

**Physical Activity and Sport  
Health Needs Assessment (HNA)  
for  
Leicestershire and Rutland**

**2013**

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## Executive Summary

There is a clear linear relationship between the time spent and the intensity of physical activity and health benefits gained. Government recommends 30 minutes five times per week for adults, one hour for children and a minimum of three hours activity for under 5s per day. Across a population, encouraging inactive people of all ages to become moderately active will yield the greatest benefits in terms of health gains.

Physical inactivity accounts for 1% of Disability Adjusted Life Years (DALYs) lost globally<sup>i, ii</sup>. One in five deaths in Leicestershire are preventable by achieving the recommended levels of physical activity (n=432), and one in six for Rutland (n=21). A further 3,989 new cases of CHD, diabetes, and colorectal and breast cancers could be prevented.

Current estimates suggest that most people in Leicestershire (21%) and Rutland (30%) do not participate in enough physical activity to benefit their health. Inactivity is positively related to areas of greater deprivation yet being active enough to achieve the Governments recommended (5x30) is a universal problem across Leicestershire and Rutland.

Evidence suggests that physically activity incorporated into daily lifestyle is the most sustainable method of increasing participation. This requires a holistic change from birth to our everyday environments, perceptions and norms of communities and individuals. Measures to facilitate such changes are not consistent across Leicestershire and Rutland. Evidence on individual interventions is limited. Walking and cycling in communities have been demonstrated to provide best value for money and health outcomes.

Whilst most people in Leicestershire and Rutland are not physically active enough to substantially benefit their health, some community groups disproportionately less likely to be physically active:

- **People living in areas of deprivation:**

- **Older people:** levels of participation in physical activity decreases with age for both men and women.
- **Women:** men are more likely to participate in physical activity than women – also the case in BME groups.
- **BME:** Bangladeshi, Pakistani and Chinese communities are least likely to participate in physical activity
- **People with limiting disabilities** are less likely to participate in physical activity and sport compared to those without.

**Children:** it is not possible to properly monitor or assess levels of physical activity in children because data is limited. Proxy measures for inactivity (e.g. obesity) suggest physical activity levels are too low to expect health benefits now or as our children grow into adults.

## **Recommendations**

- There should be a multi-agency strategy to develop and direct holistic physical activity and sport
- There should be a greater strategic focus on universally reducing daily sedentary behaviours and promoting being activity
- Walking and cycling needs to be further promoted to all community groups
- Locality action plans should incorporate multi agency services for evidence based universal (core) and targeted services
- Localities should work with Public Health and Clinical Commissioning Groups
- Physical activity needs to be integrated into existing Leicestershire and Rutland Older People Strategies.
- Localities should target early years settings, primary and secondary schools with greatest levels of need to integrate physical activity
- Commissioning structures need to ensure evaluation of new and existing programmes

# 1. Background

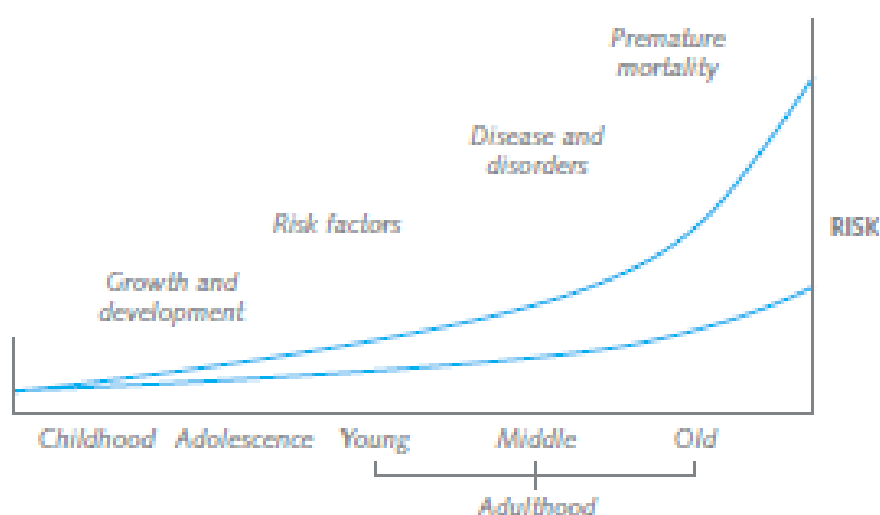
## 1.1 The value of physical activity and sport

Physical inactivity is responsible for 1% of Disability Adjusted Life Years (DALYs) lost globally and for 3% of those lost in established market economies<sup>i</sup>. Physical inactivity is the fourth leading risk factor for premature death, accounting for 6% of deaths globally<sup>ii</sup>.

There is a linear relationship between the time spent and the intensity of physical activity and health benefits gained. However, from a public health perspective encouraging inactive people to become low or moderately active will yield the greatest benefits in terms of health gains<sup>ii</sup>.

People who are physically active can reduce their risk of developing non-communicable diseases and reduced risk of premature deaths<sup>Error! Bookmark not defined.,iii,vi</sup>. The benefits gained from physical activity differ throughout our lifetime (Figure one)<sup>iii</sup>.

Figure one: shows the stages of disease development throughout our life course and the potential role of physical activity to prevent or delay stages occurring.



Inactive children and adolescents are more likely to develop risk factors for chronic disease and become an inactive adult. Inactive older people and adults are more

likely to develop chronic diseases and have earlier deaths compared to those who are physically active.

## 2. Introduction

This report provides a health needs assessment (HNA) for physical activity and sport to support and inform a physical activity and sport strategy.

The aim of this HNA is to: identify **met and unmet needs** in *adults and children* related to **physical activity and sport** across *Leicestershire and Rutland*.

- **Evidence:** policy and guidance for health benefits and increasing physical activity and sport,
- **Need:** identifying and analysing existing data sets about health need and levels of participation in physical activity (and sport)
- **Services/ Facilities:** Existing services and opportunities relative to need
- **Unmet need:** local unmet need for health and participation in physical activity (and sport)
- **Recommendations:** to address local sport and physical activity needs in Leicestershire and Rutland to support the forthcoming strategy.

### 2.1 Definitions

For the purpose of this health needs assessment physical activity, sport and sedentary behaviours are defined as:

- **Physical activity** is defined as any activity that moves the body and uses energy, such as walking to work, gardening, briskly pushing a pram/ buggy, climbing the stairs.
- **Sport** is defined as an activity involving physical exertion and skill in which an individual or team competes against another or others.
- **Sedentary behaviour** is defined as a group of behaviours that occur whilst sitting or lying down while awake and typically require very low energy expenditure.

### 3. Evidence based

#### 3.1 What levels of physical activity will benefit our health?

National guidance provides life stage specific recommendations for time spent and intensity of physical activity per day/ week, applicable from birth (Figure one).

Figure two: Start active, stay active (2011), national guidance for physical activity and health gain (Appendix one for full guidance) Error! Bookmark not defined.

- **Babies and toddlers (under 5 years):**
  - Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- **Childhood (5 to 18 years):**
  - all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day and up to several hours every week.
- **Adults (19-64years) and older people**
  - Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more. (Often referred to as 5x30minutes per week)
  - Both adults and children should minimise the amount of time spent being sedentary (sitting) for extended periods.

National guidance is also clear that;

- doing any amount of physical activity even below the recommended levels will bring more benefits than doing none at all.
- being physically active can provide health benefits even if split into smaller blocks of time.
- people of all ages should avoid prolonged periods of sedentary behaviour (e.g. sitting at a desk for prolonged periods).
- inactive people should start with small amounts of physical activity and gradually increase duration, frequency and intensity over time.



### 3.2 Who is more likely to be physically inactive?

There are clear and significant social inequalities in relation to being physically inactive. This means that social, economic and logistical barriers can have a disproportionate effect on some groups of our community and their ability to meet current physical activity recommendations <sup>iii</sup>. This section also describes the characteristics of Leicestershire and Rutland's populations using known risk factors for low participation in physical activity or sport based on recent Census data (2011).

- **Lower socio-economic groups:** there is a strong correlation between social class and physical activity levels - low income and educational attainment are predictors for greater inactivity.
- **Older people:** levels of participation in physical activity decreases with age for both men and women. Rutland (21%) and Leicestershire (18%) have higher levels of people aged 65 or older compared to England (16%). Leicestershire and Rutland (30% and 29% (respectively) of their total populations), both have lower proportions of children and young people (1-24 year olds) in their population compared to England (31%).
- **Women:** men are more likely to participate in physical activity than women – this is also a consistent trend in ethnic minority groups. There are 687,900 (Males=50.5%) people living in Leicestershire and Rutland, this is approximately 1.2% of England's population. However, due to Leicestershire and Rutland's older populations and higher life expectancy in females, it is possible that some local communities have higher proportions of women than men.
- **People from some BME communities** are less likely to participate in physical activity. Men and women from Bangladeshi communities are least likely to achieve the recommended levels of physical activity per week and are more likely to be inactive compared to other dominant ethnic groups and the general population. Furthermore, people from Pakistani and Chinese communities are also less likely to achieve the recommended levels of

physical activity per week. However, a higher proportion of Black Caribbean and Irish men and women achieve the recommended levels of physical activity per week (See Appendix five ). Nationally, 20% of the population self-reports as belonging to an ethnic group. Rutland and districts in Leicestershire have lower proportions of people from dominant ethnic groups compared to England (See Appedix two).

- **People with limiting disabilities** are less likely to participate in physical activity and sport compared to those without. Nationally, 17.6% of the population have a limiting long term condition (LLTC) causing disability. Rutland has more people with LLTC compared to England and Leicestershire – This trend is most likely a reflection of Rutland’s older population. Leicestershire (15.5%) has lower proportions of people with a LLTC – this difference can be account to (2.2%) fewer people with LLTC that impact a lot of their day-to-day living (See Appendix three).
- **People with predominantly sedentary lifestyles:** this is a universal problem as levels of physical activity have decreased as part of our daily lifestyles:
  - The proportion of time spent sedentary has increased due to factors such as, changes in work patterns, increased use of cars, media-based entertainment, poor town and building planning.
  - Even individuals who currently meet recommended levels of physical activity may be susceptible to the negative health effects of prolonged time spent sedentary.

**Interventions to increase participation in physical activity and sport must ensure that all communities and individuals across Leicestershire and Rutland have the opportunity and are encouraged to be active - participating in physical activity and sport in a way that suits their needs and their lifestyles.**

### **3.3 What works to increase levels of physical activity?**

#### **Introduction**

The following databases were identified and searched for relevant based evidence policy for physical activity, sport and interventions for defined populations.

- National Institute of Health and Clinical Excellence (NICE)
- Leicestershire and Rutland Sport, and the
- Department of Health

The evidence suggests that interventions focusing on behaviour modifications provide short-term benefits. The current evidence base recognises that for long-term benefits social, structural and economic factors need to be addressed. This is because a range of complex factors influence levels of sedentary behaviours, physical activity and sport.

There are various policies that target environments to encourage and facilitate physical activity.

#### Physical activities and environments

NICE provides guidance (2008)<sup>iv</sup> on the promotion and creation of a physical environment that supports increased levels of physical activity. The guidance for physical activity and environments makes evidence based recommendations for ensuring public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.

Other recommendations included improving and maintaining the accessibility and appeal of being more active i.e. ensuring well lit streets, the stairs in a building are signposted. Schools should also create an environment that stimulates and facilitates physical activity (this was explored further in subsequent guidance PH17-children and families section).

