

# Richmond Public Health Physical Activity Plan

2021-2031

Executive Summary



Public Health



**The Aim:** For physical activity to become a way of life, improving the health and wellbeing of people either at risk of, or most affected by health inequalities.

## Objectives

- To increase the number of knowledgeable, motivated, and skilled residents who are creating regular physical activity habits and sticking with them
- To create opportunities to be physically active for inactive families and groups of people faced with health inequalities
- To support the delivery of the prevention aims of council Strategies through physical activity - (1) Culture Richmond (2021-31), (2) Climate Emergency strategy, (3) Health and Care Plans
- To create equitable access for all residents to engage in physical activity
- To support council aims to becoming carbon neutral and the Greenest London Borough by 2030

**Key principles:** Collaborative and partnership approaches across the systems; evidence and population based; promotion of independence and fostering individual and community agency, utilising existing assets and services, insight and data driven, innovating community-led solutions and activities, sustainable and green solutions.

## What is physical activity?

- Physical activity is more than exercising. It includes activities such as walking and gardening, dancing, or simply using the stairs rather than the lift. Furthermore, Physical Activity is any activity which requires body movements, and therefore, uses energy.

We want inactive people to benefit from meeting Chief Medical Officer guidelines (150 minutes a week for moderate physical activity or 75 minutes for vigorous activity for adults) and promoting, "some exercise is good, more is better."

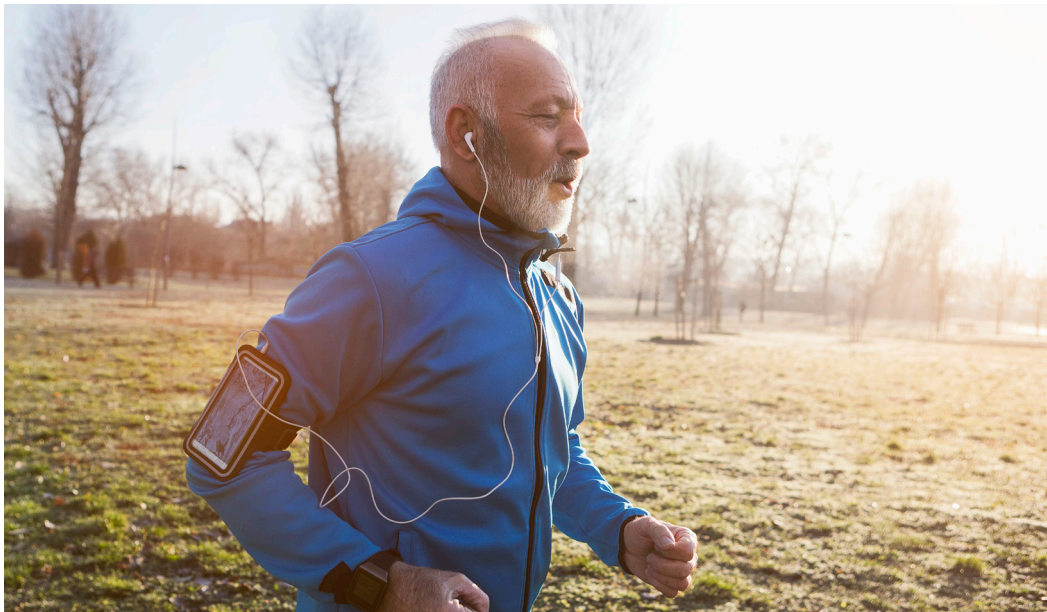
## Why is physical activity important and COVID-19 Pandemic Response and Recovery?

Key reasons of Public Health focus on Physical Activity

- Physical inactivity and sedentary behaviours/ lifestyles can be detrimental to a person's physical and mental health.
- There are considerable inequalities with older people, carers, women, certain people who are Black, Asian and Minority Ethnic, those living with a disability (physical, mental and learning) and those on low income/living in more deprived areas who suffer consequences of inactivity, as seen during the COVID pandemic. Consequences have included an increase of people who report being deconditioned through lack of physical activity and a rise in falls in older people.
- Conversely, physical activity is widely acknowledged to play a key part in maintaining individual and population optimal physical and mental health and wellbeing, and improves people's quality of life as well as reducing their risk of needing health and social care services.

