

Contents

1.1	Introduction.....	2
1.2	Causes and risk factors	4
1.2.1	Children and young people.....	5
1.2.2	Adults.....	8
1.3	Local data and unmet need	9
1.3.1	Local data on levels of physical activity	9
1.3.2	Unmet need	12
1.4	Inequalities	15
1.4.1	Age	15
1.4.2	Gender.....	17
1.4.3	Ethnicity and religion.....	19
1.4.4	Disability and long-term illness.....	19
1.4.5	Sexual orientation and gender identity.....	20
1.4.6	Socio-economic disadvantage	20
1.4.7	Location within Hackney and the City	20
1.5	Comparisons with other areas and over time	20
1.5.1	Children and young people	20
1.5.2	Adults.....	22
1.6	Evidence and good practice	26
1.6.1	Overview of national guidance	26
1.6.2	Best practice recommendations.....	28
1.7	Services and support available locally.....	31
1.7.1	Children and young people	32
1.7.2	Adults.....	33
1.8	Service gaps and opportunities	34
1.9	References	36

1 Physical activity and inactivity

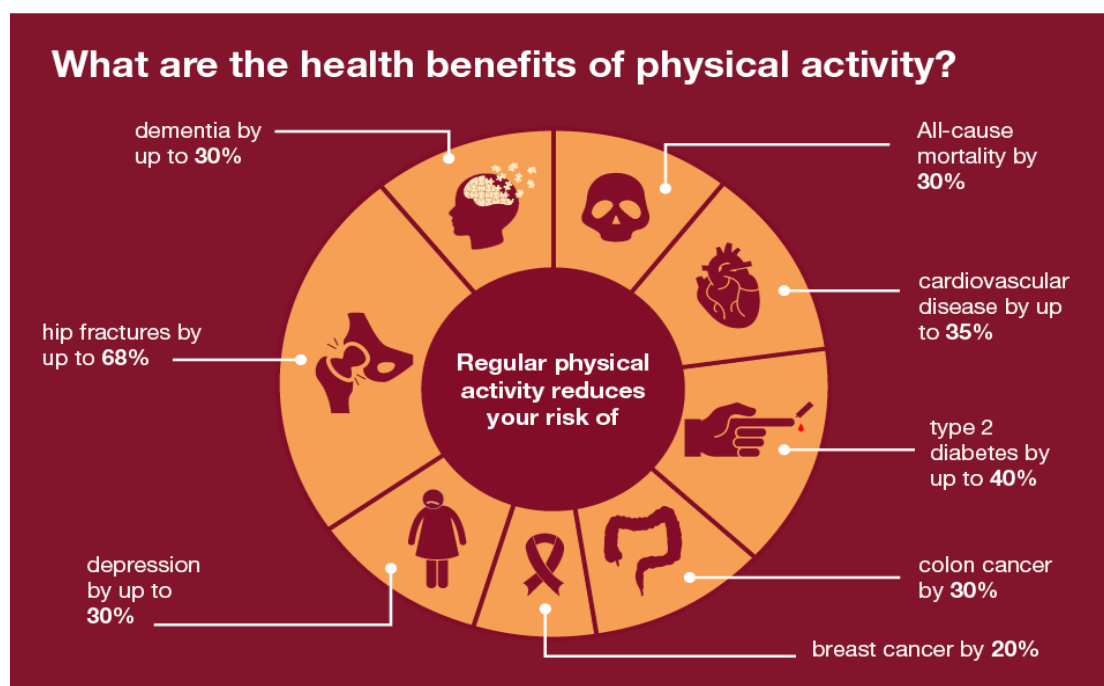
1.1 Introduction

Physical inactivity contributes to one in six deaths in the UK and increases the risk of a wide range of health problems - including obesity, cardiovascular disease, colon cancer, hip fractures, depression and dementia. [1] [2] Some estimates suggest that physical inactivity is responsible for twice as many deaths as obesity. [3] While it is not until adulthood and older age that most of the associated increase in ill health and premature deaths is observed, the exposure to health risks through physical inactivity begins in childhood.

As well as affecting individual health and wellbeing, physical inactivity also puts pressure on public services. Conditions related to inactivity are estimated to cost the NHS in Hackney and the City a total of £2.2 million a year, with the largest costs associated with treating diabetes (over £900,000 a year). [4]

Being physically active, therefore, has huge benefits for health and wellbeing, helping to prevent and manage over 20 chronic conditions and diseases (see Figure 1), many of which are on the rise and affecting people at an earlier age. [2] Supporting inactive people (those doing less than 30 minutes of at least moderate physical activity per week) to become more active could prevent one in 10 cases of stroke and heart disease in the UK and one in six deaths from any cause. In Hackney alone, if all adults aged 40-79 were active at recommended levels, 106 deaths could be prevented each year. [5] Physical activity can slow or prevent age-related cognitive decline, and is associated with a lower risk of developing dementia; it can also be highly effective in reducing the incidence of falls, the leading cause of accidental death in older people in England. [6] Research shows that the greatest reduction in risk of premature death comes when people who are inactive start doing even a small amount of physical activity. [3] The strength of evidence for the health benefits of physical activity led the Academy of Medical Royal Colleges to describe exercise as a 'miracle cure'. [7]

Figure 1: Health benefits of physical activity [2]



Source: Public Health England

Recognising the importance of physical activity for health, the government's Chief Medical Officer (CMO) has released guidelines covering different age groups (0-5, 5-18, 18+) to communicate what constitutes physical activity, how much physical activity people need to do, and the health benefits of physical activity. A summary of CMO guidelines is set out below. [8] [9] [10]

- Infants who are not yet walking should be physically active from birth and minimise sedentary time.
- Infants who are capable of walking unaided should be physically active for at least three hours (180 minutes) spread throughout the day.
- Children and young people aged 5-18 should be physically active for at least 60 minutes every day and should minimise the time spent sitting.
- Adults should aim to be active daily and do at least 150 minutes of moderate intensity physical activity (or at least 75 minutes of vigorous physical activity) each week. Moderate intensity means activities such as brisk walking or cycling, or any other form of physical activity which causes adults to get warmer and breathe faster and their hearts to beat more quickly, but where they can still carry on a conversation. People doing vigorous physical activity would have difficulty talking while doing the activity. Adults should minimise the time spent sitting.
- Older adults (over age 65) should aim for the same thresholds as other adults and, if they are at risk of falls, should incorporate physical activity to improve balance and coordination on at least two days a week.

Despite these guidelines, only over half (57%) of adults in England meet the recommended levels of physical activity and more than a quarter (29%) are estimated to be inactive (i.e. do less than 30 minutes of moderate exercise a week). Similarly, only a minority of children meet the current guidelines for physical activity. [11] [12]

Box 1: Definitions used in this section

Obese – someone who is very overweight, with a lot of body fat. The most widely used method of measuring obesity is body mass index (BMI), which is a measure of whether a person is a healthy weight for their height. BMI is calculated by dividing someone's weight (in kilograms) by their height (in metres) squared.

Physical activity – any body movement that works a person's muscles and requires more energy than resting. Walking, running, dancing, swimming, housework and gardening are all examples of types of physical activity.

Physical inactivity – a term to describe people who do not get the minimum recommended amount of regular physical activity. For adults, a person who does less than 30 minutes of physical activity per week is defined as inactive.

Sedentary – refers to sitting down, a person tending to spend a lot of time sitting down, or a way of life characterised by a lot of time spent sitting down.

1.2 Causes and risk factors

As mentioned in the introduction, more than a quarter of adults report being inactive (i.e. do less than 30 minutes of moderate exercise a week). Inactivity is much more common among certain population groups, including those living in socially deprived circumstances, older people, people with disabilities and certain minority ethnic communities (see Section 1.4).

The beneficial effect of physical activity for the prevention of a range of chronic diseases is widely acknowledged. These chronic conditions are most pronounced in economically disadvantaged groups where physical activity levels are consistently lower, yet these groups are particularly difficult to recruit and retain in physical activity programmes. A research study on barriers and enablers to engaging low income groups in physical activity programmes noted the following factors: [13]

- participants reported cost, childcare, lack of time and low awareness as barriers to joining activity classes
- the need for support, confidence and competence in order to take up activity was widely expressed, particularly among women
- once people are active, high levels of social interaction, interest and enjoyment are associated with improved levels of retention.

Based on research in Australia, among older people, ill health and lack of people to exercise with can be perceived as barriers. Making time to be active was considered to be an enabler for physical activity by members of this group. [14] A comparison of research from several countries on motivators and barriers to physical activity among older people highlights the following factors: [15]

- common physical activity *motivators* - positive expectations, feeling healthy, social support, easy access to facilities or affordable community-based programmes, guidance or encouragement from health professionals, and institutional encouragement
- common physical activity *barriers* - health problems, lack of support, cultural/social norms, functional ability, and the fear of falling and injury.

The barriers and facilitators to physical activity for people with disabilities vary with the type of disability that the person has. Social support from family and friends has been

consistently positively related to regular physical activity, as with other groups. [16] There are common threads in research on understanding causes of lower levels of physical activity among people with disabilities, with barriers to participation including: [17]

- poor physical education (PE) provision in schools and negative school experiences
- low expectations from teachers, families and peers
- lack of knowledge of what is available
- lack of information and expertise
- poor community facilities and lack of access to facilities and programmes
- ad hoc structures and approaches
- transport difficulties
- lack of coverage of a wide range of sports in the media
- lack of experience of the benefits of physical activity
- untrained staff and lack of accessible facilities
- lack of companions who can facilitate/assist people with disabilities to access facilities and programmes when required.

Among people from minority ethnic groups (recognising that factors will vary between and within groups), the research suggests that barriers and enablers can be grouped by the following themes: [18]

- perceived personal barriers (such as lack of motivation)
- socio-economic barriers (such as lack of funds to pay for activities or childcare)
- cultural barriers (such as perceptions of exercise)
- environmental barriers (availability of facilities, for example).

The attitudes of participants towards physical activity are also affected by other cultural factors such as language barriers, religion and cultural dress codes, and lack of availability of women only sessions at sport facilities.

For further local context, the rest of this sub-section draws on evidence from the 2015 Hackney resident health and wellbeing survey carried out by Ipsos MORI on behalf of Hackney Council. [19] This survey (based on a sample size of 1,009) asked a number of questions relevant to the barriers and facilitators to physical activity among adult (age 16+) residents and their children. Relevant findings from another local survey, this time of children and young people (aged 11-19) in Hackney carried out by Rockpool Associates in 2012, are also referenced (this survey involved a sample size of 844). [20]

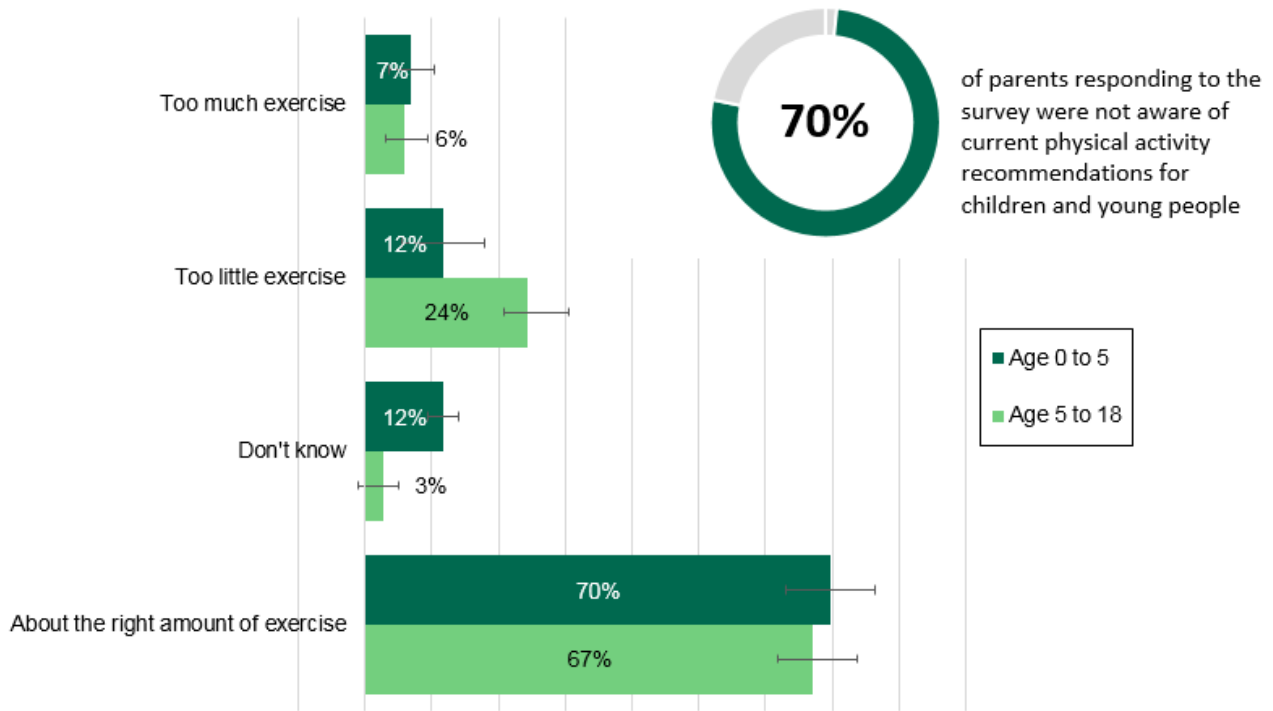
1.2.1 Children and young people

Almost three quarters of parents who responded to the 2015 Hackney resident health and wellbeing survey said they did not know how much physical activity children and young people should be doing according to national guidelines (77% of parents of under 5s and 64% of parents of 5-18 year olds said this). [19] Nearly a quarter of parents of 5-18 year olds in this survey felt their children do too little exercise; one in 10 parents of children under 5 feel the same way (see Figure 2).

