ……."

"….or where could I play if I really wanted to"

A Harrow resident

Sports England's Active Peoples Survey provides the largest sample for a sport and recreation survey in England. The survey found that between 2005/06 and 2011/12 there was a 5% increase in participation in at least 30 minutes of moderate intensity physical activity among 16 to 25 year olds in Harrow. In contrast there was a 6% decrease in participation in Barnet, a less marked decline was observed across the rest of England (figure 10).

Figure 10: Participation in 30 minute sport among 16-25 year olds, 2005/06 - 2011/12



Source: Sport England

So why do our levels of physical activity decline from early adulthood[8]? Research has shown there are a number of reasons why young people in the UK give up on participating in physical activity. These reasons include negative PE experiences at school, perceived lack of ability, lack of money or equipment and competing interests such as social activities, hobbies, time-consuming work or further study and self-esteem issues. Moreover, young adults are less likely to participate in sports and physical activity if they did not participate in them in the past[9].

These reasons are corroborated by evidence commissioned by Sports England.[10] The framework devised by researchers, links together the factors that are likely to influence participation in sport and physical activity (figure 11). They concluded that irrespective of young women's level of participation in physical activity, life transitions, such as moving from school to college or education to employment, generally have a negative impact upon sports participation. This was principally due to decrease in levels of spare time, money and energy. In addition, family and friends were considered to be the most important factors influencing participation in sport, and complex psychological issues such as self-confidence, and perception of personal ability, were also found to play a significant role in the decision to participate in sport.

What works?

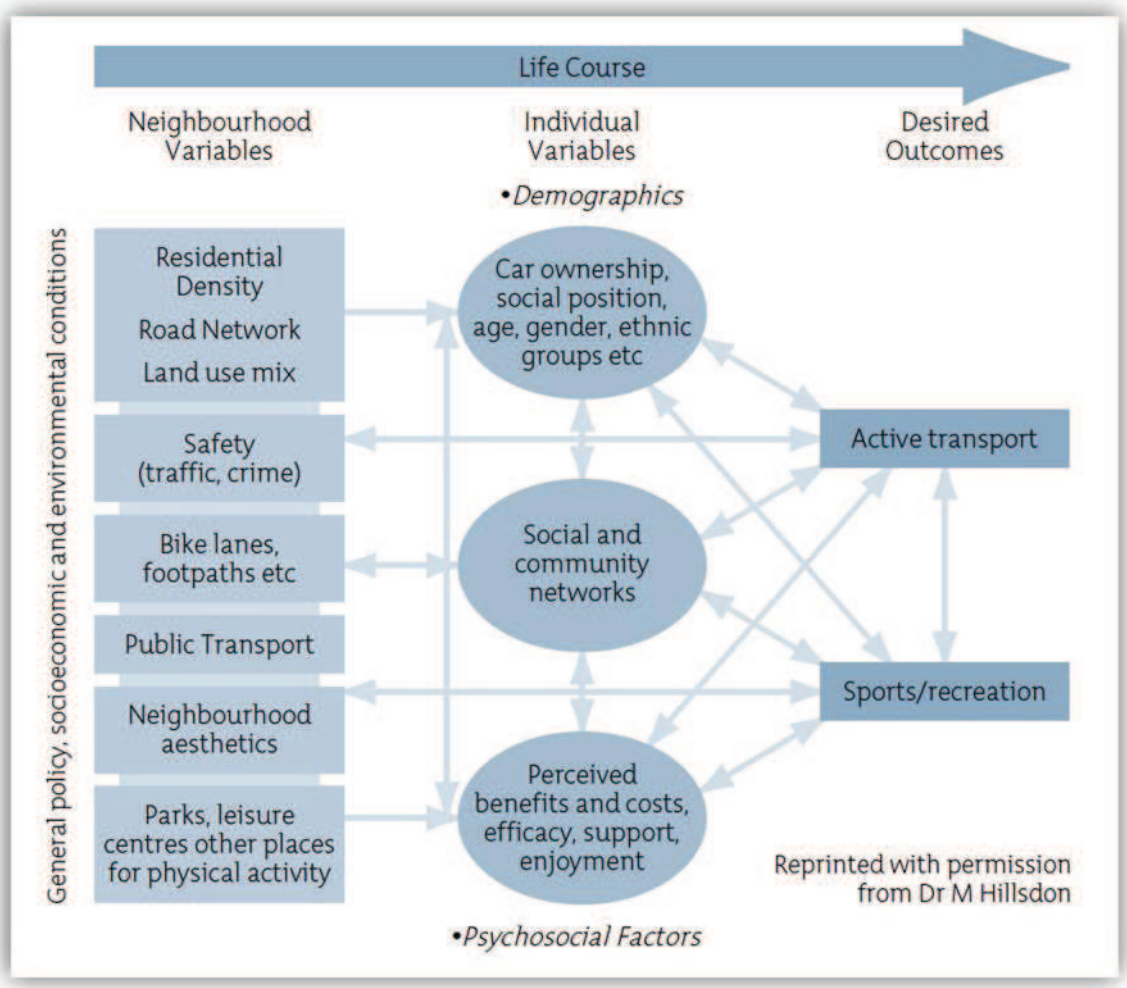
When considering how to increase participation levels, it is easy to concentrate on supply; merely increasing opportunities to be active. While this is important we also need to take action to increase demand for such opportunities. This means increasing the number of teenagers and young people in the borough wanting to be more active and then providing the support to them to make this a viable option.

Given that the evidence that life transitions can negatively impact on physical activity interventions to increase participation should focus on these transition events and provide support to young people.

NICE guidance[11] provides recommendations on a range of actions to help promote physical activity in children and young people.

- Identify local factors that may affect whether or not children and young people are physically active by regularly consulting with them, their parents and carers
- Find out what type of physical activities children and young people enjoy, based on existing research or local consultation (for example, some might prefer non-competitive or single- gender activities). Actively involve them in planning the resulting physical activities.
- Remove locally identified barriers to participation, such as lack of privacy in changing facilities, inadequate lighting, poorly maintained facilities and lack of access for children and young people with disability. Any dress policy should be practical, affordable and acceptable to participants without compromising their safety or restricting participation.
- Provide regular local programmes and other opportunities for children and young people to be physically active in a challenging environment where they feel safe (both indoors and outdoors). Ensure these programmes and opportunities are well publicised through appropriate channels.
- Ensure physical activity programmes are run by people with the relevant training or experience.

Figure 11: Framework of the factors determining sports participation



Source: Sports England

Programmes in both boroughs

Mini London Marathon

Taking place over the final 3 miles of the main London Marathon route (on the same day as the main event), approximately 70 young people aged 11-17 from the London Borough of Barnet can compete against the other 32 London boroughs as well as regions from across the UK. Athletes are selected through an open session held on the Copthall site. Runners not selected to represent the borough are encouraged to join a local athletics club that support the planning and delivery of the programme.

In 2013, 53 young people represented Harrow in the mini London marathon.

Programmes in Barnet

In addition to the plethora of activities provided by sport and physical activity services commissioned by Barnet Council, those provided by community and voluntary sector and those of the private sector, there are some specific programmes aimed at young people.

Barnet Leadership Academy

The BPSS develops and coordinates the borough's leadership academy. The academy provides official training opportunities to young people through Middlesex University; young people can then volunteer at local sporting events.

Positive Activities (Holiday Provision in Barnet)

Barnet sports development team coordinate a range of high-quality and challenging activities (many of which are accredited or provide qualifications) including sport and physical activities. These are offered to young people aged 8 to 19 or up to 25 for those with learning difficulties. Examples of the activities on offer include: multi-sports; martial arts, football, tennis, badminton, basketball, volleyball, gym, dance, boxing, athletics and trampolining. In 2012/13, 1500 young people took part in 100 holiday programmes around the borough.

London Youth Games

Europe's largest youth sports event, the London Youth Games incorporates all of London's 33 boroughs competing across 30 different sports. Athletes are selected through a number of methods including open sessions, school competitions and local sports clubs.

Term-time Physical Activity

As well as a number of short-term programmes designed to generate interest in physical activities and highlight pathways into local, accessible provision, the Barnet youth & community service also directly co-ordinate:

- Boxing & Circuits at Grahame Park Youth Centre, Colindale, NW9 – Monday's 5-6.30pm – 11-17 year olds
- GymFit – Canada Villa Youth Centre, NW7 - Wednesday's 5.30-7pm – 11-17 year olds
- Football – Grahame Park All Weather Pitch, NW9 – Wednesday's 5.30-8pm – 11+
- Dance (various styles) – Finchley Youth Centre, N2 – Various evenings

Duke of Edinburgh Award Scheme

The Barnet youth & community service co-ordinate this programme for the borough – liaising closely with secondary schools. A key element of completing the award involves physical activity.

Alternative Education – Health, Wellbeing and Sport

The Barnet youth & community service co-ordinate a selection of alternative education programmes to engage young people aged 14 to16. Referred from local schools, the young people are considered 'at risk' and would benefit from other forms of learning outside of mainstream education settings. A new course starting in September 2013 revolves around health, wellbeing and sport and will incorporate a significant amount of physical activity.

Young Sportz Maker Programme

The young sportz maker programme offers 12-hour volunteer placements to young people aged 14 to 17 from a selection of local sporting providers. The programme is currently accredited through ASDAN and involves a number of skills development opportunities with many providers incorporating physical activity into their placement.

Doorstep Sports Club' (DSC)

The Barnet youth & community service will be coordinating the delivery of a project in the Grahame Park area that will target local young people aged 14 to 25. The DSC will increase publicity of and access to existing provision, as well as deliver a selection of new, fun and challenging physical activities. This will be combined with opportunities for young people to develop wider life skills, and acquire qualifications and leadership awards.

Services in Harrow

As in Barnet, there are a range of sports activities and opportunities across Harrow that young people can access.

Harrow Sportivate

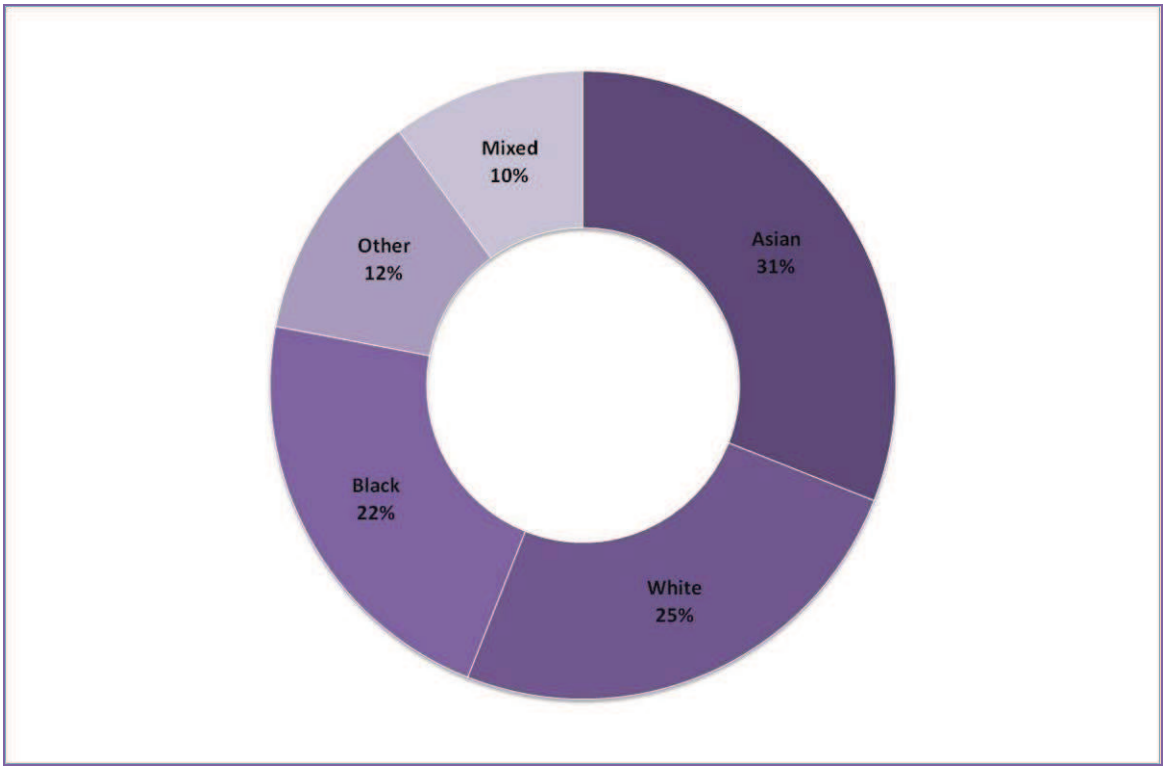
Sportivate is a government funded programme that gives 11 to 25 year olds access to coaching courses in a range of sports and activities. It is part of 'Places People Play', the government's mass participation legacy plans. The programme is aimed at those not currently choosing to take part in sport in their own time and will provide 6 to 8 week coaching courses in a wide range of sports and physical activities, as well as support to continue playing in local community clubs.

Harrow Council's sports development team were successfully awarded £27,000 to fund Sportivate which forms part of the 2012 mass participation legacy plan. Sportivate captures the excitement of sport and London 2012 by providing attractive and sustainable community opportunities in sport. Sportivate is aimed at young people in the borough who have an interest in sport, but may not be participating on a regular basis. Twelve new sports clubs were lauched in 2012 as a result of the funding.

The first year Sportivate results in Harrow have shown that out of the 265 participants, 135 (51%) were retained. The male to female mix was reported to be 55% and 45%

respectively and 6% of participants had a disability. The highest level of participation in the programme was among young people of Asian backgrounds (figure 12). The second year had a retention target of 328 but actually retained 521young people. Successful project included basketball, netball, table tennis and the Whitmore programme. The funding is now in year three and the sports development team have confirmed and started sports which are aimed at the upper ages, these include badminton, hockey, tennis, volleyball and judo. The team continue to fund the Black Hawks basketball club for 5 to 18year olds, the Allstars Netball Club for 8 to 16 year olds and table tennis sessions 10 to 18 year olds.

Figure 12: Level of Sportivate participation by ethnic group in Harrow, 2011



Source: Sports Development, London Borough of Harrow

Cedars Youth Community Centre

The Cedars YCC opened in 2012 and is a partnership between Harrow council and Watford FC's Community Sports and Education Trust. Since it opened, over 1,200 young people have joined the centre and on average there are 1,000 visits per week, with over 75% of these being in the 11 to 18 age group. The

Cedars YCC offer the following youth activities:

- Kickz: Free football for 11-19 year olds on Mondays & Fridays nights. Over 50 young people attend each session.
- FA Mash Up: Football provision for young people 14-17 years on Friday afternoons with a coach from Watford FC's Community Sports and Education Trust. Around 25 young people attend these sessions.
- Youth Gym: Each week a specific session is held in the gym for young people 14-16 years old. This session attracts around 10 young people per week.
- School Holiday Activities: Easter, half term and summer holiday camps were held for 5 to 13 year olds. Over 200 children attended activities during the waster and half term activities.
- Youth Club: On Mondays, Thursdays & Fridays a free youth club for 11-19 year olds provides activities including table tennis, pool, table football, x-box, and various sporting activities. The youth club currently attracts 15-20 young people per session.

When the centre was established, the main aims were to help children become more active. However, there have been additional benefits. In the area surrounding the centre, there have been other noticeable changes. Overall crime was down 25% compared to the previous year. Anti-social behaviour dropped by 37.5% and there was a reduction in street litter of 33.6% per cent in the surrounding area

On Your Marks

'*On Your Marks*' is a Sport England funded programme for over 16s who have a disability. This programme runs in partnership with Brentford Football Club Community Trust and the sessions include short mat bowls, table tennis and swimming.

Back to Netball

Harrow hosts a netball development officer funded by England Netball. 'Back to Netball' sessions are run for the over 16's. Sessions provide a gentle re-introduction to the game and are led by qualified coaches

"There are definitely fewer young people hanging around the area now that there is much more to do … There appears to be a greater respect for property in the surrounding roads now, and the centre's staff have done their bit by keeping the immediate grounds clean and litter-free."

Lisa Golding, Cedars receptionist & has lived in the neighbourhood for 15 years

What could we consider doing?

The Councils

- Develop multi-component school and community programmes.
- Promote awareness of the benefits of physical activity and give children and young people the confidence and motivation to get involved
- Encourage a culture of physically active travel (such as walking or cycling)
- Encourage children and young people, especially those who live within a two-mile radius of their school or other community facilities, to walk, cycle or use another mode of physically active travel to get to their destination
- Map safe routes to school and to local play and leisure facilities.
- Identify and use appropriate role models
- Take into account the views of pupils, parents and carers and consult with the local community.
- Consider how to overcome any barriers to physical activities that are identified by local people, (for example, a lack of secure cycle parking, safety fears in parks, street lighting to encourage walking and cycling in evenings)
- Set performance targets for school travel plans and audit them annually. Take remedial action when agreed targets are not reached

The Community

- Encourage outdoor activities and sports
- Set up family fun days and schemes such as 'Play in the park'.
- Start a local team – football, netball, cricket or other sports and challenge other community groups.
- Provide opportunities for young people to be active during leisure time (including weekends and holidays) in wider community settings and the private sector. These should consider activities aimed at young women and non-sport activities.

Leisure services

- Consult girls and young women to find out what type of physical activities they prefer and actively involve them in the provision of a range of options in response. This may include formal and informal, competitive and non-competitive activities such as football, wheelchair basketball, dance, aerobics and the gym.
- Consider barriers to participation by girls and women including the need for women only sessions or groups, changing facilities offering privacy, dress policy.