### Safe roads and communities

NICE guidance suggests monitoring injuries from walking and cycling to assess barriers to participation and to target interventions to reduce the risk of unintentional injuries from walking and cycling for children. (NICE's guidance on strategies to prevent unintentional injuries among under-15s)

### Children and families

NICE Guidance (2009)<sup>v</sup> provided recommendation for promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. The recommendations from this report highlighted support for:

- use of campaigns to promote the benefits of physical activity and encouraging participation.
- locally incorporating the physical activity agenda into high-level strategic policy planning for children and young people, e.g. JSNA
- Consulting with, and the active involvement of, children and young people to ensure the local need has been understood.
- Effectively identifying and targeting groups or communities of children that are least likely to achieve 60 minutes moderate to vigorous physical activity a day.
- Promoting physically active and sustainable travel by working with school on travel plans and local planning to consider the impact of developments on physical activity level for children.

### Older people

NICE (2008)<sup>vi</sup> provides specific recommendations for evidence based occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care.

This guidance focuses on advising, promoting, tailoring and involving older people in incorporating physical activities into their daily life such as community based walking schemes. The essence of this guidance is to encourage older people to strive towards safely exercising for 30 minutes a day, five or more days a week, using examples of everyday activities such as shopping, housework and gardening.

### **Long term conditions**

NICE (2011)<sup>vii</sup> guidance for preventing type 2 diabetes and managing existing cases suggests the role of physical activity is key for managing weight and maintaining good health.

The guidance highlights the need for national and local efforts to integrate physical activity into daily or routine activities is essential for maintaining a healthy weight and staying healthy. It refers to a local strategy for non-communicable diseases that have common lifestyle themes such as lack of physical activity, obesity and poor diet.

### **3.4 Cost-effective ways of increasing up-take of physical activity**

A key factor in sustainability is incorporating activities into an individual's lifestyle.

Inactive children often become inactive adults. Patterns of physical activity are established during childhood when most norms and values of acceptable behaviours and activities are established, which often continue into adulthood.

In 2006, the National Institute for Health and Clinical Excellence (NICE) produced guidance on four common methods used to increase the population's physical activity levels. The four interventions considered are:

- brief interventions in primary care,
- exercise referral schemes,

- pedometers and
- community-based walking and cycling programs.

It should be acknowledged that these are only a small number of possible approaches to increasing individual activity levels.

### Brief interventions in primary care

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement from [traditionally] a health professional (i.e. GP) to a patient. The interventions vary from basic advice to more extended, individually-focused attempts to identify and change factors that influence activity levels. NICE determined there is sufficient evidence to recommend the use of brief interventions in NHS primary care for short term benefits to behaviour change.

### Exercise referral schemes

An exercise referral scheme directs someone to a service offering an assessment of need, development of a tailored physical activity programme, monitoring of progress and a follow-up. NICE determined that there was insufficient evidence to recommend the use of exercise referral schemes to promote physical activity, other than as part of research studies where their effectiveness can be evaluated.

### Walking and cycling

Walking and cycling<sup>viii</sup>, guidance (2012) identified these methods to be cost-effective methods to increase physical activity in our population. The guidance highlighted the need to stimulate local community walking groups, ensure paths are maintained, accessible and safe for people and groups.

### Motivational interviewing

NICE Guidance (2009)<sup>ix</sup> strongly recommends motivational interviewing (MI) for changing people's behaviours. MI aims to help people explore and resolve their ambivalence about changing behaviour i.e. participating in more physical activity. It selectively draws from and reinforces the patient's own arguments and motivations to change, rather than imposing reasons for change on them. The report recommends MI should be delivered through primary care.

## 4. Measuring levels of physical activity in adults

This section provides a narrative summary of data sets for adults to estimate levels of physical activity, sport and sedentary behaviours in communities across Leicestershire and Rutland. (For data references see appendix four)

### 4.1 How many adults are physically active?

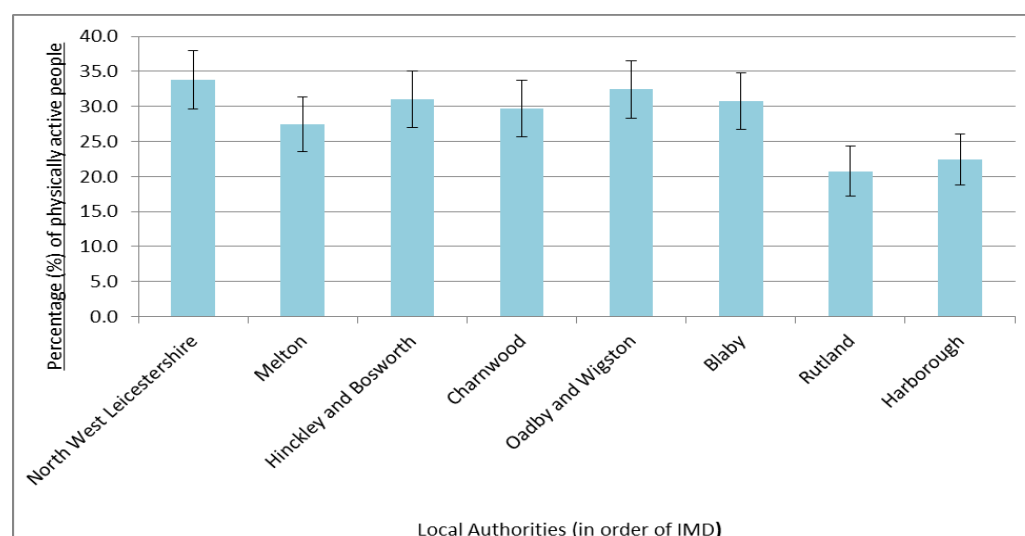
#### Not achieving 30 minutes

The percentage of people not achieving 30 minutes physical activity or sport per week can be used as a proxy measure for inactivity or sedentary behaviour.

Across Leicestershire and Rutland most respondents achieved at least 30 minutes of physical activity per week.

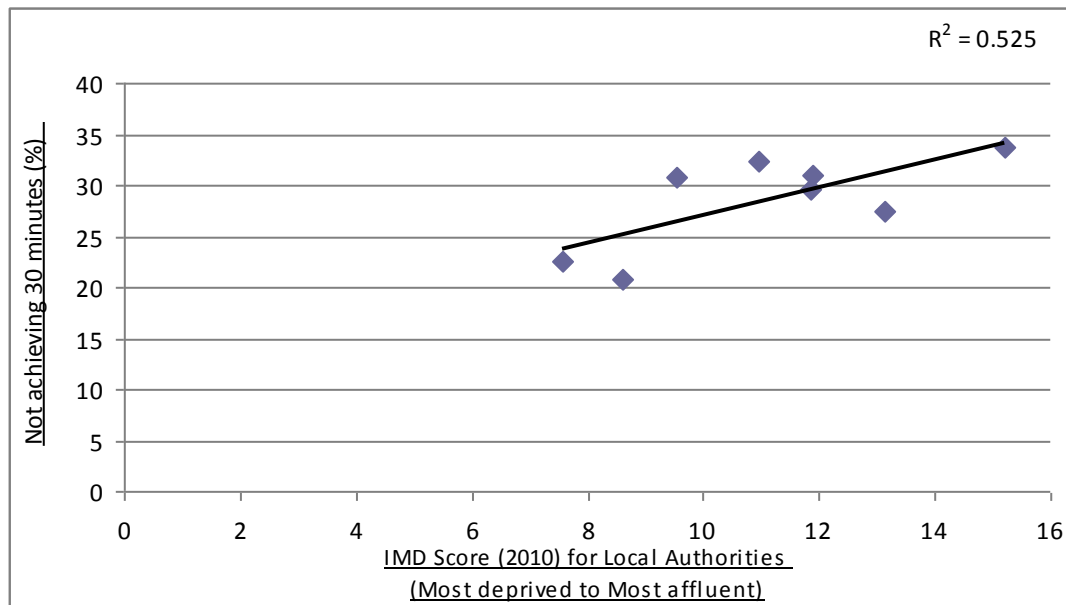
The most deprived area, Northwest Leicestershire has the highest proportion of people who do not achieve 30 minutes of physical activity per week (Figure five (a)). The least deprived areas, Rutland and Harborough have the lowest proportion of inactive people.

Figure five (a): Percentage of people not achieving 30 minutes of physical activity or sport per week, (2010/11)



There is a strong correlation between not achieving 30 minutes physical activity and sport, and local authority IMD 2010 score (Figure five).

Figure five (b): Correlation between the Local Authority percentage of people not achieving 30 minutes physical activity or sport per week over the last 28 days (2010/11) and LA IMD score (2010)



Deprivation accounts for 52% of the trend between local authorities and the proportion of people not achieving 30 minutes physical activity each week in the past 28 days (Figure five). Deprivation is a predictor for low or no participation weekly physical activity and sport.

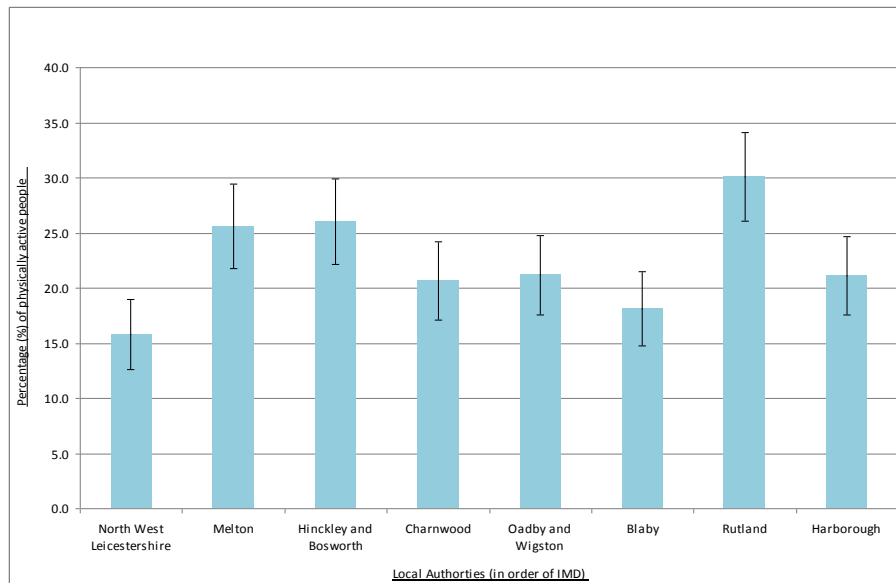
### **30 minutes of physical activity five times per week**

*(Current National Guidance)*

Less than a third of adults in Leicestershire and Rutland meet UK Government recommendations of 30 minutes physical activity five times per week (Figure six (a)). This means that most adults in Leicestershire and Rutland do not participate in enough sport or physical activity to benefit their health, with no statistically significant outliers.