For the parents of under 5s who felt that their children do too little exercise, the main reason cited was lack of facilities or access to suitable sessions, including timing. Among the parents with children aged between 5 and 18 who felt their children do too little exercise,

the most common reason they cited was lack of facilities or access to suitable sessions (again including the timing of sessions available), followed by lack of time. [19]

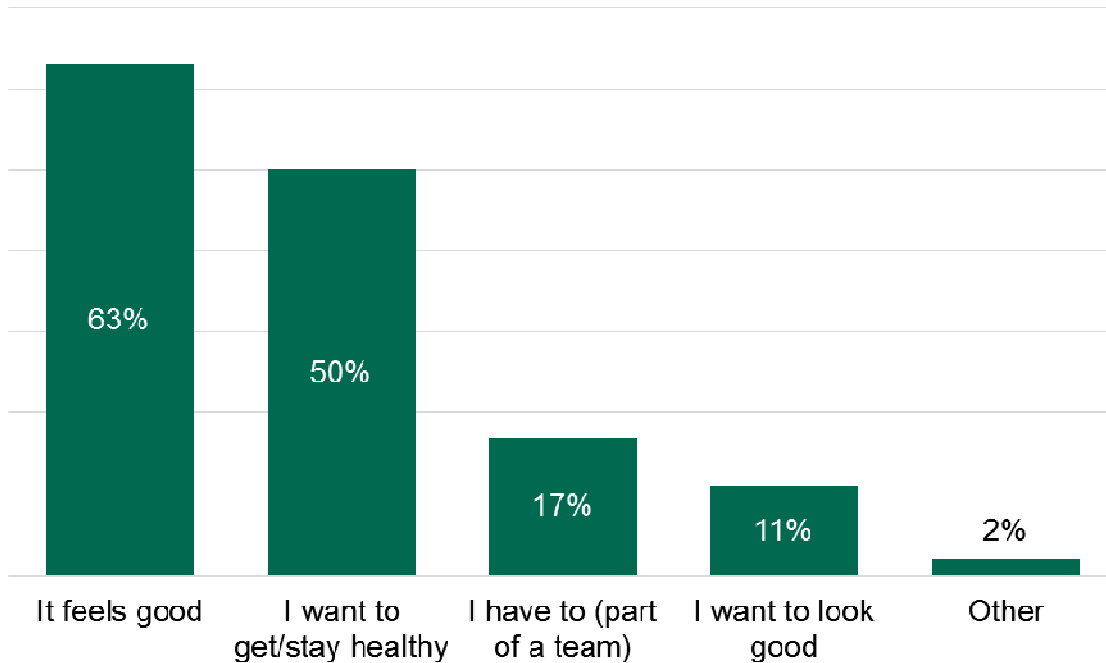
Figure 2: Perceptions of parents in Hackney regarding the extent to which their children are doing enough physical activity (2015)



Source: Hackney resident health and wellbeing survey (2015)

The Rockpool survey found that 70% of young respondents played sport or did an activity to keep fit outside of school. The most common motivation for playing sport outside of school was that it 'feels good' (Figure 3). [20]

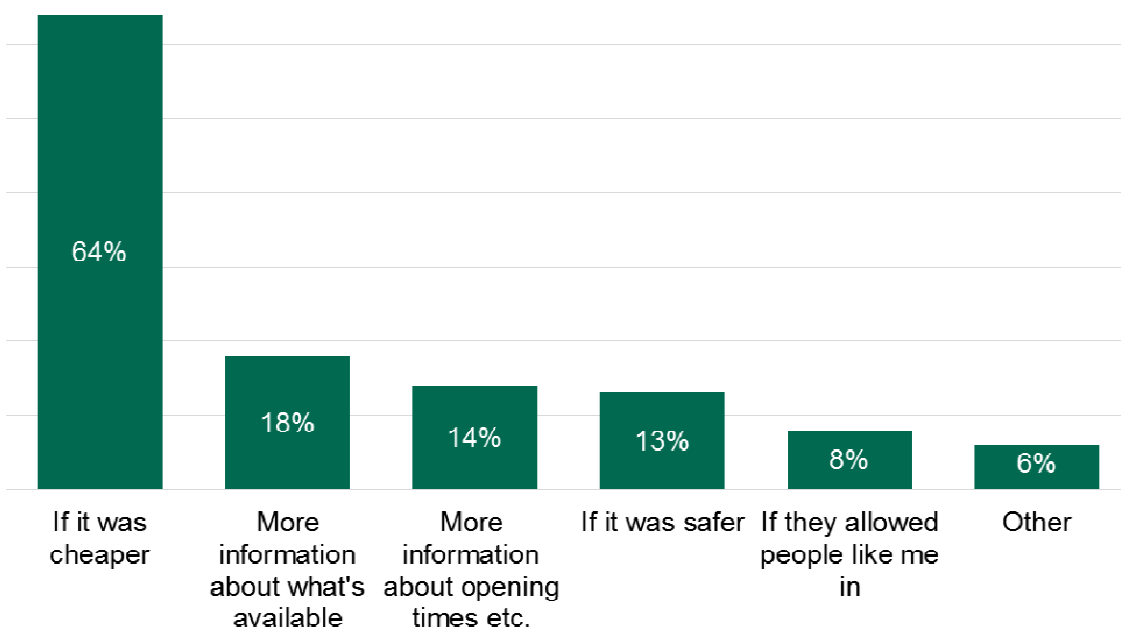
Figure 3: Motivation of young people in Hackney to do sport, among those who participate (age 11-19, 2012)



Source: Rockpool survey, Healthy lives in Hackney (2012)

Among the young people who said they attend sports facilities, by far the most common factor cited that would make it easier for them to attend was cost (63% of these respondents said 'making it cheaper' would make it easier for them to attend, as shown in Figure 4).

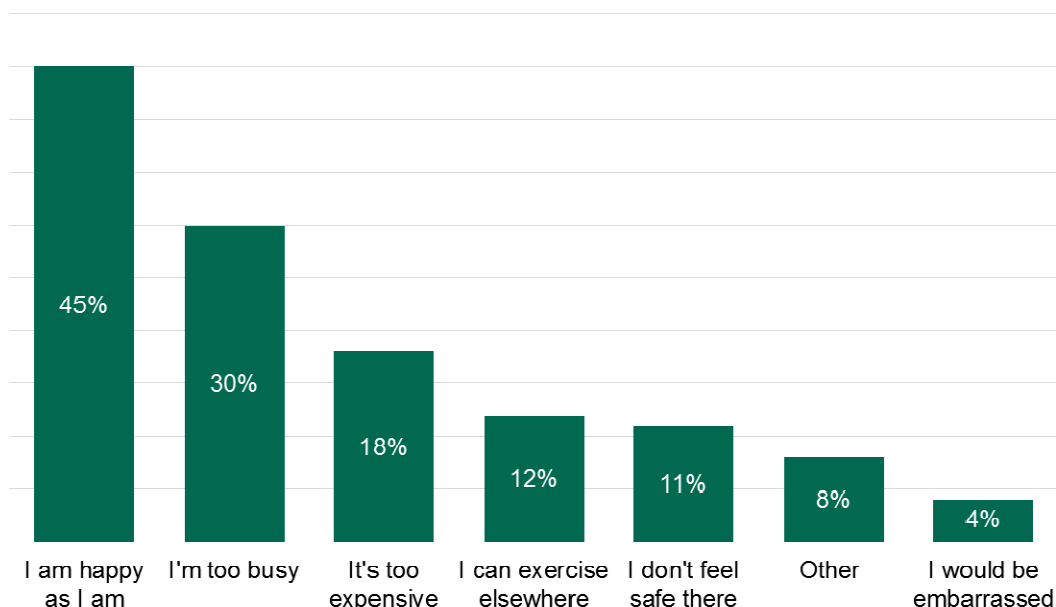
Figure 4: Factors that would make it easier for young people in Hackney to access sports facilities, among those who have visited a facility (age 11-19, 2012)



Source: Rockpool survey, Healthy lives in Hackney (2012)

The Rockpool study also examined what deters people who do not want to go to a sports facility. One in five respondents said they did not go to and did not intend to go to a sports facility, the most common reason given being that 'I am happy as I am', as shown in Figure 5. Girls were more likely than boys to cite cost as a barrier. [20]

Figure 5: Reasons young people give for not wanting to visit a sports facility (age 11-19, 2012)



Source: Rockpool survey, Healthy lives in Hackney (2012)

1.2.2. Adults

Adult respondents to the 2015 Hackney resident health and wellbeing survey cited a range of barriers to doing (more) physical activity, with the most common being lack of time/other commitments, lack of fitness or health problems (such as old age, tiredness or physical incapacity) and inadequate/insufficient facilities or classes, as shown in Table 1.

Table 1: Barriers to physical activity reported by Hackney adults (age 16+, 2015)

Reason	Percentage
Lack of time/other commitments	37%
Health/fitness/injury barriers	17%
Cannot be bothered	9%
It's too expensive	6%
Inadequate/insufficient facilities or activities	4%
Work commitments	2%
Family commitments/looking after child/baby	2%
Being tired	2%
Weather	2%
Facilities/classes difficult to get to	2%

Source: Hackney resident health and wellbeing survey (2015)

Perceived barriers to doing (more) physical activity vary strongly by the amount of physical activity that residents already do: [19]

- respondents who are already active for more than 150 minutes a week were more likely to say the reason they do not do more exercise is a lack of time/other commitments (71% felt this was a barrier) in comparison to inactive residents (30% saw this as an obstacle)
- those who are less active were most likely to cite lack of health or fitness (34% of those who do no vigorous physical activity state this, compared to 13% of those who do more than 75 minutes per week).

Another recent study in Hackney, which looked at the potential to encourage more walking (and reduce the use of cars) locally, found that perceived barriers to walking include safety concerns, and a lack of signage/information to facilitate walking. [21]

1.3 Local data and unmet need

The 'Children and young people' and 'Adult health and illness' JSNA chapters describe local data on a range of health outcomes related to physical activity and inactivity in Hackney and the City. Here, the focus is on data which describes levels of physical activity in the local population.

