Herts PA Alliance Update

Introduction

Since the Herts Physical Activity Alliance last met (early 2011), there have been a number of changes taking place at a national and local level to meet the coalition government's plans for the new healthcare system, including changes to physical activity associated work. This paper aims to provide alliance members with a brief update before the next alliance meeting in January. The agenda will build upon this information for discussion.

Updates in this paper include:

- Update on National Physical Activity Developments
  - National Physical Activity Alliance
  - National Physical Activity Network
  - Public Health Responsibility deal
  - Physical Activity Network Board
- CMO Revised Physical Activity Guidelines
- Active People Survey 5 results
- Public Health Developments – National and Local picture

Update on National Physical Activity Developments

During 2011, there have been a number of developments at a national level. There is now a Physical Activity Alliance, a Physical Activity Network and a Physical Activity Network Board, an explanation of each is outlined below:

National Physical Activity Alliance

The Physical Activity Alliance (PAA) is not new, it was formed in 2009. It is a sector led organisation comprised of leading physical activity promoting organisations across the private and voluntary sectors and across the three main domains of physical activity (indoor, outdoor and active travel). The Alliance remit includes promoting physical activity to people of all abilities. The Alliance is not in itself a direct delivery body although many of its constituent organisations are. Its key purpose and role is to be a national advocate on physical activity and respond to the Government and other consultations to drive policy. It will also seek to improve the use of evidence based interventions and national standards for reporting through the development and production of an Evaluation Framework. The PAA has done a considerable amount of lobbying to try and ensure there is an explicit physical activity indicator in the final selection of the Public Health Commissioning Outcomes Framework. Only if this is there, will local authorities have a real incentive to spend public health money on physical activity interventions. The Public Health Outcomes Framework is due to be published by the end of 2011.

Physical Activity Network

The Physical Activity Network (PAN) is a Government led group, chaired by Fred Turok, Chair of the Fitness Industry Association and supported by the Right Hon. Simon Burns MP, Minister of State for Health.

Herts PA Alliance Update

The network comprises a wide range of partner organisations, including representatives from the across the sector - the indoor, outdoor and active travel sectors plus key partners from business, academics and sporting organisations. Its main responsibility is to advise and oversee the Physical Activity Pledges as part of the new Government Public Health Responsibility deal. Launched on 15th March 2011, the PH responsibility deal has been established to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace.

Five networks have been established (1. Physical activity; 2. Food; 3. Alcohol; 4. Health at work and; 5. Behaviour change), made up of interested parties, and these networks will consider the actions that can be delivered to enable and support people to eat healthy, be more active and drink responsibly.

Each member organisation, including the National Physical Activity Alliance, has signed up to a group of pledges. The PAA's current pledges for physical activity are:

Pledge 1: We will use our local presence to get more children and adults more active, more often including engaging communities in planning and delivery.
Pledge 2: We will contribute to the communication and promotion of the Chief Medical Officers' revised physical activity guidelines.
Pledge 3: We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour.
Pledge 4: We will increase physical activity in the workplace, for example through modifying the environment, promoting workplace champions and removing barriers to physical activity during the working day.
Pledge 5: We will tackle the barriers to participation in physical activity faced by some of the most inactive groups in society.

The Physical Activity Network is currently working to continue to develop specific proposals and plans for further action, including significantly growing the number of participating partners and pledges.
The network aims to facilitate effective partnerships across the physical activity sector and beyond - the NHS, local authorities, third sector organisations, delivery bodies and business, brought together in a series of partnerships.
The ambition is to grow the network to up to 1,000 partners, who will work together to deliver up to 100 projects aiming to get more people, more active, more often and improve their physical and mental health and wellbeing.

The Regional Physical Activity Alliance has signed up to pledges 1, 2, 4 and 5.

Physical Activity Network Executive Board
The key function of the Physical Activity Network Board (PANB) will be to oversee the strategic development of the Physical Activity Network. The first meeting took place in September 2011. The Board's key function is to oversee the strategic development of the Physical Activity Network. The Physical Activity Alliance have been invited to join the PANB, to bring expertise, capacity and concerns of its members across the sector to the table to help deliver a healthier and more active nation.

Herts PA Alliance Update

Joint CMO Revised Physical Activity Guidelines

In July 2011, new guidelines were published by the four UK Chief Medical Officers to cover early years, children, young people, adults and older adults. This is the first time UK-wide PA guidelines have been produced and the first time guidelines have been issued in the UK for early years (under 5s) as well as sedentary behaviour, for which there is now evidence that this is an independent risk factor for ill health.