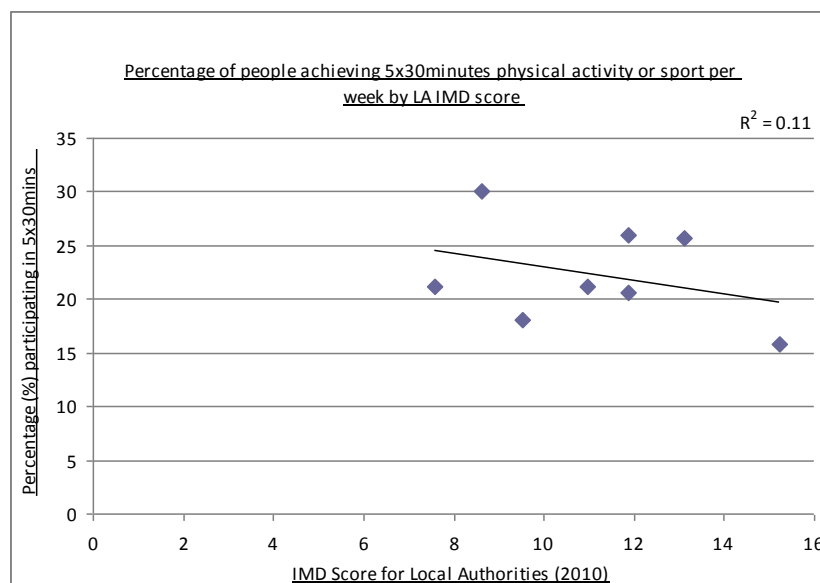
Figure six (a): Percentage of people meeting the national recommendations for physical activity: 30 minutes at least five times per week (2010/11)





There is a weak correlation between people achieving 30 minutes physical activity and sport five times per week, and local authority IMD 2010 score. Level of deprivation only accounts for 11% of the trend between local authorities proportion of people not achieving 30 minutes each week (Figure six (b)). Deprivation is not a predictor for communities attaining the National Recommendations for physical activity.

Figure six (b): Correlation between the Local Authority percentage of people meeting the national recommendations for physical activity 5x30 minutes per week (2010/11) and LA IMD score (2010)

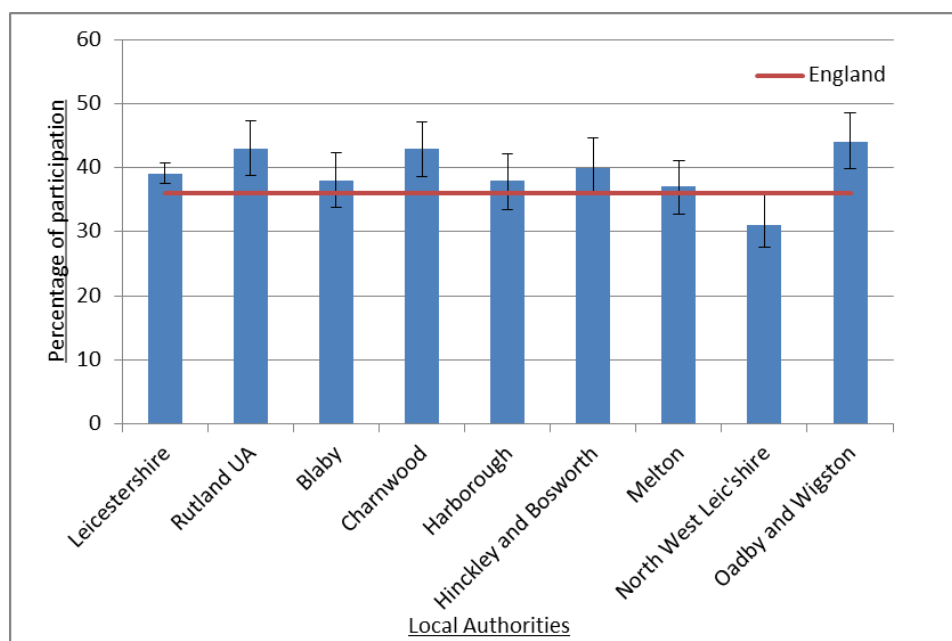


## 4.2 How many adults play regular sport?

The Active People Survey measures estimated proportions for adults participating in 1 session of moderately intense sport per week for at least 30 minutes in the previous 28 days (Figure three).

In England 36% (95% CI 35.8 to 36.2%) of people participate in sport. Locally, in Leicestershire 39% (95% CI 37.6% to 40.8%) and in Rutland 43% (95% CI 38.7% to 47.3%) participate in sport. Levels of adults participating in sport in Leicestershire and Rutland are not statistically significantly higher than England (36% (95% CI 35.8 to 36.2%)).

Figure three: ASP 6 (2011/12) percentage of adults participating in at least 30 minutes of moderately intense sport at least once a week: local compared to England (95% CI)



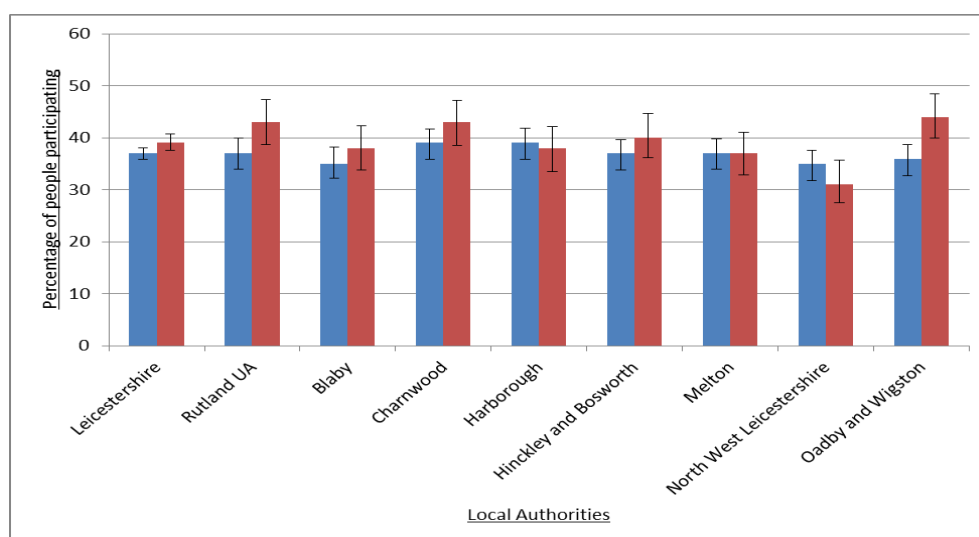
There is no statistically significant difference between proportions of sport participation in Rutland and Leicestershire (Figure three). There is no statistically significant difference between proportions of sport participation in Leicestershire's districts and boroughs compared to their County average or England in 2011-12.

There is no statistically significant difference between proportions of adults participating in sport across Leicestershire's most (North West Leicestershire) and least (Harborough) deprived districts (Figure three).

### Change in participation since 2005/06 (APS 1)

Since 2005-06, (Figure four) there has been a statistically significant increase in adults participating in sport locally (Leicestershire (+2.3%) and Rutland (+6%)), this reflects national changes (+1.8%).

Figure four: Shows the percentage of people participating in sport: comparing local results for ASP 1 Vs ASP 6 (95% CI)



Since 2005-06, the greatest local increase can be seen in Oadby and Wigston (8%). Oadby and Wigston is the only district or borough to show a statistically significant increase in participation since 2005-06 in Leicestershire.

### **National trends for risk characteristics**

Local demographics are not available from the APS, but if we assume that Leicestershire and Rutland are generally comparable to national trends the following findings may be extrapolated.

**Gender differences:** Both men and women have shown a statistically significant increase in sport participation since 2005-06. This increase is more pronounced in men than women.

**Age:** Participation in sport is higher in the youngest age bracket 16-25 years compared to 26+years. There has been a statistically significant decrease in the proportion of 16-25 year olds participating in sport (approx. 2%) between 2005-06 and 2011-12.

**Socio-Economic Group:** People in lower social economic groups are less likely to participate in sport when compared to higher social classes. This gap appears to be widening as levels of sport participation has increased in higher SECs, but remains stable in the lower SECs.

**Disability:** There has been a small (2.6%) statistically significant increase in the proportion of people with a disability participating in sport since 2005. However, people with limiting disability (15.1%) are still only half as likely to participate in sport compared to people without (37.8%) 2011-12.

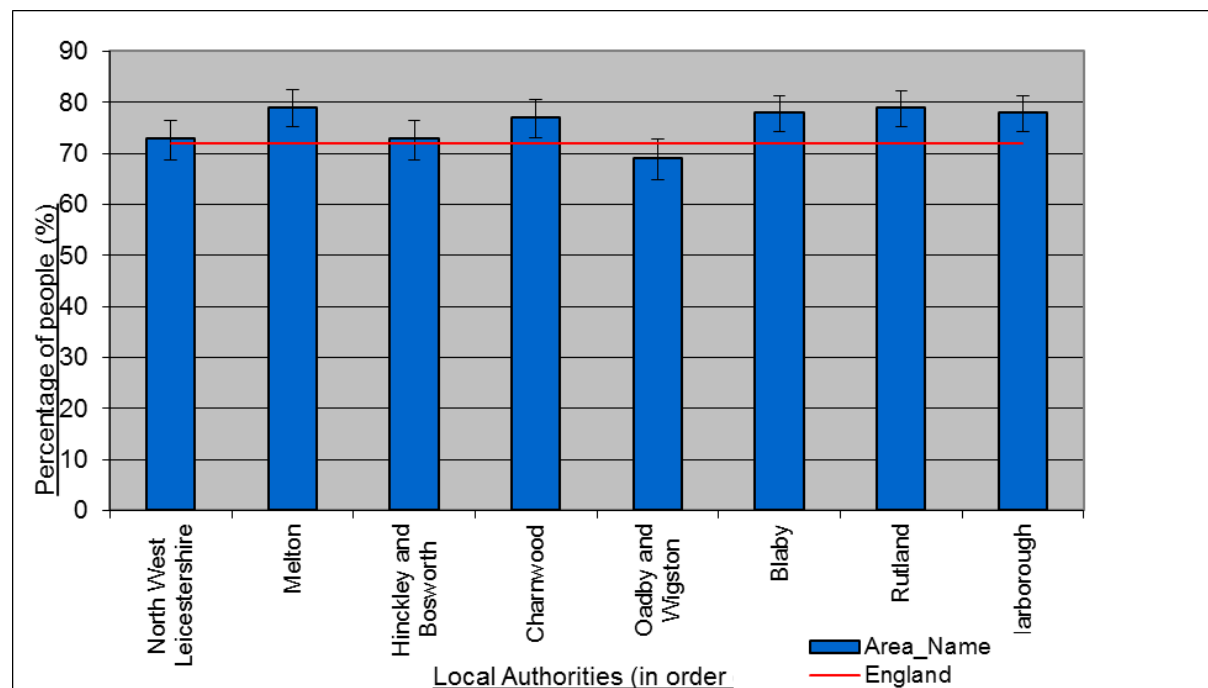
**Ethnicity:** There has been a statistically significant increase in levels of participation in sport for both white (36.1%) and non-white (35.5%) communities. There has been a greater increase in participation in sport amongst non-white (2.3%) compared to white (1.8%) respondents between 2005-06 to 2011-12.

### 4.3 How many adults routinely walk or cycle?

72% (95% CI 71.8 to 72.2) of people had cycled or walked for 30 minutes within the past month for travel and leisure. People are 6.5 times more likely to walk than cycle. However, the proportion of people cycling as a sport has seen a small statistically significantly increased between APS 2005/06 and 2011/12.

Locally, Melton, Rutland, Harborough, Charnwood and Blaby had a statistically significantly higher proportion of respondents who had cycled or walked in the past month compared to England (Figure seven).

Figure seven: the proportion (%) of people who walked or cycled for 30 minutes in the last month (2010/11)



There appears to be little relationship between deprivation and levels of walking and cycling ( $R^2 = 0.1485$  (14%)).