1.3.1. Local data on levels of physical activity

Children and young people

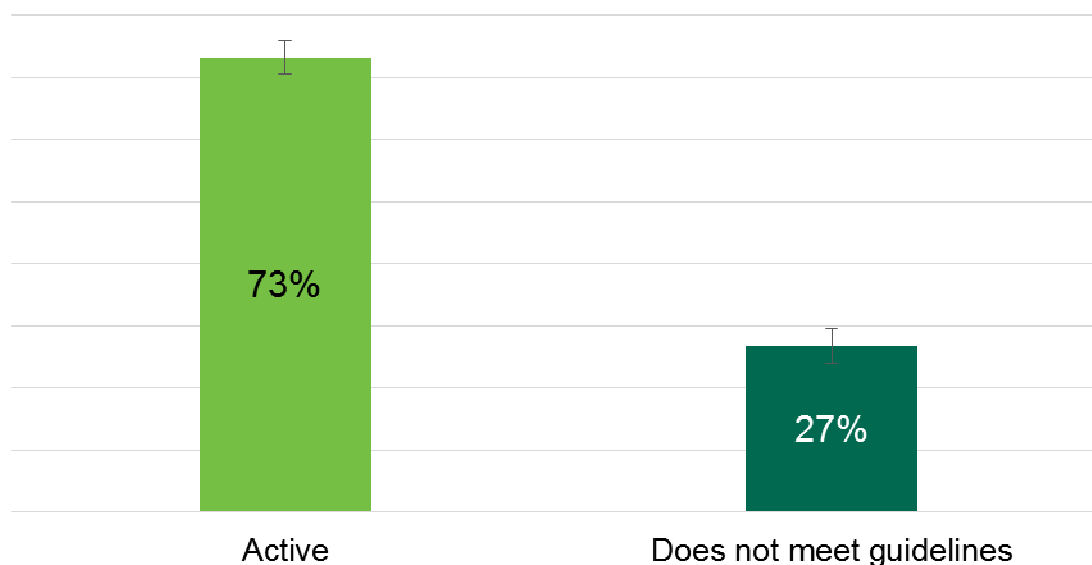
According to local survey data, young people in Hackney are falling significantly short of recommended guidelines for physical activity. In the 2014/15 What About YOUth? (WAY) survey, almost 90% of 15 year olds in Hackney and the City reported doing less physical activity than the national guidelines recommend. Seven in 10 15 year olds (71%) responding to this survey locally reported being sedentary for more than seven hours per day. [22]

Adults

Adult residents appear to be more likely to meet CMO guidelines on physical activity than children, according to survey data. Based on findings from the 2015 Active People Survey (a national survey commissioned by Sport England), 54% of adults in Hackney and 46% in the City were doing 150 minute or more of moderate exercise per week. Conversely, 29% were classified as 'inactive' (i.e. do less than 30 minutes a week) in Hackney and 21% in the City. [23]

In the Hackney resident health and wellbeing survey, a much higher proportion of adults (73%) reported doing sufficient physical activity to meet recommended levels - at least 150 minutes of moderate exercise per week (Figure 6). [19]

Figure 6: Self-reported weekly physical activity levels among Hackney adults compared to national physical activity guidelines (age 16+, 2015)



Source: Hackney resident health and wellbeing survey (2015).

Notes: Levels of physical activity reported from this source are much higher than Active People survey estimates reported elsewhere in this section.

A minority of respondents to the Hackney resident health and wellbeing survey (11%) felt they did not do enough exercise at the moment and didn't want, or were unable, to do any more than their current amount. This group is older, less affluent, and more likely to include people with disabilities (all groups highly represented among most inactive residents, as outlined in section 1.4). [19]

Residents who *are* physically active generally reported greater wellbeing on average. For example, those who meet the minimum activity thresholds are more likely than the most inactive residents to feel close to other people (91% compared to 83% report feeling close to others either 'all of the time', 'often' or 'some of the time'). From these data, it is not possible to draw any conclusions about direction of causation, however (i.e. whether physical activity leads to positive wellbeing, or vice versa).

Residents were also asked what specific type of activity they took part in during an average week (they could name multiple activities that were enough to raise their breathing rate) - the most common activity is walking (Table 2). Other popular activities include running and recreational cycling. A third of adults specifically take part in some form of sport (such as badminton, football or swimming).

Walking is also the most common activity among those survey respondents who are generally less active (including residents who are disabled, older, or feel they do not exercise enough) - more vigorous forms of activity tend to be done by more active groups. [19]

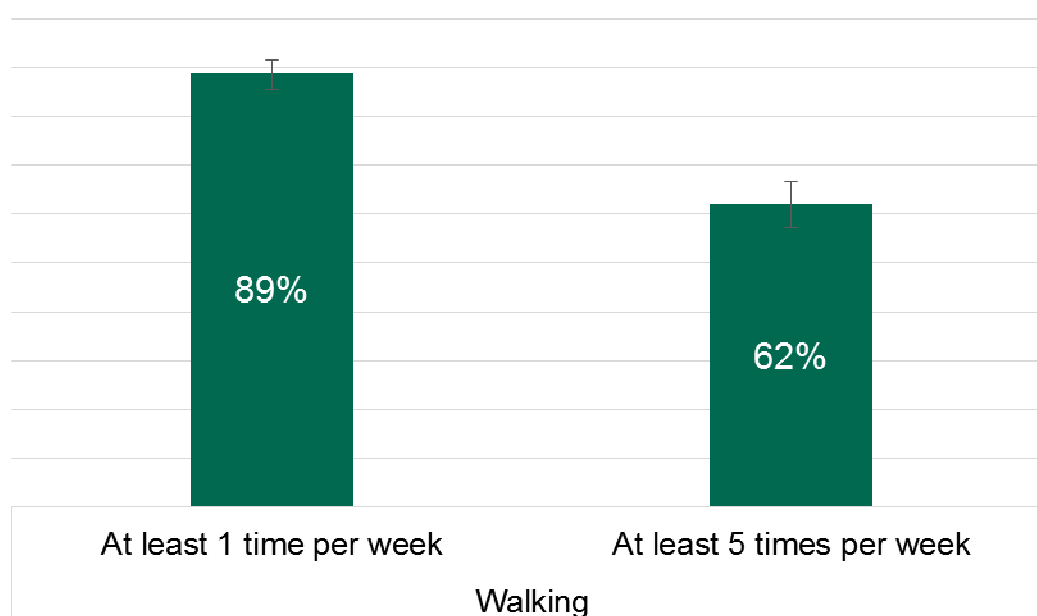
Table 2: Types of physical activity reported by Hackney adults (age 16+, 2015)

Activity	Percentage of people
Walking	63%
Other	31%
Running	31%
Cycling (Recreational)	22%
Swimming	21%
Gym	21%
Cycling (Commuting)	20%
Heavy manual household work	16%
Yoga	14%
Football	13%

Source: Hackney resident health and wellbeing survey (2015)

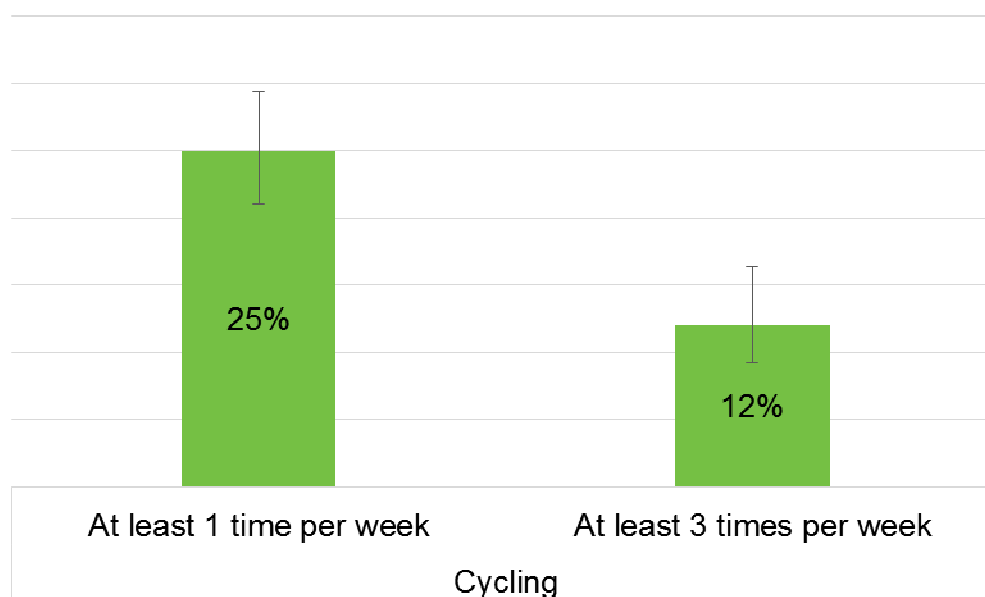
Data from the Active People Survey show that the vast majority (89%) of the Hackney adult (16+) population are estimated to be doing at least 10 minutes of walking once per week, and 62% at least five times per week (Figure 7). A quarter of the adult Hackney population are also estimated to cycle (for any duration) at least once per week, with 12% doing so at least three times per week (Figure 8). The sample from the City was too small (25 respondents) to be used for detailed breakdown of types of physical activity among the local resident population. (For more detail on walking and cycling as modes of transport in Hackney and the City, please see the 'Transport and travel' section of the 'Society and environment' JSNA chapter.)

Figure 7: Frequency of walking in Hackney adult population (age 16+, 2015)



Source: Active People Survey (2015)

Figure 8: Frequency of cycling in Hackney adult population (age 16+, 2015)



Source: Active People Survey (2015)

Two in five (39%) respondents to the Hackney resident health and wellbeing survey said they were aware of the CMO guidelines on physical activity to maintain/support good health. Reported levels of awareness are the same for those who are currently meeting the guidelines and those who report levels of activity below the recommended levels. [19] This suggests that simply increasing public understanding/awareness of guidelines will not necessarily result in increases in physical activity levels.

The survey also asked people where they do their physical activity. Outdoors, but not in a park, was the most popular option, followed by 'in a local park' and 'at home', as shown in Table 3.

Table 3: Location of physical activity reported by Hackney adults who do any physical activity (age 16+, 2015)

Location of physical activity	Percentage
Outdoors, but not in a park	28%
In a local park	24%
At home	22%
At a council-run leisure centre	12%
At a privately run gym or leisure centre	11%
Somewhere else	3%

Source: Hackney resident health and wellbeing survey (2015)

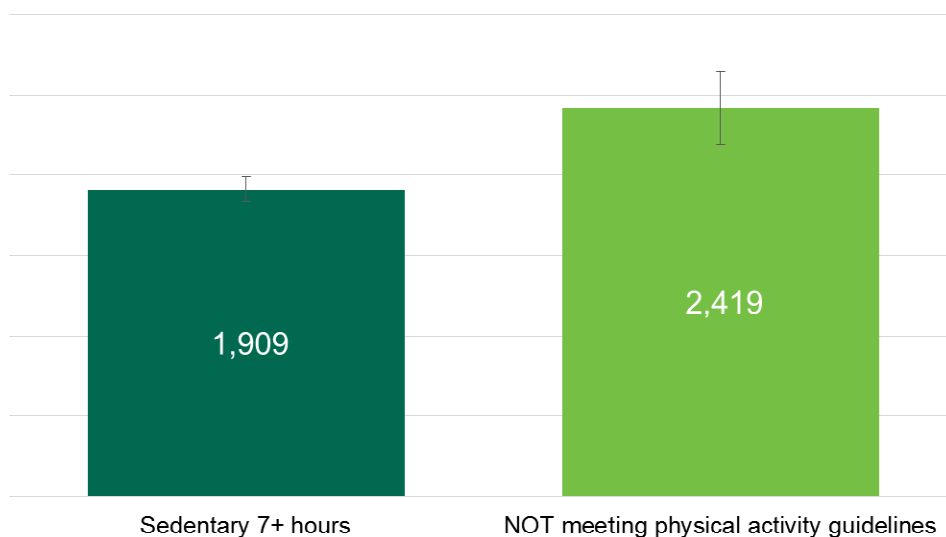
1.3.2. Unmet need

Children and young people

If we apply the reported prevalence of physical inactivity from the WAY survey to the total 2016 City and Hackney population aged 15, this would suggest that around 2,400 residents

of this age (90%) would not meet current physical activity guidelines and almost 2,000 15 year olds (71%) are sedentary for more than seven hours per day (Figure 9).

Figure 9: Estimated number of City and Hackney 15 year olds who are sedentary or not meeting physical activity guidelines (2015)



Source: What About YOUth? survey (2015) and Greater London Authority population projections. [24]

Notes: 'Sedentary 7+ hours' refers to the respondents who indicated they accumulate an average of more than 7 hours of sedentary time per day (over the last week). 'Not meeting physical activity guidelines' refers to respondents who indicate the amount of physical activity they perform in an average week does not meet CMO recommendations of performing at least 1 hour of moderate intensity physical activity per day.