The Health Sector

- Promote physical activity to parents and to young people as part of consultations

Schools and Colleges

- Create a supportive school environment and new opportunities for physical activity during breaks and after school

- Develop a school travel plan which has physical activity as a key aim. Integrate it with the travel plans of other local schools and the local community so that children and young people choose physically active modes of travel throughout their school career.
- Provide suitable cycle and road safety training for all pupils
- Provide opportunities for physical activity at intervals throughout the day in pre-school establishments; during playtimes and lunch breaks at school; as part of extra-curricular and extended school provision
- Offer school-based physical activities, including extra-curricular ones. Provide advice on self-monitoring and individually tailored feedback and advice
- Develop family activity days

Parents and Carers

- Be aware of the government advice that children and young people should undertake a minimum of 60 minutes moderate to vigorous physical activity a day and at least twice a week, this should include activities to improve bone health, muscle strength and flexibility.
- Plan a range of indoor and outdoor physical activities for children on a daily basis, including opportunities for unstructured, spontaneous play.
- Join in with the activities
- Be a role model – make walking and cycling be your own and your family's usual mode of transport
- Allow children to become more independent, by gradually allowing them to walk, cycle or use another physically active mode of travel for short distances

Individuals

- Get involved. If there's a barrier to participating find out who can help you overcome it.
- Find an activity that you like – the gym isn't everyone's taste
- Keep a diary of your activity and see how you improve over time

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Chapter 4: Physically Active Adults

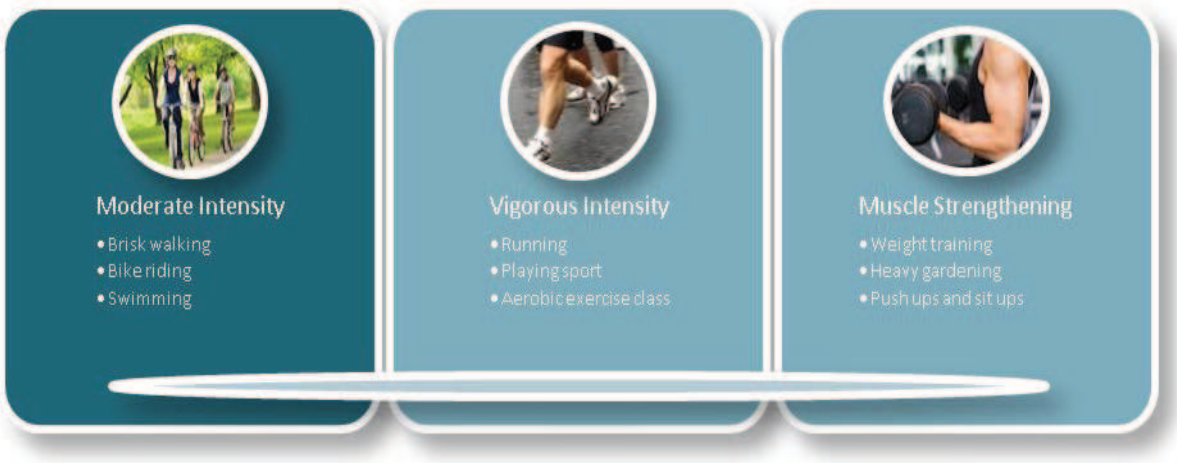
The opportunities for physical activity in the 21st Century have become limited as we have engineered agricultural and technological solutions that have progressively removed the need for any activity in our daily lives.

Recent research using data from the Active People Survey showed that almost one in 10 adults have not walked (with the exception of shopping) continuously for five minutes in the past four weeks and nearly 80% of the population fails to achieve the recommended level of physical activity[1]. Inadequate levels of physical activity and excessive sedentary behaviour are critical public health issues.

One way to approach meeting the recommendations is to do 30 minutes of moderate intensity activity on at least five days a week and incorporate muscle strengthening activities on at least two days a week. The overall volume of physical activity, however, is more important than the specific type of activity, intensity or frequency of sessions, since a larger quantity of activity at higher intensity can bring further benefits (figure 13).[2]

For most people, the simplest and easiest forms of physical activity that are most acceptable are those that can be incorporated into everyday life, such as walking or cycling instead of travelling by car.

Figure 13: Types of activity



Sport and recreational activity included alongside everyday physical activity can also provide important social benefits that help to sustain participation. For adults the key issue is maintaining activity levels particularly through key life transitions such as marriage, parenthood and retirement[2].

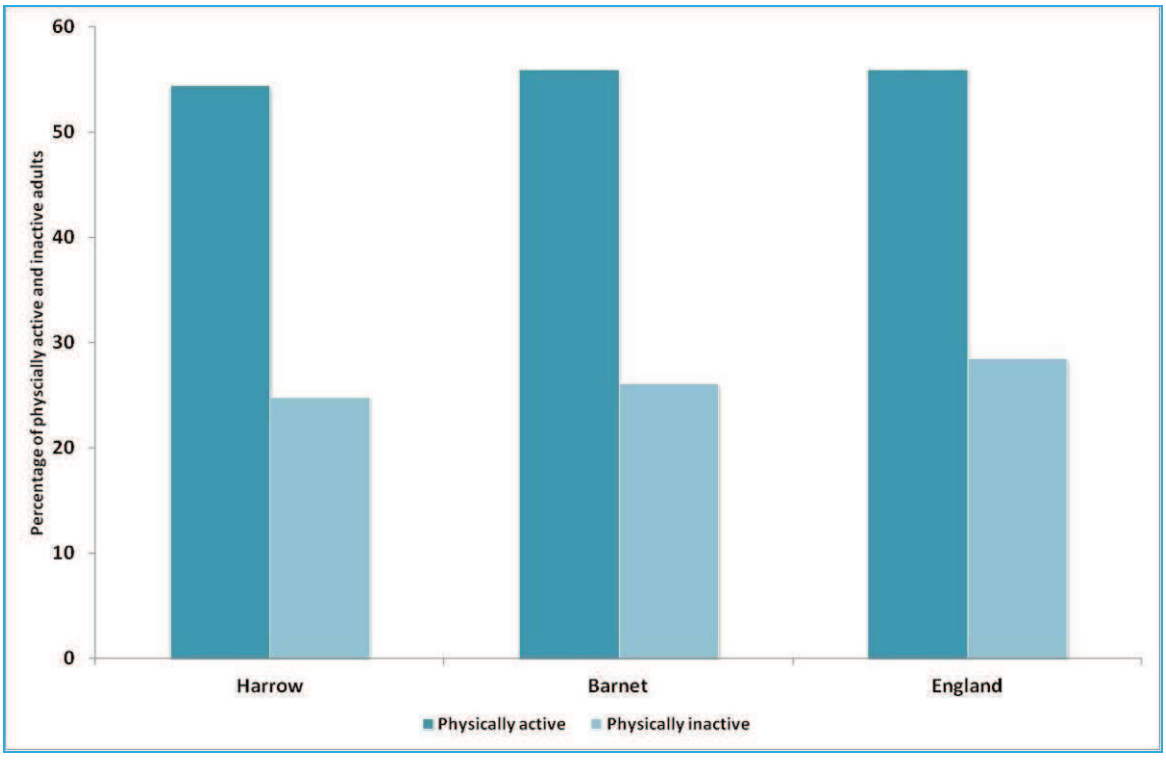
How active people are is influenced by a wide range of factors, from the advice or encouragement of friends, through programmes at work or in local communities, to the influence of the built and natural environment and general socio-economic conditions. All activities qualify as long as they are of sufficient intensity and duration, including occupational activities and active travel[2].

Background

The benefits of physical activity are clear in terms of promoting health and preventing disease.

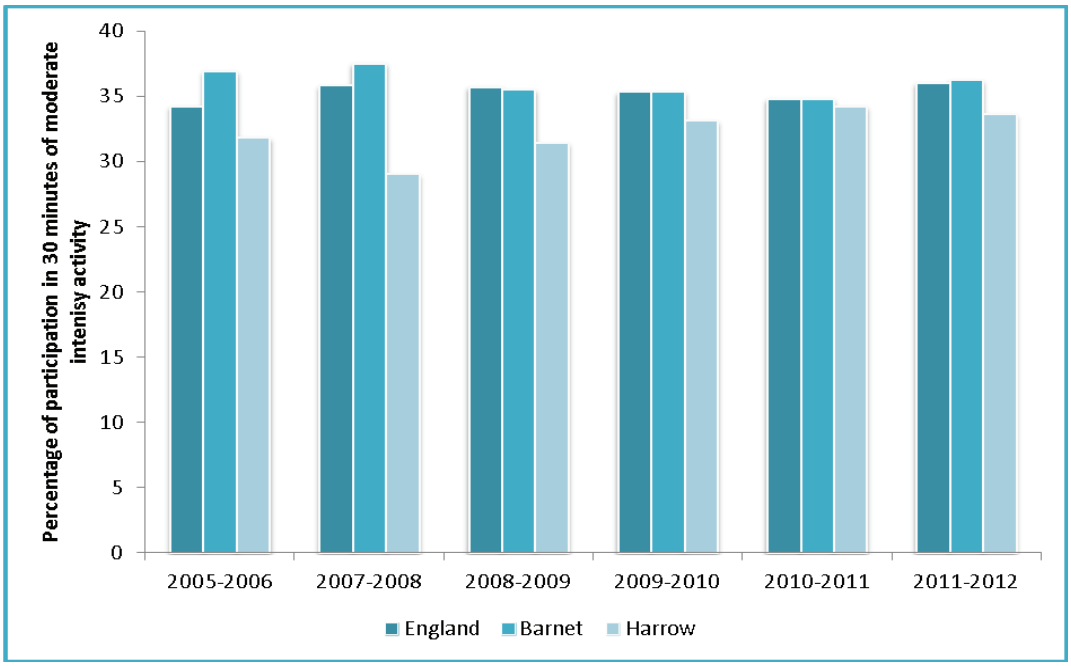
Adult participation in physical activity in Barnet and Harrow does not differ significantly from the rest of England (figure 14). In 2012, 56% of adults in Barnet and 54% of adults in Harrow did at least 150 minutes of physical activity per week in accordance with the UK Chief Medical Officer's guidelines on physical activity. As in England, a quarter of adults in Barnet and Harrow were classified as physically inactive[3] (i.e. they did exercise for 30 minutes or less per week).

Figure 14: Percentage of physically active and inactive adults, 2012



Source: Public Health Outcomes Framework Data Tool

Figure 15: Adult participation in one 30 minute session per week of at least moderate intensity activity, 2005/06 to 2011/12



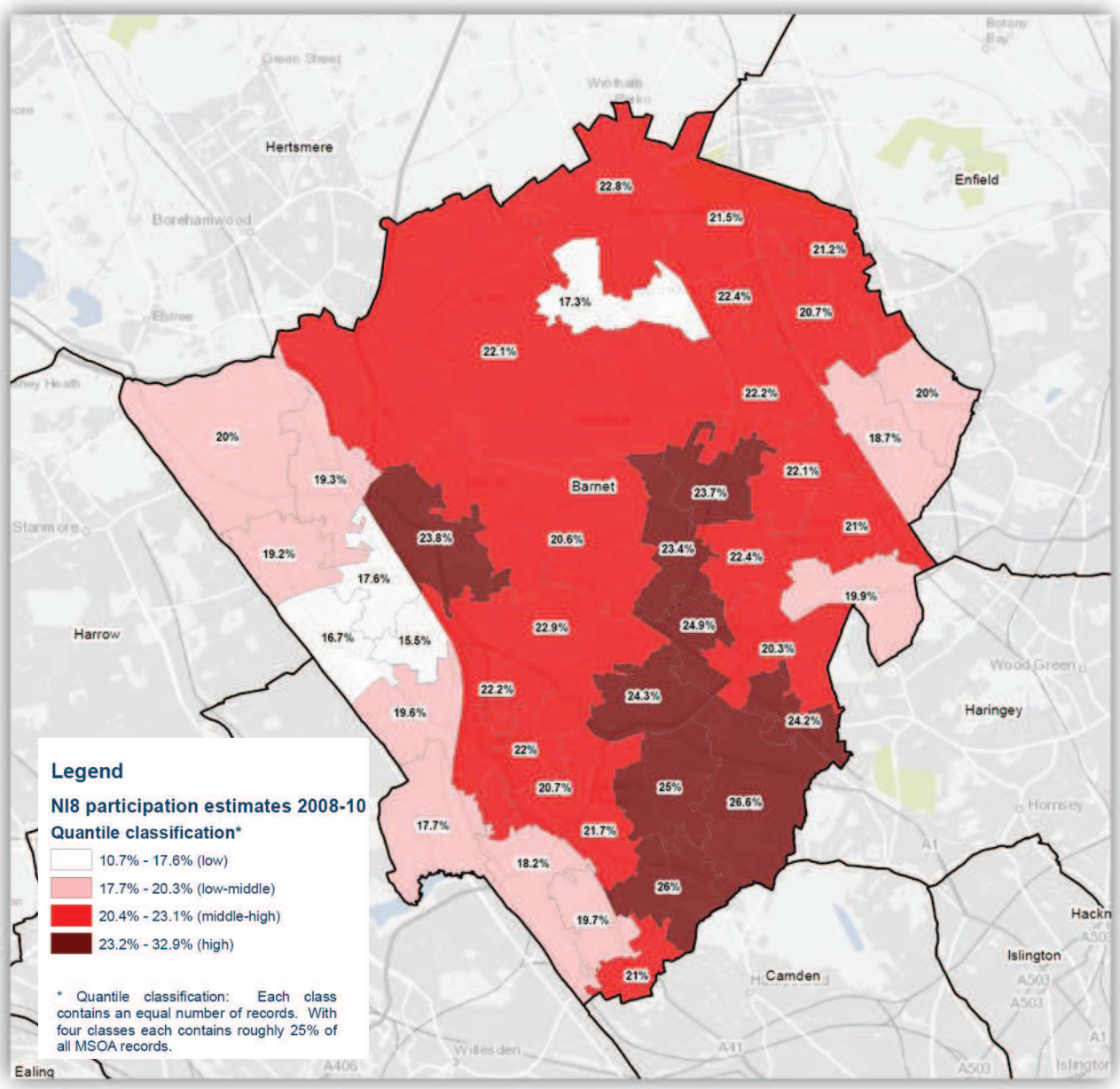
Source: Sport England, Active People Survey 6

There was little change in adult participation in moderate intensity activity among Barnet residents between 2005/06 and 2011/12, while in Harrow the proportion of adults participating in one session of moderate intensity activity during this period increased although this level of participation has always been less than England as a whole (figure 15).

Sport England's local sport profile found that the most popular sports for adults in Harrow to take part in are swimming, gym activities, football, athletics and cycling. More than half of all adults wanted to do more sport (62%), namely swimming and cycling. In Barnet, the most popular sports were gym activities, football, swimming, athletics and cycling. Sixty-three percent of adults reported wanting to do more sports, specifically swimming and cycling.

The maps below show areas of low physical activity and sport participation in Harrow and Barnet. In Barnet, parts of the Colindale, Burnt Oak and Underhill wards have low participation estimates (map 1). In Harrow, participation in physical activity is low in the south and east of the borough (map 2).

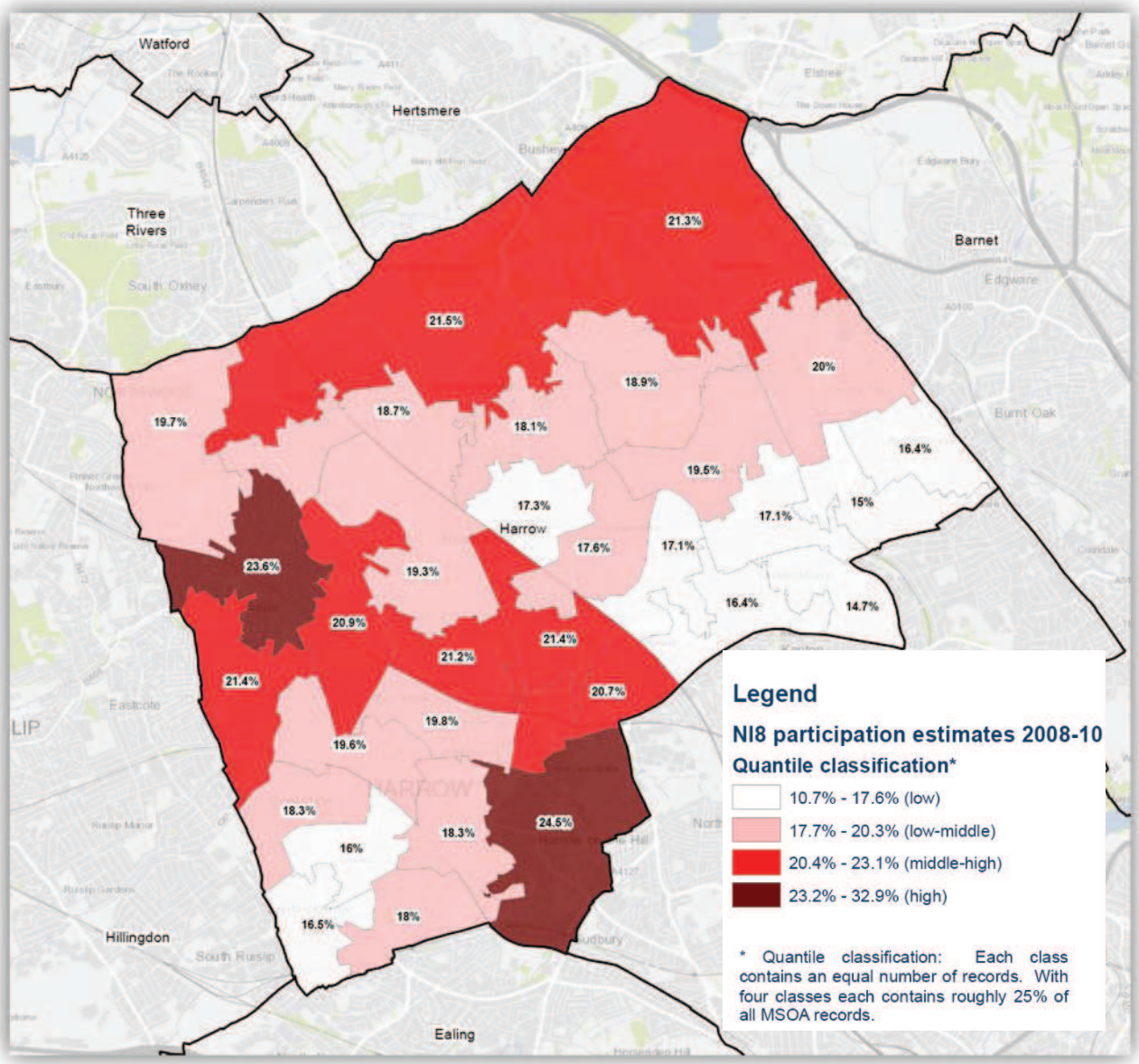
Map 1: Adult participation‡ in sport and active recreation, by Medium Super Output Area in Barnet (2008/10)



Source: Sport England

‡ Participation is defined as the percent of the adult population (age 16 and over) participating in at least 30 minutes of sport and active recreation (including walking and cycling) of at least moderate intensity on at least three days a week (formally National Indicator 8, N18).

Map 2: Adult participation[§] in sport and active recreation, by Medium Super Output Area in Harrow (2008/10)



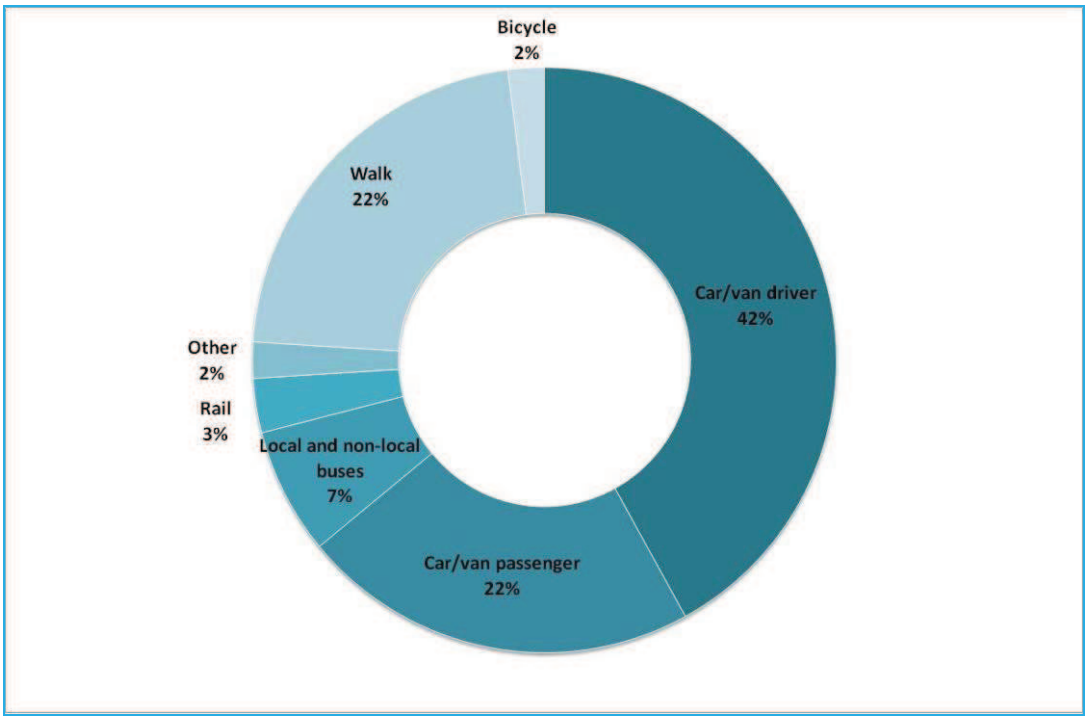
Source: Sport England

Another key opportunity for being active within the community can be incorporated into how we travel. The 2010 National Travel Survey (NTS) is the latest in an established series of household surveys of personal travel in Great Britain. In 2010, 64% of all trips

[§] Participation is defined as the percent of the adult population (age 16 and over) participating in at least 30 minutes of sport and active recreation (including walking and cycling) of at least moderate intensity on at least three days a week (formally National Indicator 8, N18).

were made by car (as a driver or passenger) compared to 23% by walking or cycling. Car travel accounted for 78% of the total distance travelled (figure 16).

