

## ADDENDA

### 13. Active Oxfordshire - reducing physical inactivity (Pages 1 - 8)

16:10

15 minutes

Report presented by Annie Holden and Paul Brivio

To receive an update on work to encourage more physical activity for people with long term conditions.

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**Reducing physical inactivity – preventing and managing disease  
Implementation of a pilot Exercise Referral Intervention**

**Health Improvement Board Meeting  
November 21<sup>st</sup>, 2019**

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*Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally<sup>1</sup>.*

*People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.*

*Physical inactivity is responsible for 1:6 deaths (equal to smoking) and is estimated to cost the UK £7.4bn annually (including £0.9bn to NHS alone).*

## **Executive Summary**

Physical activity is a powerful behaviour that can reduce the burden of preventable death, disease and disability. As a key lifestyle behaviour it has a cross prevention impact on individuals' and communities' health and well-being. Whilst Oxfordshire is reported as one of the most active counties in the country (according to Active Lives' survey data<sup>2</sup>) stubborn challenges remain with concerning inactivity levels in some of our districts. Moreover, people with health conditions are, on average, twice as likely to be inactive than people without a condition. NICE guidelines<sup>3</sup> state that individuals should be encouraged to adopt physical activity to support the management and prevention of disease through referral into exercise schemes which provide an opportunity for an individual to access a dedicated service for the development of an affordable, tailored physical activity programme suited to their needs.

In July 2019, an Exercise Referral summit meeting was held in Oxford with over 20 organisations represented to review the county's current provision. There was a widespread positive appetite amongst the experts at the meeting, to address highlighted areas of concern and maximise the opportunity to review the scheme and work collaboratively to develop an agreed and achievable model for Oxfordshire. One key early objective identified by these experts, was the recognition that the refreshed scheme should be 'tested' and delivered as local delivery pilots to enable a robust evaluation to take place from which the learnings would inform the future county-wide service.

This paper outlines the underlying rationale, national alignment, local need and principles of a 'refreshed' Exercise Referral pilot intervention. In consideration of the information below, it is requested that members of the Board support this pilot intervention and champion the role that physical activity has to play in improving the health and management of long-term conditions and / or chronic disease for the people of Oxfordshire.

## **1. Overview and Context**

### **1.1 Health benefits of Physical Activity – The Case**

It is widely acknowledged that there is substantial global evidence for the health benefits of undertaking regular physical activity. Physical activity can reduce the risk of many chronic conditions including coronary heart

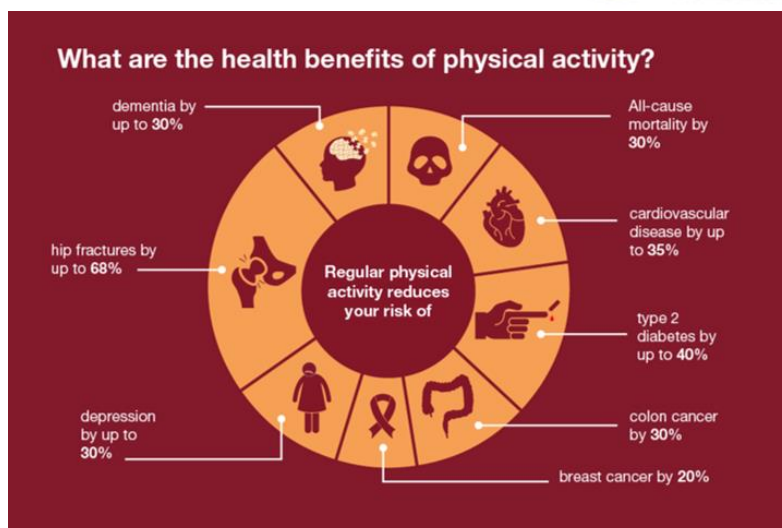
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<sup>1</sup>Kohl et al., (2012) The pandemic of physical inactivity: global action for public health. The Lancet, 2012; 380(9838):294-305

<sup>2</sup> Sport England (2018) Active Lives Survey May 18/19 report

<sup>3</sup> NICE (2014) Physical activity: exercise referral schemes

disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal problems<sup>4</sup>. In addition, it is commonly accepted that even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life. Hence, physical inactivity is recognised as a key risk factor in the prevention and control of diseases including cardiovascular disease, and consequently increased participation in physical activity is associated with reduced all-cause mortality and lowered incidence of coronary artery disease.



