



Go London!

AN **ACTIVE & HEALTHY**
LONDON FOR **2012** AND BEYOND





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Foreword

by Dr Simon Tanner
Regional Director of Public Health for London and
Health Advisor to the Greater London Authority

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“In the summer of 2012, the UK will come alive with the Olympic and Paralympic Games.”¹

Our four year Cultural Olympiad will reach a climax with the Olympic and Paralympic Games Opening Ceremony on 27 July 2012. This ceremony will initiate a 60 day festival of sport and culture across the UK – the Olympic and Paralympic Games (the Games). For the first time, these two events have been planned in unison from the very beginning. By thinking about the needs of both Olympic and Paralympic athletes and spectators at every stage of our planning, we can create the best possible Games experience for everyone.

London has a rich heritage association with the Games, hosting in 1908 and 1948, and each time leaving its mark through innovation. In 1948 London stepped in at the last minute to host the first Games after World War II. These were the first Games to be shown on home television and the first to create an extensive volunteer programme to help run the Games. On 28 July 1948, the day of the Opening Ceremony of the Olympic Games in London, the Stoke Mandeville Games were founded. These were the first competitions for athletes with spinal cord injuries and are the predecessor of the modern Paralympic Games. Innovations have continued over the last 5 decades making the 2012 Games more accessible and relevant to everyone, not only the elite athletes and para-athletes who compete.

On July 6th 2005 Jacques Rogge stood in front of the International Olympic Committee (IOC) General Assembly in Singapore and announced: “the Games of the XXX Olympiad in 2012 are awarded to the city of...London”. This statement was greeted with delight by the London delegation in Singapore, the 30,000 people gathered in Trafalgar Square and at events all over the country – from Stratford to Weymouth.

The theme here is participation. It is the impact that the Games can have on us all: that across the country people of different races, backgrounds, abilities come together to support the country's best athletes; that we turn out on the streets to celebrate success; that schools, businesses and clubs run mini-Olympics in which their members participate. The Games has the potential to bring people together, to inspire, to motivate. Of course, since the announcement the world has hit more difficult economic times – and we now need this inspiration and motivation more than ever. Indeed it is the clear and stated intention of the London Organising Committee, from bid stages onwards to achieve this:

“London 2012 will create the most accessible and participative Games. It will touch people as it has never done before, stimulating people to do more and to try new things and reassess what we are all capable of”

So what has this got to do with health?

Read again the opening quote: “the UK will come alive”. We have known for a long time that activity is an important part of feeling alive, of maintaining our mobility and faculties longer into old age, and of maintaining good health. Yet our lifestyles - with the increase of convenience and motorised travel, with technology that allows us to sit at desks to work and play - have led us to become less and less physically active. You will read in this document about the impact this inactivity is having on our health. Health is not just about the costs to the health system or an operation you might need: it is about the quality of every day life; enjoying time spent with family and friends; independence for the elderly; better resilience to stress and illness; coping better with hardship and disability. This means that the solution is more broadly spread than health care provision. We are all involved – planners, leisure facility providers, transport managers, citizens, employees and employers. We also all stand to gain.

As the opening paragraph points out, this Games is the first to plan and manage both Olympics and Paralympics together from the start. This reflects inclusivity, creating a unique opportunity to inspire the least active groups into action. Health is for everyone,

indeed those with most to gain are often those with disabilities or living with the greatest health inequalities. Supporting all citizens is to our mutual advantage.

So can the two be connected? Can The Games provide the stimulus for a movement to substantially reverse the trend towards inactivity? While our research suggests it has never been done before² our work suggests this is possible if we work together in clearly focused and defined ways. Now is the time for this generation of Londoners to prove its innovation and capability to create a legacy from the 2012 Games. This is the best opportunity we may have for decades to put regular physical activity for ordinary people, including the most inactive, on the starting blocks. The Games could be the much needed catalyst for a health legacy for all of us - the first the world has seen - but only if we work together to make it happen.

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1. www.london2012.com 06/05/09

2. SPEAR (Sport, Physical Education & Activity Research) (2009). *A Systematic Review of the Evidence Base for Developing a Physical Activity and Health Legacy from the London 2012 Olympic and Paralympic Games.*

Executive Summary

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This strategy sets out how NHS London, in partnership with other organisations, from public, private and third sectors, will lead a significant shift in physical activity behaviour in London. This contribution is a key part of the public health legacy of the 2012 Olympic and Paralympic Games. The activity levels must build towards the Games, but also be sustained afterwards for our ambition to be realised and the individual, organisational and wider societal gains to be achieved.

By being “physically active” we mean the proportion of Londoners who undertake 30 minutes of physical activity at least 5 days a week, the level recommended by the Chief Medical Officer (CMO). Currently in London over 3.5 million adults do not meet this recommendation and some of the lowest levels are evident in the ‘Olympic’ boroughs.

