

Briefing Note

Title: Health Inequalities Strategy Exemplar: Physical Inactivity – Progress Update

Date: 27 April 2022

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Job Title: Health Improvement Officer

**Intended
Audience:**

Internal ☒

Partner organisation ☒

Public ☐

Confidential ☐

Purpose

To provide Health and Wellbeing Together (HWBT) with a progress update in respect of the Health Inequalities Strategy exemplar: Physical Inactivity progress update.

Background

There are high levels of physical inactivity in the City and there are far-reaching benefits to reducing these levels both for individual residents and for the City (Appendix 2: The Rationale for Tackling Physical Inactivity). As the exemplar piece of the HWBT Health Inequalities Strategy, a system redesign of the approach to tackling inactivity in the city is being undertaken. This approach follows four key stages: Discover, Define, Develop, Deliver.

Since September 2021, work has been carried out to move through the discovery phase to fully understand the extent and depth of the issues around physical inactivity in Wolverhampton. This work has included:

- Stakeholder Engagement
- Data Analysis of physical activity and wider determinants
- Mapping of policy local, regional, and national
- Resident Focus Group

The findings of this work will be presented through a Discovery Report and later through a Physical Inactivity Joint Strategic Needs Assessment. To continue to drive the work forward into the next stages of the system re-design, it is proposed that the formation of the Physical Inactivity Steering Group is approved (Appendix 1: Terms of Reference: Health and Wellbeing Together Physical Inactivity Steering Group), which will sit beneath HWBT and have thematic task and finish groups connected to it. This will enable priorities to be set and have an action-focused model to find innovative solutions to reduce levels of physical inactivity in the City and move levels towards the England average.

Recommendation

That Health and Wellbeing Together approve the formation of the Physical Inactivity Steering Group and the associated Terms of Reference (Appendix 1).

Terms of Reference:

Health and Wellbeing Together Physical Inactivity Steering Group

The Physical Inactivity Steering Group is a subgroup of Health and Wellbeing Together (HWBT), Wolverhampton's Health and Wellbeing Board. The workstream around reducing levels of physical inactivity in Wolverhampton came from Wolverhampton Health Inequalities Strategy, which aims to understand health inequalities in the city and undertake a systematic and joined-up approach to tackle these disparities.

Wolverhampton has high levels of physical inactivity across all life stages. Not only are there inequalities in those who are more likely to be inactive (women and girls, those from low socio-economic groups, people living with a disability or long-term health condition, older adults, and people from Black, Asian, and other minority ethnic backgrounds), those who are inactive have an increased risk of a range of non-communicable diseases.

Physical Inactivity is defined as:

Adults	Undertaking less than 30 minutes of moderate intensity physical activity a week
Children and Young People	On average undertaking less than 30 minutes of moderate intensity physical activity a day

The Physical Inactivity Steering Group will:

- Provide strong local leadership to reduce levels of physical inactivity in Wolverhampton.
- Provide opportunities for partnership and integration across the system to tackle physical inactivity.
- Collaborate across the system to identify shared priorities and appropriately activity, informed by a commitment to a place-based approach to health.

The Physical Inactivity Steering Group is responsible for:

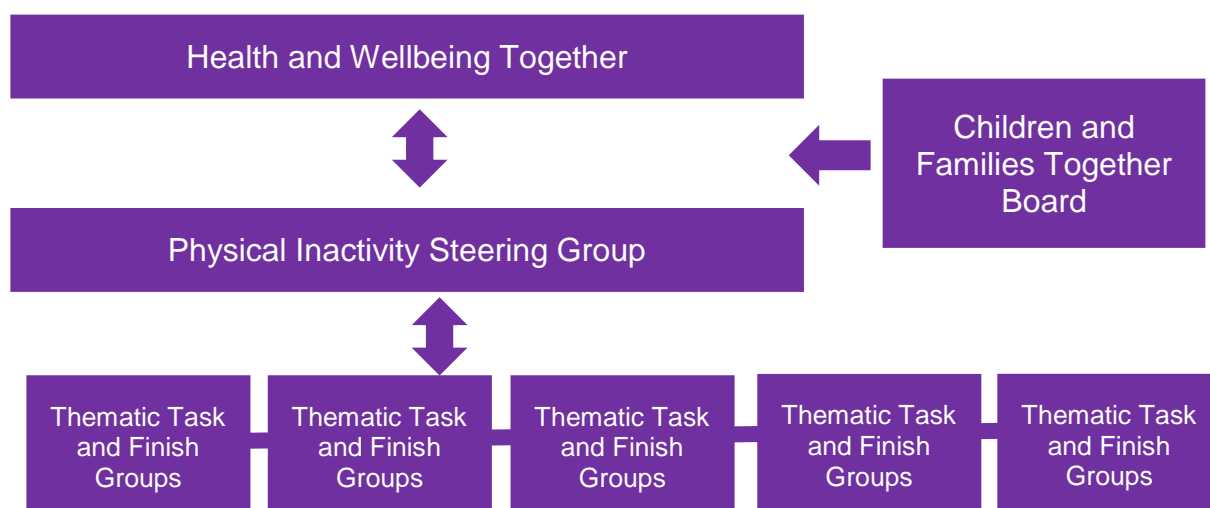
- Assessing the needs of the local population by developing and overseeing the implementation of the City's Joint Strategic Needs Analysis Assessment (JSNA) for Physical Inactivity.
- Preparing and publishing a Tackling Physical Inactivity Strategy for the city that is evidence based on the JSNA.
- Selecting up to five priority areas of work within physical inactivity (short term from the Physical Inactivity Discovery Document and long term from the JSNA).
- The set-up and delivery of thematic task and finish groups.

- Ensuring co-production with residents of Wolverhampton is part of the Steering Group's ethos.
- Creating innovative solutions to tackle inactivity in Wolverhampton and encourage suitable investment that aligns with the Physical Inactivity Strategy.
- Taking forward key priorities from the Physical Inactivity Strategy and to performance manage progress against defined targets.
- Ensuring the work of the Steering Group is aligned with policy developments both locally and nationally.

Physical Inactivity Steering group governance and reporting relationships:

The Physical Inactivity Steering group will sit under Health and Wellbeing Together and have influence from the Children and Families Together Board. The Steering Group will be made of partners from across the system to ensure the systematic and joined up approach to tackle the issue of physical inactivity.

The Steering Group will have the power to define priorities around physical inactivity and action solutions. Each priority will have a thematic task and finish group that shall be chaired by a member of the Steering Group. The task and finish group can comprise of wide range of partners and organisations and, where appropriate, Community Champions that are relevant to the priority. The task and finish groups will be action-focused, with a feedback loop into the Steering Group and subsequently Health and Wellbeing Together.



Physical Inactivity Steering Group Membership:

The Steering Group's membership will consist of partners from across the system to provide a diverse perspective on inactivity and solutions to the priorities.

If a member is not able to attend a meeting, they are able to send a suitable substitute in their place.

Specialist Area	Agency	Role
Transport	City of Wolverhampton Council	Transport Officer
Planning		Planning Officer
Community Safety		Community Safety Manager
Public Health		Public Health Partnerships Officer
Data		Data Analyst
Physical Activity	Active Black Country	Head of Insight, Health and Wellbeing
Health	Black Country and West Midlands CCGs	TBC
Health	Primary Care Representative	TBC
Health	Royal Wolverhampton Trust	TBC
Health / Communities	Wolverhampton Health Watch	TBC
Communities	Wolverhampton Voluntary Sector Council	TBC
Communities	Wolverhampton Homes	TBC
Communities	Social Prescribing	Social Prescriber
Children and Young People	Children and Families Together Board	TBC
Children and Young people	Children and Families Together Board	TBC

Active Black Country will chair the Steering group.