## Targeting inactivity - meeting the needs of those most at risk of physical inactivity

- Increasing the activity of an already active person (say from 200 minutes to 300 minutes a week) will benefit that individual's health but the health benefit gained by a sedentary person who takes up even a small amount of activity is far greater. To maximise the best use of resources, effort should be targeted at getting the most vulnerable and inactive people and populations doing some physical activity but aiming for them to do even more as this is better.
- The first step is to gain deeper insight into barriers for specific groups that prevent physical activity. Healthwatch Richmond will conduct research to gain insights to shape the understanding of the council. Individual barriers include a lack of confidence, deprivation, lack of time, fear of injury, and loneliness. Community level concerns include peer support and supportive workplaces. Lastly, at an environmental level barriers to becoming physically active include traffic and pollution, lack of toilets in parks, and an enabling public infrastructure.
- For example, older residents are identified that need support to build their strength and balance and prevent falls. This will be through physical activities delivered as part of voluntary led-initiatives either at home or in the community. Health and wellbeing initiatives of this type also reduce isolation and loneliness among older people. They motivate older people to move more and eat healthier, reducing their risk of falls and frailty.



## Local strategic context

- Physical Activity is a workstream of the Richmond Prevention Framework with its' responsibility to address inequality through systems thinking and leadership, seeking to make best use of local assets and services (statutory, community and voluntary sector and private/ commercial sector).
- Physical Activity is delivered across the three key Prevention Framework placed-based approaches to create Active People, Active Communities and Active Environments in our priority areas and populations.
- This plan will complement and align with relevant aims of the council, health sector, and voluntary sector strategies and policies.
- In addition to the universal offer from the council to promote physical activity, the Public Health Physical Activity Plan will contribute to the key priorities of Culture Richmond (2021-31) strategy to support prevention and health promotion initiatives that target Richmond's ageing population and specific groups of people (Black, Asian and other minority ethnic groups, those with lower income and long-term health conditions) who are inactive and experience barriers to being physically active. The Public Health Division will work with Environment and Community Services and partners to ensure arts, libraries, parks and sport and fitness services in the borough can target inactive populations.

# Action Plan Summary

## Expected outcomes

## Key actions

### ➤ Target Adult population

Physical Activity becomes a way of life for more inactive people (2.3% decrease in physical activity year on year)

More inactive people become active.	In 2022, the Richmond upon Thames Moves at Home campaign will be supplemented by a new Richmond upon Thames Moves in the Community Campaign. It aims to shift attitudes and create social norms utilising campaigns to motivate people to move more both indoors as well as outdoors again or for the first time.
Coordinated systems-thinking around physical activity aims, especially for under-represented groups and other priority groups	Over the next five years work with stakeholders to develop and connect initiatives, stimulating local providers to offer a range of choice that is inclusive, including but not limited to: <ul style="list-style-type: none"> <li>• Working with Environment and Community Services to deliver the physical activity plans and Culture Richmond's outcomes that are aligned with the wider Public Health agenda and priorities, work with partners to maximise the use of parks and outdoor spaces for physical activity, and promote walking and cycling. The Council will work with partners to develop measures as well as scale up targeted interventions that we know work for under-represented groups to help inactive people to become more active.</li> </ul>
On average up to 710 inactive people more physically active per annum (3,550 over the next five years)	<ul style="list-style-type: none"> <li>• Set up a cross departmental and key stakeholder matrix group to develop and deliver the plan's initiatives and ensure fit with existing physical activity opportunities and facilities/ assets. For example, this group will identify how best to promote use of existing infrastructure like walking paths, deliver the Richmond Upon Thames Moves at Home, and influence community campaigns to align messaging to encourage people to move more.</li> <li>• Work with partners to maximise the use of blue and green spaces like parks for physical activity.</li> <li>• Evaluate the Richmond Culture Offer: Integrated Culture Navigation Service – to transform support to people who need to get physically active that are presenting to Primary Care Networks' Social Prescribing and council's CILS Information Navigation services.</li> <li>• The Active Richmond Fund, a micro-grant scheme, will fund community and voluntary groups (CVS) to conduct physical activities. The council will work with Richmond CVS on increasing social innovation and financial sustainability for CVS organisations and community-led initiatives</li> </ul>