Physical activity, therefore, is a powerful behaviour that can reduce the burden of preventable death, disease and disability, and support people and their communities to achieve their potential. As a key lifestyle behaviour that contributes to the wider determinants of health, physical activity cuts across many health priorities and has a cross prevention impact on individuals’ and communities’ health and wellbeing.

## 1.2 National Guidelines

The recently published updated Chief Medical Officer’s Guidelines (2019)<sup>5</sup> state that the evidence for physical activity has become even more compelling and the message is clear:

‘If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.’

The guidelines include statements of levels of physical activity based on epidemiological thresholds where optimal behaviour is associated with a significantly reduced risk of a range of conditions, diseases and mortality. They reflect a life course approach.

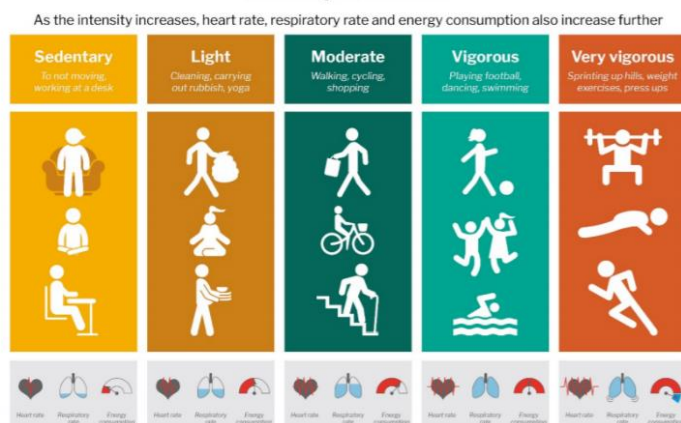
### Moderate or strong evidence for health benefit

Children	Adults	Older Adults
<ul style="list-style-type: none"> <li>Bone Health</li> <li>Cognitive function</li> <li>CV fitness</li> <li>Muscle fitness</li> <li>Weight status</li> <li>Depression</li> </ul>	<ul style="list-style-type: none"> <li>All-cause mortality</li> <li>Stroke and heart disease</li> <li>Hypertension</li> <li>Type 2 diabetes</li> <li>8 cancers</li> <li>Depression</li> <li>Cognitive function</li> <li>Dementia</li> <li>Quality of life</li> <li>Sleep</li> <li>Anxiety/depression</li> <li>Weight status</li> </ul>	<ul style="list-style-type: none"> <li>Falls</li> <li>Frailty</li> <li>Physical function</li> </ul>

<sup>4</sup> PHE. Health matters: getting every adult active every day (2016).

<sup>5</sup> UK Chief Medical Officers’ Physical Activity Guidelines (2019)

### Intensity of exercise



Individuals are encouraged to work towards achieving the guidelines set out in the document, however there are no absolute thresholds. In general, the more time spent being physically active, the greater the health benefits. Similarly, although activity of any intensity provides health benefits, greater intensity provides more benefit for the same amount of time. Activities need to be of at least moderate-to-vigorous intensity to achieve the full breadth of health benefits.

### 1.3 'We are Undefeatable' Campaign

The new CMO Guidelines have been launched at a similar time to the 'We Are Undefeatable' campaign. This is a national campaign launched in August 2019 by Sport England together with Public Health England to support the 15 million people who live with one or more long-term health conditions in England to increase activity levels. The campaign is led by a collaboration of 15 leading health and social care charities which has been launched to inspire, reassure and support people living with a variety of conditions, such as diabetes, cancer, arthritis and Parkinson's to build physical activity into their lives.

The research that underpinned this campaign showed that:

- 69% of people living with long-term health conditions would like to be more active.
- 66% say it would help manage or improve their condition, with improved mood and wellbeing seen as the biggest benefit (52%).
- Nearly a quarter (24%) of people with a long-term health condition feared that physical activity would make their health issues worse and two in five (44%) would like more help and advice on how to be more active.
- Over a third of people (36%) cited lack of energy as the main barrier to increasing physical activity; two in five (40%) reported that pain caused by their health condition prevented them from increasing the amount of physical activity they do.

