# Summary

Physical activity has a strong evidence base and can support a reduction in costs to the system. The British Heart Foundation Health Promotion Group at Oxford University have prepared estimates of the primary and secondary care costs of physical inactivity for each local authority area. In Norwich City alone it is estimated that **the total cost of inactivity is £2,576,787 per year** in relation to spend for cancer (lower GI and breast), diabetes, coronary heart disease and cerebrovascular disease. This doesn’t include costs attributable to poor mental health or other diseases and occurrences that could be prevented through physical activity, such as falls, which will have also increase costs to the system.

In terms of CCG outcomes and strategic priorities, there is significant evidence that physical activity can contribute to:

* Improving health and wellbeing of the population of Norwich
* Increasing healthy life expectancy and reduce health inequality through targeted approaches
* Reducing mortality rates, and improving quality of life, for people living with a range of conditions including diabetes, cardiovascular disease, respiratory disease, cancer, mental health, dementia and obesity
* Supporting a reduction in hospital admissions through improved health
* Reducing fall rates and promoting independence
* Supporting the implementation of the STP workstreams and strategic priorities

In terms of local strategy, the review undertaken has made it clear that there are many priorities within the system where physical activity can contribute to positive outcomes. It is not *the answer* in isolation, but it certainly can form part of an integrated solution and could be viewed as a thread that runs through many of the STP and local strategic priorities.

Through the process Active Norfolk and NCCG have collectively identified the need to:

* Build a better understanding of our population through consultation - what matters to them, what they would identify as gaps in provision and how can break down barriers to encourage activity
* Utilise our digital resources to deploy population health management solutions to understand the areas of greatest health need and match them with appropriate physical activity services
* Ensure the health sector understand the importance and are promoting the benefits of an active lifestyle and self-care at every opportunity, to support both patients and their own workforce to take responsibility for their own health and wellbeing
* Embed physical activity into service design, pathway development/review and commissioning processes systematically
* Ensure provision is accessible and well promoted through links to social prescribers and frontline staff and a joint marketing and communications strategy
* Support a more effective physical activity workforce that are equipped to work with people with long term conditions and those that are inactive
* Co-commission activity where possible to align resources within the system and bring the right partners and stakeholders to the table at the right time
* Support the implementation of local strategy where physical activity has an important role to play – Joint Health & Wellbeing, Diabetes Strategy, Mental Health Strategy etc

# Background

Active Norfolk is the nationally-mandated partnership for physical activity and sport in Norfolk. Active Norfolk is contracted by Sport England and hosted by Norfolk County Council. It supports the implementation of the Government’s Strategy for physical activity and is widely accepted within the county as the lead organisation for the strategic development and promotion of physical activity and sport. Active Norfolk works in partnership with a diverse range of stakeholders across the county, ranging from statutory health bodies, local government, health and well-being charities, to the individuals and groups at the heart of our communities such as sports clubs and coaches to increase physical activity levels across the county and support Norfolk residents to lead healthy and active lifestyles.

Active Norfolk have a specific interest in ensuring that physical activity can play a greater role in contributing to positive health outcomes in terms of both the treatment and prevention agenda. They recognise that there is a significant opportunity to add value to the CCG landscape, particularly with the emerging strategies and work streams aligned to the STP, New Model of Care, RightCare, and Your Norwich/integration agendas.

In recognition of the opportunity to establish an enhanced working relationship to achieve shared outcomes a proposal was submitted to the NCCG Exec Board in July 2018 that outlined an approach to reviewing the potential to embed physical activity across the system.

# Context

The strategic context in which the review was undertaken is a dynamic and ever changing one. Since the start of the process several new policies and strategies have emerged that have relevance to physical activity and the potential to embed it within the landscape.

**Prevention Vision –** The document published in November 2018highlights the importance of helping people to stay healthy, happy and independent for as long as possible. It is recognised that physical activity has an important role to play in preventing ill health and improving quality of life. The challenge of refocusing the system towards preventative care is a significant one, but vital. It has been clear throughout the review conducted that Active Norfolk has a role to play in supporting this change in culture and working practice.