#### **Active Travel: Walking and cycling as a utilityx**

Across the East Midlands 34% (95% CI 33% to 35.1%) of people either walk or cycle as a mode of transport, this compares to 35% (95% CI 33% to 37%) in Leicestershire and 27% (95% CI 22.5% to 32%) in Rutland.

People are more likely to walk than cycle as a mode of travel across all areas, however, the ratio of difference varies by geography. In Leicestershire, people are 11 times more likely to walk than cycle as a mode of transport, and in Rutland 26 times more likely.

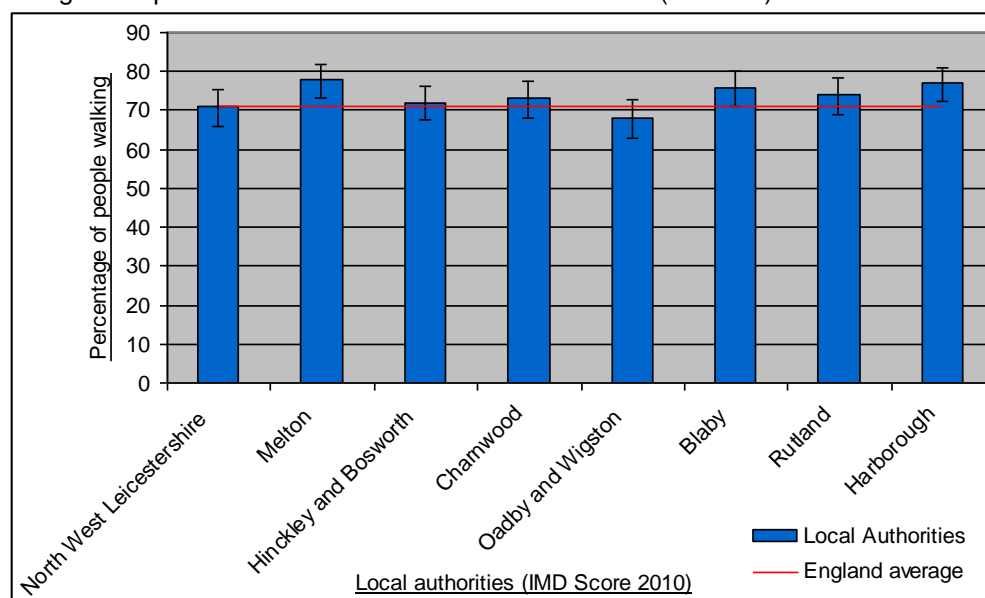
There appears to be little relationship between deprivation and levels of walking and cycling as a mode of necessary transport ( $R^2 = 0.0087$  (<1%)).

## **Walking**

Nationally, 71% of people walked for 30 minutes in the last month. In all areas across Leicestershire and Rutland a minimum of 60% of people managed to walk for 30 minutes a week (Figure eight).

Only two districts were statistically significantly higher than England (71% 95% CI 70.5% to 71.5%); Melton (78% (95% CI 73.3% to 82.0%)) and Harborough (77% (95% CI 72.5% to 81.0%)).

Figure eight: Proportion who walked for at least 30 minutes (2010/11)



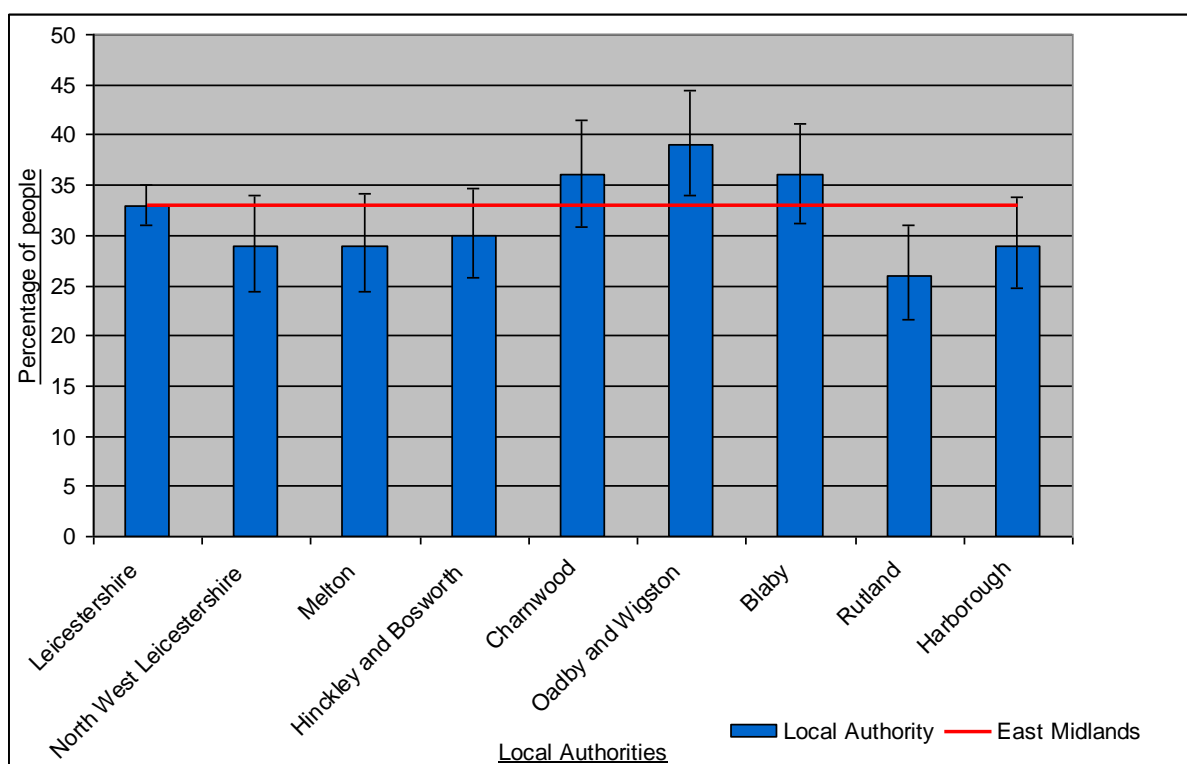
In Rutland (74% (95% CI 69.1% to 78.4%)), the proportion of adults walking for more than 30 minutes in the past month is not statistically significantly higher than England (Figure eight).

### Walking as a utility (national data not available)

In the East Midlands 33% (95% CI 31% to 35.5%) of people walk as a mode of transport (Figure nine).

People in Leicestershire are more likely to walk as a utility compared to Rutland, but this difference is not statistically significant.

Figure nine: shows the proportion of residents who walked for at least 30 minutes, at least once per month, for utility purposes



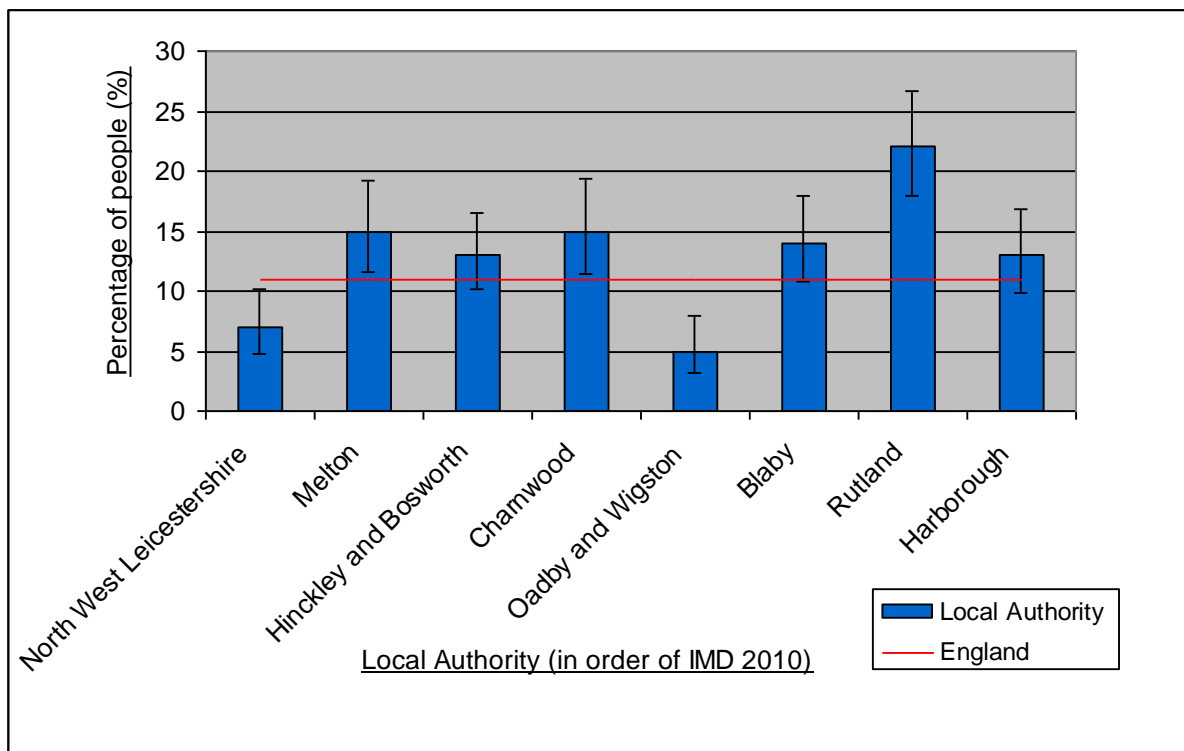
People in Rutland are statistically significantly less likely to walk for utility when compared to the East Midlands average – or more likely to walk for leisure.

People in Oadby and Wigston are statistically significantly more likely to walk for utility when compared to the East Midlands.

## **Cycling**

Nationally, 11% of people cycled for least 30 minutes, at least once per month. Only Blaby had a statistically significantly higher proportion of cycling in the past month when compared to England (Figure ten)

Figure ten: Proportion who cycle for at least 30 minutes, at least once per month (2010/11)



Oadby and Wigston, North West Leicestershire and Melton all had statistically significantly lower proportions of cycling in the past month when compared to England.

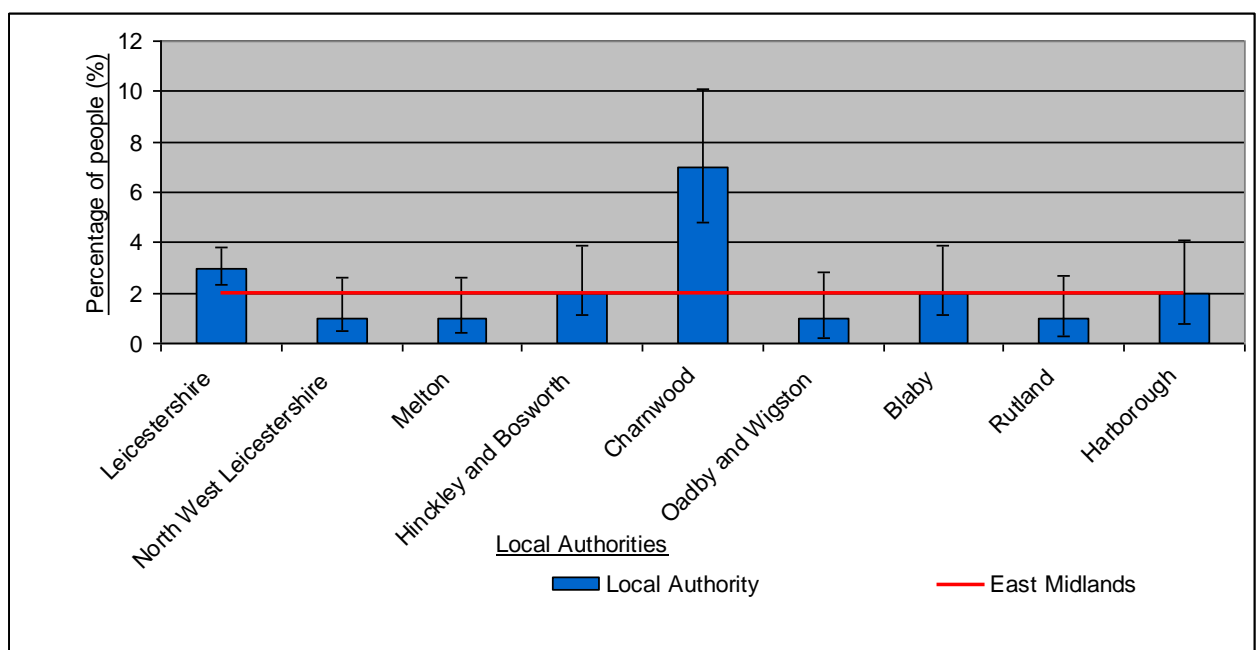
In Rutland (22% (95% CI 17.9 to 26.7)) the proportion of adults cycling at least 30 minutes in the past month is statistically significantly higher than England (11% 95% CI 10.7% to 11.3%).