### 1.4 Physical Activity and Healthcare Professionals

People with health conditions are, on average, twice as likely to be inactive than people without a condition<sup>6</sup>. Therefore, people who regularly engage with health care professionals are far more likely to be inactive. Increasing physical activity levels particularly by targeting the least inactive, contributes to improving population health and wellbeing and can help reduce the strain on health and social systems.

- Physical activity brief advice in health healthcare is one of the top seven best buys for getting a population active<sup>7</sup>
- National clinical guidelines from the National Institute for Health and care Excellence (NICE) advise physical activity promotion for inactive people with a range of long-term conditions.
- There are over 650,000 healthcare professionals who each will see half a million patients during their careers. They are trusted sources of information and are key influencers at times of change and during life transitions.
- 1 in 10 people visit their GP every 2 weeks and 1.2m. people visit a pharmacy for health reasons every day<sup>8</sup>.

<sup>6</sup> Sport England (2018) Active Lives Survey

<sup>7</sup> ISPAH (2014) NCD Prevention: Investments that work for Physical Activity.

<sup>8</sup> NHS England (2014) The Review of Specialist Pharmacy Services in England

- It is becoming the norm for people to have a long-term health condition (LTC); 1 in 3 adults currently have a diagnosis and this is increasing; more people are living now with multiple LTC than single conditions<sup>9</sup>.
- 1 in 4 people would be more active if advised by a GP or a nurse<sup>10</sup>.

In addition, those who are regularly engaging with healthcare professionals (those with or at risk of developing health conditions) are far more likely to be inactive and are also more likely to be key target audiences. For example, people facing the highest level of economic disadvantage have a 60% higher prevalence of health conditions than those facing the least and 30% more severity of disease.

## 2. The Issues for Oxfordshire

### 2.1 Physical Inactivity Prevalence

Nationally, there has been a slight increase in activity levels according to the most recent Active Lives survey with 63% of the nation achieving 150 minutes or more a week (defined as 'Active'). Within Oxfordshire, whilst one of the most active counties in England, the data shows that stubborn challenges remain as activity levels have reduced compared to the previous year's survey, with concerning increases in inactivity levels particularly noting a deteriorating shift in 3 out of the 5 districts:

Active Lives Adult Survey Data 18019	Inactive		% change	Active		% change
	Nov 17/18	May 18/19		Nov 17/18	May 18/19	
England	25.1%	24.8%	-0.3%	62.6%	63.2%	0.6%
<b>Oxfordshire</b>	19.1%	20.3%	1.2%	68.6%	67.2%	-1.4%
Cherwell	25.5%	24.1%	-1.4%	59.4%	63.3%	3.9%
Oxford	16.4%	15.4%	-1.0%	74.4%	72.5%	-1.9%
South Oxfordshire	15.4%	19.4%	4.0%	73.4%	68.4%	-5.0%
Vale of White Horse	15.6%	17.6%	2.0%	68.0%	66.4%	-1.6%
West Oxfordshire	23.5%	26.9%	3.4%	67.0%	64.1%	-2.9%

Furthermore, over 16% of the Oxfordshire population surveyed, reported that they are limited a lot by their physical or mental health condition and therefore unable to be physically active, and has a substantial effect on their ability to do normal daily activities.

### 2.2 Health and Wellbeing of Oxfordshire's residents

Whilst Oxfordshire's population is relatively healthy when compared to other Public Health indicators, inequalities remain<sup>11</sup>:

- Over half of deaths in those under 75 were considered preventable
- The top causes of death for those under 75 include cardiovascular disease (CVD), cancer, stroke.
- Top causes of illness for those under 75 include musculoskeletal (MSK) conditions, cancer, mental health disorders, diabetes and CVD.
- Top causes of illness for those over 75 are CVD, chronic respiratory disease, loneliness & MSK conditions.
- Mental health needs are increasing, depression diagnosis among adults is increasing
- Falls are the largest cause of emergency hospital admissions for older people (65+)
- Over half of adults are overweight or obese

Within Oxfordshire's Joint Strategic Needs Assessment, the Public Health Surveillance Dashboard provides data which shows the number of patients with the following coded diagnoses in GP registered populations (2017-18):

- Coronary heart disease: 17,737
- Hypertension: 92,220

<sup>9</sup> ONS (2013) Adult Health in Great Britain 2013.

