

7.3.3 Physical activity and active travel (Adults)

Why is this issue important?

Physical inactivity is the fourth leading risk factor for global mortality accounting for one in six deaths in the UK and is as dangerous as smoking.¹

Around half of all women and a third of all men in England are damaging their health through a lack of physical activity, a situation that is costing an estimated £7.4 billion a year.¹ Absenteeism related to physical inactivity is estimated to be costing the economy £5.6 billion per year.²

People who have a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon/breast cancer and with improved mental health and regular physical activity can delay the need for care in older adults.^{3,4}

In England, only 57% of adults undertook the recommended levels of physical activity in 2014.⁵ Men generally do more physical activity than women, but for both men and women levels of physical activity decrease with age.⁶

Active transport can play a significant role in enabling physical activity to be built into people's lifestyles. In England, 47% of people walk at least five times a week and around 3% cycle at least five times a week.⁷

While increasing the activity levels of all adults is important, targeting those adults who are significantly inactive (that is engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

Key outcomes

- **Proportion of physically active and inactive adults (Public Health Outcomes Framework)**

- **Utilisation of outdoor space for exercise/health reasons (Public Health Outcomes Framework)**

Impact in Brighton & Hove

An estimated 98 deaths per year, from all cause mortality, are preventable if we could get 75% of the 40–79 years of age Brighton & Hove population physically active at recommended levels.⁸

In Brighton & Hove in 2014, 56% of adults meet the recommended physical activity guidelines. This represents a fall from 63.8% in 2013. Almost a quarter (23.1%) of adults in the city are inactive, an increase from 21.6% in 2013.⁵

35.4% of adults in Brighton & Hove participate in sport regularly, undertaking at least one session per week.³ A local survey in 2011 showed that lack of time, work commitments and cost are the greatest local barriers to participation.⁹

Local results from the Sport England Active People Survey in 2014 show that the majority (66.6%) of adults in Brighton & Hove want to do more sport.⁶ 63.1% of adults in the city indicate they are satisfied with local sport provision; this is marginally lower than the average for the South East (63.7%) and above the average for England (60.3%).¹⁰

In 2013/2014, 16.4% of adults in the city cycled for recreational purposes at least once per month, whilst 88% of adults walked.⁶

Data from the 2011 Census showed that 20.6% of residents travel to work on foot and a further 4.9% cycle to work.¹¹ The number of cyclists counted by traffic counters at various locations across the city fluctuated across the period 2011 (88,274), 2012 (91,211), 2013 (82,006) and 2014 (94,398). Fear of traffic is often the primary deterrent to people travelling actively.¹²

¹ Public Health England, 'Everybody Active, Every Day'; 2014

² Cabinet Office Future of Urban Transport 2009

³ Department of Health 'Start active stay active'; 2011

⁴ British Heart Foundation. Making the Case for Physical Activity. 2013

⁵ Public Health England. Public Health Outcomes Framework. Physically Active Adults. 2014 <http://www.phoutcomes.info/>

⁶ Sport England Active People Survey

http://www.sportengland.org/research/active_people_survey.aspx

⁷ Department for Transport Statistics 2013/14. Available at

<https://www.gov.uk/government/organisations/department-for-transport/about/statistics>

⁸ Public Health England. Health Impact of Physical Inactivity (HIPI) – a tool for Joint Strategic Needs Assessment

<http://www.apho.org.uk/resource/view.aspx?RID=123459>

⁹ Brighton and Hove Physical Activity and Sport JSNA 2012. Available at <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 02/09/2015]

¹⁰ Active People Survey 7. KPI6. Available at:

http://www.sportengland.org/research/active_people_survey.aspx

¹¹ Office for National Statistics. 2011 Census table QS701EW

¹² Brighton & Hove City Council. Brighton & Hove Local Transport Plan 4. 2015. Available at: <http://www.brighton-hove.gov.uk/content/parking-and-travel/travel-transport-and-road-safety/local-transport-plan>

7.3.3 Physical activity and active travel (Adults)

Where we are doing well

56% of adults in Brighton & Hove achieve recommended levels of physical activity, whilst 23.1% of adults in the city are inactive. This level of inactivity is significantly lower than England and ranks Brighton & Hove sixth best in the South East region.⁶

A quarter of respondents to the 2012 Health Counts survey reported that they were doing the recommended level of physical activity, this was a statistically significant increase from 15% in the 2003 survey.¹³ This figure differs significantly from the 56% reported in the Active People Survey as the definition of the recommended level of physical activity has been revised.