Figure 16: Average number of trips made in Great Britain



Source: National Travel Surey, 2010

The Health Survey for England questioned adults about their perceptions and attitudes to physical activity and barriers to taking part. Some key findings from this research showed that women were slightly more likely than men to want to be more physically active than they currently were (69% and 66% respectively). Men and women were found to have different barriers to increasing activity. Men were most likely to cite work commitments as a barrier to increasing their physical activity (45%), while lack of leisure time was the barrier most cited by women (37%). The result highlights the need for effective workplace health programmes[4].

What works?

NICE have provided guidance on four common methods used to increase the population's physical activity levels[5]. These methods are brief interventions in primary care, exercise referral schemes, pedometers and community-based walking and cycling programmes.

Brief interventions in primary care

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement. They are commonly used in many areas of health promotion, and are delivered by a range of primary and community care professionals. The interventions

vary from basic advice to more extended individually–focused attempts to identify and change factors that influence activity levels. Brief interventions involve:

- Identifying adults who are not currently meeting the UK physical activity guidelines
- Advising adults who are inactive to do more physical activity with the aim of meeting the guidelines by providing information about local opportunities to be physically active for people with a range of abilities, preferences and needs. There should also be a follow-up appointment or opportunity to assess progress towards personal goals or meeting the guidelines

Exercise referral schemes

An exercise referral scheme directs someone to a service offering an assessment of need and development of a tailored physical activity programme, monitoring of progress and a follow-up. The fitness industry association estimates that there are around 600 schemes in England. They involve participation by a number of professionals and may require the individual to go to an exercise facility such as a leisure centre.

Pedometers, walking and cycling schemes

Pedometers are a common aid to increasing physical activity through walking. Much of the research about pedometers has involved comparing the validity and reliability of different models.

Walking and cycling schemes are defined as organised walks or rides in national sports reports.

Services in Harrow

Exercise on Referral

Exercise on referral is a programme of tailored exercise sessions offered to meet a person's need. The programme introduces people to the benefits of physical activity. Individuals are referred onto the programme by their health professional (GP, practice nurse, physiotherapist etc.). The programme is open to adults aged 16 years and over who have an existing health condition, meeting the referral criteria and are considered

inactive (not currently participating in at least 30 minutes of moderate intensity activity on three or more days a week). Participants must be Harrow residents or registered with a Harrow GP to access the scheme. In 2010/11, 599 people accessed the Harrow Exercise on Referral programme.

Health Checks

NHS Health Checks are for 40-74 year olds who presently do not have an existing cardiovascular risk factor. Invites are sent out to eligible individuals from their GP surgeries. Follow-up programmes have been put in place to support those who have been identified as needing to increase their physical activity levels. These include HealthWise (gym based exercise programme), weight management programme (gym and dietary advice), Let's Get Moving (motivational interviewing and signposting programme) and resources highlighting local opportunities.

Work Place Health

NHS Harrow have supported 10 local companies to adopt a healthier workplace and have provided them with the tools and resources necessary to implement initiatives. Health champions were identified and trained within the workplaces and sustainability packs produced specific to their workforce. These include resources such as physical activity opportunities across the borough, physical activity challenges, and posters (such as, use the stairs not the lift).

Harrow Community Sport and Physical Activity Network (CSPAN)

The Harrow CSPAN is made up of individuals from key organisations involved in the provision of sport and physical activity across Harrow. It forms one of six CSPANs across the Pro-Active West London sub-region and provides the critical linkage between sub-regional co-ordination and local planning and delivery.

Walk Your Way to Health

Walk Your Way to Health provides an opportunity for individuals to walk regularly in a relaxed and friendly environment and also to enjoy some beautiful green spaces. Walk Your Way to Health in Harrow is free and is open to anyone. The walks are led by qualified leaders, who encourage you to walk at your own pace. Everyone is welcome, regardless of age and fitness level. Currently there are seven regular walks all year and an additional three run over the summer months. In 2010/11, over 300 new people

accessed the programme. Expansion of the walk scheme has been provided recently through a growing number of Nordic walks that are incorporated within the health walks programme. Nordic walks are held once weekly and beginners courses once a month. All Nordic walks are volunteer led and so far over 50 people have accessed a course.

> "I heard about the walks from Sunrise Radio. I love the walk, it is very good and I have made many friends. The leaders are excellent and it helps your health!"
>
> Niranjana Rupandia, South Harrow and Rayners Lane walker

Physical Activity Directory

A comprehensive list of physical activity and exercise opportunities within the borough has been compiled for adults aged 18 years and over. The directory includes activities at local leisure centres as well as those delivered within community based facilities such as churches and schools. All the information is also available electronically through www.getactivelondon.com

Harrow Outdoor Gym- Activators Programme

Volunteer peer activators are being put in place to encourage and support users of the outdoor health and fitness gyms. Outdoor gyms are unique in that they are free and suitable for all to use. There are presently four outdoor gyms in local parks across Harrow. The project builds on this original opportunity by providing a sustainable model by using and building strong relationships with volunteers in Harrow.

The Cedars Youth and Community Centre

In addition to the activities for children and young people, the Cedars YCC also provides opportunities for adults to do physical activities. There is a gym which has low membership fees and has, in the first year, got over 200 members. They also run a weekly session where women get exclusive use of the gym, badminton, table tennis and any other applicable sporting activity.

Services in Barnet

Outdoor gyms and marked and measured routes

LBB is proposing to install five to six outdoor gyms and marked and measured routes in parks in Barnet. This is in addition to the outdoor gym in Oak Hill Park. The all weather outdoor gyms are expected to be installed by April 2014 and will be open to the public at anytime.

Activator scheme

To encourage more people to use the outdoor gym and marked and measured routes, and support them to use it effectively, volunteer activators will be recruited from the community and trained to Level 2 fitness instructor. These volunteers will complete their nationally accredited training and be in place by April 2014.

Barnet Walks scheme

LBB provides a walk scheme from 4 sites (Woodside Park, Friary Park, Orange Tree and Hampstead Heath) every day of the week. It offers a range of difficulty levels to suit people of different ages and abilities. Participants receive a discount if they pay for 10 walks or if they are over 60 years old. In 2012/13, 5,063 people participated in 252 walks. There is a plan to expand this scheme to more sites in the borough.

Barnet Sport and Physical Activity Services and Parks

Barnet council works in partnership with Greenwich Leisure Limited (GLL) in the management and development of seven Barnet sports facilities. There are also a number of parks and outdoor sport and recreation facilities which are free and open to all users. In some instances participants are required to pay a fee to use the facilities.

Sports clubs

There is a wide range of regular sports clubs that offer a variety of regulated, regular and structured physical activity for residents. They are promoted on the London active website www.getactivelondon.com. The clubs are open to residents and are run from different locations in the borough.

Barnet Skyride

British cycling runs Skyride in partnership with the London Borough of Barnet. This programme is providing regular cycling opportunities for residents of different ages and cycling ability.

Barnet Half Marathon

The London borough of Barnet are currently working with partners to hold a half marathon in Barnet in 2014/15.

Saracens Community Dance programmes

The dance programme offers a range of dance styles and forms which appeal to different ages and abilities including cheerleading, street dance and hip hop.

National Programmes

There are a number of national programmes that Harrow have been involved with, these include:

My Best Move

Part of the NHS London 2012 legacy is to get patients more active. At least two practices in every London borough have been identified through the Clinical Transition Group (CTG) to take part in My Best Move. This short training programme is currently being delivered to GP practices across London, to encourage patients to become more physically active.

Let's Get Moving

Delivered by health trainers and launched in 2009, Let's Get Moving is a behaviour change intervention based on NICE guidance. It endorses the delivery of brief interventions for physical activity in primary care as both clinically and cost effective in the long term. The programme is currently being rolled out across Harrow in conjunction with NHS Health Checks.

Volunteers

Sports Makers is a volunteering project that is funded by the National Lottery and supported by Sport England. Sport makers are the people who make sport happen locally whether it be volunteering in a sports club, or getting their friends or colleagues to participate in regular activities such as five-a-side football. Sports development and the Harrow CSPAN agreed to take a lead role in delivering sport makers in Harrow by supporting the promotion and recruitment of local sports makers, organising a convention and producing an ongoing list of placement opportunities in the borough. To date over 100 local sport makers have registered for volunteering opportunities within the borough.

Change4Life

Change4 life has now expanded to focus on adults and families, with the 'Get Going Everyday' campaign.

The campaign aims to encourage adults to increase their physical activity levels by fitting in more activities into our everyday lives. Simple ideas and tips are provided to help achieve the physical activity recommendations.

What could we consider doing?

The councils

- Expand the walk schemes to encompass GP practice walking routes, children centre 'buggy walks', and shorter workplace lunch time walks
- Promote active travel and support businesses and schools to develop active transport plans
- Support the health service to be able to signpost people to physical activity opportunities by providing education sessions to equip people with the tools and resources to confidently discuss physical activity with patients and to know where and what they can signpost them to.
- Increase awareness of existing programmes and initiatives open to individuals to allow people to take a more proactive approach to increasing their physical activity levels
- Targeting areas with low physical activity levels and putting population specific initiatives in place.
- Utilise the green spaces as centres for promoting and engaging in physical activity
- Join in with existing national initiatives to increase awareness of local programmes such as www.getactivelondon.com and Change4Life
- Continue to develop strong and meaningful partnerships with other organisations in relation to physical activity through networks such as CSPAN and BPSS
- Undertake a robust evaluation of current services such as exercise on referral to see if there has been sustained participation in physical activity. More evidence to show those interventions that have proved most successful will help provide best practice for the future

Health Services

- Attend educations sessions to build skills and knowledge
- Increase the number of people who are signposted to physical activity opportunities
- Promote active travel by staff and patients

Workplaces

- Develop active travel plans that include how your staff can get to work using active transport such as walking and cycling
- Encourage staff games - inter-departmental or between businesses

Individuals and Communities

- Take part in physical activities by joining in some of the wide range of opportunities available
- Organise local activity events for communities
- Encourage your families, friends, workmates and neighbours to join in
- Travel on foot where possible and cycle for further distances. Use the car as little as possible
- Limit the amount of TV you watch and do something active instead – even if it's just dancing to your favourite music in the living room!

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Chapter 5: Physically active older people

Older people, those 65 years and over, have greater health needs than younger adults as certain conditions are more likely to occur with advancing age as one's muscle strength, flexibility and mobility diminish[1], limiting the ability of the person to self care. These changes make an older person more prone to falls[2].

Image courtesy of kootation.com

Older people often have to cope with a vicious cycle where a greater burden of poorer health and inability to cope with self-care leads to progressively worsening health. In addition, falls are the largest cause of emergency hospital admissions for older people and are a major reason why people in this age group move from their own home to long term nursing or residential care.

Physical activity can act as a cost effective measure to reduce the risk and incidence of worsening health for older people. This can pay huge dividends by reducing illnesses such as coronary heart disease, stroke, type 2 diabetes, cancer and obesity, and saving health care costs[3].

Many health benefits of physical activity relate to health conditions that older people are more likely to experience (table 4). Older people have much to gain from adopting an active lifestyle on a regular basis.

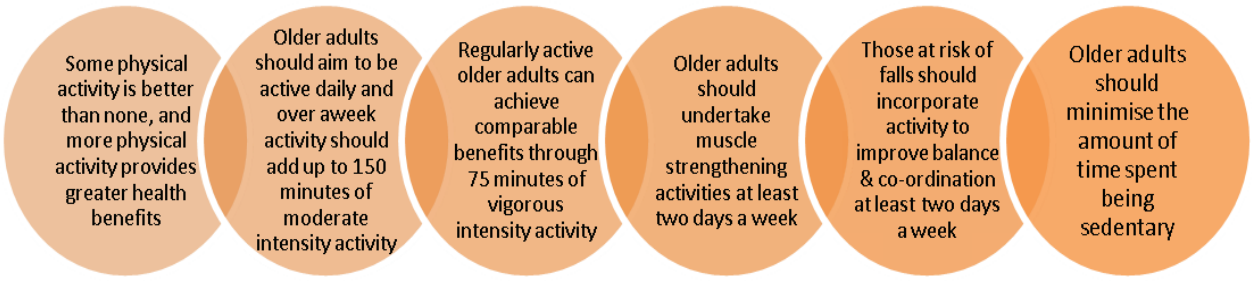
Table 4: Health conditions affecting older people and the health benefits of physical activity

Health Condition	Health Benefits of Physical Activity
Hypertension, Coronary Heart Disease, Stroke	Better blood pressure control; Improved cardiac function; Improved recovery from stroke
Diabetes	Better control of blood glucose levels
Cancers: Breast, Colon, Prostate	Reduced numbers of new cases of breast and colorectal cancers
Osteoporosis	Better bone strength
Falls and Injuries	Better body balance
Musculoskeletal disorders: Arthritis, Spinal deformities	Improved balance; flexibility and mobility of joints
Mental Health: Depression, Dementia, Memory loss	Reduced depression
Poor nutrition and weight problems	Better body weight maintenance
Respiratory conditions: Pneumonia, COPD, Flu	Better aerobic fitness
Gastrointestinal & Urinary Disorders (incontinence)	Improved pelvic tone that assists with urinary incontinence
Sensory impairments - sight, hearing, balance	Improved body balance

Source: WHO 2003 and 2010

For the first time physical activity guidelines from the Department of Health include recommendations for the amount of activity older adults should be doing. This population covers a wide range of ages and physical function from the athletic to the frail and immobile and these guidelines also take into account the variation in the population (figure 17)[4].

Figure 17: CMO's recommendations for older adults



Background

Older people in Harrow and Barnet carry most of the burden of the illnesses that are strategic health priorities for the boroughs: heart disease, stroke and diabetes. Many of these conditions can be prevented or improved with physical activity.

"Exercise of some kind or other is almost essential to the preservation of health in persons of all ages – but in none more so than in the old"

Daniel Maclachlan, 1863
A Practical Treatise on the Diseases and Infirmities of Advanced Life

In Barnet, 13.3% of the population (almost 48,000 people) are aged over 65 years. This is a lower proportion than the national average (16.4%) but higher than the London average (11.1%). A significantly higher proportion of older people in Barnet are from an ethnic minority group (17.1%) compared with the rest of England (4.4%). This is important because, diabetes and cardiovascular related conditions are more prevalent as we age and some ethnic groups have higher rates. Older people in Barnet are also slightly more likely to be income deprived (18.6%) compared to the rest of the country (18.1%).

In Harrow, people aged 65 years and over make up 14.1% of the population (almost 34,000 people). As in Barnet, there are significantly high proportions of older people from ethnic minority groups living in Harrow (24.9%) and the level of income deprivation among older Harrow residents (20.7%) is significantly worse than in England.

The rate of emergency hospital admissions due to falls in this age group, particularly in women is significantly worse in both Barnet (2,212 per 100,000 people over 65) and Harrow (2,249 per 100, 000 people over 65) when compared with England (2,028 per 100,000 people over 65). Fewer older women in both Harrow(211.3 per 100,000) and Barnet (207.5 per 100,000) were able to return to their usual place of residence following a hip fracture compared to their peers in England (294.4 per 100,000).

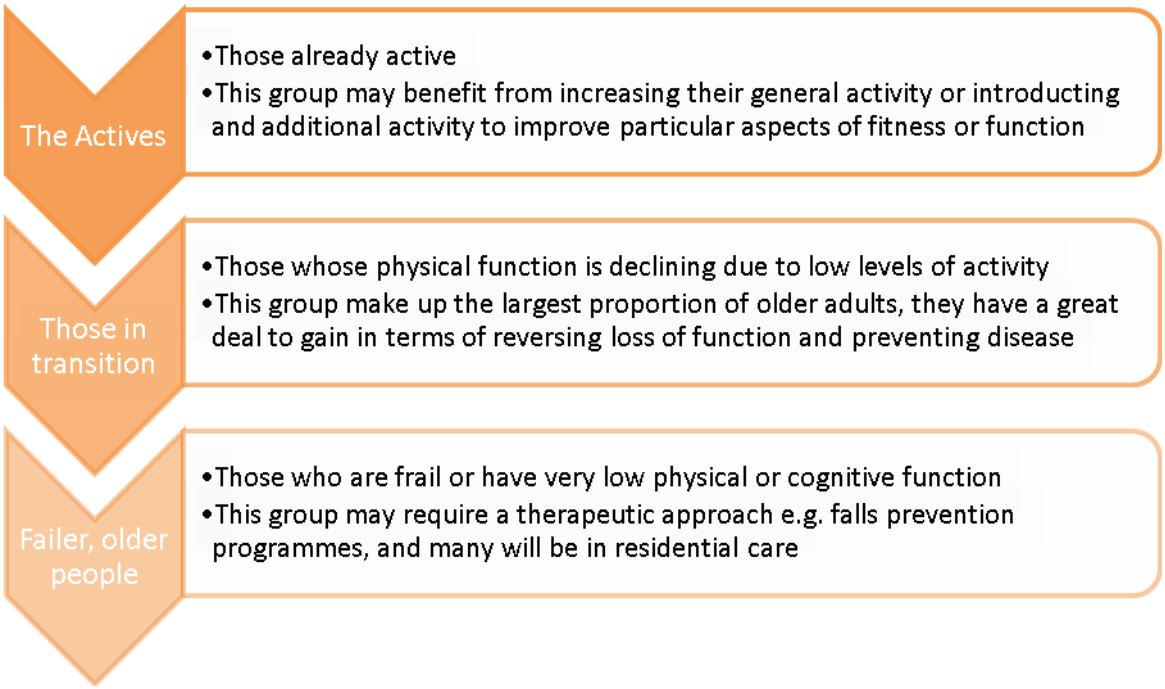
Among older adults living in England, 14% of men and 25% of women were classified as 'walking impaired', i.e., walking at speeds of less than 0.5 metres per second. Walking ability further declined with age as 36% of men and 56% of women aged 85 years and over noted walking difficulties[5]. Forty-one percent of adults in Great Britain over the age of 70 take a 20 minute walk (for transport purposes) less than once a year[6].