Our expectation for 2012 is to utilise the celebration and uplift of the Games to kick start the movement **towards** or beyond the CMO recommended level, rather than expect everyone to have reached a particular point by then. Our firm intention is that **everyone** should be included – regardless of disability, socio-economic background, health inequality, race or gender. This is not the case today, and this document will highlight the requirements for groups for whom there are the greatest barriers and constraints on physical activity.

Physical activity has been cited as the best buy in Public Health³. There is now strong and widely shared evidence that physical inactivity ranks alongside obesity, high blood pressure, high blood sugar and lipids, and cigarette smoking as a risk factor for the epidemics of the 21st Century such as cancer, cardio vascular disease and heart disease⁴. The result of this is that the average annual cost of physical inactivity to

Primary Care Trusts (PCTs) alone in London is at least £105 million⁵. NHS London is committed to ensuring that physical activity is recognised as a priority and will use existing levers (commissioning strategy plans and operating plans) to encourage prioritisation and commissioning by PCTs.

This strategy document explains the potential connection between population levels of physical activity and the Games. It sets out the vision for a more physically active, healthier London, explaining this ambition in terms of targets and the key sets of outcomes that must be delivered. In order to deliver increased physical activity for all, the document identifies three strategic objectives:

1. Use the once in a lifetime opportunity for hosting the Games as a catalyst to generate a measurable and sustainable increase in physical activity participation among Londoners up to and beyond 2012
2. Ensure that the increase in participation in physical activity will contribute to narrowing the gap in health inequalities by ensuring that the entire system promotes physical activity
3. Ensure that the increase in physical activity is as common in the least active half of the population as in the highest.

Physical activity also has a greater role to play in broader cross-society agendas such as environment and crime/antisocial behaviour. For example Transport for London (TfL) in partnership with the Olympic Development Authority (ODA) and local boroughs are developing Olympic Greenways to encourage and enable walking and cycling, help tackle climate change, ease congestion, create more liveable neighbourhoods and improve access to parks and green spaces.

3. Morris JN (1994). Exercise in the prevention of coronary heart disease: today's best buy in public health. *Journal of Medicine and Science in Sport and Exercise*. 26(7); 807-14

4. Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health. London: Department of Health

5. Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government

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In fact many organisations in London – the NHS, partners in local authorities, voluntary and commercial organisations - have facilities, networks and powers to help Londoners be more active. Many of these have plans for Games connected events and programmes. Indeed, case studies in this document highlight specific instances where these organisations are coming together to achieve elements of the vision for a more physically active, healthier London. However, inside and outside health while we share an outcome about trying to improve public health and have pockets of best practice, we do not act in unison. By not having a clear single voice, our strategic intent is massively refracted.

This strategy outlines the five key themes to be adopted under Go London, by the NHS and partners to create this single voice, to act together to ensure the sum of the parts is greater than the whole. It signals both the lead the NHS can take and the roles our partner organisations can play. We must make the entire set of influences on physical activity – from individual actions, to organisational policies & activities to cultural norms - work in harmony to make physical activity the norm. Whilst this is a high level strategic document and not an action plan, it does make clear the roles NHS London and its partners play in London to increase physical activity alongside sport for the period leading up to the 2012 Games and beyond.

The strategy is rooted in a fundamental review of the external drivers for physical activity. This understanding, along with base data around the status quo of physical activity and health is contained in Appendix A to substantiate the key themes and activities recommended in the Go London strategy.

One fundamental principle is clear throughout the narrative: all the multiple stakeholders connected with public health in the broadest sense must work together to ensure the consistent practical communication of the CMO recommendation - that adults undertake thirty minutes of at least moderate intensity activity a day on at least 5 days of the week (5x30) AND an explanation that a step towards this (eg 0 to 1x30) is a step in the right direction. This must be communicated and modelled by many different people (medical professionals, employers, friends, colleagues) and consistently reinforced by the actions of organisations – public, private, third sector.

Particularly in the prevailing difficult economic climate, the impact of our combined actions is greater than any single organisation's budget can provide for and there is the opportunity to prove that physical activity need not be a huge resource drain in time or money, but can contribute to the achievement of many of the targets and objectives of widely varied organisations. In the spirit of the Games we can all be winners if we work together as one team.





A Health Legacy for the 2012
London Olympic and Paralympic Games

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Britain's bid for the Games was clear in its intent to deliver health benefits as part of the legacy for the 2012 Games. The Department of Health (DH) has set out a new framework for delivery of physical activity aligned with sport in *Be Active, Be Healthy*⁶. The benefits to our health, the environment and the public purse of increased physical activity are now widely understood. These are covered in more detail in Appendix A. Undertaking initiatives such as Change4Life, DH is setting the long term cross government agenda for physical activity. So how does this connect with the Games?