### **Cycling as a utility (national data not available)**

In Leicestershire 3% (95% CI 2.3% to 3.8%) of people cycle as a mode of transport and in Rutland 1% (95% CI 0.3% to 2.7%). A statistically significantly higher proportion of people cycle as a mode of necessary travel in Charnwood (7%) compared to other districts/ boroughs and Rutland (Figure 11).

Figure 11: shows the proportion of residents who cycle for at least 30 minutes, at least once per month, for utility purposes



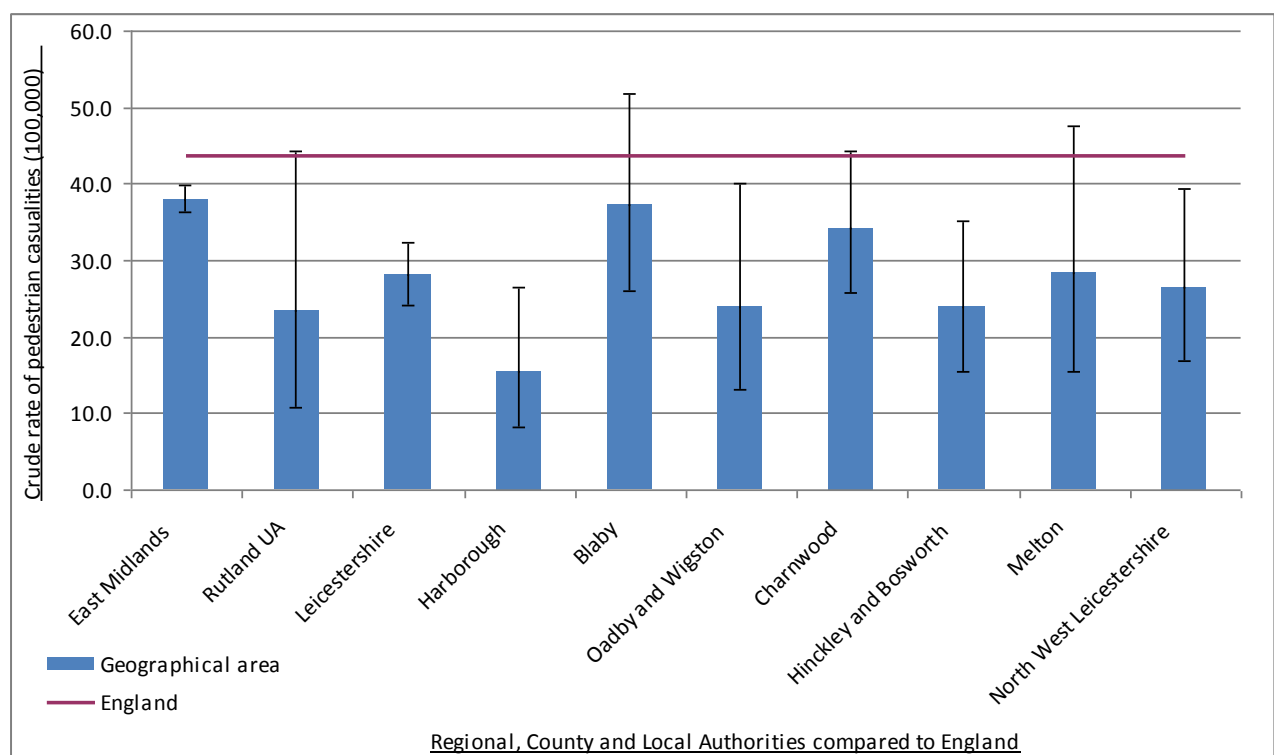
#### 4.4 Road safety: are our pedestrians safe?

Nationally, 22,726 adult pedestrians were hospitalised in 2010. Locally, 191 adult pedestrians were injured on our roads and taken to hospital (2010). These figures are likely to underreport the incidence of pedestrians' injured on our roads, because not all injuries require hospital treatment (Figure 12).

Leicestershire (28.1 (24.1 to 32.4 per 100,000)), has a statistically significantly lower rate of adults pedestrians injured compared to the East Midlands (38.0 95% CI 36.2 to 39.8 per 100,000) and England (43.5 95% CI 42.9 to 44.1 per 100,000) averages.

Rutland (23.3 95% CI 10.7 to 44.3 per 100,000) is not statistically significantly lower than England or East Midlands.

Figure 12: shows the national, regional and local crude rate per 100,000 population



#### **4.5 How many overweight and obese adult are there?**

Helping people maintain a healthy weight is a key public health concern. Someone is considered to be obese if their body mass index score is greater than 30. However, being overweight (BMI >25) can also damage our health.

Lifestyle factors linked with increasing obesity include: increasing sedentary pastimes such as watching television, and a lack of routine exercise. Nationally, 24% of the population are obese and locally obesity levels are comparable (24.1%).

Physical activity by itself can result in modest weight loss of around 0.5–1kg per month, but in combination with wider lifestyle changes can help people maintain a healthy weight.

#### **4.6 What proportion of illness could be prevented by being physically active?**

There is a compelling case for embedding the promotion of physical activity in the NHS to secure the future health of our nation <sup>iii</sup>. A greatest financial value in physical activity to the NHS is its role in primary and secondary prevention of diseases.

The amount the disease burden reduced if our populations in Leicestershire and Rutland achieved 30 minutes physical activity five times per week varies by disease (Figure 13). Currently, most people in Leicestershire and Rutland do not do sufficient physical activity to benefit their health.

Locally, 3,989 new cases of disease (CHD, DM2, Breast and Colon cancers) could be prevented if everyone in Leicestershire and Rutland achieved the national recommended guidance for physical activity.

Figure 13: modelled estimates for death and new cases of disease burden in Rutland and Leicestershire if 100% of the population achieved 5x30minutes of physical activity per day.

	<b>Leicestershire (n=)</b>	<b>Rutland (n=)</b>
<b>Deaths</b>	432	21
<b>Heart disease</b>	124	4
<b>Breast Cancer</b>	96	5
<b>Colorectal Cancer</b>	59	4
<b>Diabetes</b>	3697	n/a
<b>Total disease burden*</b>	3976	13

n/a= not available \*Total disease burden estimates are only for CHD, diabetes and breast and colorectal cancers. Source:

This would also prevent 453 deaths in Leicestershire and Rutland combined. This suggests that almost one in five deaths in Leicestershire are preventable by achieving the recommended levels of physical activity (n=432), and one in six for Rutland (n=21).

If half the population in Rutland and Leicestershire achieved the recommended levels of physical activity 164 deaths and 1,456 new cases of disease would be prevented.

### **Additional health benefits of being physically active**

Furthermore, physical activity is also important for limiting the impact, progression and managing diseases or illnesses such as musculoskeletal health conditions, including osteoporosis, back pain and osteoarthritis. At present no figures on the impact of physical activity is available on these diseases but evidence of need is clear.

Physical activity is important for helping people reduce their risk or manage depression and promotes well-being<sup>xi vi. xii</sup>. In Leicestershire and Rutland 14.6% (n=79,837) of adult GP registered patients have been diagnosed with depression<sup>xiii</sup>. In Leicestershire, rates of adults (18+) with depression are statistically significantly higher than England (2011/12)<sup>xiv</sup>.

## 5. Measuring levels physical activity in children

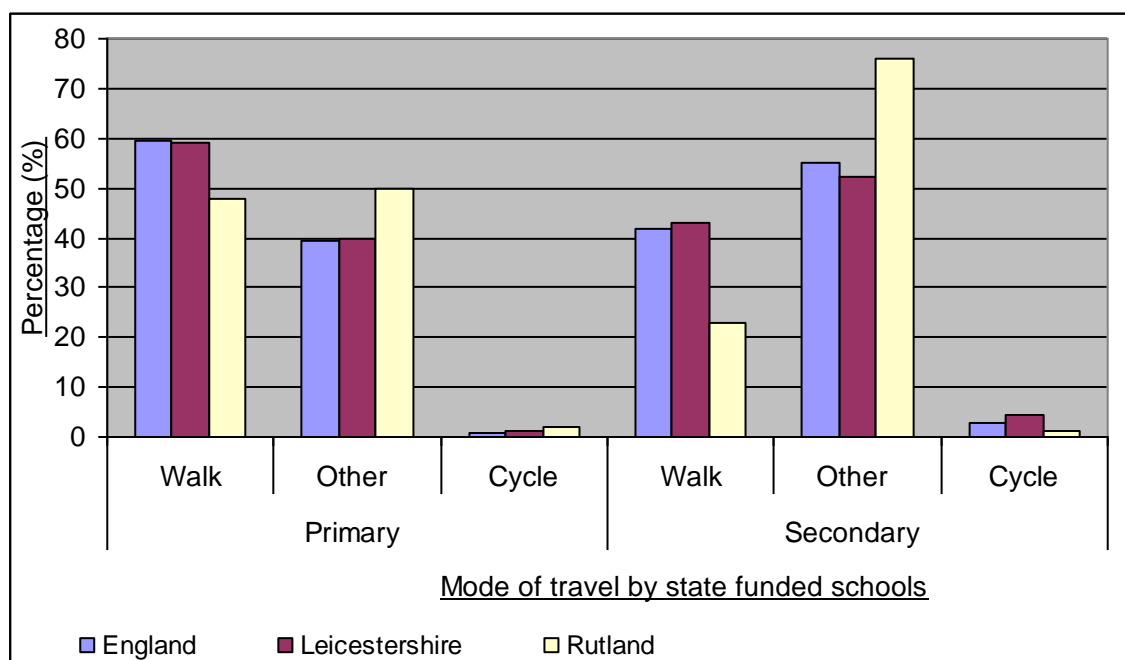
From birth it is important to make being physically active a priority and encouraging good habits in children because it helps them to develop the skills they need to continue being active throughout their lives.

Children who are not physically active are less physically developed, weaker, more likely to develop chronic health problems, are more likely to be an overweight or obese child and to remain so as an adult.

### 5.1 Active travel to school

The School Census (SC) collects key data on around 8 million pupils and around 25,000 schools; and pupil level data have been collected since 2002. This survey captures nationally and locally commuting trends to and from schools.

Figure 14: national and local schools census percentages for modes of travel to and from school (2011/12).