### ➤ Target Older People & Carers

Reduce falls incidence among older people	To work with Adult Social Care on their falls prevention and carers strategies and plans to ensure the importance of them being physically active is a key prevention aim to improve health and wellbeing.
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### ➤ Target Ethnic minority populations

Increase community agency within at least 5 identified groups	Implement community development initiatives that seek to foster greater community agency amongst ethnic minority populations so that they can co-create community-led initiatives to help get such populations in their local community moving more.
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## Expected outcomes

## Key actions

### ➤ Target People with Long-Term Conditions

Up to 400 inactive and pre-diabetic people get active and no longer at risk

Other people with long term conditions are supported to get active to reduce their risk, including as required, a reduction in their Body Mass Index (BMI) after participation in Programme.

To launch a diabetes decathlon Prevention Programme, covering initially 2 or 3 Primary Care Networks in the borough and scaling up as driven and evidenced by data and outcomes.

### ➤ Target People in need of Mental Health (MH) services/ support

Inactive people with mental health needs.

Ensure people with depression or anxiety can access opportunities for physical activity so that they can benefit from the psychological and physical benefits of exercise that can help improve their mood and reduce their anxiety.

We will identify best practice and national programmes and adapt to local context.

### ➤ Target People living with a learning or physical disability

Inactive people living with a physical or learning disability increasing their physical activity as appropriate.

Over the next five years co-develop a pilot PA initiative with special considerations for disabled people such as:

- a) Community-based individual exercise programmes, home-based monitoring using a digital platform
- b) Local activities with social support such as an activity-based rehabilitation

### ➤ Target People living in deprived areas

Inactive people living in the most deprived areas become physically active

Implement community development initiatives that seek to foster greater community agency so that local people can co-create community-led initiatives to help get inactive people in their local community moving more.

Primary Care Networks (PCNs) in deprived areas identify and refer patients to appropriate PA initiatives.

Primary Care Networks (PCNs) in deprived areas identify and refer patients to appropriate PA initiatives. To work with Primary Care Networks to address physical inactivity as part of adult weight management and long-term conditions management plans and services. Explore the future possibility to upskill health professionals in primary and secondary care via a 'champions' campaign.

### ➤ Target People identified as priority groups, most impacted by health inequalities

Reduced health inequalities 11,700 or more people active who are currently inactive in Richmond to be more physically active as part of daily life by 2031.

To establish an enabling environment for residents to be physical active, Public Health will engage with colleagues across the council and relevant stakeholders to address wider determinants of health and environmental factors in a holistic and collaborative approach to encourage and support more physical activity amongst residents, especially those who are inactive.

**Partners** Adult Social Care and Public Health Directorate, Environment and Community Services Directorate including Culture (Sports, Arts, Parks, Leisure), Spatial and Transport Planning teams, Stronger and Safer Communities (Community and Partnerships Team), Richmond Communications services, NHS South West London Clinical Commissioning Group and the Integrated Care System, Hounslow & Richmond Community Health Trust's Prevention Falls team, Richmond Community and Voluntary Sector (Richmond CVS), Voluntary and Community Sector, Primary Care Networks, Richmond GP Alliance, Ruils (Social Prescribing Provider), South West London and St George's Mental Health NHS Trust, Richmond AGE UK and Community Independent Living Services (CILS) Partnership - Health and Well-being services, Richmond Aid's CILS Information Navigation, Voluntary Healthcare and Private sectors and London Sport.