In 2005/06, 18.5% of Barnet adults aged 55 years participated in at least 4 sessions of at least moderate intensity physical activity for at least 30 minutes in the previous 28 days. By 2011/12 this had increased to 22.9%. In Harrow, there was no change in the proportion of this age group participating in this level of activity over the same period (18.4%).

We are aware that sedentary behaviour increases with age and evidence from self-reports and accelerometry indicates that sedentary time rises sharply from age 70 onwards[7]. Many older adults spend ten hours or more each day sitting or lying down, making them the most sedentary population group[8].

Three groups of older adults have been identified each with different functional status and differing physical activity needs (figure 18).

Figure 18: Three groups of older adults by physical activity status



Source: British Heart Foundation National Centre

What works?

There is growing evidence on ways to increase physical activity and decrease the risk and likelihood of older people developing the conditions mentioned above although, more research is still needed. It is important that those working to engage and encourage the participation of older adults in physical activity offer tailored programmes that reflect the preferences of older people themselves[9]. Common features found in successful physical activity programmes for older people include:

- Information and counselling from health professionals on physical activity and health and older people encouraged to engage in regular physical activity[10].
- Continuous reviews of each person's progress towards their goals throughout the programme and providing on-going support and encouragement[11].

- The use of a behaviour change model and intrinsic motivation[11], cognitive behavioural strategies (such as self monitoring and goal setting), assessment and negotiation of social and environmental barriers to physical activity[12] and the use of support strategies (such as telephone, home visits and peer support)[11].

In the short term (12 months), the participation of older people in group-based physical activity appears to be effective, although longer term adherence to physical activity programmes is superior in home-based programmes[13].

Physical activity programmes designed to improve balance and decrease falls should include activities specifically designed with the purpose of improving balance rather than simply increasing physical activity levels[2]. The exercises found to be most effective in reducing the incidence of falls are those:

- aimed at improving postural stability through strength, balance, flexibility and coordination training[14]. This includes aspects of bone loading, postural and gait training and support endurance work and tasks to improve visual vestibular and sensory input[15].
- tailored specifically to the individuals and progressive[14].
- delivered by a specialist trained professional in either a home or group-based setting[15].

Older people's motivation to participate in physical activity depends on a variety of personal attitudes, appropriate opportunities and broader environmental factors. Older people will undertake activities if they know they will help maintain their independence and allow them to remain engaged in activities that are integral to an active later life.

A range of factors that would enable older people, of varying functionality, to increase their physical activity levels include:

- A positive attitude towards physical activity
- A belief in the benefits of physical activity
- A belief in one's ability to be active
- Feelings of confidence, success and achievement
- Activities available that are consistent with personal goals, identity and lifestyle
- Social support from friends, peers and family

- Education on the way the body feels when activity is having a training effect

> **"I fell in love with running, I started forgetting my grief and traumas"**
>
> Fauja Singh
> 101 year old marathon runner

Motivation is one part of the solution; with appropriate support and help, older people can make small and significant changes in their physical activity levels. In order to achieve this, older people need accurate information about how much and what type of physical activity they should be doing. Community based programmes should be developed to meet the needs of participating older people and their impact should be evaluated using relevant outcomes measuring physical function and quality of life[16].

Services in Barnet

Seed funding is planned for a range of physical activity interventions delivered by community organisations and charities which focus on older adults in the community from November 2013. The programmes aim to increase opportunities for older people to engage in physical activity by expanding ongoing sessions or setting up new ones if there is significant community interest.

Exercise DVD in Care Homes

Older adults who live in care homes are less likely to engage in physical activity. There is evidence that exercise DVDs are effective in improving levels of physical activity among older adults. The public health team has provided exercise DVDs to care homes in Barnet who have indicated interest in using them to improve the level of physical activity of their residents.

Dance programme

AgeUK Barnet runs a dance programme in various community centres in the borough for residents 65 years and over. This intervention is part of a falls prevention pathway and is aimed at people who have had a falls incident or are at risk of having a fall. Saracens, part of the community dance programme, run a dance programme targeted at over 50s called Love to dance.

AgeUK Tai Chi programme

AgeUK Barnet also runs a number of tai chi sessions in community centres. Tai chi is a great activity to improve balance, strength and gait in older adults and helps in falls prevention.

Services in Harrow

Although not specifically for older people the Harrow Health Walks, Outdoor gyms and exercise on referral programmes are available to and used by older adults.

AgeUK Harrow

Age UK Harrow offers a range of leisure opportunities in Harrow some of which are specifically for older people. They are provided through leisure centres, resource centres, community centres and educational establishments, many of which cater for specific ethnic groups.

There is a weekly class every Tuesday morning from 10:30-12:00 (£2.50 for members and £3.50 for non members) with highly trained tutors that are able to meet the needs of older people. Age UK have said “The class is a good way to meet new friends and improve your health at the same time.”

The Cedars Youth and Community Centre

Despite it’s name, the Cedars also has weekly sessions for the over 55s. “Extra Time” sessions run every Tuesday from 11am to 12.30pm and involves social and light sporting activities. The session currently attracts 8-10 people.

Harrow leisure centre

Harrow leisure centre offers users over 60 years two swim school classes on Tuesday (9:30 – 12:00) and Friday (10:30 – 11:00) mornings and an aerobics class on Wednesday (9:30 -10:30am) morning.

Annie’s Place

Annie’s Place is a new council run drop-in service for people who have been diagnosed with dementia, their carers and family. The drop-in provides a focus on early information and prevention. Exercise, memory training and reminiscence are core elements of this service, which offers support to the person with dementia and all generations of the family on understanding and living healthily with dementia.

Dementia walking groups are being organised to link people with dementia and their carers to the Age UK memory cafes being developed across Harrow and Annie’s place drop in for people with dementia and their carers. The walking groups will provide physical activity for people with dementia leading to improved well-being and potentially reducing wandering for some service users.

What could we consider doing?

The councils

- Create safe, age-friendly neighborhoods and communities
- Ensure there are convenient and attractive walking and cycling opportunities and access to natural environment

Health Services

- Identify physically inactive older people and encourage them to take exercise – offering referrals to free programmes if appropriate
- Focus on ability rather than limitations

Leisure services

- Ensure there are experienced and qualified leaders, instructors and teachers who understand how to work with older people
- Create opportunities for people to try out and experience new activities as well as continuing with those they enjoy
- Provide accessible groups or classes and opportunities for social interaction

Communities

- Develop age-appropriate community-based activity programmes

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Chapter 6: Physical Activity and Mental Health & Wellbeing

Modern life can be fraught with angst and worry about a range of things which for the most part are beyond our control. Welfare reform, terrorist threats, the impact of the financial crisis and public health scares may leave many people feeling impotent and stressed. Unsure of the best way to cope with these feelings, some people use food, alcohol, cigarettes or drugs. This can often make you feel worse and you can get caught in a vicious cycle.

Mental wellbeing includes a person's ability to develop their potential, build positive, strong relationships, work productively and creatively and contribute to their community. It also includes some of the emotional aspects of life such as self-esteem, optimism, having control over your life and a sense of purpose. While it is natural not to have positive feelings all the time, frequent, sustained or intense negative emotions can play havoc with a person's ability to function in their daily life[1].

Becoming more active is a good way to deal with the stress, improve your mood and your mental wellbeing. So how does it work? Being active seems to have an affect on certain chemicals in the brain, such as dopamine and serotonin. The cells in the brain use these chemical to communicate with one another and so they affect your mood, thoughts and feelings. Physical activity also seems to reduce the harmful changes in the brain caused by stress[2].

Good mental health is important for good physical health, but it also works the other way your mind can't function unless your body is working properly.

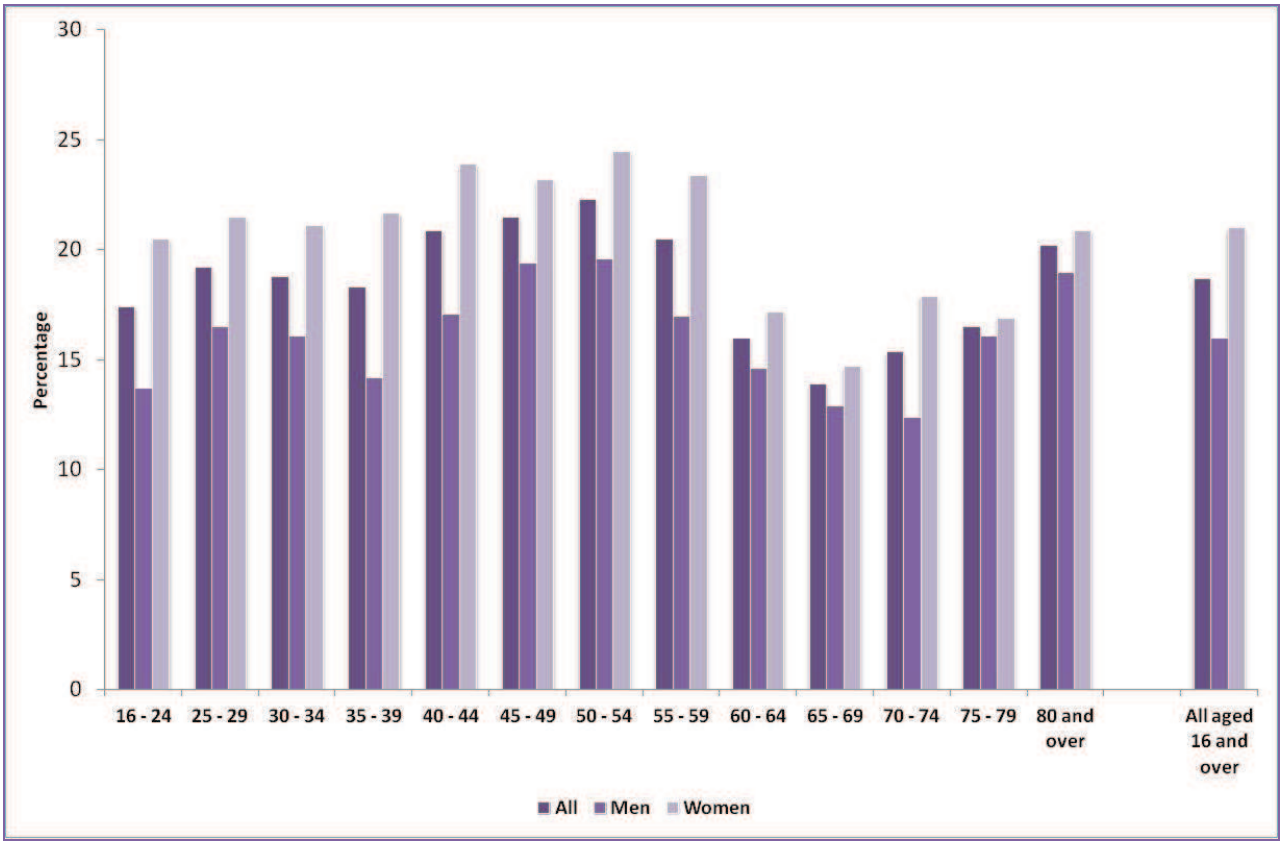
Background

At least one in four of us will experience a mental health problem at some point in our life[3].

In 2010/11, nearly one in five (19%) of adults over 16 years in the UK had some indication of anxiety or depression with a higher proportion of women (21%) than men.

There was variation in the level of anxiety or depression by age; the lowest levels were in the youngest age groups and the highest in those aged 50 to 54. This then reduces from the age of 55 with the lowest level in older people among the 65 to 69 age group, the levels of depression or anxiety then increase after the age of 70. Irrespective of age, more women than men have indications of anxiety and depression (figure 19).

Figure 19: UK respondents with some indication of anxiety and depression, 2010/2011



Source: Understanding Society, Wave 2, 2010/11

In addition to age and gender, there are other variations in the proportion of people who have some indication of mild to moderate anxiety and depression. It varies according to:

- Marital status: 27% of divorced people compared to 16% of people who were either single, cohabiting, widowed or married / in a civil partnership had some indication of mild to moderate anxiety and depression.
- Employment status: 23% of those not in paid work compared to 15% in paid employment.
- Perceived health status: Almost four in ten people who reported relative dissatisfaction with their health compared to only one in ten who were relatively satisfied with their health.
- Carer status: 25% of those who were classed as a carer for someone else in their household compared to 17% those who did not provide such care[4].

The employment rate in Barnet has fluctuated over the past two years but in March 2013, it had recovered and was higher than the national rate and only slightly lower than that of London as a whole. In 2011/12, the percentage of adults diagnosed with dementia (0.61%) was significantly higher than England (0.53%). However, the percentage of adults with depression in Barnet (8%) was significantly lower than the rest of the country (12%)[5].

Harrow has had better employment rates than the national and London averages. In the past three years, employment peaked at almost 75% in March 2012 but has since dropped to 71.6% which is only slightly higher than London (70.8%) . If we look at the ratio of recorded to expected cases of dementia, we can assess the variation of diagnosed to underdiagnosed patients. The ratio in Harrow (0.31) is significantly worse when compared to the rest of England (0.42).
In 2011/12, the proportion of adults with depression was significantly lower in Harrow (7%) than in England (12%)[6].

"Exercise gives you a natural high and is a great way to boost your mood."

Paul Farmer
Chief Executive, Mind

What works?

Physical activity has been used to treat depression and has been shown to be as effective as medication[7]. However, a recent study demonstrated that there is no additional benefit to be gained from physical activity alongside medication[8].

Physical activity has modest beneficial effects for other mental disorders including anxiety disorders, phobias and stress disorders[9]. It has also been shown to improve wellbeing in some patients with schizophrenia[10]. Physically active adults have a lower risk of depression and cognitive decline and may have improved quality of sleep.

Mental health benefits have been found in people who do aerobic or a combination of aerobic exercise and muscle-strengthening activities three to five days a week for 30 to 60 minutes at a time. Some research has shown that even lower levels of physical activity may also provide some benefits[11].

There is evidence to show that compared with exercising indoors, exercising in natural environments is associated with greater feelings of revitalization and positive engagement, decreases in tension, confusion, anger and depression and increased energy. People who exercised in the natural environment reported greater enjoyment and satisfaction with outdoor activity and declared a greater intent to repeat the activity at a later date[12].

In addition, regular physical activity appears to reduce symptoms of anxiety and depression for children and adolescents. Improving self-esteem may help to prevent the

development of psychological and behavioural problems which are common in children and adolescents. Whether physical activity improves self-esteem is not clear[11] since evidence for the effects of physical activity on mental health is scarce. The available evidence suggests that physical activity has positive short-term effects on self-esteem in children and young people, and concludes that exercise may be an important measure in improving children's self-esteem[13].

Services in Barnet

Eclipse is an evolving and organic mental health and wellbeing service. It is delivered across the borough of Barnet in various community venues by the Richmond Fellowship in Barnet working in partnership with Mind Barnet, the Barnet Centre for Independent Living and people who have or had mental health problems. At the heart of the service is peer involvement, where people use their own experience and skills to support others. Eclipse work towards raising awareness and understanding of mental health in the community and inspire and support people to live a rich, healthy and fulfilling life by:

- Promoting recovery, health and wellbeing
- Increasing community participation and inclusion
- Reducing social isolation
- Providing peer support and co-production
- Allowing choice and control support
- Increasing awareness and understanding of mental health
- Challenging stigma and discrimination

Eclipse services are funded by LBB and are free of charge and open to everyone in the borough. Services are delivered in the community at libraries, church halls, community halls, cafes, public houses and rooms in the premises of other organisations.

Eclipse provides a range of opportunities for people to gain skills which help to improve and manage their health and wellbeing. Participating actively in the community also helps people get ready for volunteering or paid employment. The service also offers additional benefits:

- Signposting people via the Eclipse advice line to physical activities including the Barnet outdoor gym
- Promoting the existing women's peer group that have chosen to access local exercise classes together
- Setting up a Peer Wellbeing Group to support Community Development and Community Wellbeing Activities.
- Delivering information, advice and workshops on the five ways to wellbeing which incorporates activities like yoga and the benefits of an active lifestyle
- Exploring the potential of Eclipse to join up with the Challenge Network to facilitate sponsored walks
- Offering Mental Health First Aid and Mental Health Awareness to sports organisations and facilities. Creating opportunities for community link advisors to ensure activities are 'mental health friendly'.
- Recovery Action & Support Planning is helping connect people to mainstream physical activities
- Running a Healthy lifestyle course for people registered with the service which includes:
    - Introduction to a healthy lifestyle
    - Physical health & mental wellbeing
    - Food, mood and wellbeing
    - Looking at what we eat and don't eat
    - Benefits and overcoming barriers
    - Exercise and linking with local groups

Services in Harrow

People with mental health problems in Harrow can participate in a scheme to help them to become more physically active.

The Harrow mental health physical activity programme

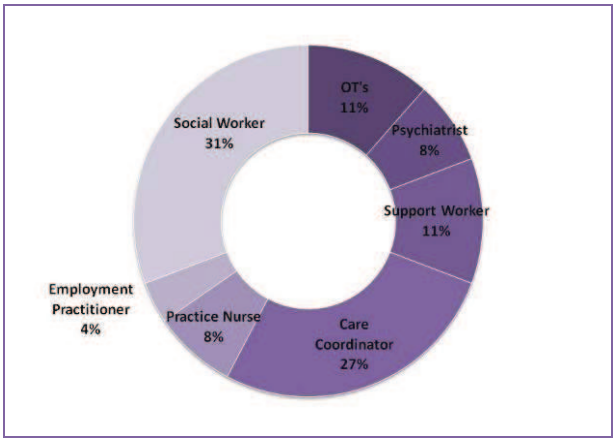
A mental health personal trainer's project was piloted in 2010/11. The project was established to address a gap in services and reduce the risks of real or perceived discrimination faced by clients with severe and enduring mental

"One of my clients, Mr X, has so far lost over 20kg since he started. He still attends EOR classes and goes to a local football group. He is no longer considered pre-diabetic and his blood pressure has returned to normal. His transformation has been one of many success stories of the project."

Harrow Mental Health Personal Trainer

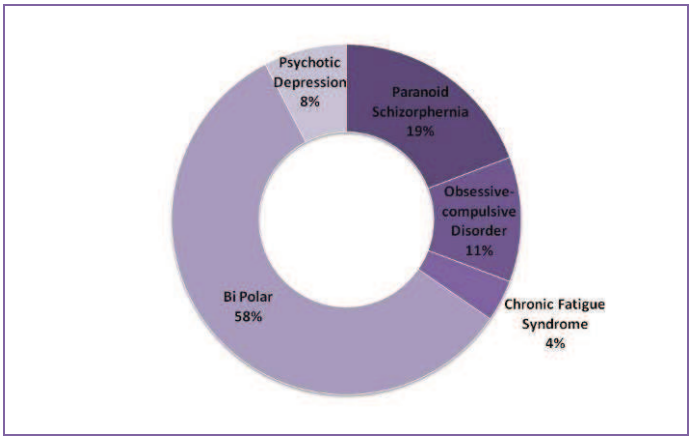
health problems if they took part in mainstream community sessions. The project received referrals from a number of health and social care professionals (figure 20) with the largest proportion coming from social workers. A wide range of people took part in the pilot with diagnoses of varying severity (figure 21). More than half of the people attending the pilot sessions had bi-polar disorder.