**NHS Long Term Plan**

The priorities identified within the Long Term Plan clearly align with the strategic priorities of Active Norfolk and the government strategy for sport and physical activity, for which AN have a responsibility. There are clear links between the role of physical activity and the commitments in the LTP to:

* Support the increased focus on population health management and integration of services through the new ICS and development of Primary Care Networks
* Provide support to older people and their carers and people living in care homes to reduce hospital admissions, promote independence, reduce social isolation and improve wellbeing
* Promote self-care and a shared responsibility for health to allow people to manage their own health better, particularly those with long term conditions
* Support the commitment to develop social prescribing models linked to Primary Care Networks
* Reduce air pollution and support health and wellbeing through the promotion of active travel and creation of environments that support physical activity
* Reduce health inequalities through targeting to those that are most vulnerable, through the developed locality approach
* Improve the health and wellbeing of people with long term conditions, including poor mental health, cancer, cardiovascular disease, dementia, diabetes and respiratory disease

Physical activity also has a role to play in contributing to several other local and national strategies of relevance, including:

* Joint Health & Wellbeing Strategy
* Norfolk Diabetes Strategy
* Norfolk Mental Health Strategy
* Frailty Strategy
* Promoting Independence

# Method

In July 2018 Active Norfolk approached NCCG Exec Committee with a proposal to conduct a review of where there might be opportunities to embed physical activity into the health system. The following process was undertaken.

Active Norfolk provided capacity through their Health Development Manager, and when appropriate other members of the Active Norfolk team to develop an understanding of how physical activity can be built into the primary care prevention offer. Work has focused on the following:

**Review of PIDS –** An initial exercise sought to understand the relevant areas of work where there might be an opportunity to embed physical activity and broader prevention, through a review of internal PID documents.

**Meetings with key personnel –** The Development Manager has spent significant time with key members of staff from across the CCG to build an understanding of priorities, key areas of work and potential opportunities.These meetings have been documented and will form the basis of future recommendations.

**Embedding within CCG –** As well as meeting with individuals the Development Manager has attended internal team and Directorate meetings to understand the interrelationship between areas of work and collective priorities, as well as build a broader understanding of strategic context.

**Aligning with existing groups/agendas –** Time has been spent building an understanding of where there may be opportunities within the New Model of Care and Rightcare packages of work, with Active Norfolk attending meetings such as the YourNorwich Provider and Service Development Board.

**Supporting Healthy Norwich –** Active Norfolk have played a key role in supporting the future development of Healthy Norwich, which will form an integral part of any work around physical activity moving forwards.

**Understanding new strategy/changes in landscape –** In the time since this review was initiated there has been the launch of a ‘Prevention Vision’, the NHS Long Term Plan, and the roll out of the PCN model. Active Norfolk have been working with the CCG to understand the implications of these in the context of physical activity and the prevention agenda.

**Development of prioritisation matrix –** Work is underway to develop a prioritisation matrix in order to inform the recommendations report at the conclusion of the process and ensure that opportunities to pursue are practical and aligned with key strategic drivers and local priorities.

# SWOT

The following SWOT analysis was undertaken at the start of the review process and highlights some key initial areas of potential that were then further explored. It is hoped that some of the week

|  |  |
| --- | --- |
| **Strengths** | **Weaknesses** |
| NCCGs approach to the review – building on collaborative leadership principles and providing and open, honest and transparent dialogue on which to build a relationship of mutual trust.  Many programmes of work exist and can be tweaked, improved, scaled - more about integration than lack of provision.  Strong NCCG relationship with health service providers that can be built on.  Active Norfolk’s broader networks and access to resources that can help to achieve CCG priorities. | Active Norfolk don’t have relationships with provider networks to integrate and align physical activity to services.  The physical activity that is being funded is not linked/aligned to wider CCG work – e.g. exercise referral.  There’s a real appetite across the system leaders to commit to a whole system approach but there is currently a lack of knowledge on how to embed physical activity into policy, budgets and service delivery.  The lack of awareness of existing physical activity opportunities – the sport and physical activity landscape is complex and collaboration is weak.  System leaders and individuals know regular physical activity is a good thing – but there is a disconnect in that physical activity is not prioritised in the day to day.  Suitable delivery workforce at scale required |
| **Opportunities** | **Threats** |
| Increased emphasis around prevention in the system – Long Term Plan, Prevention vision  Growing recognition of the role of physical activity for prevention and treatment across health system  Active Norfolk has significant expertise and some capacity to support the design and implementation of recommendations  Move to ICS supports greater integration between services and provides opportunities to embed physical activity  Existing resource in the system that can be realigned to priorities. | Dynamic landscape – period of change as a result of LTP and system integration  Primary prevention not being prioritised – focus often on secondary within the system  Complexity of ‘whole system’ and readiness of some areas of the system to go on journey.  Perceived unimportance of physical activity – lack of understanding of the scale and breadth of benefits.  The challenge of creating long term behaviour change |