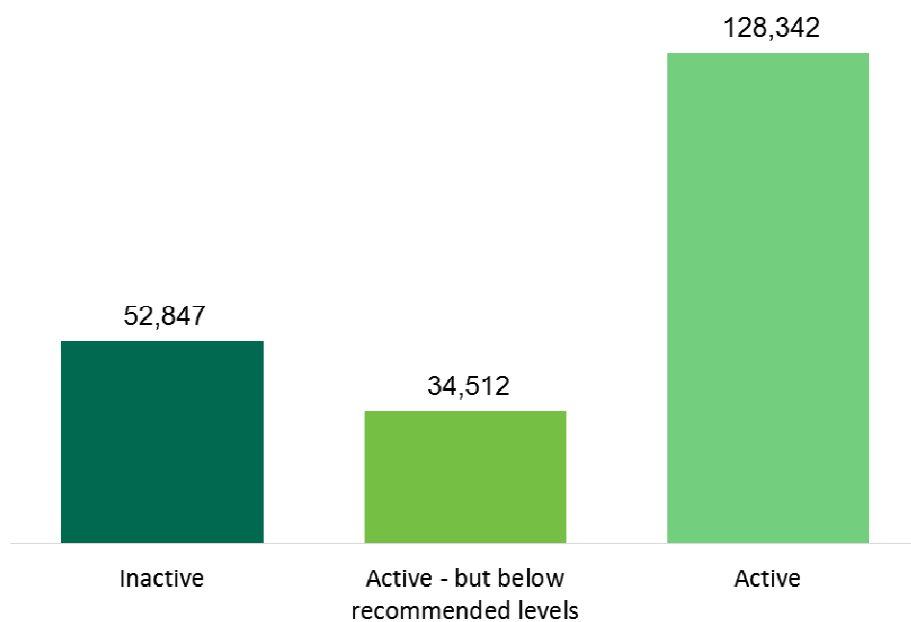
Adults

A more detailed set of questions are asked of respondents to derive estimates of physical activity levels in the Active People Survey than was possible in the local Hackney resident health and wellbeing survey; and we do not have comparable local survey data for the City. Therefore, data from the Active People Survey have been applied to local population projections to estimate the number of adults (age 16+) who are inactive and active (based on CMO guidelines). Figure 10 shows that, on this basis, over 87,000 adult Hackney residents are estimated to be 'insufficiently' active (i.e. doing less than 150 minutes of moderate exercise a week), including around 53,000 (29%) who are classed as inactive (doing less than 30 minutes per week).

In the City, 1,600 resident adults (16+) are estimated to be inactive in 2016 (21%). However, there is significant uncertainty around this estimate, ranging from just over 900 to over 2,000 inactive adults. This data source is very imprecise for small areas such as the City. [23]

Figure 11 presents estimates of unmet need in terms of the number of cases of different diseases, and the number of deaths, that could be avoided if more adults in Hackney were active at recommended levels.

Figure 10: Estimated number of adults in Hackney participating in different levels of physical activity (age 16+, 2016)



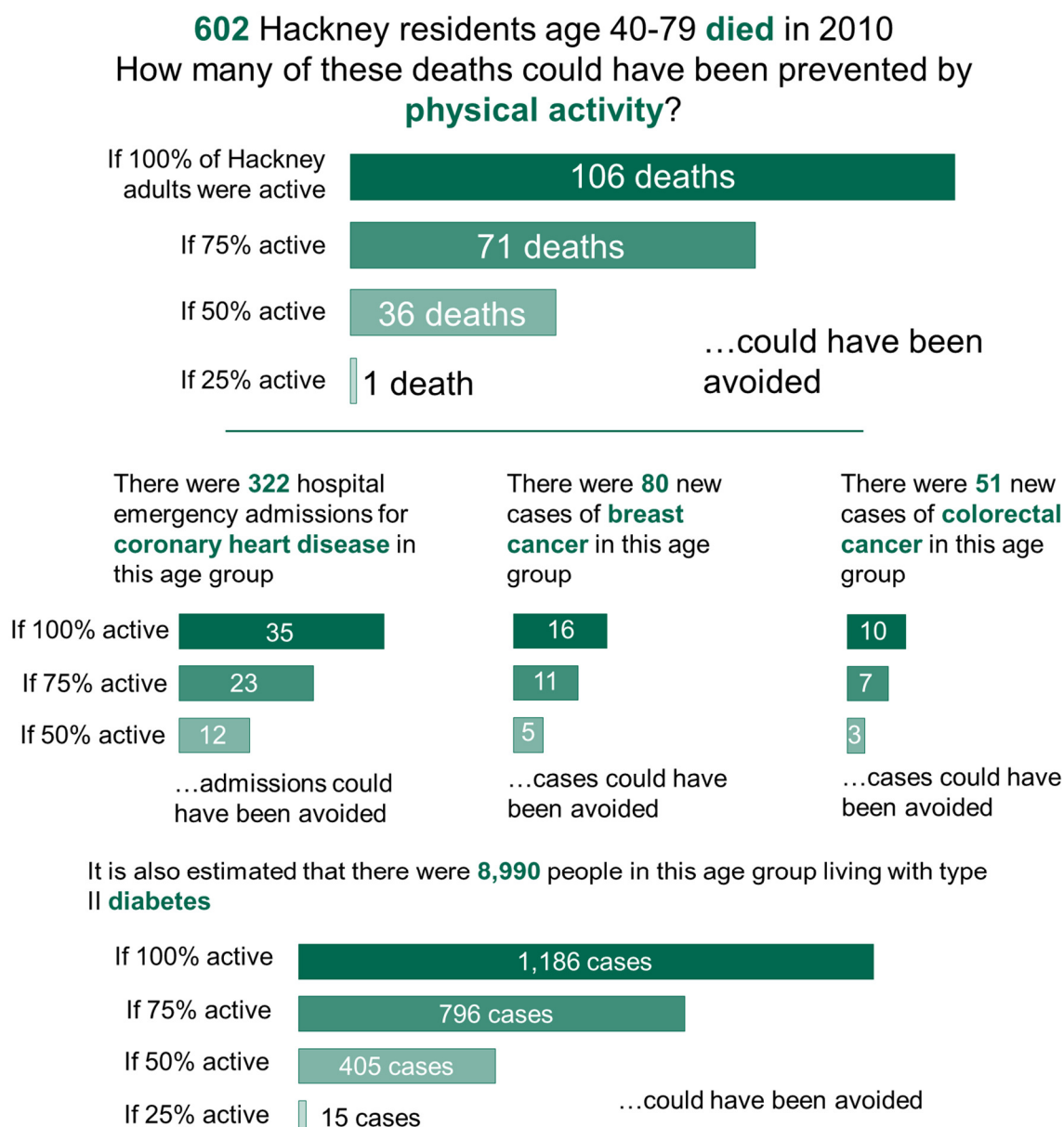
Source: Active People Survey (2015) and Greater London Authority population projections. [24]

Notes: 'Inactive' refers to people reporting <30 mins moderate or vigorous equivalent minutes of physical activity (MVPA) per week

'Active, but below recommended levels' refers to people reporting >30 but < 150 mins MVPA per week'

'Active at recommended levels refers to people reporting 150+ mins MVPA per week

Figure 11: Preventable mortality and morbidity in Hackney associated with higher levels of physical activity in adults age 40-79



Source: Health Impact of Physical Activity web tool – Public Health England - http://www.apho.org.uk/addons/_122359/atlas.html

Notes: The calculations are based on a 24% physical activity rate from the 2010-11 Active People Survey.

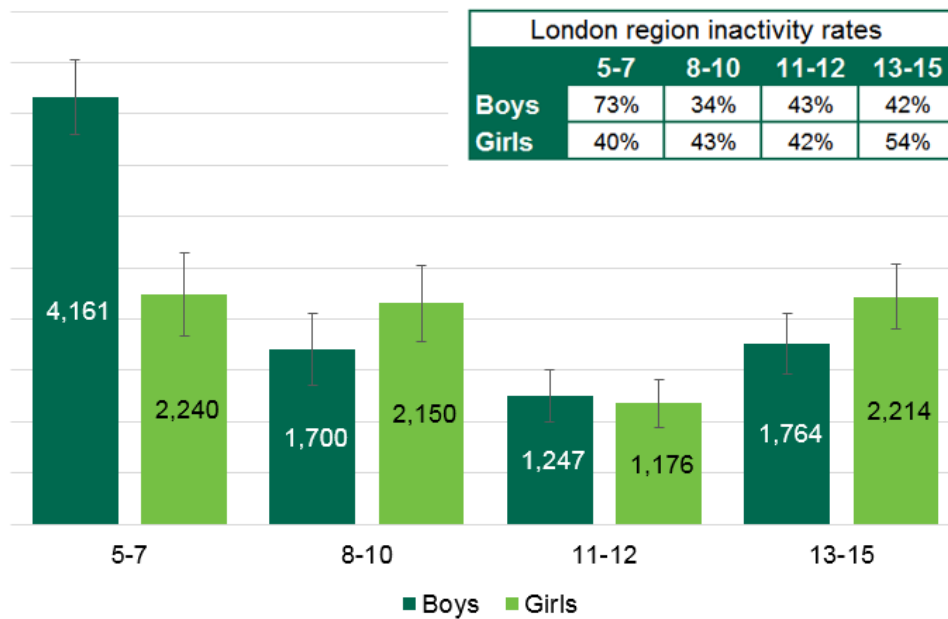
1.4 Inequalities

1.4.1. Age

Physical activity is vital for maintaining good health throughout life. However, there is significant variation in activity levels at different ages.

Figure 12 shows that boys are significantly more likely to have low levels of physical activity between the ages of 5-7 than boys in older age groups (up to the age of 15). For girls and boys, the lowest rates of physical inactivity are in the 11-12 age group. [25]

Figure 12: Estimated number of inactive* children aged 5-15 in Hackney and the City (2016)



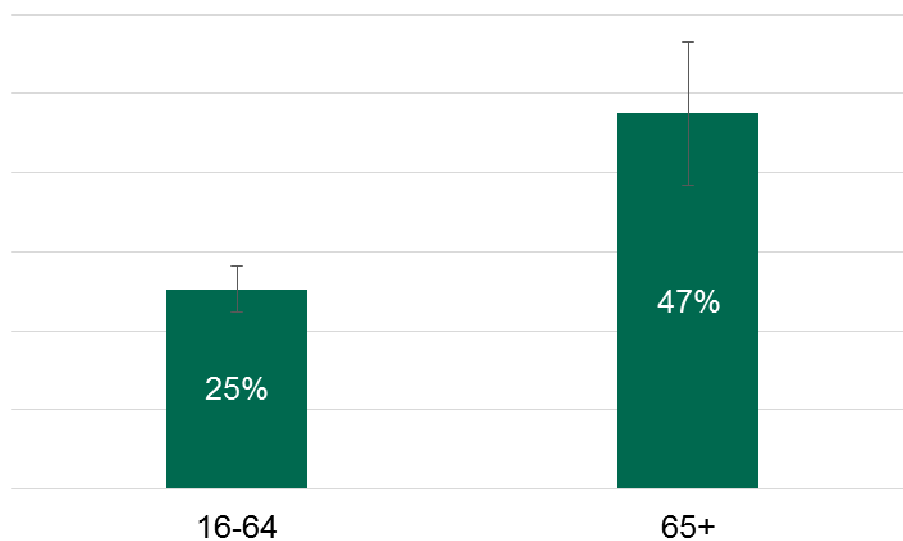
Source: Health survey for England (2012) and Greater London Authority population projections. [24] [25]
 *less than 30mins of exercise, on all 7 days of the week

In adults, physical activity declines with age. There are specific ‘transition points’ where adults often reduce their physical activity levels, such as when their work commitments increase, they start to spend more time commuting or when they become parents. [2]

In line with these trends, older Hackney residents appear to be less physically active than younger adults in general. In the Hackney resident health and wellbeing survey, almost half (47%) of respondents aged 65+ reported doing less than recommended amount of physical activity, compared to a quarter (25%) of those aged 16-64 (Figure 13).