Women's activity levels have increased significantly since 2003; in most cases almost doubling, and, in the 18–24 year age group, increasing threefold.¹³

In Brighton & Hove, 18% of adults use outdoor space for exercise/health reasons; this is higher than England (14%).¹⁴

Almost double the national and regional averages of residents walk to work in Brighton & Hove, with 20.6% travelling on foot. A further 4.9% cycle to work, which is also higher than the national and regional average, both being 3%.¹⁵ Among 70 Local Authorities which participated in the National Highways and Transport Public Satisfaction Survey in 2014, Brighton & Hove was ranked 23rd for satisfaction with pavements and footpaths, 14th for cycle routes and facilities and 5th for rights of way. Among subdivisions of these themes, the highest ranked indicators (ranked 2nd out of 78) were for "The provision of pavements where needed" and "Condition of cycle routes". The lowest ranked indicator (28th out of 78) was for "Ease of use by those with disabilities".¹⁶

Programmes such as the Active for Life Project and HealthWalks are well established in the city, these are developing and regular, inclusive programmes to increase physical activity in targeted populations

¹³ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. Available at

<http://www.bhconnected.org.uk/content/surveys> [Accessed 02/09/2015]

¹⁴ Public Health Outcomes Framework <http://www.phoutcomes.info/>

¹⁵ Brighton & Hove City Council. Census transport briefing. 2013. Available at: www.bhlis.org/census2011 [Accessed 07/05/2013]

¹⁶ National Highways and Transport Network Public Satisfaction survey 2014. <http://nhtsurvey.econtrack.co.uk/Default.aspx> [Accessed 28/07/2015]

to improve health and reduce inequalities for the past 10 years.

Strong partnership working takes place across different stakeholders involved in sport & physical activity to pool resources and meet joint outcomes (e.g. TAKEPART Festival) and we are providing support to community clubs to assist with long term development and sustainability.

Significant development work has been undertaken to improve local infrastructure to encourage active transport in the Lewes Road, Seven Dials, and Old Shoreham Road areas to improve road safety and active travel. This work has been complimented with other schemes such as Cycle Permeability in the North Laines and improved walking and cycling links to the Southdowns National Park.

Local inequalities

Gender: In Brighton & Hove, male respondents to the Health Counts Survey are more likely than female to meet the recommendations for physical activity (27% for males and 22% for females), although neither group are significantly different to all respondents. Males were more likely to meet the recommended physical activity level in all age groups with the exception of 55-64 year olds.¹⁰

Only 21.4% of women participate in at least three times 30 minute sessions of sport and active recreation per week compared with 30.4% of men.⁶

The Brighton & Hove Trans Equality Scrutiny process has identified issues preventing transgender residents from accessing organised sport and physical activity opportunities in the city.

Age: Participation in at least three times 30 minute sessions of sport and active recreation per week peaks at 37% of 26 – 34 year olds, and is lowest at 22% of adults aged 55+.⁶

In the 2011 Census, the percentage of people walking to work was highest among those aged 20 – 24 (32%) and decreased with age to 10% among those aged 60 – 64 years. Those aged 30 – 39 were most likely to cycle (7%); those aged 60 – 64 (2%) and 65 – 74 (1%) were the least likely.¹⁷

Limiting Illness or Disability: The proportion of disabled residents, who are inactive, is 56% which

¹⁷ 2011 Census table WP7101EW

7.3.3 Physical activity and active travel (Adults)

is significantly 15.8% higher than for non disabled (40.2%). Non disabled residents are also twice as likely as disabled to have taken part in organised sports competition in the previous 12 months.¹⁸

In a 2014 Speak Out report on consultation with people with complex physical, behavioural, communication and sensory needs without exception people felt that the concept of access was the biggest factor affecting their overall wellbeing. All participants felt access to community, a social life, the local neighbourhood; appropriate activities and time spent with their peers play a major role in how they feel.

The report noted that people with learning disabilities are increasingly having their voices heard around issues of accessibility. In addition information about the key aspects of wellbeing is reaching them more effectively. However, those with complex needs often do not have a forum to have their say about issues that prevent them enjoying a full life and accessing those things that contribute to the “Five Ways to Wellbeing”.¹⁹

Ethnicity: National participation data confirms relatively low levels of participation in sport among BME communities. Nationally, gender disparity is greater among BME communities in terms of sports participation.²⁰

Deprivation: People in the lowest SEC groups display significantly higher levels of sedentary behaviour than those in the highest SEC groups. This is consistent with national and regional trends.⁶ There is a ward level difference in the proportion of adults active at recommended levels; the lowest is 18% in Queens Park and the highest is 34% in Regency.¹⁰

Predicted future need

Both nationally and locally the overall percentage of adults achieving the physical activity recommendations for health is increasing. This may indicate a longer term trend of increasing physical activity levels. However, the 2014 data for Public

Health Outcome indicator for the city (physically active adults) has shown a significant drop in the number of people achieving the recommended levels of activity compared to 2013. This should be monitored over the coming years to see if it marks a change in a generally positive trend.

Due to the overall low prevalence of adults being active at levels that would benefit their health, and the continuing gap between men’s and women’s activity levels, and significant differences between demographic groups within the city there is a strong need to develop innovative opportunities to enable people to be active, and to focus on engaging those least active in the city.