Figure 20: Professionals referring people to the mental health personal trainer project



Source: Mental Health Personal Trainers Project

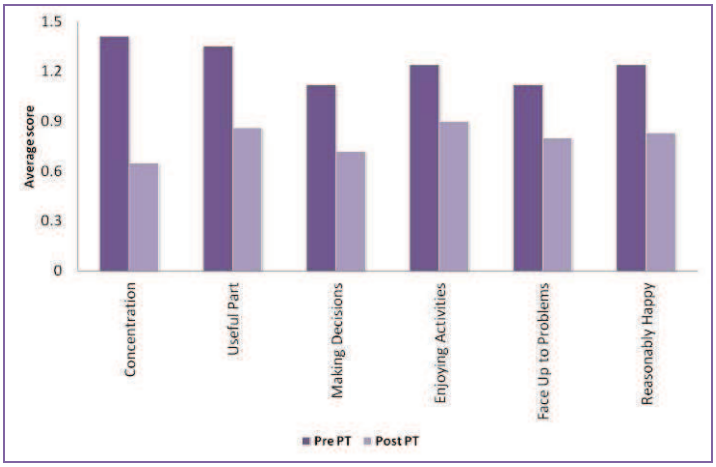
Figure 21: Diagnoses of clients referred to the mental health personal trainer project



Source: Harrow Mental Health Personal Trainers Project

The pilot successfully increased physical activity levels, increased the frequency of engagement in structured physical activity and perceived improvement in wellbeing amongst participants (figure 22).

Figure 22: Improved mental wellbeing before and after contact with mental health personal trainers



Source: Harrow Mental Health Personal Trainers Project

Following evaluation of the pilot, changes were made to the programme. Although the pilot was successful, service users, carers and mental health professionals felt that the

programme did not address the integration of service users into the mainstream community-based physical activity opportunities. The new programme aims to improve opportunities for sustainable physical activity for mental health clients accessing community based mental health services in Harrow. Two personal trainers now work with 110 mental health service users, particularly those with additional health problems such as heart disease, obesity, diabetes and respiratory disease. All clients referred are risk assessed before starting the programme. Those clients that wish to make a commitment to increase their physical activity levels are accepted on the programme. The client can decide to take an unsupported route where they are given information to help increase their physical activity and are followed up by telephone over the following six months. However, if the client decides that they need more support, then they are 'buddied up' to access community based programmes supported by a personal trainer and followed up by telephone for six months.

"All truly great thoughts are conceived while walking."

Friedrich Nietzsche
Twilight of the Idols

Personalisation

CNWL administer personal social care budgets to people with critical or substantial social care needs, as part of the personalisation of social care. Many people are choosing to use gyms as part of their access to community resources, either independently or supported by a PA, as an alternative to using traditional day centres User and practitioners are reporting good outcomes.

Rethink Mental Illness now operate the Bridge Day Centre and facilitate, run or host a range of activity-based groups including yoga, horse-riding and therapeutic dance targeted at people living with mental illness.

What could we consider doing?

The Councils

- Current mental health physical activity projects should be fully evaluated and extended if found to be effective.
- Active travel should be supported by making changes to infrastructure such as cycle racks and the promotion of using stairs instead of an elevator or escalator. These small changes could make a difference to the levels of activity in the population and aid the prevention of mental illness.
- Consider programmes that focus on tackling the stigma associated with mental illness. This will help break down barriers to participation in community physical activity initiatives
- Promote good mental wellbeing and physical activity in schools

Health Service

- Ensure that every contact counts; each time a person makes contact with health services should be viewed as an opportunity to discuss health behaviours such as smoking and exercise.
- Health professionals in mental health services are in an ideal position to help signpost clients to physical activity opportunities, whether this is by referral to personal trainers, exercise on referral or simply telling someone about a sports class nearby.

Communities

- Tackle the stigma associated with mental illness, this will help break down barriers to participation in community physical activity initiatives

Schools

- Use PSHE lessons as an opportunity to discuss mental health and wellbeing and the importance of physical activity in good mental health.
- Promote active transport and other opportunities for physical activity in the school day – for both pupils and staff.

Workplaces

- Promote the use of counselling services and mental health charities in employee assistance programmes.
- Promote active transport and other opportunities for physical activity in the workplace.

Parents and Carers

- Where appropriate use family physical activities as an opportunity to open discussions with children and young people about things that are important to them

Individuals with metal health problems

- Look after your physical health by being active as this has an impact on your mental health too
- Find a buddy who will encourage you to be active

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Chapter 7: Physical Activity in People with a Disability

The risk of developing long-standing health problems is higher in people with a disability compared with those without a disability. People with a disability experience restrictions in everyday life that can prevent them fully accessing services including public transport, education, employment, and health care and leisure facilities.

Background

The Disability Discrimination Act (DDA) defines a disabled person as anyone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

There are over 11 million people with a limiting long-term illness, impairment or disability in Great Britain. The most commonly reported impairments are those that affect mobility, lifting or carrying[1]. It is predicted that in the next decade the number of people with a disability will increase due to advances in medicine and longer life expectation. Four in five people with a disability acquire their disability during their working lives. Only 17% of people with a disability were born with their disability[2].

Disability is strongly related to age. Nearly one third of 50 to 59 year olds have a disability. The highest disability rate is among older people with 78% of people aged 85 or over having a disability.

There is variation in the rates of disability related to deprivation and poverty and to ethnicity. Deprived and poorer areas of the country have higher numbers of people with a disability than areas that are more affluent. Some of this may be due to past employment history, e.g. rates are higher in past mining areas due to the higher incidence of lung disease. Some ethnic groups have been found to have higher rates of disability. Bangladeshi and Pakistani communities have the highest disability rates of all ethnic groups.

Learning Disability in Harrow & Barnet

There are 4,532 adults aged 18 to 64 with a learning disability (LD) in Harrow, 800 of whom have a moderate to severe learning disability. Barnet has around 14,400 adult residents with moderate to severe learning disabilities.

Harrow council's learning disability register has 595 clients[3]. The community health care register has 774 people with LD including 37% who are in residential and nursing care. Around 14% of people with LD have profound or complex needs[4].

Physical disability in Harrow & Barnet

The majority of people with a physical disability acquire impairment during their working lives. People become disabled because of illnesses such as stroke, bronchial asthma, emphysema, heart failure, respiratory problems, accidents or falls.

In Harrow the council has 10,108 people aged 18-64 with a physical disability registered. Six hundred and eighty four clients have severe and profound disability. The physical disability register has the highest number of clients among all disability registers.

It was estimated that approximately 9% of the population of Barnet aged 18 to 64 have a moderate or serious physical disability.

Sensory Disability in Harrow

There are 225 people who are deaf or have a hearing impairment, 530 people who are blind and a further 430 people registered as partially blind on the Harrow Social Services register[5]. Four hundred and fifty of the people who have a visual impairment have an additional disability with 415 of them having a physical disability[6].

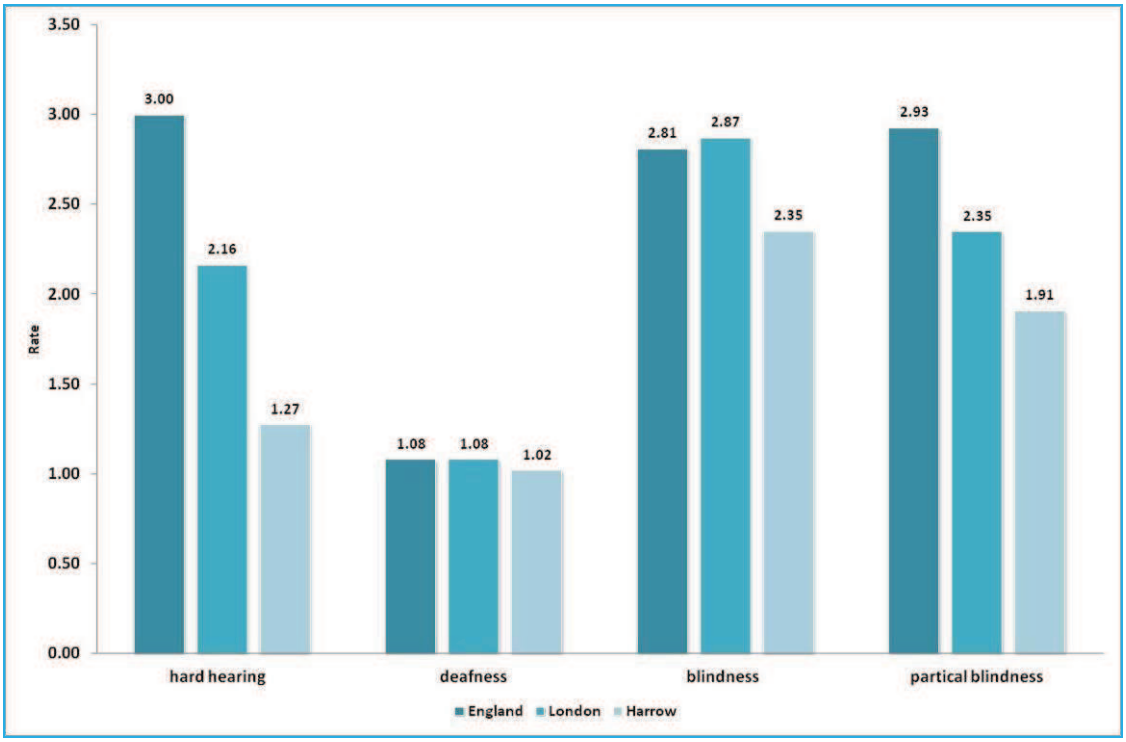
"I am registered blind and have very little vision, but it's easy to walk because people help me. Whenever I have been, I enjoy it very much. We go to a lovely little park in South Harrow and I enjoy taking it all in – we're usually walking for about 40 minutes."

Sarita Shah, South Harrow walker

Compared with London and England, the rate of people registered with a sensory disability in Harrow is low (figure 23). The reasons for this difference are unknown. As well as the possibility that this difference is a true difference in the rate of sensory disability, a number of possible reasons have been suggested:

- firstly, that people with a mild or moderate level of disability are not registered due to cultural and social acceptability reasons;
- secondly that people with a sensory impairment are able to support themselves without applying for a disability allowance; or
- a discrepancy in recording people with multiple disabilities.

Figure 23: Sensory disability rates based on disability registers in Harrow (2010/11)



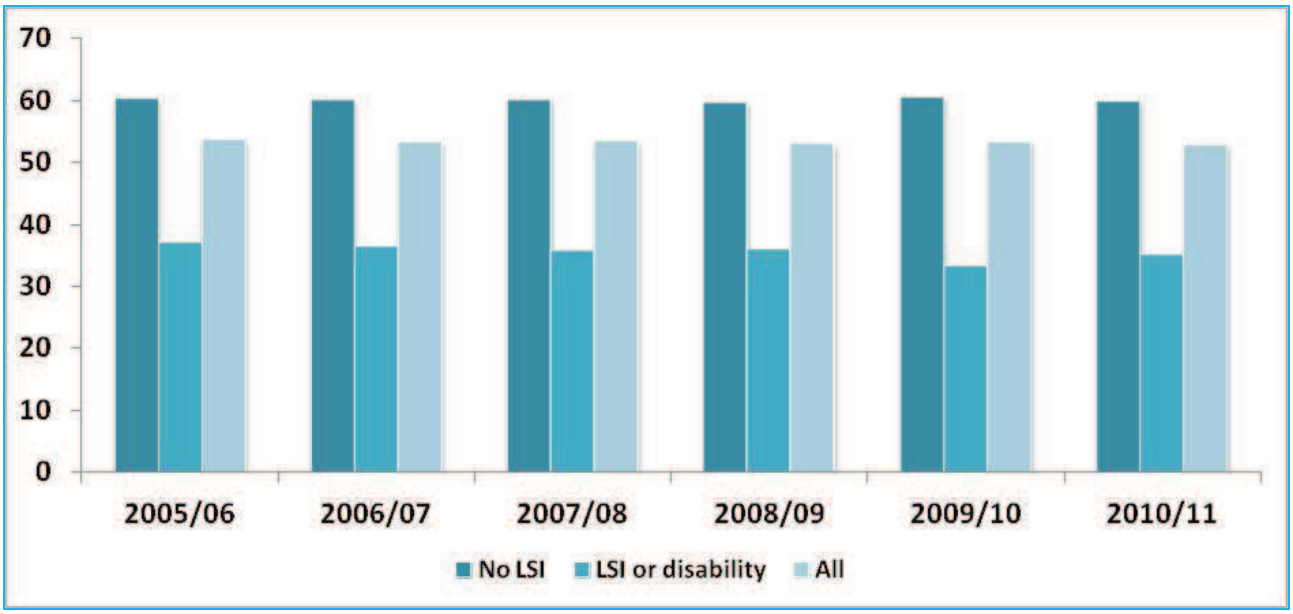
Source: The NHS Information centre

Physical Activity in people with a disability

Physical activity improves balance, muscle strength and quality of life in individuals with a disability. Participation of people with a disability in sporting activities reduces social isolation and creates positive role models for other disabled people.

Nationally physically active people with a limiting longstanding illness or disability participated in sport much less than people who did not have a limiting illness or disability. Just 35% percent of adults with a disability currently play sport every week compared to 60% of adults without a disability[7] (figure 24).

Figure 24: Percentage of people with or without a long standing illness (LSI) or disability who participated in sport once in the last four weeks (England)



Source: Sport England

Over 80% of adults with learning disabilities have a level of physical activity below the minimum level recommended by the Department of Health, and this is lower than the level observed in the general population (53% to 64%). Older age, immobility, epilepsy, no daytime opportunities, incontinence and living in restrictive environments are reasons for low physical activity[8].

A local survey conducted in 2012 shows that, in common with the rest of the population of Harrow there is a wide variation in the amount of sport and physical activity undertaken by people with a disability[9]. The survey showed that:

- Only 1 in 5 people with a disability had at least 30 minutes of physical activity once or twice per week.
- Twenty eight percent of participants were reported to undertake 30 minutes of physical activities more than three times a week.

"It's been double celebration time for Harrow Mencap's Football team 'Harrow Stone Stars' as they won both the County Cup and came top of the Middlesex FA Pan-Disability County League 2012. "

However, clients with hearing impairments, learning disabilities, physical and multiple impairments are among the regular users of local leisure facilities. Swimming sessions were the most popular activities among people with a disability in the survey. This was

followed by MENCAP football clubs, the swimming club and sports such as badminton, table tennis, squash, tennis and football.

What works?

To encourage inclusion and maximize the benefits from physical activity, programmes should be adapted to the needs of disabled individuals[10].

The factors that encourage disabled people to participate in sport include:

- sessions led by disabled instructors;
- specific impairment - tailored programmes;
- access to inclusive club sessions (disabled and non-disabled together);
- a buddy scheme;
- transport support; and
- single gender sessions

In addition, one to one support and building self-confidence helps clients to achieve their goals[11].

"On 19th July HAC had their very own Olympic Games at Bannisters athletics track to celebrate the Olympics coming to London. The rain held off and we had a fantastic time doing individual and team races!"

Doreen Luff, Harrow Mencap

Paralympic Legacy

London's Olympics and Paralympics in 2012 were unique for many reasons. For people with a disability, they were important because for the first time an Olympics and Paralympics were planned and delivered as one event. London 2012 had the largest number of paralympic participants and they proved inspirational for disabled people and the general public.

With the 'Inspire a Generation' programme a wide range of initiatives have started that will integrate mainstream sport and physical activity for people with a disability. In schools, the legacy aims for every single school to offer disabled children sport within a rounded PE curriculum. In community sport, new and important initiatives have been implemented such as targets aimed to raising participation rates among disabled people and the new payment-by-results model. Sport England is investing £8 million to help overcome some of the barriers that make it harder for disabled people to participate in sport.

Services in Harrow

Harrow Council has recently renewed its contract with DisabledGo for a further three years. DisabledGo provides an exciting web based access guide which contains details of accessibility for disabled people in shops, restaurants, cinemas, libraries, leisure and sports centres. The service helps people with a disability who live or work in, and visit Harrow to make informed choices about facilities and amenities they wish to use.

Disabled people in Harrow can also access Harrow health walks, outdoor gyms the mental health personal trainers project and exercise on referral programmes where appropriate.

The Larches Trust growing project

The Trusts Horticultural Programme aims to improve and secure employment opportunities for people with learning disabilities through a social enterprise initiative focusing on practical training in horticulture and employment skills. Integral to the programmes aims is the production, promotion and sale of non-chemically grown plants, seasonal vegetables and compost to the community.

Shaw Trust Horticulture Programme

Provides work opportunities and training in horticulture, retail and life skills to people with learning disabilities. The project supports around 50 people at any one time with 10 staff and four volunteers. Our supported work opportunities help vulnerable adults build confidence in a real working environment with an appropriate level of support from trained Shaw Trust staff. Service users participate in a range of horticultural activities and can work towards a course called ‘Skills for Working Life’ which is a City and Guilds qualification, at entry level 3.

Walk 4 Life for People with Learning Disabilities

A group of service users at Vaughan Neighbourhood Resource Centre are part of a weekly walking group established under the Walk 4 Life initiative in 2009. This group has clocked up over a 100 miles with regular walks.

Independent Travel Project

A programme is running in Harrow to support service users travel to their Neighbourhood Resource Centres by public transport and walking. Travel training and travel buddies have been made available to support this programme, which is focused on independence and healthier lifestyles.

Tizard Research Programme- Tackling Obesity and Diabetes

Following the success of a dance, musical-theatre and singing master class for users of Harrow Neighbourhood Resource Centres, the department have organised a series of classes. The Tizard Centre (University of Kent) funded by the Kings Fund have expressed interest in developing a research programme around the outcomes of the classes run by Harrow. The academic work would investigate the benefits for people with learning disabilities and specifically the positive impacts on obesity and diabetes.

Services in Barnet

Interactive, formerly London Sports Forum for Disabled People, is the lead strategic development agency for sport and physical activity for disabled people in London. Their aim is to ensure equality and inclusion are at the heart of grassroots sport in London. They influence and support mainstream sport providers and policy makers to ensure they create, deliver and sustain inclusive opportunities for disabled people. They use expertise and influence across London to advocate inclusive sport. They also inform and advise disabled people on how they can get involved at all levels in sport and physical activity in London.

In partnership with other London agencies they delivered 'Inclusive and Active' – a sport and physical activity action plan for disabled people in London undertaken from 2007 to 2012. This action plan had a vision of getting more active disabled Londoners achieving their full sporting potential. They seek to change the way that sport for disabled people

is viewed, to break down the perceptions. They want a world where disabled people can access sport of their choice, at the venues of their choice and at the level of their choice.

The School Games

The new Sport England strategy aims to enable every school and child to participate in competitive sport, including meaningful opportunities for disabled youngsters.