<sup>10</sup> NHS Information Centre 2008. The Health Survey for England 2007. Healthy Lifestyles knowledge, attitudes and behaviours.

<sup>11</sup> Oxfordshire Joint Strategic Needs Assessment 2019

- Chronic Obstructive Pulmonary Disease: 10,243
- Diabetes (Type 1 and 2): 30,108
- Depression: 61,874

In addition, our population is increasing:

- Oxfordshire's 65+ population is expected to grow by 50% by 2038, compared to 47% nationally
- 85+ is expected to increase by 63% (+10,900) by 2032

### 2.3 Oxfordshire's Prevention Framework (Public Health and Clinical Commissioning Group [CCG])

The Prevention Framework document contains cross-cutting themes which sit alongside the Joint Health and Wellbeing Strategy. It identifies why people are dying or suffering from poor health and details Oxfordshire's priorities to determine what we need to prevent. Clear priorities are outlined for action across the county including key recommendations. These include Physical Inactivity as a specific topic outlining the evidence-base, the challenges and recommendations for action.

Active Oxfordshire is identified as an enabler to support and deliver a wide-ranging prevention agenda. As an organisation which is a driver for change with inherent expertise in Physical Activity, Active Oxfordshire is fully committed to support the local health and wellbeing systems to achieve the challenging shift from an illness culture, to a wellness culture, embracing a population health management approach. Two specific recommendations within the Prevention Framework include:

- Targeted funding for people with or at risk of long-term health conditions to provide activity and exercise in prevention / treatment pathways
- Focus investment and layered interventions to create healthier communities in existing places of clearly identified need and address inequalities.

These recommendations also align to Public Health England's (PHE) and the NHS Long Term Plan's<sup>12</sup> evidence based recommendations:

- CCGs and local authorities to invest in an evidence-based exercise programme for patients.

Consequently, Active Oxfordshire has been working collaboratively with a range of partners and organisations across the county to address these key recommendations by conducting a 'review and refresh' of the provision of the county's Exercise Referral scheme.

## 3. Exercise Referral Provision in Oxfordshire

### 3.1 Overarching principles to guide this work

- NICE guidance contains a wealth of guidance and quality statements, relating to inclusion of Physical Activity to promote health and wellbeing
- More specifically, NICE (2014) outlines guidelines for Exercise Referral schemes:
  - Aim to encourage physical activity adoption to support the management and prevention of disease
  - To improve and maintain the health and wellbeing of adults, through reducing levels of physical inactivity amongst people with or at risk of developing long-term health conditions.
  - The scheme involves medical practitioners and allied health practitioners, working in partnership with exercise or fitness professionals, to promote health and prevent disease at a community level.
- There is no one single national model that is considered the 'best fit' as an exercise referral scheme, but there are models of good practice (e.g. Manchester, Suffolk) around the country (with whom we have sought advice when preparing for the Summit meeting and on-going developments) .

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<sup>12</sup> The NHS Long Term Plan (2019)



### 3.2 National Alignment

Given the current need to address an increasing ageing population with associated increase in LTC and chronic disease, the scheme aims to be as inclusive as possible, removing the roadblocks and increasing connections. Generating medical referrals from GPs or Health Professionals is often seen as one such roadblock so this pathway development approach has been to be inclusive of those LTC which do not necessarily require a 'referral' (and therefore do not require a transfer of medical information) as well as those who clearly do, i.e. there is a place for condition specific structured exercise prescription for the more complex needs (evidence-based) as well as enabling physical activity opportunities. Indeed, it is important to recognise the developing role of Social Prescribers in this context both nationally and locally as they are well placed to provide community-based support for patients who do not require a specific medical referral (as relevant to the individual) to connect them with local exercise interventions.

Our review is very timely as it aligns to current work nationally that is co-ordinated by Sport England (SE) with Public Health England (PHE), Royal College of GPs (RCGP) and Faculty of Sport and Exercise Medicine (FSEM). They are embarking on a project to develop a consensus statement from medical bodies on risks of exercise, to provide confidence to healthcare professionals to signpost, refer or recommend physical activity to people with health conditions. They will also develop a guidance document for supporting people with LTC in physical activity. Both PHE and SE are very interested in the process and progress that Oxfordshire is making and as such, our local developments will help inform those developed nationally.