\* National School Census: mode of transport data (2011)

Nationally and locally, children are more likely to walk to school than cycle.

There appears to be a decline in the percentage of children walking to school between primary and secondary stages.

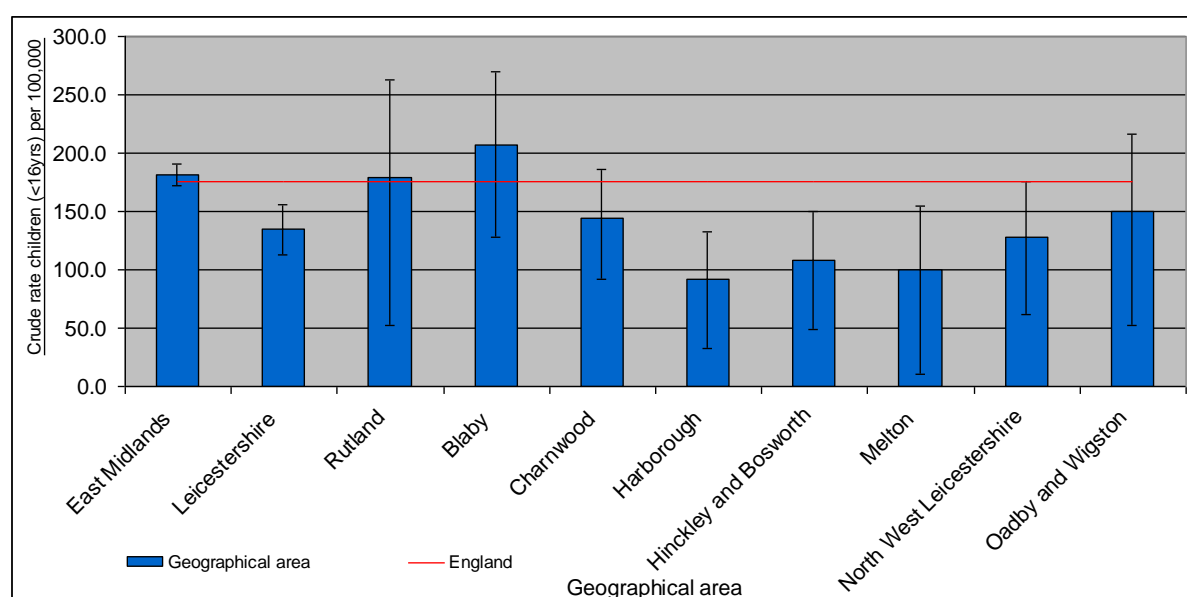
In Leicestershire, primary school children are more likely to walk to schools than use any other mode of travel – this reflects national trends. In Rutland, only 48% of primary school children walk to school (Figure 14).

In secondary school, children are more likely to travel to school by car or bus compared to walking and cycling. This decline is greatest in Rutland compared to Leicestershire. In Rutland, the greatest increase is seen in bus travel. This suggests that these trends and changes may be due to rural localities and longer distances to schools.

## 5.2 Pedestrian injuries: are our children safe on our roads?

Nationally, 17,168 children under 16 years were injured on our roads in 2010. Locally, 170 children were injured on the roads of Leicestershire and Rutland in 2010. Rutland's crude rate of childhood road injuries is comparable to England, in 2010. Leicestershire crude rate of childhood road injuries is statistically significantly lower than England (Figure 15).

Figure 15: crude rate (per 100,000) of children under 16 years injured on the roads of England, Leicestershire (including districts and boroughs) and Rutland, 2010



Across Leicestershire, no district or borough is statistically significantly higher than the England crude rate of childhood road injuries. - Harborough, Melton and Hinckley and Bosworth are statistically significantly lower than the England rate.

### **5.3 Physical abilities in children under 5 years old**

Being physically active to an appropriately level from birth is essential for developing both physically and cognitively. Assessing a child against their expected stage of development at 5 years can help to highlight whether a children is more or less active as part of their daily lifestyle.

Oadby and Wigston have the highest proportion of communities with children under five not achieving their expected stage of development using the EYFSP.

Priority need for child development against EYFSP is concreted North West Leicestershire, Charnwood, Oadby and Wigston, and more deprived areas in Rutland. Leicestershire and Rutland's least deprived district, Harborough has the lowest level of need.

## 5.4 How many children are overweight or obese?

This section presents the headline findings from 2012 national height and weight measurement programme for Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) children in schools.

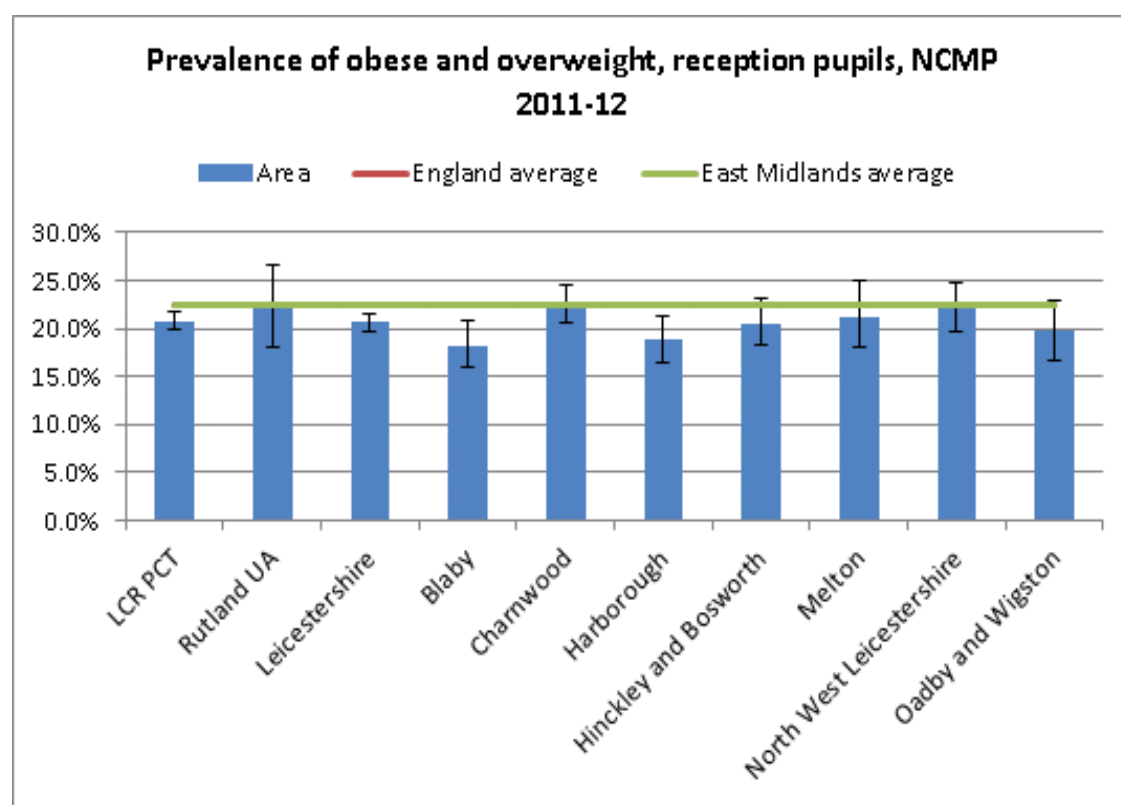
### Children aged 4-5 years

The proportion of children who were obese in reception year (aged 4-5 years) in LCR has decreased between 2006/07 and 2011/12

Nationally, 9.5% of reception children are obese; the prevalence of obesity in LCR is significantly lower than the national average (8.2%).

Harborough and Blaby have statistically significantly lower proportions of overweight and obese children aged 5 to 6 years compared to the Regional and National averages (Figure 16).

Figure 16 Proportion (% per cent) of obese and overweight reception pupils for England, Region, Counties and localities in 2011-12



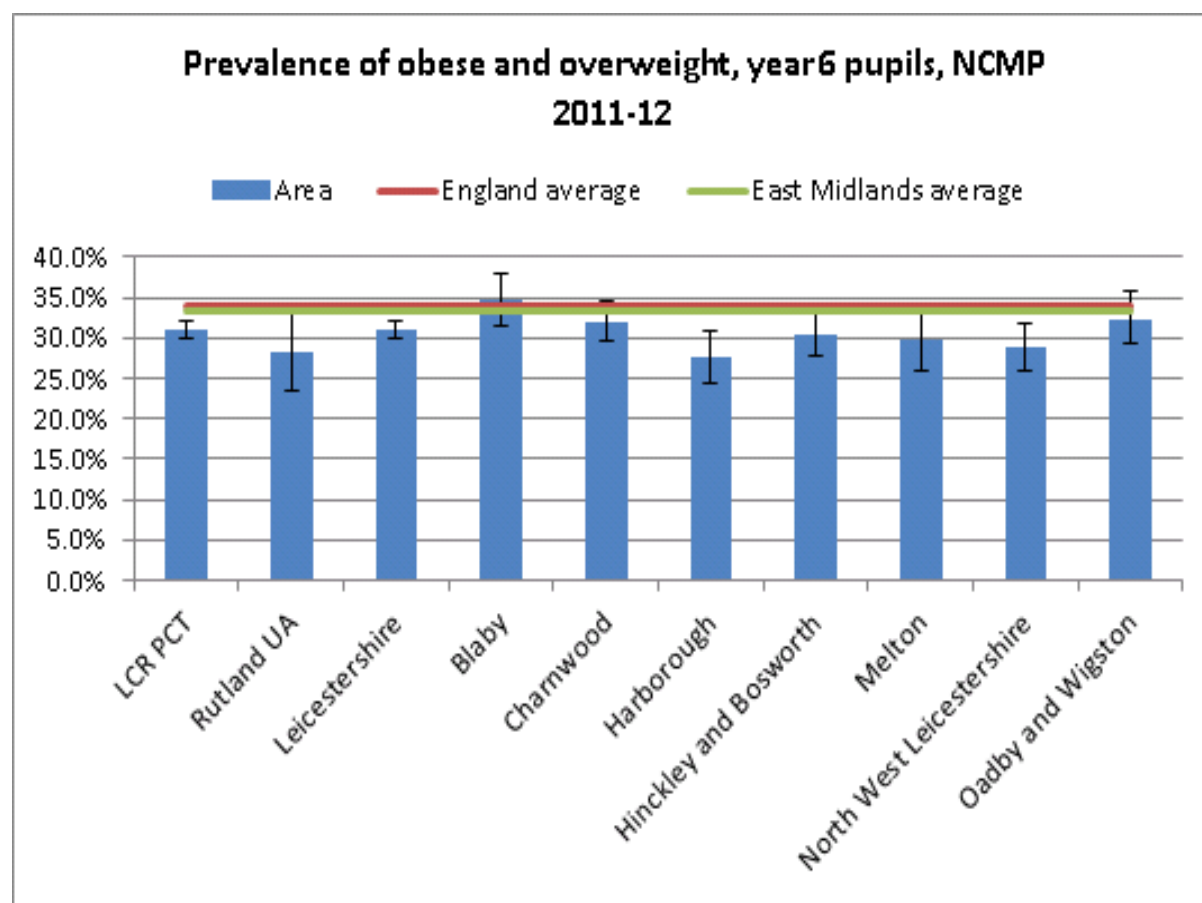


## Children aged 10-11 years

Between 2006/07 and 2011/12 the proportion of children in year 6 who are obese has increased in LCR from 14.9% to 16.2%, reflecting national trends.