In the City of London, insufficient facilities/activities for children aged 10-15 and a lack of promotion of activities for older residents have been identified. [26]

Figure 13: Adults in Hackney reporting levels of physical activity that do not meet recommended levels (i.e. <150 mins per week), by age (2015)



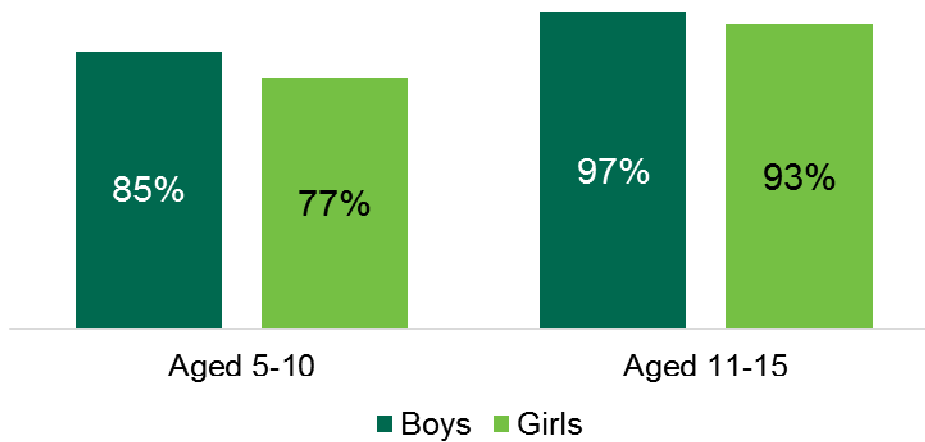
Source: Hackney resident health and wellbeing survey (2015)

1.4.2 Gender

Males are more active than females in virtually every age group. Sport England's This Girl Can campaign was created in response to research showing lower physical activity among women. The campaign has inspired 2.8 million women to be more active since its launch in 2015. [2]

At younger ages, Figure 14 shows the trend for boys to do slightly more sport than girls in both the 5-10 age group and the 11-15 age group, based on the national Taking Part survey in 2014/15. [27] This is consistent with findings from the 2012 Health Survey for England, which identified 21% of boys aged 5-15 and 16% of girls nationally to be meeting physical activity guidelines. [25]

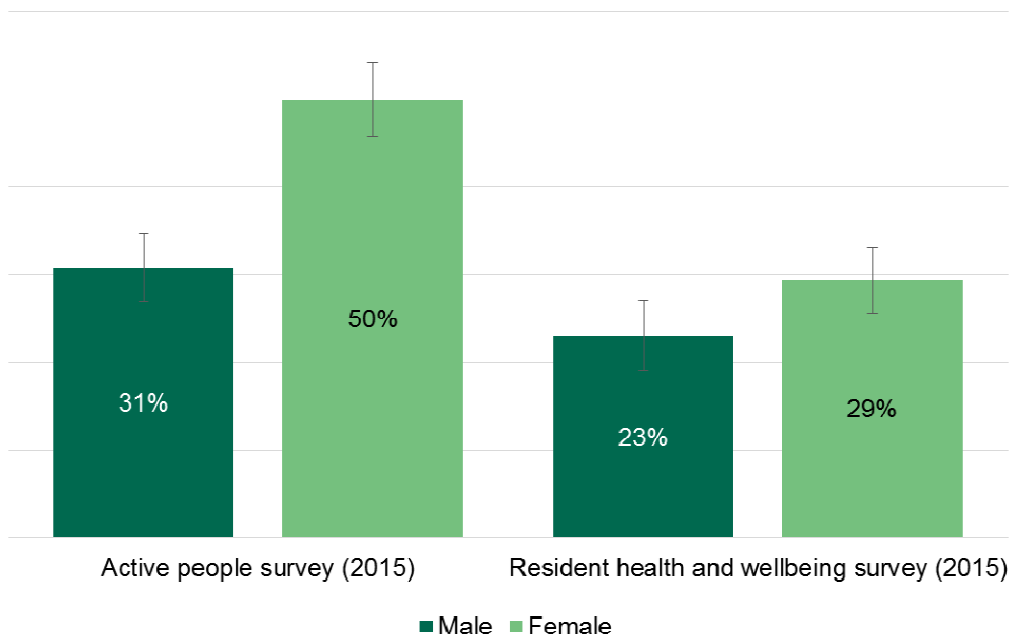
Figure 14: Children and young people participating in sport in England over the preceding four weeks, by age and gender (2015)



Source: Taking Part survey (2014/15)
 Notes: Confidence intervals not provided

In Hackney, whether we use the Active People Survey data or the Hackney resident health and wellbeing survey data, we can see that women are consistently less likely to be meeting recommended levels of physical activity than men (Figure 15). Please note, data from the two surveys are not strictly comparable due to different methods being used.

Figure 15: Adults in Hackney reporting levels of physical activity that do not meet recommended levels (i.e. <150 mins per week), by gender (age 16+, 2015)



Source: Active People Survey (2015) and Hackney resident health and wellbeing survey (2015)
 Notes: Survey methods are not comparable between the Active People Survey and the Hackney resident health and wellbeing survey. Confidence intervals from the Active People Survey have been derived from assumed gender split of 50% male to female.

1.4.3 Ethnicity and religion

National data show that many minority ethnic groups are less active than average and are less likely to achieve the recommended levels of regular physical activity. This is most pronounced for Bangladeshi and Pakistani women. [2]

One of the recommendations for tackling obesity from the recent 5-19s health needs assessment in Hackney and the City is to get a greater proportion of young people to be active every day, especially in Black Asian and Minority Ethnic (BAME) groups. [28] The Hackney resident health and wellbeing survey did not identify any statistically significant differences in levels of physical activity or inactivity between ethnic groups, which is likely due in part to an insufficient sample size. Black and Asian respondents to the survey were more likely to report doing physical activity in the home than White residents (who are more likely to report doing physical activity outside the home).

Barriers to physical activity identified among the City's Muslim community include the design of local facilities (e.g. the swimming pool in the Golden Lane leisure centre can be seen from outside the pool area, which deters Muslim women from using it) as well as the location (again, the Golden Lane leisure centre is perceived to be too far away from, and therefore inaccessible to, estates in the east of the City which house the largest numbers of Muslim residents). [26]

The Hackney Walking Potential study conducted in 2015 found that the group with the highest potential to increase their levels of walking contained ethnic minority groups on a low income. Based on existing evidence on health inequalities, increasing physical activity among these communities could positively impact on improving health outcomes such as diabetes and cardiovascular disease. [21]

1.4.4 Disability and long-term illness

At national level, disabled people are half as likely as non-disabled people to be physically active. Only one in four people with a learning disability take part in physical activity each month, compared to over half of those without a learning disability. [2]

We also know that health outcomes associated with physical inactivity are much more common among those with severe mental illness. Analysis of local GP records shows that Hackney residents with severe mental illness, in comparison to residents without diagnosed severe mental illness, are almost two and a half times as likely to have diabetes, almost twice as likely to be obese, and one and a half times as likely to have coronary heart disease. Physical activity contributes to reducing the risk of developing all of these health conditions (see Section 1.1).

Local research suggests that physical activity patterns in people with disabilities and mental illness in Hackney are in line with national trends. Findings from the Hackney resident health and wellbeing survey suggest that disabled residents are much less physically active than those without disabilities – more than half (53%) of those with a self-reported mental disability and almost three quarters (72%) of those with a physical disability say they do no vigorous exercise in an average week, compared with 33% of those without any disabilities. [19]

1.4.5 Sexual orientation and gender identity

Research examining physical activity levels among lesbian, gay, bisexual, transgender and other sexual and gender minority (LGBT+) people is limited. National estimates indicate that half of all LGBT+ people say they would not join a sports club, twice the number of their heterosexual counterparts. [2] One study noted not only the existence of prejudice, homophobia and discrimination in sport but a lack of expertise to address these barriers. The source of prejudice around LGBT+ issues in sport was traced to '*the application of gender stereotypes and gender perceptions of masculinity and femininity*'. [29] This may increase the risk of physical inactivity and related long-term health problems.

A key recommendation for tackling obesity from the recent 5-19s health needs assessment is to get a greater proportion of young people to be active every day, especially among the LGBT+ community. [28]

1.4.6 Socio-economic disadvantage

Nationally, people living in the *least* prosperous areas are twice as likely to be physically *inactive* as those living in the most prosperous areas. [2]

In Hackney, research suggests that the same trends hold true. People who own their own home (a proxy for higher levels of income or wealth) report being more active than social housing tenants - 67% of home owners do more than 150 minutes of moderate physical activity per week, compared to 55% of social housing tenants. [19]

Many City residents, especially those living in social housing and/or more deprived neighbourhoods, cannot afford to engage in paid physical activity, even at reduced rates. [26]

1.4.7 Location within Hackney and the City

There are a number of physical barriers to accessing leisure facilities in the City of London. There is just one public leisure centre, Golden Lane, which is located on an estate not visible from the road and with limited signage. Being situated on a residential estate also entails restrictions to opening hours and noise levels to ensure minimal disruption to local residents, which can restrict the activities that take place at the centre. [26]

1.5 Comparisons with other areas and over time

Public Health England (PHE) produces the Physical Activity Profile¹- a free, online tool that allows users to compare local and national figures on a number of different indicators. A selection of indicators from this tool are described throughout this section.

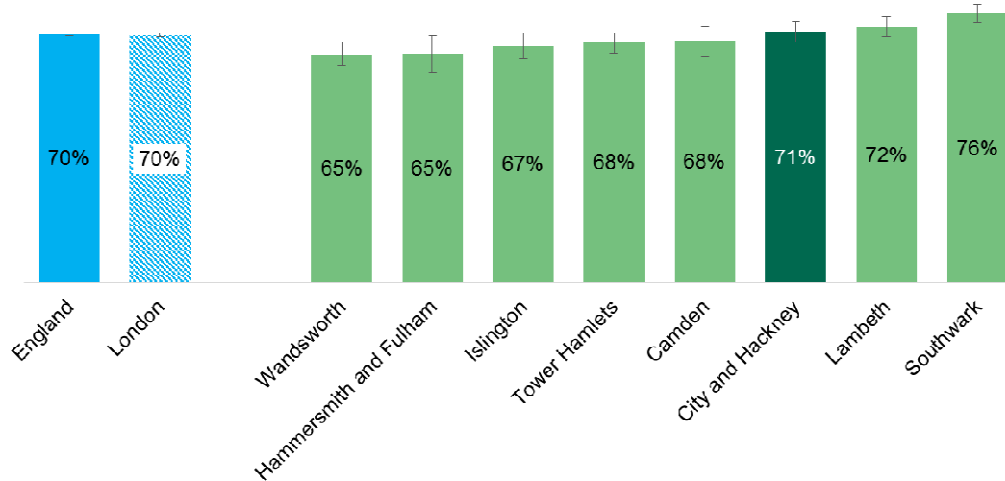
1.5.1 Children and young people

Based on data from the WAY survey, levels of sedentary behaviour and physical activity among 15 year olds in City and Hackney do not appear to be significantly different to most of Hackney's statistical peers or the London average (Figure 16 and Figure 17). However, a

¹ <https://fingertips.phe.org.uk/profile/physical-activity>

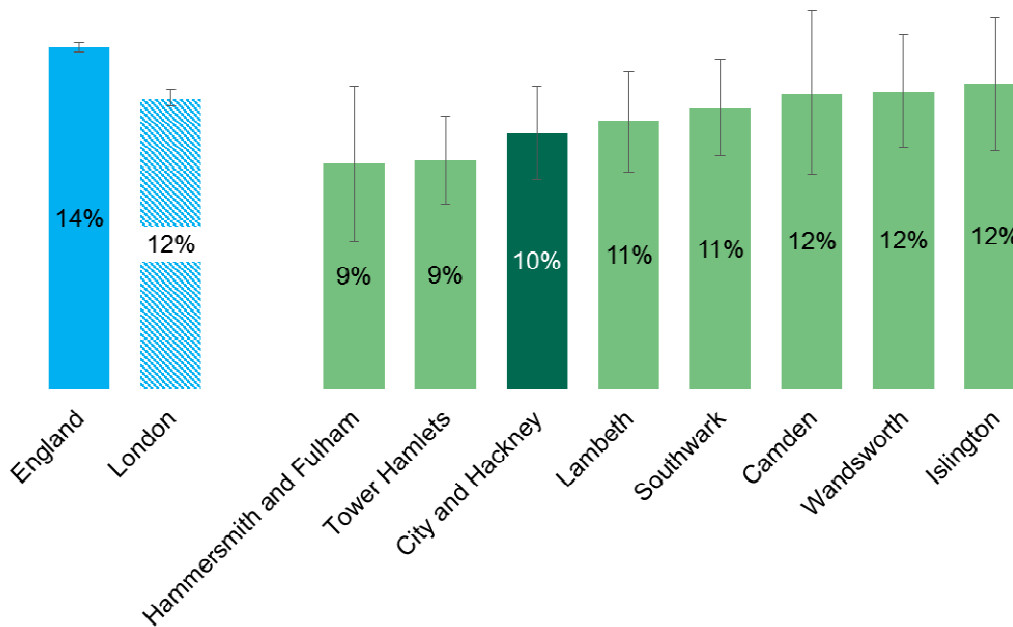
smaller proportion of 15 year olds report being physically active for at least one hour per day locally than the England average.

