Public Health England: Increasing physical activity in the new public health system
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Content

• An introduction to the new public health system and PHE
• PHE’s perspective on behaviour change
• What we are trying to achieve
• Physical activity in the context of the new public health system
Local Authorities

• Local Authorities, with detailed understanding of their communities and circumstances are the natural leaders for public health in their areas. Public Health England will support them with knowledge and expertise to help them deliver on their responsibilities.
Responsibilities

- tobacco control;
- alcohol and drug misuse services;
- obesity and community nutrition initiatives;
- increasing levels of physical activity in the local population;
- assessment and lifestyle interventions as part of the NHS Health Check Programme;
- public mental health services;
- dental public health services;
- accidental injury prevention;
- population level interventions to reduce and prevent birth defects;
- behavioural and lifestyle campaigns to prevent cancer and long term conditions;
- local initiatives on workplace health;
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
- comprehensive sexual health services;
- local initiatives to reduce excess deaths as a result of seasonal mortality;
- role in dealing with health protection incidents and emergencies;
- promotion of community safety, violence prevention and response;
- local initiatives to tackle social exclusion;
- [Commissioning advice, NCMP, Aspects of healthy child programme]
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Public Health England

- Public Health England aims to be the authoritative leader in national public health and the expert service provider for public health in England

- Public Health England’s mission is to work with and alongside others to protect and improve the public’s health and well-being and reduce inequalities through our advocacy; application of knowledge, evidence and insight; transparent reporting of outcomes; and nurturing the public health system and workforce
Regional focus

- Four regions, fifteen centres
- Eight Knowledge and Intelligence Hubs
  - London
  - South West
  - South East
  - West Midlands
  - East Midlands
  - North West
  - North East, Yorkshire and the Humber
  - East
Health and Wellbeing

- The PHE Health and Wellbeing Directorate will lead Public Health England’s work to improve health and wellness and address the major drivers of disease, disadvantage, and death across England.

- The Directorate will use an integrated approach working with local government, the NHS, voluntary sector and others to support the development, implementation and scale-up of robust, effective population health programs, promote well being, tackle health inequalities, and address the social determinants of health.
Health and Wellbeing will:

- Support the development and delivery of high-quality, effective, evidence-based prevention programmes
- Use new technologies, including digital and social media, to engage and empower individuals, communities and our partners about health and wellbeing
- Build capacity in important areas including public mental health, population healthcare, accidents injuries and violence
- Work with diverse partners to encourage settings-based approaches to health and wellbeing, in addition to promoting health across the lifespan
- Integrate insights from behavioural science to improve the effectiveness, efficiency, and acceptability of our programmes
Our priorities for 2013/14

• Sets out Public Health England’s priorities and actions for the first year of our existence
• Five outcome-focused priorities – what we want to achieve
• Two supporting priorities – how we will achieve it
• 27 key actions to take now
• The start of the conversation – a three-year corporate plan will follow
1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol.

2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency.

3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics.

4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme.

5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives.
Developing the PHE approach
Physical Activity – a PHE priority

There is an evidence base that demonstrates that physical activity has a direct impact on mortality and morbidity, as prevention intervention, treatment intervention and through clinical rehabilitation.

Therefore work on physical activity will have an impact across the following corporate priorities, particularly across the first two corporate priorities:

1. Helping people to live longer and more healthy lives
2. Reducing the burden of disease and disability in life
4. Supporting families to give children and young people the best start in life
5. Improving health in the workplace
6. Promote the development of place-based public health systems
7. Develop our own capacity and capability to provide professional, scientific and delivery expertise to our partners.
CMO Guidelines

- **5-18yrs**: At least 60 minutes (1 hour) of physical activity every day, which should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running. On three days a week, these activities should involve muscle-strengthening activities, such as push-ups, and bone-strengthening activities, such as running.

- **>19yrs**: At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms). OR

- 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms). OR

- An equivalent mix of moderate- and vigorous-intensity aerobic activity every week (for example 2 30-minute runs plus 30 minutes of fast walking), and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).
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Join Change4Life

Coming soon!
Make a healthy change any time with Smart Restart. Our free app will help you all the way with fun ideas and tips. Watch this space for more news!

Give your baby a healthy Start4Life
Are you a new mum or dad, or mum to be? Get some simple, straightforward tips for a healthy pregnancy and a healthy baby.

See our tips
Brief physical activity advice in primary care. NICE public health guidance 44 (2013)

Obesity. NICE clinical guideline 43 (2006)

Weight management before, during and after pregnancy. NICE public health guidance 27 (2010)


Promoting physical activity for children and young people. NICE public health guidance 17 (2009)

Promoting physical activity in the workplace. NICE public health guidance 13 (2008)


Physical activity and the environment. NICE public health guidance 8 (2008)

Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006)

Walking and cycling. NICE public health guidance 41 (2012)
Welcome to the NHS Health Check website

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. Learn more inside.