# Findings

The review process identified at an early stage the emerging themes that underpinned further exploration:

* Embedding in commissioning
* Workforce development
* Strategy and policy
* Communications and engagement
* Ensuring appropriate provision
* Advocacy
* Building capacity
* Information and insight
* Pathway design/redesign

The process also determined what ‘good’ would look like in respect of physical activity, which helped to inform the recommendations. It was clear that there were a broad range of opportunities to embed physical activity for various target groups and conditions to align with CCG outcomes. The following needs were identified:

* Build a better understanding of our population through consultation - what matters to them, what they would identify as gaps in provision and how can break down barriers to encourage activity
* Utilise our digital resources to deploy population health management solutions to understand the areas of greatest health need and match them with appropriate physical activity services
* Ensure the health sector understand the importance and are promoting the benefits of an active lifestyle and self-care at every opportunity, to support both patients and their own workforce to take responsibility for their own health and wellbeing
* Embed physical activity into service design, pathway development/review and commissioning processes systematically
* Ensure provision is accessible and well promoted through links to social prescribers and frontline staff and a joint marketing and communications strategy
* Support a more effective physical activity workforce that are equipped to work with people with long term conditions and those that are inactive
* Co-commission activity where possible to align resources within the system and bring the right partners and stakeholders to the table at the right time
* Support the implementation of local strategy where physical activity has an important role to play – Joint Health & Wellbeing, Diabetes Strategy, Mental Health Strategy etc

In terms of learning from the process, the following critical success factors have been identified:

* Receiving the mandate from the Exec Committee to undertake the work has helped to unlock conversations and identify opportunities
* Physical activity is not a solution in isolation, but it needs to be better embedded and integrated to form part of one
* Whole NCCG support – building on the principles of collaborative leadership with trust, openness, honesty, transparency and innovation being core to success
* A collaborative approach being undertaken with shared responsibility is important
* The review process has provided an opportunity to develop further relationships with colleagues within the CCG and with the wider health sector
* Attempting to be objective in the approach
* Understanding there is no exact science in terms of determining recommendations and that a pragmatic viewpoint, underpinned by evidence and being as systematic as possible, is the only way to succeed
* There is a need to prioritise – there is so much that *could* be undertaken, but not necessarily the resources in the system to pursue them

A full recommendations report can be found in Appendix 1

# Recommendations

**Top Level Priority**

Increase strategic capacity to implement further the recommendations and continue efforts to embed physical activity at Place, to act as an ‘agent of change’ and support the reviewing of existing care pathways to embed physical activity promotion where appropriate.

**Strategic and Overarching**

Review commissioning, quality assurance and EQIA processes to embed physical activity as a consideration when redesigning/commissioning services e.g. CAMHS, MSK, mental health services, disability day services, care homes.

Support the development of a training needs audit to identify skill gaps and training requirements within both the health and physical activity sectors to deliver physical activity to key population groups, such as older people, those with long term conditions and disabilities, and children.

Align resources with other parts of the health system, and Active Norfolk, to coordinate a communications strategy to promote prevention and self-care messages. Alignment is also required around the development of directories of services, particularly those in the digital space.