Figure 16: Self-reported mean sedentary time of greater than seven hours per day each weekday in 15 year olds (2015)



Source: What about YOUth? survey (2015)

Figure 17: Self-reported physical activity of at least one hour per day every day of the last week in 15 year olds (2015)



Source: What About YOUth? Survey (2015)

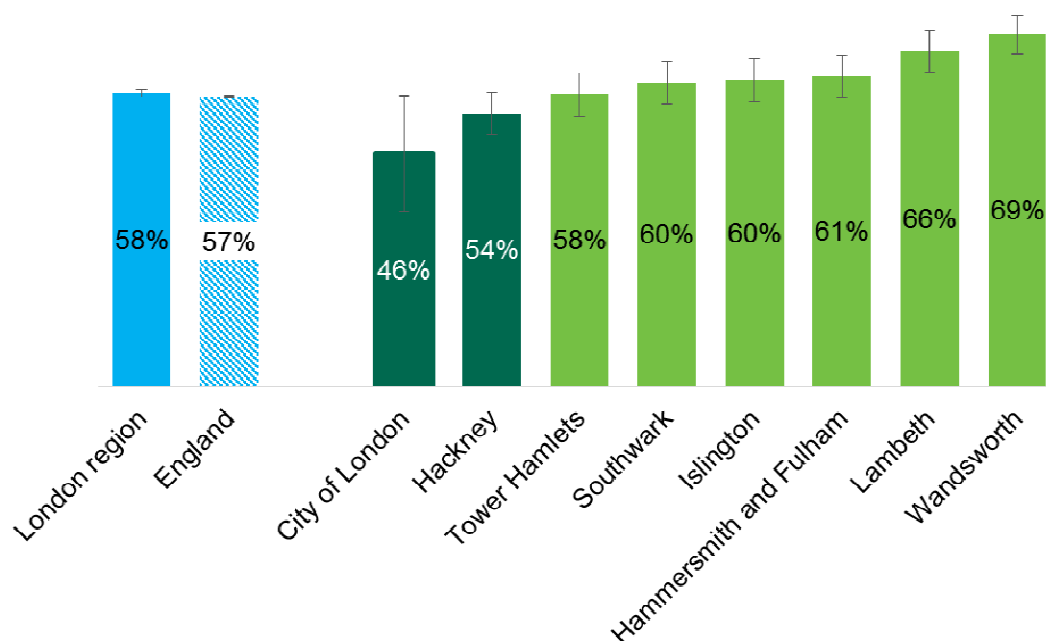
Nationally, the proportion of children aged 4-15 achieving recommended levels of physical activity fell between 2008 and 2012, from 33% to 21% in boys and from 21% to 16% among girls. [25] However, data from the 2014/15 Taking Part survey on participation in culture and sport suggests that, at national level, participation in *sport* among 5-15 year olds has

remained constant over the past four years (around 80% participating in the past week, 90% in the past four weeks). [27] No trend data are available for Hackney or the City.

1.5.2 Adults

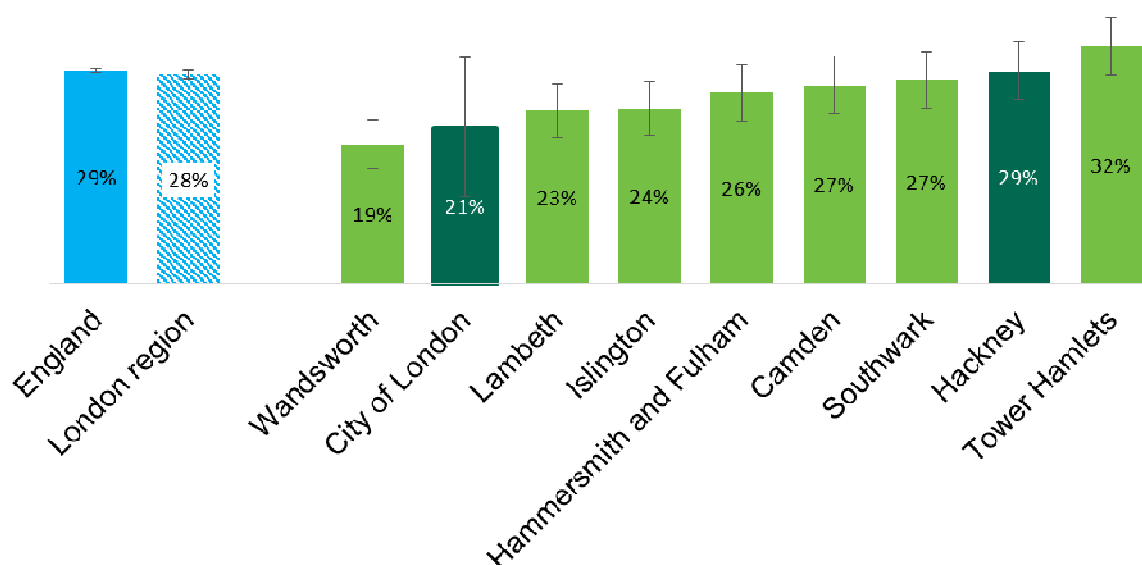
Reported levels of physical activity and inactivity in Hackney and the City are not statistically different from most similar areas or from the England and London averages (Figure 18 and Figure 19).

Figure 18: Adults achieving at least 150 minutes of physical activity per week (age 16+, 2015)



Source: Active People Survey (2015)

Figure 19: Adults achieving less than 30 minutes of physical activity per week (age 16+, 2015)

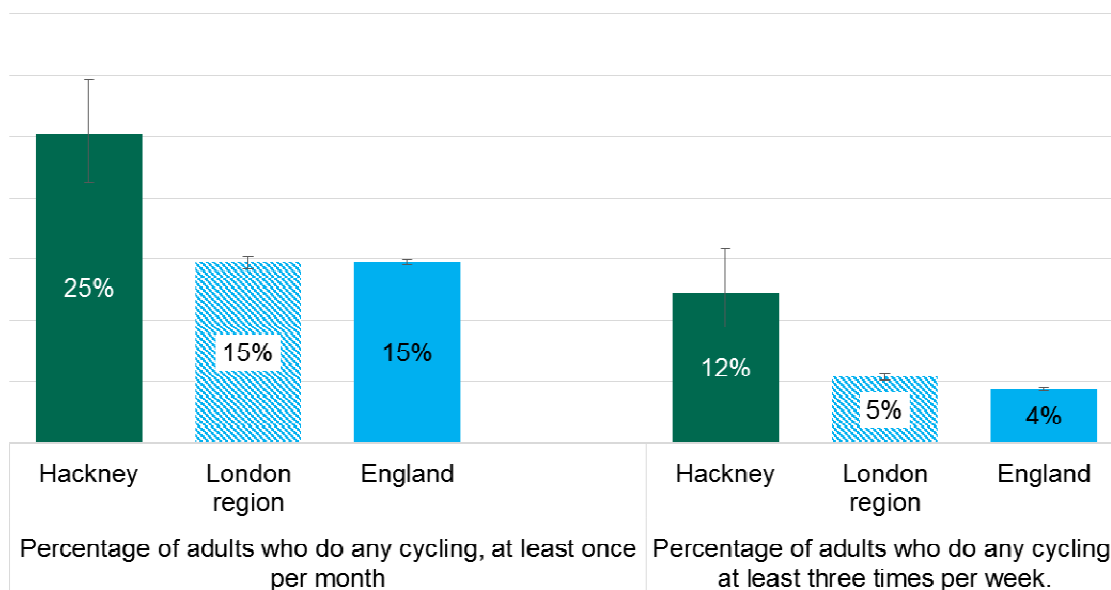


Source: Active People Survey (2015)

One of the notable features of physical activity in Hackney in comparison to other areas is the high level of cycling (Figure 20). Hackney consistently shows some of the highest participation rates in cycling nationally, with one in four people cycling at least once per month, and around one in five cycling once per week. The percentage of Hackney adult residents cycling at least five times per week is in the top 2% of all local authorities in England. [30] The majority of people report cycling for utility purposes (i.e. commuting to work) as opposed to recreational purposes.

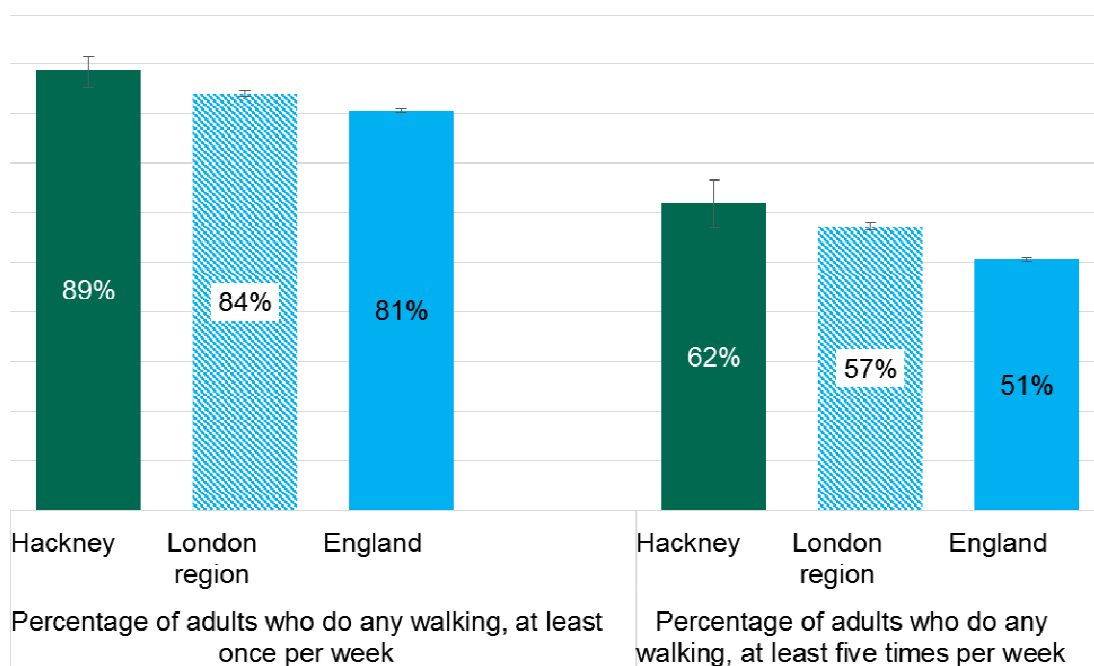
Figure 21 also confirms that estimated levels of walking among Hackney residents is very high and broadly in line with the London average, but significantly higher than the England average.