This website is a collaborative resource between the Department of Health, Public Health England, NHS Improving Quality, Local Government Association and local health and social care teams which brings together national and local resources aimed to support those involved in commissioning and providing the NHS Health Check programme.
Figure 2.1: A ladder of interventions

- **Eliminate choice**: regulate to eliminate choice entirely.
- **Restrict choice**: regulate to restrict the options available to people.
- **Guide choice through disincentives**: use financial or other disincentives to influence people to not pursue certain activities.
- **Guide choice through incentives**: use financial and other incentives to guide people to pursue certain activities.
- **Guide choice through changing the default**: make ‘healthier’ choices the default option for people.
- **Enable choice**: enable people to change their behaviours.
- **Provide information**: inform and educate people.
- **Do nothing or simply monitor the current situation**.
Healthier catering advice for Italian restaurants and pizza takeaways now available

As agreed in the Public Health toolkit, healthier catering advice for Italian restaurants and pizza takeaways is now available. This includes practical and straightforward tips to help businesses in these sectors improve the nutritional quality of their food. The advice … Read more →

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Construction pledge announced to improve workforce health and wellbeing

Staff are a vital resource and nowhere is this more true than in the
Public Health Responsibility Deal

• P1 We will use our local presence to get more children and adults more active, more often including engaging communities in planning and delivery. (107 signatories)

• P2 We will contribute to the communication and promotion of the Chief Medical Officers’ revised physical activity guidelines. (149 signatories)

• P3 We will tackle the barriers to participation in physical activity faced by some of the most inactive groups in society. (124 signatories)

• P4 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. (193 signatories)

• P5 We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour. (86 signatories)
Work by the CKO Directorate

- Briefing paper on inequalities in physical activity and nutrition now published
- Training on evaluation of physical activity, diet and obesity projects (one session 12 Oct, next one 12 Nov)
- Guidance on evaluation of physical activity (and nutrition) projects to be published before end March
- Taking over management of additional questions on Active People Survey, including new analysis and presentation
- Revised factsheets on adult and child physical activity to be published by April when new HSE data published
Physical Activity statistics

• In 2011/12, 15.5 million adults participated in sport at least once a week for 30 minutes at moderate intensity. This equated to 36% of adults (41% of men and 31% of women).

• In 2011, 43% of 5-16 year olds’ main method of getting to and from school is walking, while the main method for 33% of this age group is being driven to school in a car / van. Just 2% used a bike to travel to school as their main mode of transport.

• In 2011/12, 80% of 5-15 year old children reported they had done some form of competitive sport in the last 12 months. Over three quarters (77%) had taken part in a competitive sport in school, whilst 37% had taken part outside of school.
Physical Activity – metrics

- National surveys
  - Active People
  - Labour Force – active transport data
  - National Travel Survey

- Participation data
  - Sport governing bodies
  - Walk 4 Health
  - Leisure industry

- Local surveys
  - LA/NHS sport surveys

- Local service data
  - Exercise on referral programmes
  - Walk for Health data

- Note: Changes to QOF

Issues with
Timeliness
Stability
Changing questions/
Trend coherence
PHE is proposing using a four strand approach to increasing physical activity in adults and children, based around the following strands:

- Sport based physical activity
- Utility based physical activity e.g. walking & cycling
- Play, leisure and fitness based physical activity
- Healthcare associated physical activity e.g. exercise on referral

Although we recognise that physical activity has an important and significant contribution to addressing obesity, it is a separate theme with a focus on the key role that physical activity can play across the life course in prevention, treatment and rehabilitation.
Sport related Physical Activity

- Work in this area has focused on developing relationships with Sport England through direct engagement with the SE Health lead
- PHE has had input into presentation of SE Active People Survey tool
- PHE is supporting the evolving work plan at SE for Health Associated Physical Activity and Sport
- PHE proposes to hold a physical activity caucus on Friday 24th Jan to develop the PHE vision in partnership with stakeholders from across the Physical Activity landscape
Utility Based Physical Activity

• Health Equity and Impact is producing a briefing on increasing physical activity and active travel. This is in response to one of the recommendations in the AoMRC’s report on obesity – Measuring Up.

• PHE is working on workplace related physical activity through the Health and Work corporate programme, and will sign up to the PHRD pledge on physical activity in the workplace in Jan 2014.

• PHE supported DH in the process to support the cycling cities funding and walking supplement.
Play, Leisure and Fitness

- Supporting DH and Youth Sport Trust in extension of C4L School sports clubs in areas with high rates of child obesity – 5 local events organized for Nov-January.
- Round table with Nick Hurd MP on Risk management for play – with Play England and PHE Health Equity Team
- Membership of Natural England’s National Outdoors for All working group.
- Development of a briefing paper on play.
- Working with UK Active on developing concepts for industry supported campaign
Healthcare Associated Activity

- Secured non-recurrent funding to develop NHS London work with Dr William Bird on e-learning for clinicians on physical activity in the care pathway through BMJ learning
- Engaged with Macmillan physical activity across the care pathway model
- Engaged with Let’s Get Moving pilots through UK Active (providing specific support through PHE to resolve data sharing issues with Information Commissioner)
Figure 4: YLDs in the UK by cause and age in 2010
YLDs=years lived with disability.
Comparative effectiveness of exercise and drug interventions on mortality outcomes: metaepidemiological study

Huseyin Naci researcher, fellow, John P A Ioannidis director

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Summary

• PHE recognises physical activity as a key priority in health improvement that will become a major part of our future programme

• Our intention is to develop a clear, multi-stranded plan of action in conjunction with partner agencies over coming months. In doing this we will aim to work with many of the people and agencies in the room today.
Thank you for listening.