Develop and lead a cultural change initiative to promote the benefits of activity to frontline workforce within the health system and encourage them to embed it within their practices, including those in NEAT, social prescribers, FCPs, PCNs, acute trusts, care sector and provider network

**Long Term Conditions and Disability**

Identification and training of physical activity champions/advocates and leaders within the health system, particularly long-term condition specialists (can we clone Simon Cooke?)

Support the development of a workforce development plan for frontline physical activity workforce - his could and should include appropriate NHS/care sector frontline staff that could be trained to deliver activities. Deliver a programme of training that equips the workforce to deliver appropriate and engaging physical activity to key population groups.

Support the development of consultation/insight to better understand the preferences, barriers and motivations of those with long term conditions to inform future planning and commissioning.

Development of a ‘toolkit’ to support the NHS workforce to promote physical activity – to include promotional materials, PIP screen resources, infographics, LTC condition specific information, signposting to appropriate other resources such as Moving Medicine.

**Prevention**

Pilot project to test an asset-based community development approach to embedding prevention-based physical activity at Neighbourhood level and develop and replicable methodology.

Advocate for Active Design principles to be adopted in the planning/local authority sector to better enable the local population to be physically active as part of every day life.

Develop a focused programme of work to increase the health and wellbeing of the NHS workforce across the system, with NCCG leading the way through the identification and training of an internal wellbeing/physical activity champion who takes responsibility for embedding the NHS Workforce Health and Wellbeing Framework.

**Older People/Care Homes**

Develop a model of delivery that embeds physical activity into the Enhanced Health in Care Homes programme of work to support the care sector to embed physical activity into strategy, policy and practice.

Develop a service model and commission a package of community-based exercise that focuses on falls prevention and embed into appropriate services and pathways.

Develop a programme of intergenerational projects that increase physical activity and address social isolation to support outcomes in both older and younger populations.

**Mental Health**

Increase strategic capacity to support the development of physical activity mental health services, scale up programmes that work, work with provider networks, integrate physical activity into existing services and further embed physical activity into the 5 Mental Health Strategy workstreams.

Develop a model for delivery to support those with poor mental health to access existing services through support and buddying, linking with the voluntary sector.

Roll out a programme of dementia and mental health awareness training to front line physical activity workforce across Norwich.

Last recommendation – CCG to commit to a championing/advocacy role through extensive links throughout the broader system

# References

The below NICE guidelines have been used when making recommendations:

* 1[Physical activity: brief advice for adults in primary care](https://www.nice.org.uk/guidance/ph44)
* 2[Physical activity: exercise referral schemes](https://www.nice.org.uk/guidance/ph54)
* [3Physical activity: walking and cycling](https://www.nice.org.uk/guidance/ph41/chapter/1-Recommendations)
* [4Physical activity and the environment](https://www.nice.org.uk/guidance/ng90/chapter/Recommendations)
* [5Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](https://www.nice.org.uk/guidance/ng16/chapter/1-Recommendations)
* [6Preventing excess weight gain](https://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#3-encourage-dietary-habits-that-reduce-the-risk-of-excess-energy-intake) [7Cardiovascular disease prevention](https://www.nice.org.uk/guidance/ph25)
* [8Physical activity for children and young people](https://www.nice.org.uk/guidance/ph17/chapter/Introduction)
* [9Physical activity in the workplace](https://www.nice.org.uk/guidance/ph13/chapter/1-Recommendations)
* [10Preventing type 2 diabetes: population and community interventions](https://www.nice.org.uk/Guidance/PH38)
* [11Mental wellbeing in over 65’s: occupational therapy and physical activity interventions](https://www.nice.org.uk/Guidance/PH16)
* [12Falls in older people: assessing risk and prevention](https://www.nice.org.uk/guidance/CG161)

Further references

* [13Cost of inactivity](http://www.makesportfun.com/wp-content/uploads/2013/03/Cost-of-inactivity-by-local-authority.pdf)

# Appendix 1 – Table of recommendations

Key to table:

* + Red – No resources currently identified in the system (that we are aware of)
  + Amber – Some resources available to take forward
  + Green – Resources available (might just need to spend them more wisely)
  + References highlight relevant NICE guidelines
  + Link to framework – Disability & Long Term Condition framework in development which provides evidence base to recommendations.