Figure 20: Adult participation in cycling (age 16+, 2015)



Source: Active People Survey (2015)

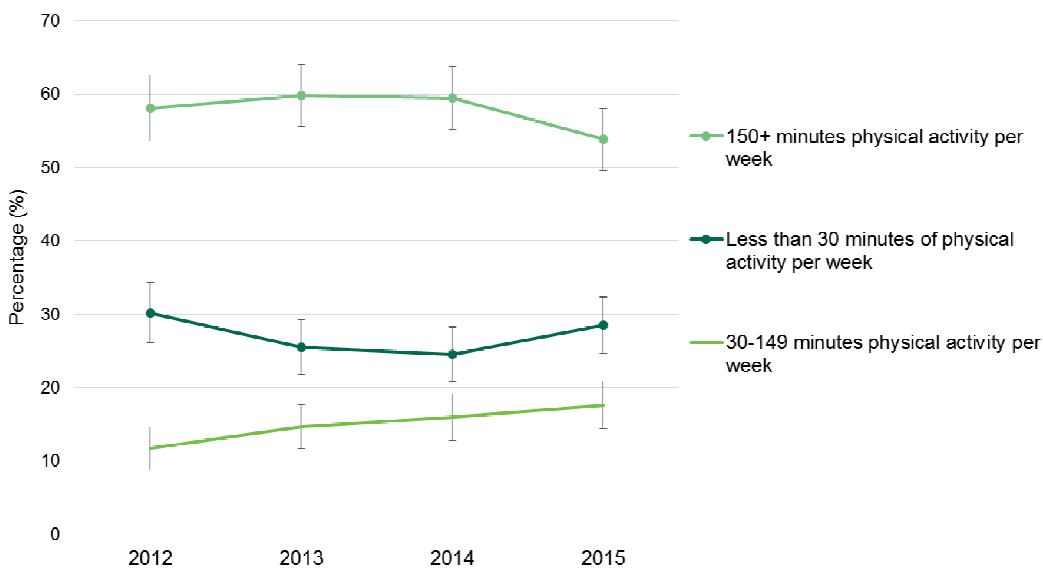
Figure 21: Adult participation in walking (age 16+, 2015)



Source: Active People Survey (2015)

Data from the Active People Survey reveal a slight downward trend since 2012/13 in the proportion of the Hackney adult population who are ‘inactive’, but these patterns are not statistically significant (Figure 22). Similarly, levels of physical activity have not changed significantly over this period. [31]

Figure 22: Trends in physical activity levels of adults in Hackney (age 16+, 2012-2015)



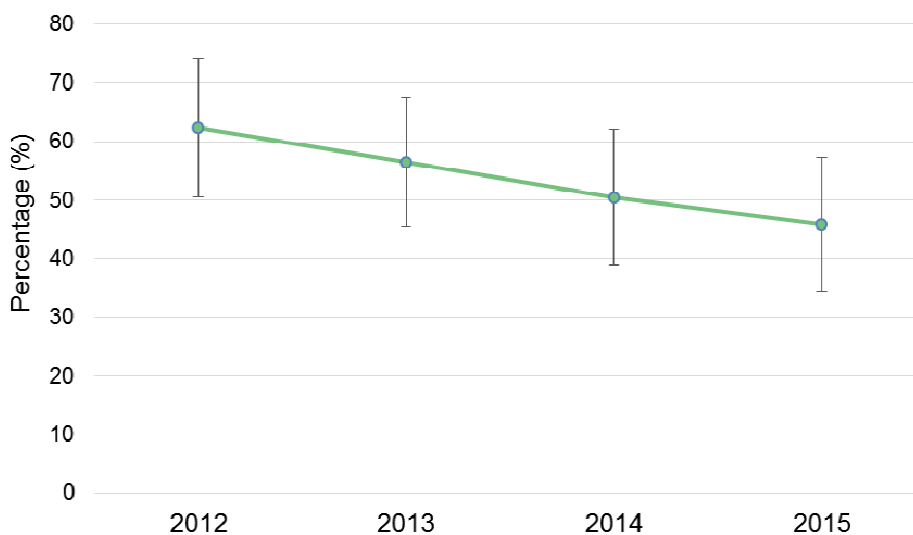
Source: Active People Survey

Notes: The Active People Survey uses the following classifications of physical activity levels:

- active - 150+ minutes of moderate intensity activity per week (or equivalent vigorous physical activity minutes)
- insufficiently active - 30-149 minutes of moderate intensity activity per week (or equivalent vigorous physical activity minutes)
- inactive - less than 30 minutes of physical activity per week

Trend estimates for the City of London are less reliable (shown by the wide confidence intervals in Figure 23). Despite this, there is an apparent downward trend in estimated physical activity levels in the City of London since 2012.

Figure 23: Trends percentage of City of London adult population who meet physical activity guidelines (age 16+, 2012-2015)



Source: Active People Survey

1.6 Evidence and good practice

1.6.1 Overview of national guidance

The National Institute for Health and Care Excellence (NICE) has published a wealth of guidance relating to physical activity, as summarised in Box 2.

Box 2: NICE guidance relating to physical activity

- PH6 Behaviour change: the principles for effective interventions (2007)
- PH8 Physical activity and the environment (2008)
- PH13 Promoting physical activity in the workplace (2008)
- PH17 Promoting physical activity for children and young people (2009)
- PH41 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation (2012)
- PH42 Obesity: working with local communities (2012)
- PH44 Physical activity: brief advice for adults in primary care (2013)
- PH49 Behaviour change; individual approaches (2014)
- PH54 Exercise referral schemes to promote physical activity (2014)

All available on the NICE website.²

In addition to NICE guidance, in 2014 Public Health England (PHE) published 'Everybody active, every day', which sets out a framework for increasing physical activity, working across a range of settings and life stages. [32] Implementation across different settings entails work on the following areas.

- *The physical environment*: creating and maintaining environments that encourage people to be active. This relates to planning the built environment, transport, green spaces, access to public services, employment, leisure and cultural facilities.
- *The social environment*: creating a sense that physical activity is 'normal', something that friends and peers are doing, to encourage participation.
- *Community-wide action*: increasing social and practical support for physical activity through targeted and tailored work with communities with lower levels of physical activity, such as residents of social or private rented housing or members of minority ethnic groups.
- *Group level actions*: using the social aspects of physical activity to enhance enjoyment and make it more attractive, and encourage sustained behaviour change. This includes group-based activities, such as walking groups or dance classes, promoted to physically inactive people (and addressing potential barriers, such as providing women-only sessions).
- *Individual level actions*: providing brief advice to inactive patients in primary care, referrals to physical activity programmes for people with related health conditions, signposting to local physical activity opportunities, and personalised travel planning.

Implementation across the life course means:

- *starting well*: considerations include active play, whole family approaches, schools as settings for physical activity, after-school activities, transition stages in education and into employment

² www.nice.org.uk/guidance/lifestyle-and-wellbeing

- *living well*: aspects include covering a range of physical and social settings, such as housing estates, mosques, churches; as well as workplace health, and family-based approaches
- *ageing well*: retirement can be a stimulus to try new activities, and physical activity can reduce social isolation in older age.

Physical activity needs to be seen more broadly than just structured exercise. It also includes active travel, such as walking and cycling, as well as activities like gardening and active work. For many people, physical activity will be a means to an end, rather than an end in itself. The end might be another valued activity, or meeting people or having fun; and not necessarily related to improving health, as illustrated by the case study in Box 3.

Box 3: Case study - understanding physical activity in the context of daily lives

"Can I use the example of Bob? Bob is a 42-year-old diabetic, depressed and living on the 14th floor of a tower block with two unruly teenage children. He is the kind of person that I will see as a doctor. To give Bob a badminton racket and tell him to go off and do some sport is not going to be the key thing. He is depressed and stressed; he has loads of problems. The kinds of ideas we have gone through before are to get off the bus a stop early and to use the stairs. These are complete anathema to Bob. He has too many problems in his life to go off on a rainy day to do that extra walk. What he does do is walk to Anfield—he is from Liverpool—two miles there and two miles back. He does not call that exercise at all. That to him is not exercise; that is going to Anfield as a supporter. We have to find the end for people or the reward, so physical activity is the means to the end, not the end in itself."

Dr. William Bird, evidence to House of Commons Health Committee, March 2015 [33]

'Everybody active, every day' identifies four areas for local and national action, based on international evidence of what works, and co-produced with stakeholders - these are, 'active society' (actions to make physical activity normal and popular, such as social marketing campaigns), 'moving professionals' (tapping into the access and influence of healthcare and other frontline professionals to raise physical activity with individuals), 'active environments' (creating places and spaces conducive to physical activity, such as making walking and cycling easier), and 'moving at scale' (putting all this together to ensure local authorities, NHS organisations, healthcare workers, and the sports and leisure sector work together and contribute to reducing physical inactivity). [32]

There are five key steps that can be taken locally to support change at an individual and population level, namely: [32]

1. teach every child to have and enjoy the skills to be active every day
2. create safe and attractive environments where everyone can walk or cycle, regardless of age or disability
3. 'make every contact count' for professionals and volunteers to encourage active lives
4. lead by example in every public sector workspace
5. evaluate and share the findings so the learning of what works can grow.

1.6.2 Best practice recommendations

This section picks out a selection of relevant evidence-based recommendations in relation to:

- *prevention* - interventions to get the whole population physically active
- *identification and early intervention* - including brief advice and signposting by frontline health and social care staff for people who are inactive and at risk of related health problems in future
- *treatment* - tailored interventions for physically inactive people who are at high risk of, or already suffering from, associated health conditions.

Prevention

Planning of housing, employment and business developments should consider ‘active design’ principles, to make it easier for people to be physically active as part of daily life. [34] Health impact assessments to inform the design of new developments can contribute to creating an environment that promotes physical activity. [35] One of the means by which the planning process can achieve this is by creating the infrastructure to support walking and cycling and reduce private car use (for more detail see ‘Transport and travel’ section of the ‘Society and environment’ JSNA chapter).

Walking and cycling for recreational and travel purposes are integral to increasing physical activity. The uptake of walking in particular is highest among groups with the lowest levels of physical activity (see Section 1.3). NICE recommends the following: [36]

- high level support from the health sector (including senior public health leadership and appropriate contribution of resources to encourage walking and cycling)
- personalised travel planning (commissioning/providing programmes to support individuals to integrate active travel into their daily lives)
- cycling training, storage and cycle hire schemes
- community-wide approaches (including addressing infrastructure issues that may discourage walking and cycling, providing a range of walking programmes and events, car free days and public awareness campaigns)
- individual support, including targeted information and advice and appropriate use of pedometers
- encouraging active travel through schools and workplace interventions.

Increasing physical activity among children should be guided by research on effective approaches, where available. A systematic review on barriers and facilitators to physical activity for children identified the following approaches to be effective: [36]

- education and provision of equipment for monitoring ‘screen time’
- engaging and supporting parents to encourage their children’s physical activity and providing opportunities for family participation
- multi-component, multi-site interventions using a combination of education in the classroom, improvements in school physical education and home based activities.

Promising approaches include: providing children with a diverse range of physical activities to choose from; emphasizing the aspects of participating in physical activity that children value (e.g. opportunities to spend time with friends); providing free or low-cost transportation and reducing costs of participating; and actions to create a safer local environment in which children can actively travel and play. [36]

Dance is a form of physical activity with a range of mental and physical health benefits. Dance is effective for engaging women and certain minority ethnic groups who tend to be less active on average. For older people, it can maintain cognitive function, reduce cardiovascular risk and reduce the risk of falls. Dance can provide a way to be active, have fun and engage socially. The 'Commissioning Dance for Health and Wellbeing' resource sets out the evidence and how to use dance as an opportunity for partnership at local level to improve physical and mental health. [37]

Commissioning community-based physical activity. NICE recommends that commissioners and local authority Public Health Teams should create an environment that allows the 'local system' to take a truly community-wide approach to increasing physical activity. [38] This includes working with the community to identify and harness unused open spaces or meeting places that could be used for community-based events and courses.

Tailoring activities to the needs of specific groups. Research suggests that some factors such as cost, the fear of 'walking in alone', accessibility of facilities, and appropriate communication strategies may be of particular importance to increasing recruitment of low income groups, who have higher rates of physical inactivity and associated chronic health conditions. Interventions targeting low income groups should consider: [13]

- low cost sessions and childcare
- activities popular with the target group and associated with good recruitment and retention
- sessions held at accessible times
- a focus on fun and socialising
- well-researched and designed communications strategies
- targeting of friendship groups
- clearly branded beginners' sessions
- the potential of social marketing to increase uptake.

Interventions to encourage older people to take up physical activity opportunities were described in Section 1.2. For people with disabilities, facilitators include inclusive community facilities (including playgrounds), appropriate PE and physical activity experiences in school, accessible information about available activities, plus appropriately skilled staff to deliver inclusive programmes. [17]

Social marketing. People are more likely to be physically active if being active is seen as 'normal' and their friends and peers are also active. Large-scale community-wide campaigns have been effective in increasing physical activity, when supported by community activities at local level. [2] Examples of national campaigns include This Girl Can (to increase physical activity among women and girls), the One You campaign (targeted at 'middle aged' adults) and apps such as Couch to 5k. These campaigns can be complemented by action at local level to target advertising and other forms of engagement, based on local insight about inactive sections of the community.

Workplace health. The workplace presents a vital opportunity to encourage and facilitate physical activity. The London Healthy Workplace Charter provides a framework for action to help employers build good practice in health and work in their organisation. The business benefits of having a healthy, fit and committed workforce are now clearly recognised. These include lower absence rates, fewer accidents, improved productivity, staff who are engaged and committed to the organisation and fitter employees as they grow older. [39] The

Charter works by recognising good practice at three tiers: 'commitment', 'achievement' and 'excellence'. The standards for physical activity are outlined in the table below.