Sports M.A.T.E.

Sports M.A.T.E (Mentoring, Access, Training, Equality) supports young disabled people into participating in mainstream sport clubs/opportunities through provision of a personalised mentoring and referral scheme. Individuals are referred on to the project through disability services, disabled people organisations, local education establishments, families and support workers. Once the individual has been referred on to the project, the Sports M.A.T.E mentors provide up to 6 hours of support. The Sports M.A.T.E Project was authored by Tottenham Hotspur Foundation and successfully piloted and developed in partnership with the PRO-ACTIVE North London Partnership, Help a London Child and Interactive across North London including Barnet. Additional funding has been secured to continue the project in Barnet.

GLL Inclusive Membership

This inclusive membership allows disabled people to take advantage of full anytime access to gyms, pools and group exercise classes. An inclusive member enjoys benefits such as:

- No Joining fee, and no minimum contract
- Access to over 100 Better sport and physical activity services
- Free entry for an accompanying carer
- Anytime access
- Free fitness induction
- Telephone and online bookings made up to 6 days in advance for group exercise classes, squash and badminton.
- Up to 30% discount off the price of other non-member activities

This inclusive membership costs £19.95 per month and is available to those aged 16 years and over and entitled to any of the following:

- Severe Disablement Allowance
- Mobility Allowance
- Disability Living Allowance
- Disablement Benefit
- Attendance Allowance
- Employment and Support Allowance

What could we consider doing?

People with a disability

- Find out what's available in your area
- If you aren't very active, talk to your local sport and physical activity service provider to see what they can do to support you.
- If you are active, tell others about it and get them to join you.

The Councils

- Promote Disable Go website to improve knowledge of both providers and participants
- Ensure that contracts with providers require them to have suitably adapted/ accessible facilities that cover a range of disabilities

Communities

- Providers should obtain specialist advice in order to create tailored programmes for a variety of people with disabilities with focus on specific mobility, stretching and strengthening exercises, postural awareness, balance and co-ordination
- Improve access to services by using local trained buddies or volunteers to provide one to one support to people with disabilities to become more physically active

Schools and workplaces

- Schools should adjust PE and other physical activities in order to accommodate disabled children and young people
- Showers and changing facilities should be able to accommodate wheelchairs etc.

Parent and Carers

- Children with a disability should be actively encouraged to participate in family activities and sports and other physical activities outside the home where appropriate.
- Parents and carers should obtain specialist advice on the best activities for their child

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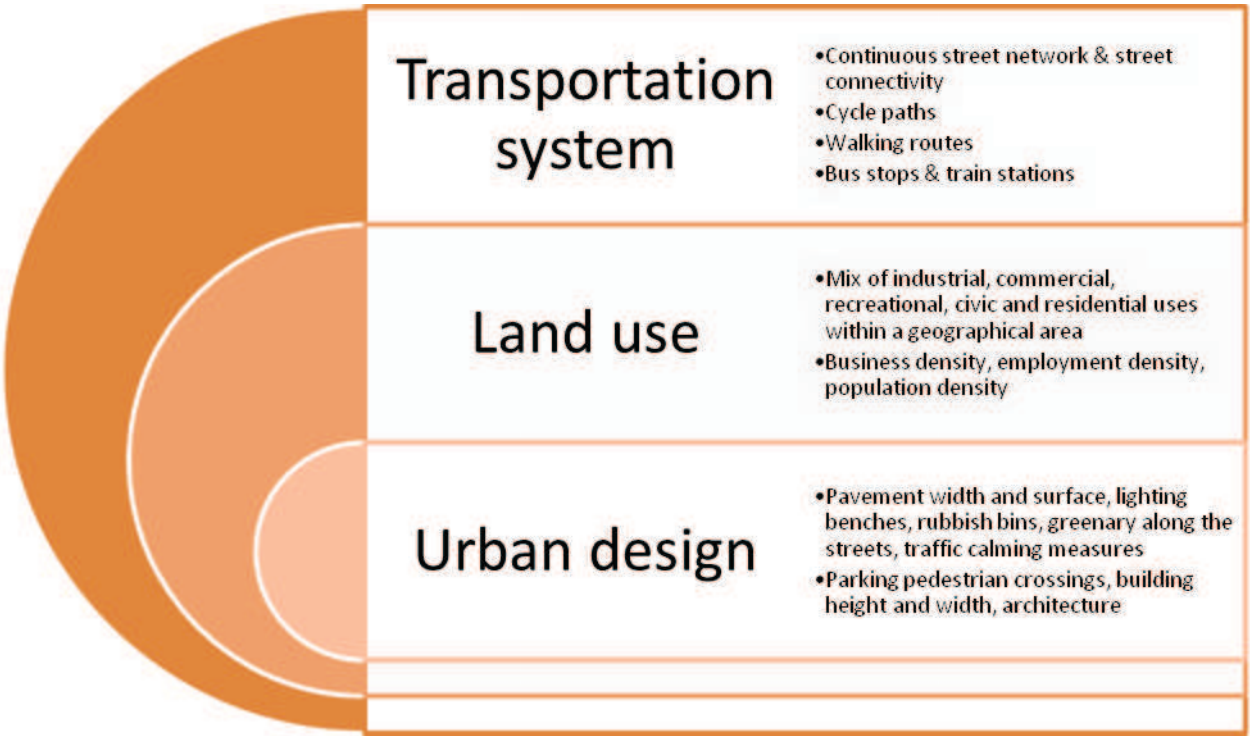
Chapter 8: Physical Activity and where we live

The places and spaces in which we live, learn, work and play throughout our daily lives have a significant impact on our overall health. These constitute the built environment which is broadly defined as including urban design, land use, and the transportation system and encompassing patterns of human activity within these physical environments[1]. Scientific evidence tells us that the built environment varies across settings and can work to facilitate or act as a barrier to opportunities for physical activity. Figure 25 shows how the three major domains of the built environment are associated with physical activity.

Figure 25: The three domains of the built environment



Source: Adapted from Institut National de Sante Publique du Quebec

Background

The built environment impacts upon physical activity through a number of mechanisms. These include accessibility as it relates to social economic and geographic factors, attractiveness of the environment and safety through perceptions of and actual road traffic and crime. Statistically significant associations have been demonstrated between the presence of non-motorised transportation infrastructure, access to recreational and sports infrastructure and urban form in terms of density, mixed land use and street

connectivity and physical activity. These features will in turn have an impact on active travel and active leisure time.

The design of some communities has potential to contribute to increased physical activity. There is evidence to suggest that people who live in communities characterised by mixed land use such as shops in walking distance of homes, well-connected street networks and high residential density are more active, than those who live in communities that are designed for dependence on cars.

In both Barnet and Harrow, where planning applications for developments meet certain criteria, developers are required to produce a Travel Plan (TP) that aims to reduce vehicle use and promote walking, cycling and public transport use. Across Barnet, there are over 120 sites at residential developments, religious buildings, shops, offices, hospitals, sports grounds etc that have or are required to have in the future a TP. It is expected that within their TPs they will commit to a range of measures to reach targets for vehicle reduction and increase more sustainable travel. The council tries to ensure that all TPs have an objective and measures that promote active travel as part of a healthy lifestyle. Examples of the measures are:

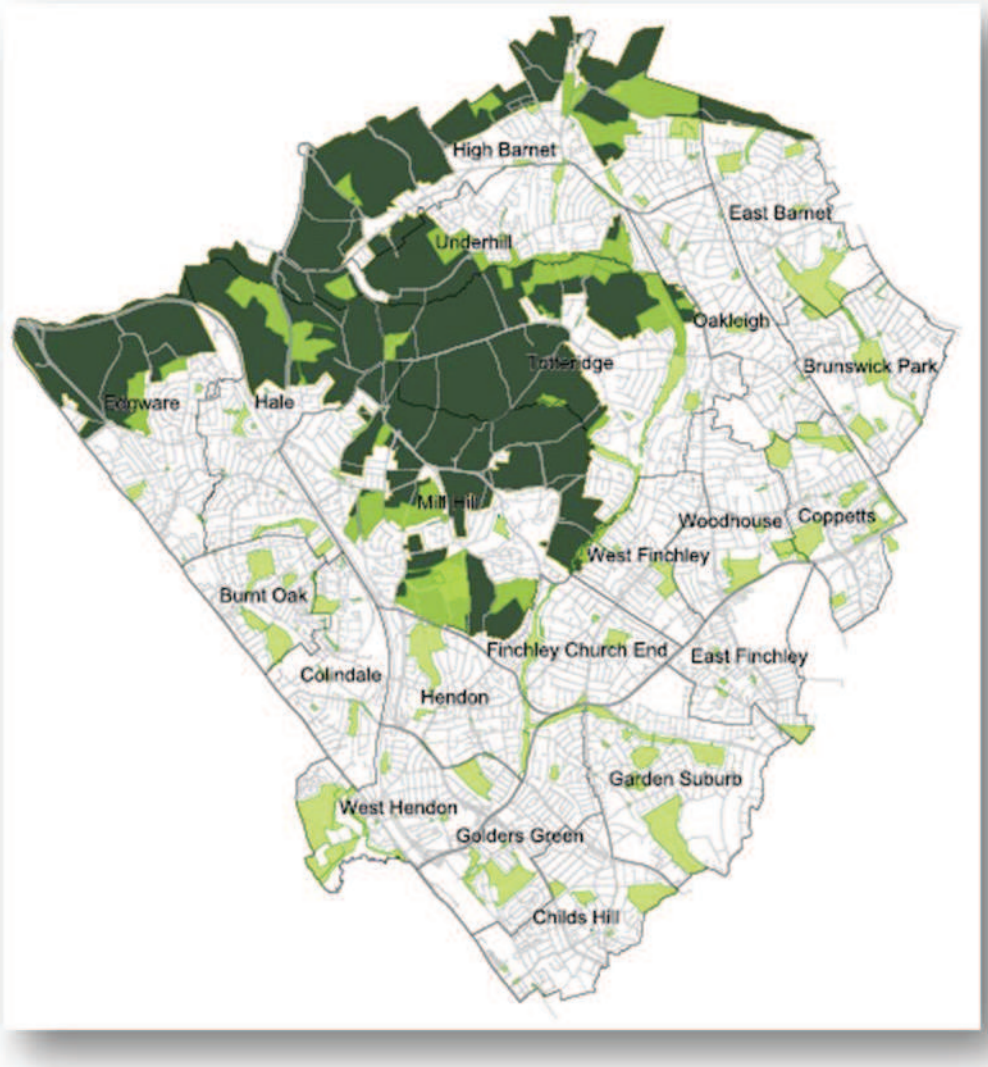
- Infrastructure improvements – such as new walking and cycling routes, public open space
- Cycle storage (In 2012/13, 497 cycle parking spaces installed and a further 3,532 required as part of planning permissions across the borough)
- Dr Bike maintenance sessions
- Welcome packs to include walking and cycling routes and distances to local facilities, benefits of active travel
- Bicycle user groups
- Cycle vouchers and agreements for discounts at cycle shops
- Funding towards public transport use
- Walking groups
- Events and competitions – virtual cycle rides, logging walking distances completed, stall at residents events
- Provision of a car club – demonstrated to reduce number of miles travelled by a member of a car club by car and increase walking, cycling and public transport use.

Green space in Barnet

Barnet benefits from a large number of parks and open spaces, a consequence of its location where rural and urban landscapes overlap. A large proportion of land is designated as green belt land, setting it apart from other London boroughs (map 3). With many attractions, features and attributes such as play areas, sports pitches, cafés, water and wildlife features, there is a park within one mile of the majority of homes in the borough which ensures that whether you're walking the dog, taking a morning stroll,

playing with your children or relaxing with a good book, there's a park within easy distance for you to enjoy.

Map 3: Greenbelt and parks across wards in Barnet



Source: Policy Unit, Barnet

The parks currently offer:

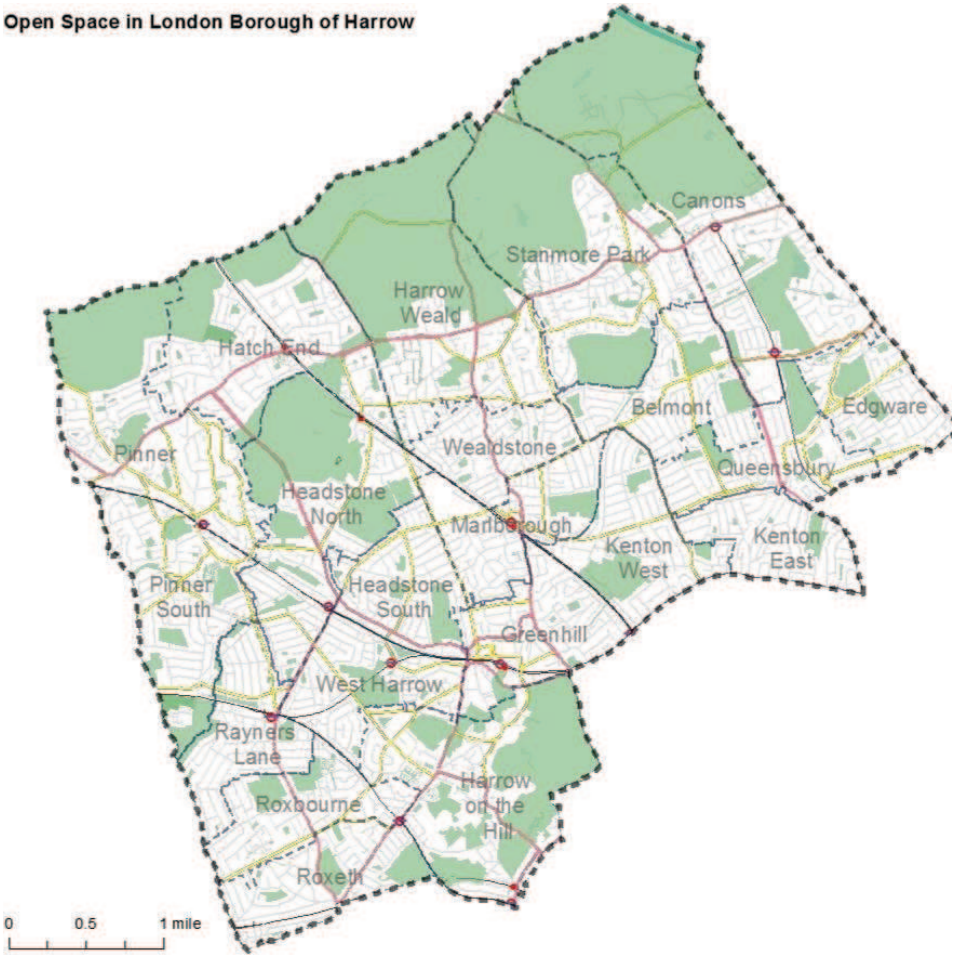
- an outdoor gym at Oak Hill Park
- a number of led and general walks available throughout the borough
- Seven beautiful Local Nature Reserves (LNR) throughout the borough and a Site of Special Scientific Importance (SSSI) at Welsh Harp reservoir
- multisport facilities across the borough providing access to basketball, football and tennis courts

- Over 40 play areas with new exciting equipment installed at Brookside Walk, Lyttelton Playing Fields, Mill Hill Park and Friary Park.
- The Dollis Valley Green Walk which is over seven miles of parks and open space with areas of conservation, woodland and play that can be enjoyed by everyone.

Green Space in Harrow

Harrow offers over 50 parks, open spaces, and recreation grounds (map 4). Centenary Park is located in Stanmore with entrances from Culver Grove and Crowshott Avenue. The park provides 9.41 hectares of open space. It includes a bowling green, children's pay area, two tennis courts, a nine hole pitch and putt and five-a-side football pitches.

Map 4: Parks and open space across wards in Harrow



Pinner Memorial Park, close to the centre of Pinner, was once part of the West House Estate, the home of Lady Hamilton. The park provides over five hectares for peaceful recreation, as well as a bowling green there is a pond with a ducks and geese and a small aviary of budgerigars. An ornamental 'Peace Garden' provides a quiet place to sit.

Roxeth recreation ground, south of Northolt road in South Harrow, provides nearly seven hectares of open space with football, bowls and cricket facilities. The bowls green is home to Roxeth Bowling Club. Roxeth recreation ground contains two senior football

pitches, a junior football pitch, a cricket square, a tennis court, a multi use court, a basketball practice goal, children's play area and changing facilities.

Alexandra park, also located in South Harrow, provides eight hectares of green space for residents in the surrounding area. The park's facilities include basketball practice goals, Millennium garden, children's play area and fitness area.

Bentley Priory Nature Reserve in Stanmore provides 66 hectares of countryside open space. It is a Site of Special Scientific Interest (SSSI) for its meadow areas. As well as the meadows the site includes extensive woodlands and two ponds. In the summer cattle graze the meadows. The site is a haven for bird life and a wide range of plant life. Adjoining the open space is a private Deer Park with a herd of approximately 24 Fallow Deer and to the north is Bentley Priory RAF base from which the Battle of Britain was commanded during World War II.

Other parks in Harrow include,

- Bernays Gardens,
- Bryon Recreation Gound,
- Chandos Recreation Gound,
- Grimsdyke Open Space,
- Govefields
- Harrow Recreation Ground,
- Harrow Weald Recreation Ground,
- Heasdstone Manor Recreation Ground,
- Litle Common Pinner,
- Montesoles Recreation Ground,
- Pinner Village Gardens,
- Priestmead Recreation Ground,
- Queensbury Park,
- Rayners Mead,
- Roxbourne Park,
- Saddlers Mead Recreation Ground,
- Shaftesbury Recreation Ground,
- Stanmore Common,
- Stanmore Country Park,
- Stanmore Recreation Ground,
- Steamside Reservation,
- The Cedars,
- The Crofts,
- The Viewpoint,
- Weald Village Open Space,
- West Harrow Recreation Ground,
- Whitefriars Open Space,
- Woodlands Open Space
- Yeading Walk

.

Allotment plots are also available at various locations across both boroughs. Allotment gardening offers a huge range of benefits including producing cheap homegrown organic food, physical activity and the satisfaction of knowing that you were responsible for producing something fresher than anything you can buy in the shops.

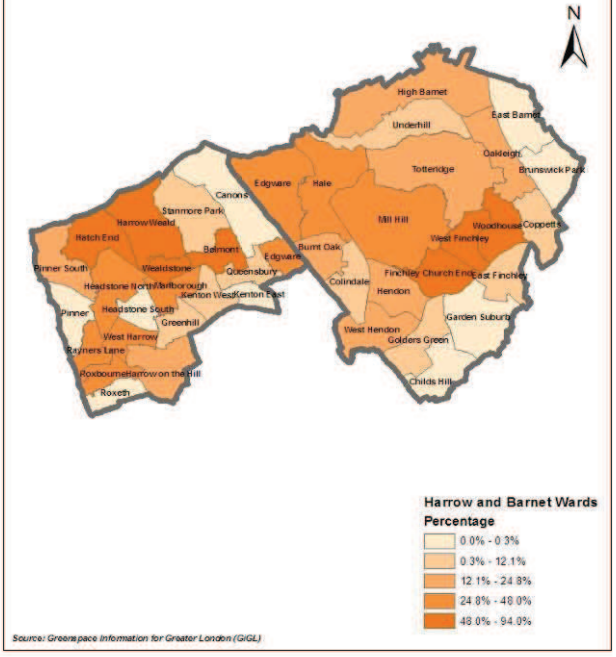
The London Plan sets out a maximum distance which London residents should have to travel to access a Public Open Space (POS). Areas outside of these distances are classified as areas of deficiency. By mapping these areas of deficiency, the provision of POS across Greater London can be analysed and open spaces planned and managed accordingly.