| **CCG area of work** | **#** | **Recommendation**  RAG – Green: resources exist in system, Amber: some resources exist in system, Red: no current resource identified  Reference (see end note): relevant NICE guidelines | **Link to framework** |
| --- | --- | --- | --- |
| **Strategic**  **Across all workstreams** | 1 | **Embed physical activity into organisational strategy (operational plan) and ensure exec level commitment** | Participation & Advocacy |
| 2 | **Review commissioning and quality assurance processes to embed physical activity as a consideration when redesigning/commissioning services e.g. CAMHS, MSK1** | Quality of service |
| 3 | **CCC commitment to a championing/advocacy role through extensive links throughout to broader system, such as providers, acutes, other CCGs, STP exec etc** | Participation & advocacy |
| 4 | **Strategic capacity to systematically embed physical activity within service specifications/service design on an ongoing basis and provide link to appropriate physical activity provider networks1** | Quality of service |
| 5 | **Roll out a programme of physical activity awareness training to frontline workforce including NEAT, ICCs, Health Coaches, PCNs, Social Prescribers, provider networks, acute trusts, ICCs, care sector etc1,2,8** | Accessibility |
| 6 | **Raise awareness of NICE/PHE/CMO recommendations for physical activity across NCCG and wider health workforce1,2** | Marketing & comms |
| 7 | **Training needs audit to identify skill requirements within the health and physical activity sector to increase physical activity in key population groups (such as older people and children) and for those with long term conditions2** | Accessibility |
| **LTCs and Disability** | 8 | **Develop a kitemark scheme that identifies appropriate physical activity for people with long term conditions & disabilities to be signposted/referred to, including walking, leisure centre provision and community-based provision. Provide reassurance to patient, health professionals and commissioners about quality of service when embedding into pathways1,2** | Accessibility |
| 9 | **Dedicated capacity within the system to support the embedding of physical activity in relation to long term conditions, especially cancer, mental health, respiratory, cardiac, diabetes and dementia1,2,5,7,8,10,11** | Quality of service |
| 10 | **Specialist and specific exercise provision for people with long term conditions and those at risk of falls integrated with existing services within the CCG area and aligned with PCNs i.e. Cancer Rehab, Falls Prevention, Chronic Pain, Mental Health1,2,5,7,8,10,11,12** | Accessibility |
| 11 | **Workforce development plan for frontline physical activity workforce (this could include NHS/care sector frontline staff that could deliver activity). A programme of training that equips the workforce to deliver appropriate physical activity to key population groups1,2** | Accessibility |
| 12 | **Review of current exercise referral programme to assess its effectiveness at addressing local priorities, embed a performance management framework and address future sustainability2** | Participation |
| 13 | **Programme of work to review existing care pathways and embed physical activity promotion, including walking and cycling, exercise referral, structured provision and self-directed physical activity1** | Quality of service |
| 14 | **Dedicated capacity to embed physical activity into the strategy and policy of disability services and develop a package of physical activity opportunities that support people with disabilities to participate, linked to remodelling of day services1,8** | Quality of service/ participation |
| 15 | **Consultation/insight project to better understand preferences, barriers and motivations of those with long term conditions to inform future planning and commissioning1,8** | Representation |
| 16 | **Pilot project to identify inactive adults and match them with appropriate physical activity using population health/Rightcare data systems – link to other commissioned services such as All to Play For, Exercise Referral and Dance to Health** | Marketing & comms |
| 17 | **Development of a toolkit to support the NHS workforce, patient participation groups and service providers to promote physical activity, to include promotional materials, PIP screen resources, infographics, LTC specific information, exercise prescription pads1** | Marketing & comms |
| 18 | **Development of a collaborative campaign around physical activity and its importance in treatment and management of long term conditions (potential to link to national Sport England campaign in Autumn 2019)1,7,10** | Marketing & comms |
| 19 | **Identification and training of physical activity champions/advocates and leaders within the health system, particularly long-term conditions specialists/clinicians (how do we clone the Simon Cookes of this world?)1,9** | Participation |
| **Prevention/Healthy Norwich** | 20 | **Align resources and develop a joint communications strategy that uses physical activity to underpin self-care and prevention messaging that links with PCNs, providers and wider networks1** | Marketing & comms |