Ongoing budget pressures on local authorities could impact on support available to people with higher health and social care needs in the city. These groups are known to be least active and offer the greatest outcomes through increased levels of physical activity.

What we don’t know

There is a lack of reliable local active transport data on:

- The modal share (the percentage of travelers using a particular type of transportation)
- Information on equalities groups participating in active travel.

We know that the city’s Black & Minority Ethnic population is increasing.²¹ However there is a lack of data to allow comparison of physical activity levels between different ethnic groups within the city.

Key evidence and policy

Interventions for increasing physical activity in adults are a cost-effective approach, and can provide value for money when compared with other preventative interventions. In terms of return on investment, NICE established that a brief intervention for physical activity in primary care costs between £20 and £440 per quality-adjusted life year (QALY) (when compared with no

¹⁸ Sport England Active people 6

http://www.sportengland.org/research/active_people_survey.aspx

¹⁹ Speak Out. Issues affecting the Well Being of people with complex needs: Engagement work with people with complex needs. September 2014.

²⁰ Long et al. A Systematic Review of the Literature on Black and Minority Ethnic Communities in Sport and Physical Recreation. Carnegie research institute; 2009.

²¹ Brighton & Hove City Council. City Snapshot - A summary of Statistic 2014, Available at: www.bhconnected.org.uk/

7.3.3 Physical activity and active travel (Adults)

intervention) with net costs saved per QALY gained of between £750 and £3,150.²²

Key policies in this area include:

Start active, stay active: A report on physical activity for health from the four home countries
Chief Medical Officers, 2011.

<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Healthy lives, healthy people: a call to action on obesity Department of Health 2011.

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

“A Sporting Habit for Life 2012 - 2017”

Department for Culture Media and Sport

<https://www.gov.uk/government/publications/creating-a-sporting-habit-for-life-a-new-youth-sport-strategy>

Brighton & Hove City Sport & Physical Activity

Strategy (2012-2018) <http://www.brighton-hove.gov.uk/content/leisure-and-libraries/sports-and-activity>

The **National Institute for Health and Clinical Excellence (NICE)** have a range of guidance on the development of physical activity which can all be accessed at:

<http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/physical-activity>

The Game of Life Report, Sport & Recreation Alliance (2012) summarises evidence and insight available on the impact of Sport & Recreation on Society in the following areas: Physical Health, Mental Health, Education & Employment Antisocial Behaviour & Crime, and Social cohesion.

<http://www.sportandrecreation.org.uk/gameoflife>

Recommended future local priorities

1. Create a social movement.

- Enhance the local profile of national campaigns around physical activity such as Change for Life, This Girl Can and forthcoming OneYou, alongside local campaigns such as the TAKEPART Festival

2. Activate networks of expertise

- Support health professionals, employers, sports coaches, social care workers and volunteers to be able to offer good practical advice on developing physical activity into people’s lives
 - Ensure those responsible for providing physical activity opportunities receive training and support to engage groups of people with additional support needs
- ##### 3. Create the right environment
- Implementation of the Sports Facilities Plan 2012-2022 to improve quality and quantity of sports facilities in the city.
 - Implementation of the Local Transport Plan 4 to support increased active travel in the city
 - Develop accessible opportunities for informal sport and recreation in parks and open spaces.
 - Ensure the potential to support increased physical activity is maximised in new developments and all community assets.
- ##### 4. Scale up interventions that make us active
- Follow NICE public health guidance, specific recommendations and aids to implementation. Effective implementation of NICE recommendations could lead to major positive changes in the way physical activity services are planned, implemented and managed.
 - Implement a life course approach to service commissioning and delivery; including: prevention of sedentary behaviour/physical inactivity and promotion of physical activity using the Chief Medical Officer’s guidelines for all ages.²
 - Develop and sustain programmes to increase participation in sport and physical activity to address known inequalities and maximise opportunities to improve health amongst inactive populations.⁷
 - Support and develop local voluntary clubs and groups to provide sustainable sport and physical activity provision.⁷

²² Department of Health. ‘Let’s Get Moving. A new physical activity care pathway for the NHS, Commissioning Guidance’; 2009.

7.3.3 Physical activity and active travel (Adults)

Key links to other sections

- Green and open spaces
- Road Safety
- Physical activity (Children and young people)
- Healthy weight (Children and young people)
- Healthy weight (Adults and older people)

Further information

Public Health England: Everybody Active Everyday
- An evidenced based approach to physical activity;
2014

<https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life>

Brighton and Hove Physical Activity and Sport JSNA
2012 <http://www.bhconnected.org.uk/content/needs-assessments>

Moving More, Living More: The Physical Activity
Olympic and Paralympic Legacy for the Nation 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279657/moving_living_more_inspired_2012.pdf

National Obesity Observatory - Key Fact Sheet –
Adult Physical Activity
http://www.noo.org.uk/NOO_pub/Key_data

Last updated

October 2015