Previously, areas of deficiency have been based on distance as the crow flies. Greenspace Information for Greater London (GIGL) has developed a new method of accurately mapping areas of deficiency based on actual walking distances along roads and paths, pedestrian streets and alleys. The new model gives a more accurate idea of where areas of deficiency lie because it uses London-wide data rather than using data from within a single borough. However, the analysis of public open space is based on access to designated green/public open space and therefore excludes farmland, and other types of green space outside of the public open space category definitions within the London Plan and no POS outside of the London boundary is included.

Homes further away than the maximum recommended distance are considered to be deficient in access to that type of public open space. The recommended distances for each type, as per the London Plan, are:

- Regional Parks = 8km max
- Metropolitan Parks = 3.2km max
- District = 1.2km max
- Local, Small and Pocket parks = 400 metres max.

Figure 26 Percentage of homes with deficiency in access to Parks and Open Spaces 2012



Although both Barnet and Harrow have a large number of parks and open spaces, using this definition, there are areas where access to POS is poor (figure26).

Active Travel

This approach to travel and transport focuses on increasing physical activity of the individual rather than the use of motorised and carbon-dependent modes of transport.

Participating in more active forms of transport has a dual purpose of increasing levels and frequency of physical activity in addition to being of benefit to the wider environment.

"It is unreasonable to expect people to change their behaviours when the environment discourages change"

Schmid *et al*. 1995

Data from the National Travel Survey found that in 2011 the majority (64%) of all trips were made by car as a driver or a passenger; only one in four households did not have access to a car. In 2011, the average number of walking trip[5] was 222 trips per person per year compared with 292 trips in 1995/97, a decrease of 24%.

Sixty-nine percent of all commuting or business trips were made by car (driver or passenger) in 2011, only 10% of these trips were made on foot. Car or van journeys accounted for 43% of all trips to educational establishments while almost two fifths walked.

The concept of active travel recognises the potential contribution of personal movement to the increasing levels of physical activity and health improvement and is an important area for joint working between public health experts and transport planners.

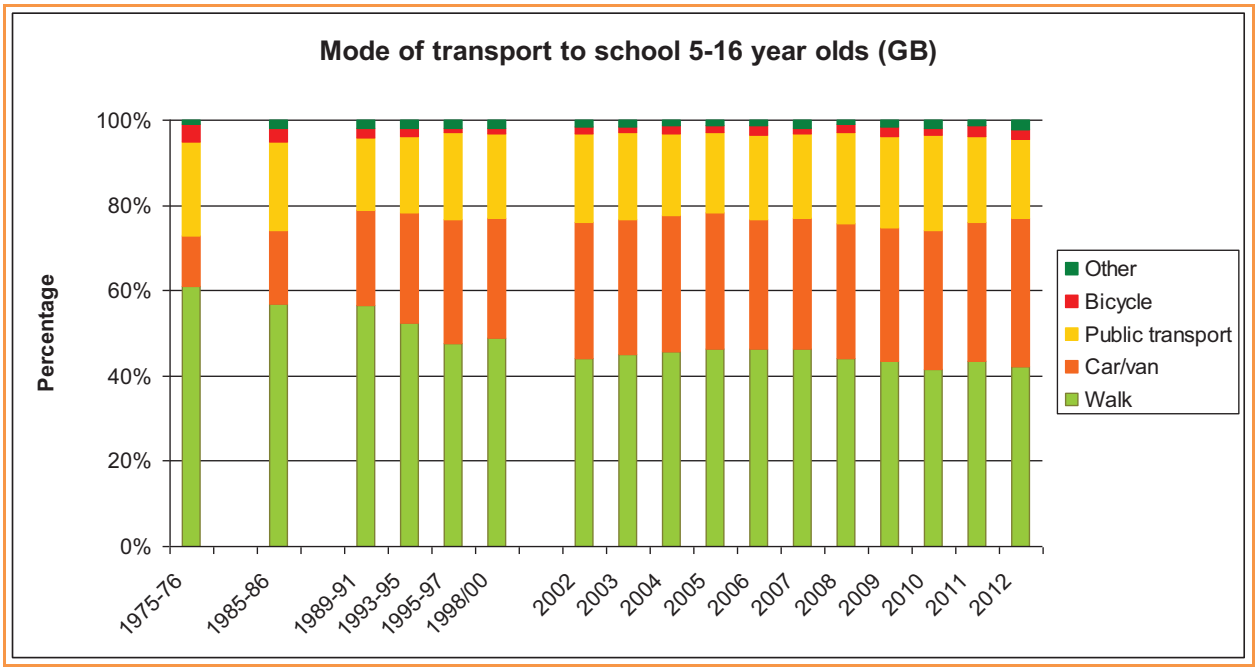
Walkable communities are areas that are densely populated, where businesses and services are available and where streets are connected for ease of access for pedestrians. Areas like this are positively associated with active travel.

Residential areas with pavements and cycle paths are associated with greater opportunities for physical activity. Individuals are most likely to participate in active travel in areas that offer several destinations, such as schools, shops and businesses, in close proximity to their home especially when linked to these destinations by routes that promote cycling or walking.

Safety is also an important feature of active travel. Fear of accidents and crime mean that far fewer children walk or cycle to school than would have done in previous years. In 2011, only 42% of all school trips were on foot and 35% were by car

[5] A trip is defined as a one-way course of travel with a single main purpose

Figure 27: Transport to school 5-16 year olds (GB data)



Source: National Travel Survey

Schools in Barnet are encouraged to involve parents, carers and staff in promoting more active and sustainable forms of travel as part of their school travel plans, including the benefits of active travel as part of a healthy lifestyle. Activities to engage parents, carers and staff in active travel include; parent/carer coffee mornings, displays and activities at open evenings and fetes, parent volunteers supporting walking buses and Walk on Wednesday schemes, staff walking groups.

Active Recreation

Active recreation refers to physical activity that is voluntarily undertaken during an individual's leisure time for their mental or physical satisfaction.

The proximity to and presence of recreational and sports facilities such as leisure centres, playgrounds, parks and pools in addition to pleasing aesthetics is associated with more recreational physical activity among residents[2]. This is particularly relevant for children and adolescents.

Children and adults need places where they can be physically active

on a regular basis. The accessibility of these spaces depends not only on the proximity to one's home but also how costly they are to use, how easily they can be reached and how safe they are. Disadvantaged areas tend to offer fewer opportunities for active recreation than more affluent areas. This may be because there are fewer parks or green spaces, leisure centres and cycle paths or it may be the perception of risk of crime which ensures that residents of these areas face barriers to active recreation.

What works?

Alongside the evidence for the benefits of physical activity, there is growing evidence base for interventions to encourage and help individuals to achieve healthy, active lifestyles. The CMO's report[3] described four effective ways to tackle attitudes, perceptions and improve environments for increasing participation rates in physical activity. Interventions should focus on:

Environmental Action: By investing in infrastructure for cycling and adopting strong pro-bike policies. Central to this is the need for cycling to be prioritised as part of local authority transport plans.

Organisational Action: Employers' health promotion policies can help people to be more active and less sedentary as part of their working lives. The ways in which employers' can help include providing showers for cyclists and walkers, prioritising stairs over lifts and encouraging active commuting.

Community Action: Whole community approaches where people live, work and play have the opportunity to mobilise large numbers of people. Investments in community level programmes such as parks, playgrounds, walking clubs can help to influence social norms around activity.

Interpersonal Action: Primary care professionals and or other allied staff can conduct simple and quick patient assessment of their level of physical activity using tools such as the GP Physical Activity Questionnaire (GPPAQ) and provide advice and guidance on the amount and type of activity and where to get further support.

Services in Barnet and Harrow

RE:LEAF

RE:Leaf is a partnership campaign led by the Mayor of London to protect the capital's trees and encourage individual Londoners, businesses and organisation to plant more trees. The Mayor also wants to protect London's woodlands and associated wildlife and make London a greener, more attractive city.

So far the campaign has:

- Planted 10,000 street trees;
- Planted two new woodlands in the boroughs of Croydon and Barking and Dagenham.
- Held a number of tree planting events across London, including planting 20,000 trees across seven London boroughs in January 2011;
- Planted a new orchard and three woodlands in Redbridge, Greenwich and Bexley;
- Distributed 11,000 trees to over 50 communities across London through the Woodland Trust community tree packs programme.
- Held seed gathering events to encourage Londoners to grow their own trees from seed;
- Established London's first ever 'London Tree Week' to celebrate London's trees and woodlands.

Urban greening

There are parts of London where green space is at a premium; in these areas there is both an opportunity and an imperative to increase the amount of green cover. Urban greening describes the parts of green infrastructure that are most applicable in the most urbanised parts of the city. These include green roofs, street trees, and soft landscaping designed to contribute to sustainable drainage systems.

A few simple measures, such as planting climbers and wall shrubs, growing plants for wildlife, using permeable paving and installing green roofs, can ensure gardens are contributing to urban greening. You can also help reduce stormwater flows into drains (and thereby help in reducing flooding and improving water quality) by installing simple rain gardens.

The Mayor has a target to increase green cover across central London by 5% by 2030. In this respect urban greening is a key element of the much broader Climate Change Adaptation Strategy, which encourages the use of planting, green roofs and walls and soft landscaping.

Pocket Parks Programme

Pocket parks are part of the Mayor's London's Great Outdoors - the programme to improve streets, squares, parks, and canal and riverside spaces across London. The Pocket Parks initiative aims to deliver 100 new or enhanced pocket parks.

Pocket parks are small areas of attractive public space for all people to enjoy, providing relief from the hustle and bustle of the city. These spaces should have trees and greenery; they should be open to all; they should have places to sit and relax and for people to come together; and they should contribute to making the city friendlier, greener and more resilient.

The Mayor of London is directly supporting the creation and enhancement of 100 pocket parks through a funding programme launched in November 2012. These 100 new and improved spaces across London will be delivered by March 2015.

Harrow is bidding to be part of the Pocket Parks programme.

Active Travel- Bikeability

The Bikeability training scheme was introduced by the Department for Transport through Cycling England in 2007 as cycling proficiency for the 21st century. Both Barnet and Harrow Councils have been delivering the scheme for five years. The training follows the national standards/Bikeability syllabus and follows an agreed programme designed to give young cyclists the necessary skills to be safe road users. There are levels of training which are arranged for pupils of different age groups and ability:

Level 1: For children age eight or nine years - A two hour session of playground training covering basic cycle control. Pupils need their own cycle, and should have the ability to ride a short distance without assistance.

Level 2: Children over 10 years - Four sessions of two hours. Sessions are held in the playground and on local roads around the school site. Pupils should have reasonable balance and control of their bicycles, which should be suitable for riding on the road.

The London borough of Barnet are now working with Transport For London to establish new cycling routes

Active Travel- Walking

Walk on Wednesday (WoW) rewards students who regularly Walk on Wednesday or Walk once a Week. It aims to maintain year round enthusiasm for walking to school. In Barnet grants were paid to 11 schools to pay for them to purchase Walk on Wednesday resources.

Each year schools can take part in the National Walk to School Week campaigns that occur in May. Schools are supplied with resources for the week to encourage children to walk every day. In Barnet, at least 46 schools took part in May 2012.

Harrow schools also take part in the International October Walk to School Month. In Harrow online resources are provided to all primary schools to take part in a themed walk. A run of Theatre in Education shows with a sustainable transport message are available to schools during Walk to School Month.

Barnet also provide Theatre in Education to deliver an active travel message with eight secondary schools and 30 primary schools receiving this intervention last year.

Other Barnet based work includes cycle route maps created specifically for 21 schools, sustainable transport and active travel materials, practical pedestrian training for Year 4 in 43 schools and at Foundation and KS1 for a further 54 schools and installation of cycle storage for 51 schools up to July 2012.

Services in Barnet

Fit and Active Barnet Campaign

Barnet's Sports and Physical Activity Needs Assessment identifies that levels of physical activity are lower in Barnet in comparison to London and England average. The needs assessment also found that cost and access to facilities are the two main barriers for people being active. Enabling increased levels of activity requires these barriers to be addressed.

This campaign aims to provide a co-ordinated physical activity and healthy weight programme in Barnet. Outdoor Gyms and Activator programme will be conducted under this campaign alongside many other activities such as healthy walks.

Outdoor Gym

LBB plans to install five to six outdoor gyms in which are free to use, suitable for varying fitness levels, can be used in all weather conditions, do not require any specialist equipment or clothing and suitable for people of all ages and abilities. Outdoor gyms are similar to conventional indoor gyms but use equipment specially designed for outdoor use.

This programme also aims to provide a more local and sustainable form of physical activity which encourages people to be outdoors and use their local open and green spaces.

Currently in Barnet there is one Outdoor Gym located in Oak Hill Park, EN4. The project plan is to provide additional five to six outdoor gyms initially. The proposed locations will be in support of Barnet Council's priority of targeting areas of low participation in sports

and physical activity and deprivation. The priority areas will be the wards with the lowest rates of physical activity.

In addition to the health benefits the outdoor gym:

- Provides a fitness facility for those who can't afford a gym
- Creates a facility of benefit to a very broad section of the community
- Encourages inter generational activity
- Provides opportunities for mums and adults visiting playgrounds
- Encourages the use of parks and public spaces
- Creates a community facility that encourages social interaction
- Increases walking as many people walk to parks to use the outdoors gym equipments
- In children and young people, encourages better concentration in school and displacement of anti-social and criminal behaviour.
- Save money by significantly easing the burden of chronic disease on the health and social care services.

It is expected that the outdoor gym installation will be completed by March 2014, and it will be formally launched by April, 2014.

The Activator Programme

The Outdoor Gym Activator programme will train and use volunteers to increase participation levels through:

- Encouraging use of the outdoor gyms, highlighting availability for all residents
- Encourage the correct use and technique of the Outdoor Gym equipment
- Signposting local people to active health (exercise) possibilities

Identifying and targeting groups in the community that are the hardest to reach – peer activators will be encouraged and supported to use their local contacts to engage peers in their own communities. This will include local community groups, community centres, leisure centres and GP surgeries

We aim to provide a minimum team of six highly qualified volunteer "Activators" to encourage participation amongst most at risk local residents in the borough, and to support the ongoing usage of existing and any new outdoor health and fitness gyms.

The volunteers will be trained and receive Fitness Instructor Level 2 NVQ qualification which is the current industry standard. The training will give them the skills, knowledge and confidence to create an informal environment where their peers can learn how to exercise safely, effectively and independently to achieve health improvements. The volunteers will sign a pledge to commit to dedicating time each month to the project. An accredited training institution will be commissioned to provide the training to the

volunteers. The volunteer activators will carry out their Level 2 Fitness Instructor training from October, 2013 to March 2014.

The scheme is a means of promoting the outdoor gyms to the local population. It also helps to ensure that people are using the gym equipment properly and acts as a means of evaluating the effectiveness of the programme.

Services in Harrow

Active travel (adults)

Various initiatives have been developed to support people to consider and undertake more active means of travel, many in conjunction with the Local Authority. Cycle training is available to all residents of Harrow free of charge, walking maps are available to show what is within a five, 10 and 20 minute walk of the centre of Harrow, which is aimed at businesses who regularly travel throughout Harrow to meetings enabling them to encourage employees to walk rather than drive. Dr Bike sessions are held periodically in Harrow to encourage people to come along and give their bike a quick MOT. Regular events are held throughout the year to support national campaigns such as walk to work week.

Outdoor Gym Activators project

According to Sport England, "cost" and "access to quality facilities" are the two main barriers for people to overcome to increase levels of participation amongst non users and in later life to return as physical activity participators. Sport England's market segmentation research for Harrow, identifies key areas that have a low participation levels as in the East and South of the Borough.

Outdoor gyms are unique in that they are free and suitable for all to use, you don't need experience to use them and no special training or "kit" is required. The project builds on this original opportunity by providing a sustainable model by using and building strong relationships with volunteers. Other areas such as Camden have recognised that having fitness instructors would support and motivate people to use the gyms in their parks and Harrow council have used research to develop a programme of 'Outdoor gym activators'.

Harrow council, in partnership with Stanmore College, have supported 12 volunteers, recruited through the job centre, to receive a Fitness Instructor Level 2 NVQ qualification which is the current industry standard. The training gives them the skills, knowledge and confidence to create an informal environment where their peers can learn how to exercise safely, effectively and independently to achieve health improvements.

Six of the local parks in Harrow are now equipped with outdoor gym facilities. This has created a great opportunity for local people at their doorsteps. They can experience FREE fitness exercise outdoor among trees and whenever it is convenient for them. It removes the barriers of costs and access which are the two key factors impacting on the low levels of physical activity especially among disadvantaged sections of the population.

After going through CRB checks and completing the training 12 volunteers will be on placement for six months to provide two hours a week to help local communities use the gyms. Along the way they will be adding new skills and experience to their CVs and improve their confidence for further employment. Volunteer activators will be promoting the facilities within their local community as well as helping with the correct use of equipment. They will be providing advice and support for a healthier lifestyle and refer members of the public to other services.

The following six parks have the outdoor gym equipment in Harrow:

- Harrow Recreation Ground
- Kenton Recreation Ground
- Byron Recreation Ground
- Saddlers Mead Recreation Ground
- Alexandra Park
- Chandos Recreation Ground

An evaluation framework has been designed to help measure the difference made by the volunteer activators. Baseline information on how much the outdoor gyms are used was collected in June and this will be compared with three months after the activators are in place. Also a user questionnaire will be collected between July and October to assess the types of people using the service and their physical activity before and after the session.

A promotion campaign with press releases, posters, leaflets and through e-magazines, websites, email networks, local newspapers have been used to increase local people's awareness of the facilities and the sessions with trained volunteer activators. The project was launched on 30th June, at Under One Sky festival and a local promotion

campaign will target schools, children centres, community centres, libraries, leisure centres, GP Practices, pharmacies to increase usage.

Community growing

The aim of this project is to develop a community growing initiative that builds upon current community assets such as under utilized green space, community organisations and skills within the area. The project aims to build community cohesion and inclusion in the neighbouring areas; improve the physical and emotional wellbeing of participants as well as utilising green spaces and promote biodiversity

Local communities will be involved in the design of the project and in setting the outcomes they want to achieve. The pilot projects will ensure the project model is built to achieve sustainability within the community

It is anticipated that the project will start in October 2013.

What could we consider doing?