Nationally, over a third (33.9%) of pupils in year 6 are obese or overweight. The proportion of obese and overweight LCR pupils (30.9%) is significantly lower than the national average, as is Rutland (28.4%),

Figure 17 Proportion (% per cent) of obese and overweight year six pupils for England, Region, Counties and localities in 2011-12



Harborough (27.6%), Rutland (28.4%), North West Leicestershire (28.8%) and Hinckley and Bosworth (30.3%) have statistically significantly lower proportions of obese and overweight 10 to 11 year olds compared to England.

## **6. Key themes**

- Most people in Leicestershire and Rutland are not participating in enough physical activity to significantly benefit their health outcomes or to increase their life expectancy.
- Deprivation is a key factor for physical inactivity or sedentary behaviours for adults.
- Deprivation is not a key predictor for achieving recommended levels of physical activity for adults (5x30minutes).
- Adults are less likely to walk or cycle as a mode of transport
- Adults and children in Leicestershire and Rutland are more likely to walk than cycle for leisure and as a mode of transport.
- Infants in deprived communities are less likely to achieve physical activity mile stones compared to children from more affluent neighbourhoods
- A significant number of child and adult pedestrians are injured each year on our roads.
- Adult and childhood obesity is a continuing problem for all areas – whilst obesity is greater in areas of deprivation it is not unique to deprived areas.

## 7. Physical activity and sports facilities and services

This section will review relevant services supporting the physical activity agenda.

### 7.1 Primary Prevention

Primary prevention is concerned with stopping people from developing disease and illnesses.

#### Local Facilities

Active places capture 80% of local private and public sport facilities. With the exception of golf, the top ten facilities for sport across Leicestershire and Rutland are comparable (See Appendix six for a breakdown of facilities). For both Leicestershire and Rutland the top three facilities provided are grass pitches, sport halls and health and fitness suites, listed in order of representativeness. Golf courses represent three times more of Rutland's top ten facilities compared to Leicestershire.

#### Locality working

Rutland and each of Leicestershire's district and boroughs have captured their universal and targeted services, in their commissioning action plans. These plans support both local and countywide strategic outcomes and priorities.

In each district and borough authority commissioning plan highlights which interventions are targeting the most vulnerable groups in their populations. Vulnerable groups many of whom have been identified in the data analysis section of this report.

**Examples of local services targeting vulnerable community groups** (some of the services below may be forthcoming in the next 12 months).

- **Interventions to target 0-5 year olds developments:** these are predominantly run through Children Centres and some areas have or are planning to expand this work into schools.

- For example, across Oadby and Wigston, Children Centres are extending the Change for life programme with additional projects for this target group.
- **Older people:** universal services for physical activities do not exclude older people - however, there are some activities which may be more preferable or more accessible to this life stage.
  - For example, in Blaby there will be an Active Ageing Week to promote activities and information that may be preferable to older people.
- **For people with complex health needs and limiting disabilities**
  - For example, Hinckley and Bosworth will provide Equestrian riding classes to individuals of all ages with a disability in order to introduce them to the experience of horse riding.
- **For people from disadvantaged communities (including disadvantaged young people, NEETS and Troubled Families)**
  - For example: in North West Leicestershire, Ibstock wards engage with Groundwork to deliver a programme of activities at the community garden, targeting troubled families, inactive young people, inactive older people and those with mental health, physical and learning disability needs.
- **Children and young people**
  - **For example, Charnwood's forthcoming campaign: family time is active time aims** to ensure that the 5-11 year old physical activity/sports opportunities are maximised through a coordinated marketing campaign across the borough.
- **Communities not motivated to play in more sport or to get fit:** many areas provide guides to their residents about opportunities for people to be more involved in less conventional physically activities:

- **For example, Rutland's Active Rutland Activity Guide:** is a community physical activity guide for adults aged 16+, sessions including, Fitness Classes, Walking, Weight Management, Exercise to Music, to name but a few.
- **Women:** universal services for physical activities do not exclude women, but there is a need to address potential access issues. Many services across Leicestershire and Rutland do this:
  - For example, **Girl's fitness in Melton** provides targeted, affordable fitness classes for females in Children Centres where childcare is also provided.

### **Walking**

Life stage targeted walking groups are offered locally by the local authority and community and voluntary sector groups.

- For example, in Harborough there are universal Health Walks open to all in the local community. These walks are primarily led by volunteer walk leaders.
- Furthermore, Leicestershire County Council provides on-line walking and cycling routes available to those with internet access.

### **Cycling**

Cycling courses and activities are offered throughout Leicestershire and Rutland.

Cycling courses run by Leicestershire County Council offers training for adults and children to help them gradually and safely develop the skills and confidence to cycle for leisure and work by a qualified instructor to national standards.

**Adults:** Over the last two years 537 adults have attended Leicestershire's cycling courses. Of these, 39.9% (n=214) were either non-riders or complete beginners to cycling at the start of their course.

All participants 69.8% (n=375) did not cycle for leisure or travel prior to the training. Three months after completing the course 94% (n=504) were still cycling once a week.

**Children:** Leicestershire Bikeability targets and organises training for schools, adults and community groups throughout the city and is run in conjunction with our training partners.

In 2011/12, 4,500 children had received Bikeability training at levels 1 and 2, and 100 children had received level 3 training.

**Special needs:** Cycling courses for people with special education needs (SEN) are due to start in September 2013.

## **Healthy Schools and Tots Programmes**

The National Healthy Schools Programme (NHSP) was a joint Department of Health and Department for Children, Schools and Families project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers in the United Kingdom

Relevant to the physical activity and sport agenda HPS helps schools to develop and implement: physical education lessons, health needs analysis, active travel plans and routine physical activity amongst other things. Schools are audited annually against criteria on their HPS attainment.

By April 2011, 98% of schools in Leicestershire achieved national healthy school status deadline for achieving the 41 criteria and the 4 core themes (including physical activity). Leicestershire Healthy Schools is still an active programme schools complete a Whole School Review to renew their healthy school status every 2 years & schools are also moving on to achieve enhanced healthy school status by achieving meaningful outcomes regarding identified health & wellbeing priorities.

The Healthy Tots Programme (HTP) is an extension and natural progression from the (above) NHSP. It involves preschools, play groups, nurseries across Leicestershire. Such institutes and community groups are being encouraged to attain Healthy Tots status, which involves having:

- A physical activity policy and lead
- Physical activity as part of daily routines
- An environment conducive for physical activity
- Meaningful engagement with families on physical activity

Currently, there are 44 Early Years Settings (EYS) with Healthy Tots Status. It is difficult to estimate what proportion of EYS this represents because local registers are incomplete. Currently, the HTP are working towards at least another 20 registrations.

## **GP Quality Outcome Framework: Primary Prevention Indicators**<sup>xv</sup>

Prevention indicators for GPs target people with evidenced based precursors for diseases to provide them with lifestyle advice and guidance on matters such as physical activity. The aim of this intervention is to direct and encourage patients to reduce their risk factors for disease progression.

**For example**, the percentage of people with hypertension (diagnosed after 1 April 2009) who are given lifestyle advice in the last 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption, and healthy diet<sup>1</sup> The aim of this primary prevention is to reduce the proportion of people developing CHD.

Currently GP targets are to provide primary prevention to between 40 to 75% of eligible patients. Locally eligible patients: 11,364 people (excluding exception cases) and of these 9,487 have received lifestyle guidance from their GP. This means there is an opportunity to reach 1,859 more people at risk of CVD. Furthermore, currently it is not clear what physical activity guidance is given to people.

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<sup>1</sup> Of those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients aged 30 to 74 years who have had a face to face cardiovascular risk assessment at the outset of diagnosis (within three months of the initial diagnosis) using an agreed risk assessment tool



## 7.2 Secondary Prevention

Secondary prevention is concerned with reducing the disease progression or rehabilitating someone who is already diagnosed with the illness. This may also include the illnesses progressing onto more complex illnesses such as hypertensive patients developing CHD.

### **Locality working**

Rutland and each of Leicestershire's district and boroughs have captured their universal and targeted services in their commissioning action plans.

**For example, people with complex health needs:** across Leicestershire and Rutland the exercise referral scheme exists and is evident in most area's action plans (explored further below).

### **Exercise Referral**

Exercise Referral outreach community based sessions taking place across Leicestershire & Rutland. Across Leicestershire (n=1,925) and Rutland (n=87) 2012 people were referred through the exercise referral programme 2011-12. Ninety percent of these patients attended their first appointment but just over half of all patients completed the 12 week course. Less than one in five patients repeated the course.

Leicestershire has lower proportions of people repeating the exercise referral programme compared to Rutland.

Figure 17: exercise referral up-take data from 2011 to 2012 for Leicestershire and Rutland.

Data from the period: 2011-12	NW Leicestershire	Melton	Charnwood	Hinckley and Bosworth	Oadby and Wigston	Blaby	Rutland	Harborough	Leicestershire	TOTAL (inc Rutland)
Number of referrals (n=)	347	85	373	479	187	147	87	315	1925	2012
up-take week 1 (% of all referrals)	95	74	94	91	80	100	84	81	90	90
Up-take week 12 (% of all referrals)	37	45	55	89	21	84	57	28	54	54
Repeated 12 week course (% of all referrals)	6	13	55	5	13	11	57	5	17	19

Across Leicestershire, the completion and retention rate varies by local authority area (Figure 17). Hinckley and Bosworth, and Blaby have the highest proportion of patients completing the 12 week course. However, Charnwood and Rutland have the highest retention rates (people repeating the course).

Oadby and Wigston, and Harborough have the lowest proportions of people completing the 12 week courses. Hinckley and Bosworth, Harborough and North West Leicestershire have the lowest proportion of people retained to repeat another 12 weeks.

### Heart Smart Programme Referral

Heart Smart Programme is a specialised referral programme for patients with heart problems in Leicestershire and Rutland.

North West Leicestershire has poor retention of participants until course completion. This supports previous findings from the propensity data, which suggested that people in North West Leicestershire would not be likely to participate in sport to improve their fitness. Oadby and Wigston had full retention until week 12 for their courses and these individuals all repeated the exercise referral programme.

From existing data it is not possible to comment on other geographical areas in Leicestershire. Anecdotal feedback suggests a lack of evaluation forms returned can account for some of the poor retention figures, but it is not clear how many.

## 9. Inequalities

Across Leicestershire and Rutland most people do not achieve the national guidance of 30 minutes physical activity five times per week. However, underachievement is particularly marked in some community groups such as women, some ethnic groups, people with a limiting long term conditions, older people and those living in deprived communities.

In Leicestershire and Rutland people living in communities of lower social economic status are more likely to be **physically inactive** when compared to higher social classes. Nationally the gap appears to be widening as levels of sport participation has increased in higher SECs, but remains stable in the lower SECs. Barriers to participation are likely to be complex<sup>xvi</sup>, incorporating matter such as,

- access – including physical and financial,
- norms and beliefs about fun, leisure, sport, physical activity, and
- the individual's level of priority given to being physically healthy and the role of physical activity in achieving this.

Understanding motivation is essential in behaviour change. Although our data on this matter is limited, propensity data suggests that people in more affluent communities will have a greater propensity to play more sport and play sport to become fit when compared to the least affluent communities in Leicestershire.