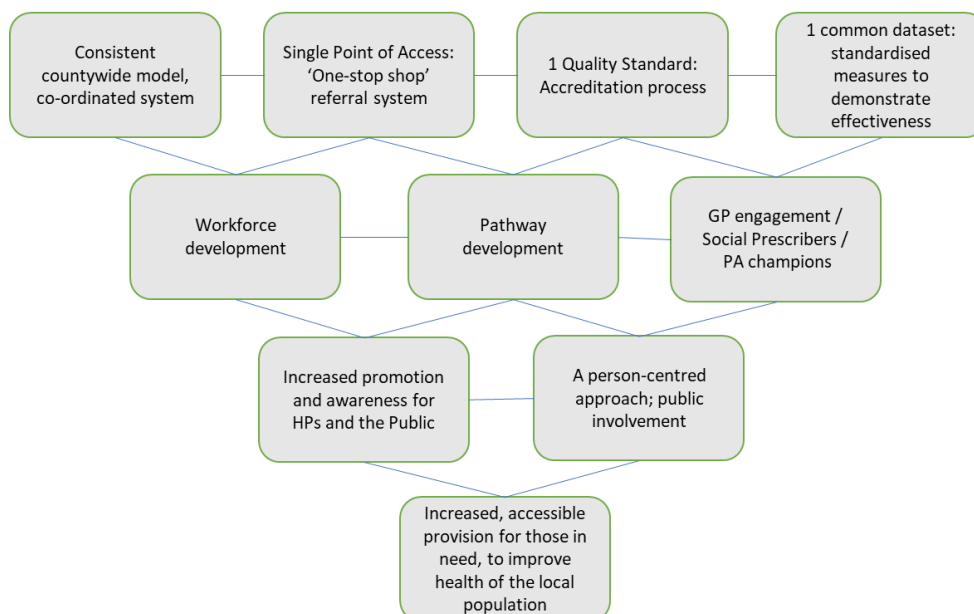
In addition, our review aligns to the current 'We Are Undefeatable' campaign, launched by SE together with PHE in September this year. The campaign seeks to empower and inspire people living with a LTC to find activity that is right and appropriate for them.

### 3.3 Exercise Referral 'review and refresh' process: progress to date

An Exercise Referral summit meeting was held in July 2019 with over 20 organisations represented to discuss what a refreshed scheme *should* and *could* look like in Oxfordshire, in consideration of national guidance, the evidence-base and good practice. There was a consensus that the existing scheme provision was delivered in silos, lacked a consistent county-wide approach and did not have a quality assurance process in place. There was a widespread positive appetite amongst the experts at the meeting, to address highlighted areas of concern and maximise the opportunity to review the scheme and work collaboratively to develop the agreed and achievable model for Oxfordshire.

Following this summit meeting, a 'Working Group' has been established to collaboratively progress and drive forward developments for a refreshed intervention. The Working Group consists of partner and organisation representation from all district councils, leisure providers, CCG, Public Health, Oxford Brookes, OUH and many third sector organisations such as Oxfordshire Mind, Age UK and Social Prescriber organisations. This expert group agreed in the following key principles of a refreshed scheme:





One key early objective identified by these experts, was the recognition that the refreshed scheme should be ‘tested’ and delivered as local delivery pilots to enable a robust evaluation to take place from which the learnings would inform the future county-wide service. More recently, the Working Group has extended to include some willing GPs who have also declared their interest in being an active partner in the pilot intervention.

### 3.4 Proposed Pilot Intervention Programme:

The refreshed Exercise Referral pilot intervention will include the following elements:

#### A. Exercise Referral Intervention

- Refreshed Exercise Referral scheme for those with condition specific complex needs, who would benefit from a structured exercise prescription designed by appropriately qualified Exercise Professionals.
- A distinct pathway requiring a medical referral with transfer of relevant medical information to allow safe and effective exercise prescription.