| 21 | **Explore potential to embed physical activity into NEAT/Community FICs models to create better links to existing provision and physical activity services1** | Collaboration |
| 22 | **Influence culture around health & wellbeing in schools - increase strategic capacity to influence the way that schools spend their existing resources to improve health and wellbeing of their pupils (PE Primary Premium, £16,00 +£5 per pupil = £1.2m in Norwich to support)8** | Collaboration |
| 23 | **Pilot project to test an asset-based community development approach to embedding prevention based physical activity at a Neighbourhood level and develop a replicable methodology1,3** | Collaboration/ representation / participation |
| 24 | **Advocate for Active Design principles to be adopted in the planning/local authority sector to better enable the local population to be physically active as part of day to day life4** | Quality of service / participation |
| 25 | **Embed behaviour change ‘nudges’ including journey planning software into appointment systems to encourage and enable active travel to primary and secondary care3,4** | Marketing & comms / participation |
| 26 | **Develop and implement an ‘Active Practice’ accreditation scheme with criteria that links to existing resources such as exercise referral, parkrun practices, PIPP screen use, Active Signposting, patient participation groups, social prescribing etc1** | Marketing & comms / participation |
| 27 | **Programme to recruit physical activity champions/advocates and leaders within external organisations such as schools, job centres, health services and workplaces to promote the benefits of physical activity in relation to health1,3,8,9** | Collaboration / marketing & comms / participation |
| 28 | **Focused programme of work to increase the health and health wellbeing of NHS workforce, to impact on sickness absence, retention (placing value) and positive role modelling9** | Collaboration / marketing & comms / participation |
| 29 | **Develop a method to risk stratify patients and reach the ‘right people’ to promote physical activity and prevent the development of LTCs1** | Collaboration / participation |
| 30 | **Identification of a NCCG health and wellbeing/physical activity champion who takes responsibility for embedding the NHS Workforce Health & Wellbeing Framework9** | Participation |
| 31 | **Grant scheme (between £50 and £2500) to enable small community groups/voluntary groups to implement their ideas for addressing inactivity in hyper local areas** | Participation / Quality of service |
| **Older people/care homes** | 32 | **Develop a package of work in support of Enhanced Health in Care Homes that supports the care sector to embed physical activity into strategy, policy and practice. To include workforce training and scaling up of piloted initiatives such as Menshed project, Mobile Me etc5,11,12** | Quality of service / collaboration |
| 33 | **Create package of community-based exercise for older people that focus on falls prevention and embed into appropriate pathways and services. Link with iStumble, discharge services, acute trust, service providers, libraries (delivery of programmes) and existing commissioned services such as Dance to Health5,11,12** | Quality of service / collaboration |
| 34 | **Scale up of dementia friendly walks audits to support wider partners to identify and promote local suitable walks. Potential to identify and promote dementia friendly activities more broadly than walking3,5** | Accessibility |
| 35 | **Collaborative campaign to promote the importance of ‘Active Ageing’ in reducing risk and managing falls, dementia and other conditions linked to ageing, as well address social isolation5,11,12** | Marketing and comms |
| 36 | **Develop a programme of intergenerational projects that increase physical activity and address social isolation and support outcomes in children and young people and older adults** | Participation / collaboration |
| **Mental health** | 37 | **Increase strategic capacity to support development of mental health services, scale up programmes that work, integrate and embed into existing services and engage with more complex cases of mental health8,9,11** | Collaboration / Quality of service |
| 38 | **Develop a programme of support/buddying that links with the voluntary sector and engages people with poor mental health in existing physical activity services – potential to link with volunteering projects** | Accessibility / participation |
| 39 | **Consultation and subsequent programme of delivery with students of UEA and further education institutions to identify and respond to demand – integrate with broader MH services** | Representation / participation |
| 40 | **Embed physical activity into CAMHS service re-design8** | Quality of service |
| 41 | **Roll out a programme of dementia friendly/mental health awareness training to front line physical activity workforce across Norwich12** | Accessibility |