Table 4: London Healthy Workplace Charter – physical activity standards [39]

Level of Achievement	Requirements
Commitment level	Information is made available on the benefits of physical activity.
Achievement level	The minimum legally required breaks are taken by all employees and employees are encouraged to take regular breaks.
	Physical activity in the workplace is actively encouraged and supported by the physical environment. Physical activity opportunities in the local area are actively promoted to staff and supported by the organisation.
Excellence level	Opportunities for physical activity linked to the workplace have been investigated and implemented. These activities are sustainable and embedded in the organisational culture. The organisation has a travel plan that promotes physically active ways of getting to and from work and travelling between meetings.

Identification and early intervention

NICE guidance on 'Preventing type 2 diabetes: population and community-level interventions', directs us to: [40]

- identify local communities at high risk
- assess their knowledge, attitudes and beliefs about risk factors
- assess their specific cultural, language and literacy needs
- identify successful local interventions and note any gaps in service provision
- identify local resources and existing community groups that could help promote physical activity, particularly within local communities at high risk.

This points to a targeted, tailored approach, to focus on those with the highest levels of physical inactivity and the most to gain in health terms from becoming more active.

Brief advice in primary care. One in four people in England say they would be more active if they were advised to do so by a doctor or a nurse. [11] The average patient will visit their GP about four times a year. [6] There are therefore considerable opportunities for healthcare workers (and other frontline staff who engage with members of the public) to identify people who are physically inactive, give them brief advice and/or signpost them to sources of further support to help them become more active. [41]

There are opportunities to embed these approaches into routine primary care practice, for example through NHS Health Check and annual review appointments. The National Diabetes Prevention Programme is also an opportunity to link primary care with structured support to prevent inactivity-related ill health for those who need it most. As noted in the

introduction, diabetes is the biggest single area of expenditure on treatment of health conditions related to physical activity.

Treatment

Physical activity on referral helps individuals to manage an existing health condition or reduce the risk of developing a future health condition related to physical inactivity. National recommendations for physical activity on referral include the following: [42]

1. programmes should only be funded for people who are sedentary or inactive and have an existing condition or risk factors for future ill health
2. programmes should incorporate the core techniques for individual behaviour change approaches, including: [43]
 - a) recognising when people may or may not be open to change
 - b) agreeing goals and developing action plans to help change behaviour
 - c) advising on and arranging social support
 - d) tailoring behaviour change techniques/interventions to individual need
 - e) monitoring progress and providing feedback
 - f) developing coping plans to prevent relapse
3. programmes should collect data to meet the essential criteria in the Standard Evaluation Framework for physical activity (programme details, evaluation details, demographics of participants, baseline data, follow-up data, process evaluation).

1.7 Services and support available locally

A range of programmes and initiatives are in place in Hackney to encourage physical activity across all ages in the local population, as detailed below.

- *Planning policies.* Local planning policies (such as policy DM3) stipulate that development should promote physical activity through facilities to support walking and cycling, open space and landscaping, and ensuring local facilities are easily accessible on foot or by bicycle [44] See 'Society and environment' chapter of the JSNA for more details.
- *Walking.* Hackney's Walking Plan, a sub-plan of the Transport Strategy, aims to support greater numbers of trips on foot over the next ten years (see 'Society and environment' JSNA chapter for more detail).
- *Cycling.* Hackney Council runs free basic cycle orientation classes in parks, organises bike rides to make cycling sociable and fun, and can loan bikes to residents for short periods to help them try out cycling. The council also supports the development of local infrastructure (such as cycle storage facilities) and routes to make cycling easier. Again, see 'Society and environment' chapter.
- *Leisure centres.* GLL operates seven council-owned leisure centres in Hackney, which have 42,000 members and are used over 100,000 times a month.

Similarly, the following whole population approaches are in place in the City of London.

- *Planning policies.* For example, the City of London Local Plan includes a commitment to improve conditions for safe and convenient walking and cycling.
- *Walking and cycling.* There are a number of redevelopment programmes underway in the City to improve the environment for walking as well as cycling (again, see 'Society and environment' JSNA chapter for more detail). The City of London Corporation also offers cycle training for both residents and City workers to improve their cycling skills and increase their confidence. Cycle training is also provided to all

schools in the Square Mile. The City Air app is designed to aid pedestrians in finding low pollution routes for walking – the app is available to download online.³ Living Streets also provides ‘Walk Doctor’ surgeries free of charge to City companies, to help employees incorporate walking into their daily journeys.

- *Leisure centre.* Golden Lane Sport and Fitness Centre offers a wide range of both indoor and outdoor sports and activities.

1.7.1 Children and young people

With regards to physical activity for children and young people in Hackney, universal provision is funded by the local authority and includes a number of programmes delivered through schools, Young Hackney⁴ and the wider council. Get Hackney Healthy is the overarching borough-wide work programme which aims to improve the health of children and young people by reducing obesity (and increasing physical activity), with a particular focus on families. The programme is based on evidence of the role of wider social influences on health, and the need to engage with these in order to prevent the intergenerational cycle of health inequalities. [45]

Get Hackney Healthy includes a training programme for key professionals working with children and young people, a communications campaign, and a grants scheme (the Get Hackney Healthy Challenge Fund) which funds community and voluntary sector projects that increase physical activity (and/or improve access to, or the knowledge of, healthy food). One of the main programmes is Health Heroes in primary schools (Box 4).

Box 4: Case study - Health Heroes project in Hackney schools

Hackney Council's Public Health Team has been piloting the Health Heroes project in seven Hackney primary schools since 2013/14.

The programme works with pupils, teachers and parents to plan healthy lifestyle interventions, from food growing, gardening, and catering, to playground zoning, and lunch-time school sports competitions. Health Heroes seeks to change the culture in a school to ensure sustainability.

In 2016/17, a new grants programme was launched where schools can bid for match funding to run projects to help create healthy weight environments within schools, by either increasing physical activity or improving access to and/or knowledge of healthy food. The fund has been divided into two parts: a larger whole school Health Heroes fund and a smaller healthy lifestyles fund for smaller start-up projects.

Other relevant Hackney programmes include:

- Play Streets, in which children take part in safe play on roads temporarily closed to traffic
- Hackney Wild Walks, which involved the distribution of maps of fun walking routes for families with young children to all local residents.

³ <http://cityairapp.com/>

⁴ Young Hackney is the Council's service for all young people aged 6–19. It aims to help all of Hackney's young people to enjoy their youth and become independent and successful adults. Young Hackney runs activities for young people across the borough, and offers advice and help support to young people who need it, on subjects like education, employment, housing or health.

Fusion, who run the local Golden Lane leisure centre in the City of London, run various activities for children - such as swimming, boxing, tennis, gymnastics and cheerleading. There are no City of London Corporation commissioned programmes for physical activity at the one local primary school (Sir John Cass Foundation Primary School).

1.7.2 Adults

In Hackney, there are a wide range of measures to increase physical activity opportunities for adults, focused on 'prevention' (i.e. raising levels of physical activity across the whole population). These are summarised below.

- *Walking* - Hackney Council supports a range of organised walking groups, especially targeting older residents. The Transport Team within the council also reviews travel plans for major developments and schools to promote active travel (walking and cycling).
- *One You* - a wide range of group-based physical activity opportunities in community halls on housing estates, using the PHE campaign branding to improve recognition and encourage uptake.
- *New Age Games* - physical activity opportunities in group settings for people over the age of 50, which engages over 700 residents in physical activity with the main draw being the social aspect of the programme.
- *The Sharp End* - a programme that provides exercise activities for older people to promote health and wellbeing.

With regards to 'identification and early intervention', Hackney has recently worked with PHE's GP Clinical Champions programme to train local healthcare workers in how to raise the issue of physical activity with patients as part of routine consultations. The roll-out of the National Diabetes Prevention Programme in Hackney and the City (as part of an east London 'wave 1' site), and a greater focus in the new local physical activity on referral service (see below) on engagement with frontline staff in how to raise the issue of physical activity with patients, also supports the early identification of people whose physical inactivity places their health at risk.

In terms of 'treatment' (i.e. tailored programmes for people at risk of future inactivity-related ill health), the following programmes are on offer in Hackney.

- *New Life through Sport* - a Sport England-funded programme to link physical health and psychological wellbeing to support recovery from mental illness and addiction, through a 12 week fitness programme.
- *Fit 4 Health* - a Big Lottery funded programme to support recovery from stroke through physical activity.
- *Falls prevention service* - interventions for people recovering from a fall who required hospital admission, including a significant element of physical activity training.
- *Physical activity on referral* - Hackney Council has for a number of years supported a structured programme of physical activity for people with relevant health conditions or health risks; this programme has recently been re-commissioned (as part of an integrated service also including weight management), with the new service starting in July 2016.

A selection of additional measures to increase physical activity opportunities for adult residents and workers in the City of London are summarised below.

- *Young at heart* - This programme run by Fusion in partnership with the City of London Corporation involves fun and social activities for people aged over 50.
- *City of Sport* - This is a programme designed to help workers from across the Square Mile to get fit. City of Sport delivers pay-as-you-go sports and activities at low cost throughout the City of London, which makes it accessible to low-paid workers.
- *City LivingWise* - This programme supports City of London residents and workers to improve their health by helping them to make important, sustainable changes to their lifestyle that will get them to feel fitter, healthier and happier. Services include:
 - NHS Health Checks (primary care and community outreach) for 40-74 year olds
 - personalised exercise programmes and tailored advice
 - lifestyle weight management - 12 week weight management course designed to support sustainable weight loss.
- The City of London Corporation has a London Healthy Workplace Charter 'achievement' award and has an active programme of work in place with local businesses to improve the health of their workforce – including raising levels of physical activity.

A range of physical activity focused rehabilitation programmes are also provided by the local NHS in Hackney and the City, to help support people with their recovery from specific conditions and serious health events (including heart failure patients and people with chronic obstructive pulmonary disease).

1.8 Service gaps and opportunities

This section has described a comprehensive programme of measures and support to maximise opportunities for local people to be physically active. Nevertheless, significant proportions of the adult and child populations in Hackney and the City are failing to achieve the levels of activity required for good health.

Hackney also continues to have some of the highest rates of child obesity in the country (see 'Children and young people' JSNA chapter). In response to this, early in 2016 a new Obesity Strategic Partnership (OSP) was launched to guide a 'whole systems approach' to tackling obesity in the borough. The partnership is chaired by the Chief Executive of the council and includes membership from across a range of service areas that can influence aspects of the food and physical activity environment, as well as the NHS. It will be working closely with businesses and residents to develop an effective and tailored approach that is relevant to Hackney's unique communities.

One of the achievements of the OSP in its first few months has been the introduction of The Daily Mile into four local primary schools (with five more starting soon). The Daily Mile is an intervention developed in Scotland which supports schools to get whole classes doing 15 minutes of running/walking each day, and will hopefully be rolled out across Hackney over the coming months. Opportunities to incorporate dance into local physical activity programmes are also being explored as part of a review of provision for all ages in Hackney.

The 2015 Walking Potential study mentioned earlier identified 45,000 'switchable trips' per day in Hackney (journeys that could be made by walking that are currently being made by car, bus or train). [21] The study highlighted geographical areas of the borough with high potential for increased walking, and this information is being used by the council to inform targeted local strategies in these areas.

The participation of Hackney and the City in the first wave roll out of the National Diabetes Prevention Programme, and the launch of a new physical activity on referral service in both local authority areas in recent months, offer new opportunities of tailored support to people at risk of inactivity-related ill health.

Hackney Council has just been awarded London Healthy Workplace Charter status (at 'commitment' level) and the City of London Corporation has already been awarded 'achievement' under the Charter. In the City, this builds on the well-established Business Healthy programme, which provides resources and advice on promoting staff wellbeing. These initiatives provide an excellent platform for the two local authorities to (continue to) work with employers in the area to enable and encourage an active local workforce, making the most of the workplace as a health promoting setting.

Finally, in the City, a number of challenges were identified as part of a strategic review to inform the local Sport and Physical Activity Strategy for 2015-2020. [26] This review identified a need for sensitive delivery of programmes to encourage participation in specific communities and careful tailoring of programmes so they attract the least active residents. Opportunities were identified to improve links with community champions to support uptake and engagement, and provide taster sessions and adapted programming to engage those who may not otherwise participate. Priority groups were identified as low paid City workers, children and young people, older residents, minority ethnic groups and disabled people.

1.9 References

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- [8] Department of Health, "Chief Medical Officers physical activity guidelines," 2011.
- [9] Department of Health, "Chief Medical Officers physical activity guidelines for early years (under 5s) for children who are capable of walking," 2011.
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