#### B. A PA Intervention

- For people with a LTC who do not require a referral from a Health Professional and could ‘self-refer’ into the intervention.
- Utilise Social Prescribers to signpost / recommend people into specific exercise / activity opportunities.

#### Both interventions will:

- Be provided predominantly in areas of health inequalities, based on more deprived areas and higher disease prevalence.
- Utilise traditional leisure facilities as well as community based provision.
- Have a robust evaluation conducted by Oxford Brookes ensuring a research focus, embedding an objective analytical approach to provide an evidence-base to inform decisions and share learning for a future business case for county-wide provision.

#### Draft Timelines:

- 3 month preparation stage, Dec - Feb
- 6 month pilot commencing March 2020 – August 2020
- A 12 week intervention, with baseline and 3 month follow up for a cohort within the 6 months’ pilot period
- Evaluation produced Dec. 2020

#### Structure:

- A 12 week intervention, followed with sign-posting into other mainstream activities for sustainable change.
- Providers will need to be compliant with the new Quality Standard Framework and through the pilot, an Accreditation process will be tested.
- Availability and capacity of appropriately qualified Exercise Professionals (EPs) will be considered. It would be advantageous to engage a small bank of sessional qualified EPs who can provide intervention in community venues – i.e. not linked directly to existing providers and to meet a gap in existing qualified EPs.
- A Single Point of Access, centrally co-ordinated referral / recommendation pathway.

- Baseline and end of programme assessment to be completed, to include objective as well as subjective measures of physical activity and functional capacity to provide more robust evaluation and meaningful outcomes.
- Health Professional and Patient involvement will be inclusive as part of the wider evaluation process, in the form of focus groups to inform the future development.

**Costs:**

Some willing providers and partners have declared their interest and support for this pilot and some have offered in-kind support. However, funding will need to be identified to support resources required such as staff time to centrally co-ordinate the project, intervention documentation and evaluation (Oxford Brookes has agreed to provide the research and evaluation support subject to funding). It is considered that any funding required to support this pilot and any longer term implementation, could be co-funded between partners and stakeholders given this initiative impacts across many agendas.

**Active Oxfordshire is committed to:**

- co-ordinating and supporting the implementation of this Exercise Referral pilot programme
- continued collaboration and engagement with all relevant partners and stakeholders, convening meetings and reporting requirements
- provide the programme’s governance through implementation of the quality assurance process and applying the Accreditation process with providers
- liaise with Oxford Brookes throughout the pilot term to fully support a robust evaluation process with ultimate production of a meaningful report
- provide recommendations for future scheme improvement, development and subsequent county-wide provision.

**4. Conclusion**

Key to the success of this pilot work will be an implementation of the shared vision, through working collaboratively with partners and stakeholders across the sectors, to ensure residents of the targeted areas are empowered to improve their health and be active citizens. The principles of the pilot will be to put communities at the heart of the decision-making process, so that delivery is based on their needs and that they are part of sustaining activities and interventions for future service development.

The pilot also provides a timely opportunity to embed physical activity in the social prescribing approaches that are developing across the county, to build assets within communities. Ultimately this will contribute to a really rich tapestry of physical activity opportunities and an environment that supports it in the community. In addition, the pilot aims to demonstrate a significant shift in physical activity and community activism, so that people become more physically and socially active. It will contribute to wider health agendas and support a whole systems approach that ultimately empowers communities, making them more resilient and better connected.

The learnings from this pilot will inform future exercise and activity provision across the county, to ultimately improve physical activity levels and reduce inactivity, improve health as well as mental health and wellbeing, address health inequalities and embed physical activity across all sectors and communities.

**5. It is requested that members of the Health Improvement Partnership Board will:**

- (i) support this pilot intervention and champion the role that physical activity has to play in improving health and management of the people of Oxfordshire who have LTC(s) and / or chronic disease;
- (ii) actively promote collaboration and engagement by all key agencies including local authorities, the CCG, Primary Care Networks and the third sector, and challenge non-engagement;
- (iii) work together to Identify funding opportunities to assist with the implementation and delivery of a successful pilot intervention;
- (iv) welcome Active Oxfordshire to report back to this Health Improvement Partnership Board meeting in Autumn 2020, providing a summary evaluation of the pilot and its implications for future sustainability and county-wide scaleability, including national developments with Sport England / Public Health England.