Members of Physical Inactivity Steering Group will:

- Make every effort to attend all meetings or send an appropriate substitute.
- Fully engage in meetings including active participation in all relevant agenda items.
- Commit to supporting the development of strong and purposeful relationships within the Steering group through attendance and, where required, participation at relevant task and finish groups.
- Raise awareness and support of the tackling physical inactivity agenda through their own organisation.
- Where any member of the Physical Inactivity Steering Group sits on another strategic City partnership group or board, they will raise awareness of the physical inactivity agenda and associated priorities and, as appropriate, seek opportunities to further embed whole system leadership.

Physical Inactivity Steering Group decision making:

The Physical Inactivity Steering Group has the power to set the priority areas for the work to tackle physical inactivity in Wolverhampton and to action subsequent work towards these priorities through the task and finish groups.

All priorities will be based on the evidence provided and updates of progress will be fed back through the feedback loop with Health and Wellbeing Together.

The group will develop a Physical Inactivity Strategy for Wolverhampton and the final approval of this strategy will sit with Health and Wellbeing Together.

Members will be accountable through their own organisation's decision-making processes for the decisions they take.

Any decisions are made by consensus and, where a vote is required, all members will have one vote. In the case of a tie the Chair will have the casting vote.

Physical Inactivity Steering Group frequency of meetings and quorum:

The Physical Inactivity Steering group meetings shall take place at least four times a year, with thematic task and finish groups taking place as regularly as required in between the Steering groups meetings.

The quorum for meetings will be one third of the membership, with one external partner in attendance.

Rationale for Tackling Physical Inactivity

Physical Inactivity is defined as adults who are undertaking less than 30 minutes of moderate intensity exercise a week or children and young people who are undertaking less than 30 minutes of moderate intensity physical activity a day.

Sport England

“Those who do the least activity stand to benefit the most” ⁽¹⁾

Chief Medical Officers

“Inactivity is a silent killer” ⁽²⁾

“While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e., engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.” ⁽²⁾

- Being physically inactive damages a person’s health ⁽³⁾
- Physical inactivity cost the UK £7.4 billion a year ^(4, 5)
- Physical inactivity directly contributes to one in six deaths ⁽⁶⁾
- If physical inactivity trends carry on at their current rate, the increased cost of health and social care will destabilise public services and will have a negative impact on quality of life of individuals and communities ⁽⁶⁾
- Physical inactivity is the fourth largest cause of disease and disability in the UK ⁽⁷⁾
- Being physically inactive increases the likelihood of depression, some cancers, diabetes and dementia ^(8, 9, 10, 11)
- Getting people who are inactive to become active could prevent one in 10 cases of stroke and heart disease ^(12, 13)
- Reducing physical inactivity could prevent up to 40% of long-term health conditions ⁽⁶⁾
- Even small differences in people’s physical activity levels can make a difference ⁽⁶⁾

References:

- (1) [Sport England Inactive People](#)
- (2) [Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers](#)
- (3) Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre
- (4) Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33 (4): 527-535.
- (5) Ossa D and Hutton J (2002) The economic burden of physical inactivity in England. London: MEDTAP International
- (6) [Everyone Active, Every Day](#)
- (7) Murray et al. (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet* 381: 997-1020.
- (8) DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers
- (9) Breakthrough Breast Cancer (2014) Raise your pulse, reduce your risk. How regular physical activity can reduce your breast cancer risk. London: Breakthrough Breast Cancer
- (10) PHE, UK Health Forum (2014) Blackfriars Consensus on promoting brain health: reducing risks of dementia in the population.
- (11) Weyerer S (1992). Physical inactivity and depression in the community. Evidence from the Upper Bavarian Field Study. *International Journal of Sports Medicine* 13:492-6.
- (12) Lee I, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT (2012) Effect of physical inactivity on major noncommunicable diseases worldwide: An analysis of burden of disease and life expectancy. *The Lancet* 380:219- 229.
- (13) Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29