Achieving the recommended daily **levels of physical activity (5x30minutes per week)** to benefit health does not appear to be determined by SEC. This means that achieving sufficient levels of physical activity to benefit health is not just a deprivation issue but is a universal matter relating most likely to our increasingly sedate lifestyles. This suggests that '*life*' prevents many people from different life stages and styles from achieving 5x30minutes of physical activity per week. This supports the growing body of national evidence that only by integrated change from across multiple agencies and industries working together can daily physical activity be increased.

To see long term increased levels of physical activity in our population increased investment should be made to child physical activity: from birth and to their families. Currently, services and opportunities are inconsistent and usually not universally available. Furthermore, through integrated working across LA departments and community agencies multiple environments and services could help to encourage an increased levels of physical activity for children and their families (e.g. pedestrianized shopping centres, traffic calmers, walking groups, parks).

In Leicestershire and Rutland women are less likely to participate in physical activity compared to men. This trend between men and women exists across ethnic groups too. Despite this, there appears to be no universal strategy to target women or girls and address barriers they face.

Participation in physical activity decreases with age. There appears to be no systematic approach to promoting and delivering physical activity services or opportunities integrated into existing older people strategies or services (e.g. care homes). Given our ageing population it is essential that the value of physical activity in promoting health and well-being and in disease management is maximised through both health and social care services. Secondary prevention services and support would be best placed targeting older people who may have developed risk factors for chronic diseases in earlier years.

People with limiting disabilities are still only half as likely to participate in sport compared to people without (2011-12). Locally, there is limited information to understand the needs of people with disability in relation to daily physical activity and sport. Furthermore, those services that do target individuals with disabilities are arguably non-sustainable to such community groups.

Historically, evidence on inequalities suggests that children from deprived areas are at increase risk of being involved in a road traffic incidence, although based on this time-limited data set there appears to be no evidence of this locally. Although, both Leicestershire and Rutland have statistically significantly lower directly-aged standardised rates of adult and child pedestrian admissions compared to England; this accounts for a substantial number of adults and young people each year.

## 10. Recommendations

**There should be a multi-agency strategy to develop and direct holistic physical activity and sport** opportunities, services and participation in our local communities.

**There should be a greater strategic focus on universally reducing daily sedentary behaviours and promoting being activity.**

**A strategic multi-agency working group should be accountable for this strategy and monitoring its delivery.**

**Locality action plans should incorporate multi agency services to ensure streamlined, consistent core service across Leicestershire and Rutland.** This approach should be multi-agency to provide **universal and targeted services** without duplication are provided by the most appropriate providers. Specific attention should be given to bridge the following gaps:

- Further integration of the voluntary sector generic and disease specific support groups
- LCC Departments (e.g. LCC Transport Dept) and agencies (e.g. Groundwork) that develop and plan environments to stimulate a community and institutional settings that encourages and continually promotes routine physical activity.

**Clinical Clusters supported by Public Health should develop local strategy for secondary prevention for specific diseases:** for systematically identifying and directing or providing services to address patient **lifestyle behaviours** attributing to defined chronic diseases. The strategy should streamline new and existing primary and secondary prevention interventions, and create systematic referral routes to clinical pathways and services.

**Localities Clinical Commissioning Groups and Public Health should work together** to create a seamless referral pathway by which patients can be referred to various accredited physical activity services in their local community to help improve their health outcomes. A clear opportunity for this would be to provide clear and

accessible information and support for physical activities (e.g. local walking groups) in areas suitable for patients receiving PP2 QOF indicator advice.

**Older people:** clear strategies for supporting older people (especially in residential and care homes) to be **physically active needs to be integrated into existing Older People strategies and services for Leicestershire and Rutland.**

**Children: increased attention and investment should be made to child physical activity: from birth and to their families.**

- **Core universal facilities, services and opportunities** should be available to all children and their families to encourage more a physically activity lifestyle.
- **Schools/ Early Years Settings:** localities need to target EYS, primary and secondary schools with greatest levels need to integrate physical activity as part of a wider agenda to reduce childhood obesity, generally promote positive lifestyle behaviours (i.e. exam stress) or help children with mental health problems such as clinical depression.
- Develop and expand local **data sets on child levels of physical activity and sport** to use for service planning.

**Evaluation of existing programmes** for physical activity needs to be tightened and continued to be embedded into commissioning processes.

## **Appendix one: Full guidance on recommended levels of physical activity by life stage.**

- **Babies and toddlers (under 5 years):**

- physical activity should be encouraged from birth, particularly through floor based play and water-based activities in safe environments.
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under 5s should minimise the amount of time spent being sedentary (being restrained) for extended periods (time for time spent sleeping).

- **Childhood (5 to 18 years):**

- all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day and up to several hours every week.
- Vigorous intensity activities, including those that strengthen muscles and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

- **Adults (19-64years)**

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more. (Often referred to as 5x30minutes per week)
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week.



- Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.
- **Older people (65 years and older)** in addition to the same recommendations of adults (aged 19-64) older people are also recommended to:
  - participate in any amount of physical activity gain some health benefits including maintenance of good physical and cognitive function.
  - incorporate physical activity to improve balance and co-ordination to reduce their risk of falls at least two days per week.

## Appendix two: self-reported ethnicity for local authorities Census 2011

Figure 19: self-reported ethnicity for local authorities Census 2011

Area	Count (n=)	Black/African/Caribbean/Black British: Caribbean (%)	Black/African/Caribbean/Black British: African (%)	Asian/Asian British: Indian or British Indian (%)	Asian/Asian British: Pakistani or British Pakistani (%)	Asian/Asian British: Bangladeshi, British Bangladeshi (%)	Asian/Asian British: Chinese (%)
ENGLAND	53012456	1	2	3	2	1	1
Rutland UA	37369	< 1	< 1	< 1	< 1	< 1	< 1
Blaby	93915	< 1	< 1	5	< 1	< 1	< 1
Charnwood	166100	< 1	1	6	< 1	1	1
Harborough	85382	< 1	< 1	2	< 1	< 1	< 1
Hinckley and Bosworth	105078	< 1	< 1	1	< 1	< 1	< 1
Melton	50376	< 1	< 1	1	< 1	< 1	< 1
North West Leicestershire	93468	< 1	< 1	1	< 1	< 1	< 1
Oadby and Wigston	56170	1	1	18	2	< 1	1

## Appendix three: % people with limiting long term condition Census 2011

Figure 20: national and local counts and percentages of people with limiting long term condition (causing a disability) Census 2011

Geography	Total population (n)	People with a limiting long term condition (LLTC) %	Breakdown		
			Limited a lot %	Limited a little %	No limitations %
ENGLAND	53,012,456	17.6	8.3	9.3	82.4
Rutland UA	37,369	18.6	8.7	9.9	81.4
Leicestershire	650,489	15.5	6.1	9.4	84.5
<b>Local District and Borough Authorities</b>					
Blaby	93,915	16.2	7.0	9.2	83.8
Charnwood	166,100	15.8	6.9	8.9	84.2
Harborough	85,382	15.6	6.7	8.9	84.4
Hinckley & Bosworth	105,078	14.6	5.9	8.6	85.4
Melton	50,376	17.0	7.5	9.5	83.0
NW Leicestershire	93,468	15.6	6.3	9.3	84.4
Oadby & Wigston	56,170	18.1	8.4	9.7	81.9

## Appendix four: summarises data used in HNA

Figure 21: Summarises information available and used on physical activity

Data sources	Geographical level of data
Active People Survey (2012) <sup>xvii</sup>	National, Regional and Local
Adult Participation in Sport and Active Recreation (formerly NI8) <sup>xviii</sup>	Local
General Household Survey and APS	National, Local
National Travel Survey - Used of bikes and walking <sup>x</sup>	National, Regional and Local
Road traffic accidents- children and adults (2010) <sup>xix</sup>	National, Regional and Local
Used of bikes and walking as a utility <sup>xx</sup>	National, Regional and Local
School Census (2011) <sup>xxi</sup>	National, Local
Child development at 5 years	Local
Exercise referral (2011/12)	Local
Health Promoting Schools	Local
Quality Outcomes Framework registers (2012) <sup>xiii</sup>	Local
Healthy weight programme (2012) <sup>xxii</sup>	Local

## Appendix five: ethnicity and participation in physical activity –

locally this is not available but a self-reported survey provides some themes to extrapolate.

Men and women from Bangladeshi communities are less likely to achieve the recommended levels of physical activity per week and are more likely to be inactive compared to other dominant ethnic groups and the general population.

Figure 22: Self-reported physical activity in adults, by sex and ethnic group, England 2004<sup>xxiii 2</sup>

General population	Black Caribbean	Black African	Indian	Pakistani	Bangladeshi	Chinese	Irish
%	%	%	%	%	%	%	%
<b>Men</b>							
High	37	37	35	30	28	26	30
Medium	31	29	30	26	21	23	32
Low	32	34	35	44	51	51	38
Base	2,873	409	386	549	429	408	348
<b>Women</b>							
High	25	31	29	23	14	11	17
Medium	36	30	28	32	34	21	36
Low	39	39	43	45	52	68	47
Base	3,818	648	467	634	508	477	375

### Notes:

High = 30 minutes or more physical activity on at least 5 days a week (recommended level). ¶

Medium = 30 minutes or more on 1 to 4 days a week.

Low = lower level of activity.

National self reported physical activity in adults by sex shows that in dominant ethnic groups men are more likely to achieve the recommended levels of physical activity per week - this reflects a national trend between the sexes.

Pakistani, Bangladeshi and Chinese women are least likely to achieve the recommended levels of physical activity per week.

A higher proportion of Black Caribbean and Irish men and women achieve the recommended levels of physical activity per week.

<sup>2</sup> Data are weighted for non-response.

General population refers to the whole population of England, regardless of ethnicity.

Adults aged 16 and over.

## Appendix six: top ten facilities in Leicestershire and Rutland

Figure 18: shows the count (percentages) of top ten facilities and services throughout Leicestershire and Rutland.

Top ten facilities in the area	Leicestershire	Rutland
	% of all facilities provided (Numbers of facilities)	% of all facilities provided (Numbers of facilities)
Grass Pitches	53 (630)	48 (69)
Sports Hall	13 (159)	10 (15)
Health and Fitness Suite	7 (83)	7 (10)
Swimming Pool	6 (75)	4 (6)
Studio	5 (65)	5 (7)
Artificial Grass Pitch	5 (57)	6 (9)
Tennis Courts	5 (54)	7 (10)
Golf	3 (40)	9 (13)
Squash Courts	2 (21)	3 (3)
Indoor Tennis Centre	0 (5)	-
Indoor Bowls	-	1 (<1)

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<sup>xv</sup> [http://www.eguidelines.co.uk/eguidelinesmain/external\\_guidelines/qof.php](http://www.eguidelines.co.uk/eguidelinesmain/external_guidelines/qof.php)

<sup>xvi</sup> Marmot M (2008) Fair Society Fair Lives, <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> - accessed 02/2013

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[http://www.sportengland.org/research/active\\_people\\_survey/active\\_people\\_survey\\_6.aspx](http://www.sportengland.org/research/active_people_survey/active_people_survey_6.aspx)

<sup>xviii</sup> Sport England <http://www.lrsport.org/static/lrs/ia/toolkit/notesNI8.htm> - accessed Feb 2013 Definition: the percentage of the adult population (age 16 and over) that are participating in at least 30 minutes of sport and active recreation (including walking and cycling) of at least moderate intensity on at least three days a week (formerly National Indicator 8, NI8). Modelled estimates of participation are based on data from Sport England's Active People Survey 3 (Oct 08-Oct 09) and Active People Survey 4 (Oct 09-Oct 10)

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