The new guidelines offer more flexibility for achieving the recommended levels of physical activity. The guidelines have a renewed focus on being active every day and detail the recommended minimum levels of activity for each group. A summary is shown below. Factsheets giving full details for each age group are available to download from the BHF website:
http://www.bhfactive.org.uk/guidelines/index.html

Early years (under 5's) not yet walking:
Minimise amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping). Encourage floor-based play and water-based activities in safe environments.

Early years (under 5's) capable of walking:
Children of pre-school age capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day. All under 5's to minimise the amount of time spent being sedentary (being restrained or sitting) for external periods (except time spent sleeping).

Children and Young People (5 – 18 years):
Moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous activities, including those that strengthen muscle and bone should be incorporated at least 3 days a week.

Adults (19 – 64 years):
Aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 ½ hours) of moderate intensity activity in bouts of 10mins or more. Comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity. Muscle strengthening activities at least 2 days per week. Minimise amount of time spent being sedentary for extended periods.

Older adults (65+ years):
Aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 ½ hours) of moderate intensity activity in bouts of 10mins or more. For those already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity. Older adults should also undertake physical activity to improve muscle strength on at least 2 days a week.

Herts PA Alliance Update

Active People Survey 5 results

Headline results for APS 5 are now available. Overall Hertfordshire has had a 1.3% increase in participation. However, to have a statistically significant change the increase needs to be greater than 1.4%, so Hertfordshire has therefore officially remained static but it appears to be going in the right direction. Welwyn Hatfield and North Herts have both achieved statistically significant increases in participation since APS1. Further details will be given at the PA Alliance meeting in January.

Public Health Developments – National and Local picture

Healthy Lives, Healthy People – update and way forward
In July, the Department of Health's public health policy division published an update paper, which set out the way forward following consultation on the Public Health White Paper.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129334.pdf

This update clarified some of the intentions from the original paper, as well as making a number of changes to policy in light of comments received.

Some of the key points in the update were:

- that Public Health England will be established as an Executive Agency in April 2013
- that public health in local government has a role across the three domains of public health - health improvement, health protection and population healthcare
- a list of mandatory public health functions for local government
- that a limited number of core conditions will be placed on the ring-fenced grant to local authorities
- detail on the new role of the director of public health in local authorities (though more detail here is still to come)
- that clinical commissioning groups will receive specialist population health advice from directors of public health
- confirming the commissioning routes for the different public health services

The update also promised a limited number of further publications to follow later this year, which will provide more detail on specific parts of the new public health system, specifically;

- The public health outcomes framework – due to be published December 2011
- Public Health England's operating model – 24th November 2011
- The public health funding regime
- Local government's public health roles and responsibilities

We intend to cover any relevant issues from these at the next Physical Activity Alliance meeting on 13th January 2012.

Herts PA Alliance Update

NHS IN HERTS – THE LOCAL PICTURE

There are **3 emerging clinical commissioning groups** (CCG's, previously called GP consortia) in Hertfordshire:

- East & North Herts (c 500,000 population): Broxbourne, East Herts, Welwyn Hatfield, Stevenage, North Herts
- Herts Valleys (c 500,000 population): Dacorum, St Albans, Hertsmere, Three Rivers, Watford
- The Red House group, Radlett (c 20,000 population)

A shadow **Health & Well Being board** has been set up and has the following membership (in line with national guidelines). It is not due to be formally in place until April 2013:

- Richard Roberts (Chairman) HCC Executive Member Children's Services
- Colette Wyatt-Lowe HCC Executive Member Health & Adult Care
- Chris Hayward HCC Executive Member Hertfordshire Local & Libraries
- Dorothy Thornhill Mayor Watford Council
- Lynda Needham Leader North Herts District Council
- Sarah Pickup HCC Director of Health & Community Services
- Jenny Coles HCC Director of Safeguarding & Specialist Services
- Dr Jane Halpin Chief Executive / Director of Public Health Hertfordshire PCT
- Dr Tony Kostick Chair of the East & North Herts Clinical Commissioning Group
- Kenneth Spooner Practice Manager - The Red House Group of Practices
- Henry Goldberg Chair of the Hertfordshire LINk
- Dr Nicolas Small (Herts Valley Clinical Commissioning Consortium)

Development of the health and well being board with its remit and responsibilities will be presented at the next meeting.