The Councils

- Provide leadership across the local partnerships to promote physical activity and a process of continuous evaluation to understand whether the changes made lead to the expected outcomes
- Make increased physical activity a priority in the planning of new development and transportation projects, by incorporating Health Impact Assessments
- Adopt and develop policies that promote active transport and make it easier to access physical activity and recreation areas, e.g. by allowing for residential and commercial use near each other (mixed-use development)
- Create policies that encourage new schools to be sited in locations that allow children to cycle and walk to school
- Ensure that the distribution of facilities is equitable and offers opportunities to encourage physical activity in disadvantaged areas
- Incorporate safe routes to schools and workplaces in transport planning to encourage cycling and walking to school and work
- Improve the infrastructure for walking and cycling to promote active transport
- Adopt “traffic calming” street design standards and elements to reduce vehicle speed and promote safe cycling and walking, for all ages

Communities

- Look at how to maximize use of school and community spaces for physical activity during and outside school hours.
- Develop your own local environmental greening project or bid for a pocket park.

Schools

- Monitor physical activity space and equipment for safety
- Offer staff opportunities for physical activity – and act as role models for children
- Develop active transport plans (bike, walk to school), working with local government and community groups

Workplaces

- Allow flexible work time or breaks to allow participation in physical activity
- Promote the use of stairs, such as by using signs or by making stairwells safe and attractive
- Have an active transport supported by provision of bicycle storage, showers and/or changing facilities
- Implement formal policies that promote physical activity in the workplace, such as polices for exercise breaks or bicycle parking
- Larger employers should look at the provision on-site gyms or other physical activity facilities, such as walking paths

Parents and carers

- Be active as a family, choosing activities that family members of all ages and abilities can enjoy such as walking in one of the many parks and open spaces in the boroughs.
- Be a role model for children by becoming more physically active and by limiting sedentary activities, such as television watching
- Promote safe physical activity, such as having children wear bicycle helmets
- Walk or cycle to school with children
- Encourage children to play outside

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The Director of Public Health Challenge

At the start of this report, I said we would look at physical activity from all angles and by all groups in our community and I think we've done that.

We've shown you how physical activity is good for you both physically and mentally, we've told you about what we've done to help you become more active and what's available out in the community.

So now I'd like to challenge you to see what you can do to become more physically active or to help your family, friends or neighbours do so.

Tips to start getting fit

Ready, set, goal!

Set one easy, specific, measurable goal at a time – make your first one really easy to achieve and you'll feel great that you achieved it and then you can build on it from there.

Don't say "I'm going to exercise", say "I'm going to walk for 15 minutes during my lunch break on a Wednesday and then walk back again"

Then write it down and put it where you can see it – it will remind you each time you look at it.

Do what's right for you

Going to the gym is some people's ideal place to exercise but it isn't everyone's cup of tea. Think about what you like doing, and build your activity around it. Alternatively, think of things that seem more like a fun or productive activity than like work. Anything that gets you moving around for at least 20 minutes will work. You might like team games, a kick about with the kids in the park, a walk with friends, gardening, dancing or washing the car. There's something for everyone and it doesn't have to cost a fortune – and sometimes it's completely free.

Having loose-fitting comfortable clothing and supportive shoes will ensure that you don't over heat or feel uncomfortable because they don't move with you and that you don't damage your feet or ankles when exercising. Your trainers should have good cushioning and arch supports.

Warm Up - Cool Down – Stretch

Of all the exercise tips, this is the one that is critical and very often ignored. Before starting any exercise, whether it's walking, dancing to your favourite fitness DVD or working out at the gym, make sure to warm up and stretch your muscles. You want to ensure you don't tear any muscle tissue during your workout.

Your warm up should be approximately five minutes. Simply walk or march in place for a few minutes to warm your muscles. Next, take some time to stretch your muscles to ensure proper flexibility and range of motion for your exercise routine.

And when you've finished, don't just stop suddenly, you need to cool down. The main purpose of cooling down is to bring your breathing, body temperature and heart rate back to normal slowly. Your cool down should also be five minutes to 10 minutes. Your muscles will now be nice and warm and you should get a deeper and more beneficial stretch to all your major muscles and any muscles you used during your exercise or sport. This will stop them becoming too achy later on. Each stretch should be held for 30 seconds.

Start Slowly

Most people try to do too much when they start exercising. It's important to start out slowly especially if you have been inactive for a long period of time. The speed and amount of your exercise or the length of your walk should match your level of fitness. It's fine to break up your exercise into chunks throughout the day. Even little bits of regular exercise and activity add up to big benefits. It may be necessary for you to start with just 10 or 15 minutes and increase as you feel able.

Get motivated

Writing down your goal and logging your success is a good way of remaining motivated.

Telling people about your goal is another way. It can encourage them to join you, so you can encourage each other, and they will act as a reminder when you're not feeling self motivated and they can celebrate your successes with you.

Plan a non-edible reward when you reach your goal, as a motivation to keep you going.

Let us celebrate with you

Of course, you can keep your successes to yourself or you can celebrate them with us. Let everyone know what you've done, how you feel and how they can join in with the challenge.

You can do this in a number of ways:

- Tweet using the one of the hashtags #DPHchallengeHarrow or #DPHchallengeBarnet depending on borough where you live..
- Put a message on one of either the Barnet Council or Harrow Council Facebook pages or mention us on your Facebook page using #DPHchallengeHarrow or #DPHchallengeBarnet
- Follow our blog - http://dphchallenge.blogspot.co.uk/ and comment on our regular posts which will give tips and advice on becoming more active
- Mention us on your blog using #DPHchallengeHarrow or #DPHchallengeBarnet
- Send us an email to publichealth@harrow.gov.uk with the subject line My DPH Challenge

In May 2014, my team and I will shortlist all entries and I choose the most inspiring stories from Harrow and from Barnet who will receive an award.

In addition, we will have an award for one primary and one secondary school in each borough and one community award from each borough.

All of the shortlisted entries will be invited to come to the first Public Health awards ceremony in summer 2014 to celebrate your success stories.

Project Team

Project lead

Carole Furlong
Public Health Consultant

Editor

Leah de Souza -Thomas
Knowledge Manager

Chapter Authors

Laura Waller
Health Improvement Officer
Barnet & Harrow Public Health Team

Sarita Bahri
Public Health Analyst
Barnet & Harrow Public Health Team

Lauren Hayes
Health Improvement Officer
Barnet & Harrow Public Health Team

Tim Hoyle
Health Improvement Officer
Barnet & Harrow Public Health Team

Allison Duggal
Public health Consultant
Barnet & Harrow Public Health Team

Lioudmila Mamaeva
Health Improvement Specialist
Barnet & Harrow Public Health Team

Leah de Souza-Thomas
Knowledge Manager
Barnet & Harrow Public Health Team

Carole Furlong
Public Health Consultant
Barnet & Harrow Public Health Team

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Alison Sharpe
Travel Plan Coordinator
Development and Regulatory Services (DRS)
London Borough Barnet

Anna Kirk
Senior Health Improvement Specialist
Barnet & Harrow Public Health Team

Claire Bailey
Information Analyst
London Borough Barnet

Clifton Jackson
Service Manager Sports Development
Harrow Council

Dan Wilson
Curriculum Consultant for Physical Education
Harrow School Improvement Partnership

Doreen Luff
Head of Business Development
Harrow Mencap

Fuad Omar
Sustainable Transport Officer
Harrow Council

Harvi Singh
Sport Development Officer
Harrow Council

Ian Hutchinson
Commissioning Lead Adults and Communities
London Borough Barnet

Jeff Lake
Public Health Consultant
Barnet & Harrow Public Health Team

Layla Hall
Strategic Manager

Barnet Partnership for School Sport
London Borough Barnet

Matt Pennells
Senior GI Officer and Web & GIS Project Manger
Harrow Council

Luke Studden
LLPG & GIS Officer
London Borough Barnet

Matthew Gunyon
Leisure Contracts Manager
London Borough Barnet

Mina Fernando
Public Health Commissioning Support Specialist
Barnet & Harrow Public Health Team

Nick Mabey
Insight Officer
London Borough Barnet

Rachel Wells
Consultant in Public Health
Barnet & Harrow Public Health Team

Richard Segalov
Divisional Director Early Intervention Services
Harrow Council

Sabina Hussain
Public Heath Trainee with Harrow PCT

Sally Hone
Health Improvement Specialist
Barnet & Harrow Public Health Team

Seher Kayicki
Senior Health Improvement Specialist
Barnet & Harrow Public Health Team

Temmy Fasegha
Joint Commissioner Mental Health & Learning Disabilities
London Borough Barnet

Tim Bryan
Service Manager - Library, Sport and Leisure
Harrow Council

Tom Burton
Sports Development Manager
Youth & Community Service
London Borough Barnet

Ukonu Obasi
Health Improvement Specialist
Barnet & Harrow Public Health Team

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Barnet and Harrow Public Health Team
Civic Centre
Station Road
Harrow HA1 2XY

Tel: 020 8863 5611
publichealth@harrow.gov.uk

www.barnet.gov.uk
www.harrow.gov.uk

October 2013

Imperial College Healthcare NHS
NHS Trust

Imperial College Healthcare NHS Trust consultation on its foundation trust application

1. Purpose of this paper

1.1 To inform the Health and Social Care Scrutiny Sub-Committee about the Trust's consultation on its proposals and plans for becoming a foundation trust and seek its views and comments.

2. Reasons for wanting to become a foundation trust

2.1 The Trust sees becoming a foundation trust as an important step for the organisation - not an end in its own right. It is a symbol of a well-organised, well-run, well-led organisation which delivers healthcare to the highest standards of safety and quality.

2.2 Achieving foundation trust status is therefore seen as a means towards:
- bringing our Trust closer to our patients and local communities
- further strengthening engagement with our people
- providing greater freedom to innovate and develop our services

3. The foundation trust consultation

3.1 The Trust's consultation document 'Working in Partnership' sets out its plans to become an NHS foundation trust. It explains the reasons for the application and what becoming a foundation trust will mean for the organisation and the people who work for the Trust, its patients and the public, and partner organisations.

3.2 A key part of the Trust's foundation trust application is the consultation with its patients, people, the public and partner organisations. The Trust would therefore like to hear what the Scrutiny Sub-Committee thinks of the proposals.

3.3 The consultation period will run for a period of 12 weeks from 11 November 2013 until 10 February 2014. As part of this consultation, the Trust will be meeting with elected representatives, overview and scrutiny committees, staff, partner organisations and holding public meetings.

4. Areas for views and responses

4.1 In particular, the Trust would welcome the Scrutiny Committee's views and comments on its proposals covering:
- vision for its future as an organisation
- minimum age for membership
- public, patient and staff constituencies
- public membership for the whole of Greater London
- no subdivision of the patient membership
- staff to automatically become members unless they choose to opt out
- subdivision of staff membership
- membership levels
- size and composition of the council of governors
- minimum age of governors
- arrangements for council of governor elections
- plan for the board of directors

5. Trust information

5.1 Imperial College Healthcare NHS Trust was created in October 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and partnering with the faculty of medicine at Imperial College London.

5.2 The Trust treats patients at every stage of life – from conception through to care of the elderly – with over 55 specialist services for both adults and children. There are five hospitals in the Trust.

5.2.1 Charing Cross Hospital: a general hospital that provides a range of adult clinical services. The hospital currently hosts one of eight hyper-acute stroke units in London. It is also a key site for teaching medical students from Imperial College London.

5.2.2 Hammersmith Hospital: a general hospital and is well known for its research achievements, hosting a large community of Imperial College London postgraduate medical students and researchers. The hospital hosts the heart attack centre for north west London.

5.2.3 Queen Charlotte's & Chelsea Hospital: provides maternity and women's and children's services. The hospital has extensive high-risk services and cares for many women with complicated pregnancies. The hospital also has a midwife-led birth centre for women with routine pregnancies who would like a natural childbirth experience.

5.2.4 St Mary's Hospital: a general acute hospital that diagnoses and treats a range of adult and paediatric conditions. The hospital also provides maternity services and hosts one of four major trauma centres for London.

5.2.5 Western Eye Hospital: dedicated to ophthalmology offering the only 24-hour emergency eye care service in west London.

6. Trust performance

6.1 A focus on quality has brought benefits to patients, with indicators demonstrating that the Trust is maintaining and improving its performance, in a range of areas resulting in swifter, safer treatment for patients.

6.2 The sum of these efforts is reflected in the Trust's mortality rates, which are amongst the lowest in the country.

6.3 Financially, having eliminated the underlying deficit in 2011-12, the Trust's plan for 2012-13 was to deliver a surplus to provide a stable platform for an application to become a foundation trust. On an annual turnover of £971 million, the surplus of £9 million was an £8.5 million overachievement on plan. This demonstrated the continued improvement the Trust has made and needs to sustain into 2013-14.

6.4 While the Trust has made good progress it faces current and future challenges and recognises areas for further improvement. Throughout 2013-14, there continues to be a focus on meeting all the national cancer standards, preventing infections wherever possible and improving patient experience.

7. Proposals for becoming a foundation trust

7.1 Monitor, the regulator of health services in England, requires the Trust to develop new governance arrangements that will increase community and partnership working through a membership structure and council of governors. The basic governance structure of all NHS foundation trusts includes:

- membership
- council of governors
- board of directors

7.2 Membership

7.2.1 Membership of a foundation trust is an excellent way of becoming more involved in the way that healthcare works. It is proposed that the minimum age for membership should be 16 and would be drawn from three constituencies:

- Public members
- Patient members
- Staff members

7.2.2 Public

- The proposal is for a single public constituency for Greater London covering the 32 London Boroughs and the City of London

7.2.3 Patient

- Anyone who has been a patient of the Trust, including private patients, within the last five years is eligible to become a member
- Some foundation trusts have sub-divided the patient constituency - for example to include 'carers'. The Trust is not proposing any sub-divisions

7.2.4 Staff

- Staff membership is open to any current employee of Imperial College Healthcare NHS Trust with a permanent, temporary or fixed-term contract for at least 12 months
- In order to ensure that input from the staff constituency is representative, it is proposed to sub-divide the staff constituency into two sections: clinical and non-clinical

7.2.5 Members would be asked to indicate which level of membership they would like to have when they join. The proposed membership levels are:

- Informed Member – receive information
- Involved Member – attend meetings and events
- Active Member – participate in surveys/projects/elections

7.3 Council of governors

7.3.1 The council of governors is the body through which the membership maintains dialogue with the Trust board. It has a number of important roles and responsibilities. Any foundation trust member would be eligible to become a governor so long as they are not disqualified by statutory or other grounds as set out in the Trust constitution.

7.3.2 Public, patient and staff governors would be voted in by their constituencies via elections whereas partner governors will be appointed by the partner organisations.

7.3.3 Monitor requires all governors to be aged 16 years or over and the Trust proposes 16 as a minimum age.

7.3.4 Foundation trust legislation stipulates minimum requirements for the composition of the council of governors, i.e. it must include staff representatives as well as representatives from the public, the local authority, education and partner organisations. It is also mandatory that public and patient governors together comprise over 50 per cent of the council of governors.

7.3.5 Elections would be held for all public, patient and staff representatives on the council of governors. The Trust is proposing the following:

- governors would normally be elected for a three-year term
- governors would be entitled to stand for election again once their term was completed up to a maximum of nine years
- elections would be carried out by a recognised independent third party
- elections would be conducted using the 'first past the post' system
- should vacancies arise, these would be filled either by appointing the runner-up in the previous election (should that be within six months of the election) or by having a by-election for that vacancy

7.3.6 The proposed composition of the council of governors provides for two governor positions from local authorities. Nominated partners would choose their own process for deciding governor appointments.

To ensure our council of governors is representative, we propose a total of 31 governors, which would be allocated as follows:

Constituency	Section/Partner	Number of seats
Public	Greater London	8
Patients	Patients within the last five years	8
Staff	Clinical	4
	Non-clinical	1
Nominated partners	Clinical commissioning groups	1
	NHS England	1
	Local authorities	2
	University: Imperial College London	1
	AHSC partners	3
	Independent medical charity	1
	Voluntary organisation	1
Total size of council of governors		**31**

7.4 Board of directors

7.4.1 As a foundation trust the Trust will continue to have a board of directors made up of non-executive directors (NEDs) and executive directors. They will be legally accountable for the running of the organisation setting the Trust's strategic aims and objectives. The Trust board will be responsible for the management, leadership and day-to-day performance of the organisation.

7.4.2 All NHS and NHS foundation trusts are required to have a board of directors in which a majority are NEDs. The chairman of the Trust is automatically appointed to the council of governors.

8. Trust vision for the future

8.1 The Trust's vision and values reflect its position as the major provider of acute healthcare services to the residents of north west London, with a leading reputation in specialist services, academic research and medical education. In delivering this vision, the Trust is committed to always putting patients first, making high quality, safe and compassionate care its top priority.

8.2 The proposed Trust vision is:
"To improve the health and wellbeing of all the communities we serve and, working with our partners, accelerate the implementation into clinical practice of innovations in research, teaching and clinical service in order to transform the experience of our patients."

8.3 Four strategic objectives have been developed to support the achievement of this vision:
"1. To develop and provide the highest quality, patient-focused and efficiently delivered services to all our patients.
2. To develop recognised programmes where the specialist services the Trust provides defining services) are amongst the best, nationally and internationally and leverage this expertise for the benefit of our patients and commissioners.

3. With our partners, ensure high-quality learning environment and training experience for health sciences trainees in all disciplines and develop a satisfied workforce that is representative of the communities the Trust serves.
4. With our partners in the academic health science centre and leveraging the wider catchment population afforded by the Academic Health Science Network, innovate in healthcare delivery by generating new knowledge through research, translating this through the AHSC for the benefit of our patients and the wider population."

8.4 To help deliver the best quality healthcare into the future, the Trust has been working in partnership with its commissioners and other healthcare partners across north west London to develop plans to consolidate core teams, skills and facilities onto specific hospital sites.

8.5 The Trust's emerging clinical strategy has been developed following the principles set out in Lord Darzi's 2007 strategy for the capital, Healthcare for London and more recently, the *Shaping a healthier future* programme for north west London. Both are firmly based on three principles which the Trust strongly supports:

- Localising routine medical services where possible means better access to care closer to home and improved patient experience
- Centralising specialist services where necessary drives up quality through better clinical outcomes and safer services for patients
- Integrating patient pathways between primary and secondary care, with involvement from social care, to give patients a joined-up service

8.6 The Trust's strategic aims are consistent with the *Shaping a healthier future* proposals to ensure patients benefit from the:

- most modern medical techniques/models of care
- highest standards of clinical expertise
- best possible facilities.

8.7 The Trust sees each of its three main hospitals developing their own distinctive and interconnecting character:

- Hammersmith Hospital: continuing on its path as a specialist hospital with a strong focus on research
- St Mary's Hospital: being the acute/emergency hospital for central London
- Charing Cross Hospital: developing as a flagship local specialist health and social care hospital with planned/elective surgical innovation and care services

8.8 All three hospital sites would continue providing local services as well as their particular unique function.

9. Next steps

9.1 An important part of the Trust's application for foundation trust status is to consult with our patients, people, the public and partner organisations. The consultation period runs until 10 February 2014.

9.2 The findings of this consultation will be submitted to the Trust's board of directors who will review and consider all the feedback and use it to shape the final application for foundation trust status. A summary of the results of the consultation and the Trust response will be made publicly available.

9.3 The timetable following the consultation period features the following next steps:

- Spring 2014: NHS Trust Development Authority assesses the foundation trust application for submission to Monitor
- Summer 2014: Monitor undertakes official assessment
- December 2014: The Trust is awarded foundation trust authorisation

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