Significant commitment has already been made in infrastructure, marketing, training and sport environments. Britain's achievement of 47 medals, including 19 golds, at the Beijing Olympics and the magnificent tally of 102 medals, including 42 golds at the Beijing Paralympics has laid a firm sporting foundation. Hosting the Games now provides an opportunity for specific short and medium term focus to London's position on a world stage. It also offers a potential uplift in a difficult economic environment. In particular it affords us the challenge and opportunity to deliver a legacy of increasing population physical activity levels that no one else has yet proven.

In a health context, the Games lends a short term focus to the long term challenges of:

- Health inequalities
- Health care costs
- Delivery of health related Public Service Agreements, Local Area Agreements & the health system's Vital Signs targets

It is therefore important to set a health legacy of the Games within a context of the long term desired future of public health. There are a wide number of varied stakeholders who have a role to play in London's public health – these include all

NHS organisations in London, the Greater London Authority, London Development Agency, Transport for London (TfL), London Sports Forum for Disabled People, Local Government, ProActive Partnerships, the Third Sector and Community Groups.

This document provides the strategic leadership from a public health perspective to inform and influence these stakeholders on the utilisation of their resources to help enable the creation of a Games public health legacy.

Go London

is a shared movement to create, through a series of partnerships and collaborations, a city where physical activity is a normal part of Londoner's lives and contributes to making London a more liveable and sustainable world city, resulting in improved health and wellbeing of its citizens.

6. Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government

Ruth Carnall, NHS London Chief Executive, is joined by Peter Hendy Commissioner, TfL, Councillor Merrick Cockell, London Councils, Melanie Walker, Chief Executive Newham PCT & Olympian, Karen Pickering



The 2012 Olympics and Paralympics connection

The intent then is to use the Games to catalyse a significant shift in activity. However, three quarters of Londoners reported that they were not likely to become more active simply because the Games were being hosted in London⁷. We cannot simply assume that a physical activity legacy will manifest itself. In 2008 to better understand the potential health legacy opportunities, regional physical activity teams, including London, commissioned a review of the best available international evidence for lessons learned from sports events including the Games, and the impact they can have upon physical activity, sport participation and health-related behaviour⁸. This research makes it clear that no previous host city has had the aspiration to deliver both a participation and health legacy from the Games.



However, there are three main conclusions we can reach that are of relevance in establishing this legacy:

1. while the catalyst provided by major sports events is not a direct step to behaviour change, they can stimulate "contemplation" of physical activity
2. major sporting events do generate a sense of communality, belonging, and feeling a part of a movement
3. by promoting a 'festival effect', there is an opportunity to re-connect people who may feel disconnected from elite sport, to consider moving out of inactive behaviour

So, the Games can awaken a new desire - our challenge is to convert this to new attitudes, habits and behaviours. It is for us to connect this desire for communality to health and wellbeing through physical activity. The understanding that has been developed by NHS London and partners links these conclusions into a comprehensive strategy for health improvement, using the Games as a catalyst. This is detailed in Appendix A.

There is already evidence of the Games functioning as a catalyst, bringing organisations together in this aim. In March 2009 over 200 London stakeholders, from the third sector, leisure organisations, PCTs, government departments and London boroughs

attended a Go London consultation event because of the desire to achieve a Games health legacy. The objective for the Go London strategy is to guide and support the impetus to be the first host city to deliver this legacy, across organisational boundaries. Indeed the strategy steering team has representation from organisations including London Councils, PCTs, Transport for London, GLA and key third Sector organisations to ensure constant collaboration in delivery.

The Go London shared ambition for a more active London

The new Secretary of State for Health and the Chief Executive of the NHS have both recently articulated that it is time to turn this ambition into reality. Consultation has revealed that this is indeed a shared ambition across transport, health, community safety and local communities, yet it has lacked leadership and a focus to deliver. Many feel hampered and constrained in their individual efforts and budgets. Everyone must be convinced and the key players must now lead a shift in priorities and spending.

This document builds on the case made in *Be Active, Be Healthy (BABH)*, focusing specifically on the needs of London people and the responses of PCTs, local authorities, sport and leisure partners, the third sector, community action groups and other partners to encourage and facilitate more physical activity. It links with Change 4 Life and runs alongside the Mayor's legacy plan *A Sporting Future for London*⁹, linking a broader physical activity and health for all message to the sport agenda.

This strategy makes clear the new expectations of those traditionally seen as connected to health that they must work differently with people outside of health to deliver health outcomes. It makes clear to those not traditionally seen as connected to health that they have a role to play in, and a benefit to gain from, linking to the physical activity and health agenda.

Go London links all local players to improve the health and wellbeing of Londoners, and in so doing, makes London a more liveable and sustainable city. This also unlocks the opportunity for significant health care cost savings.

7. Department for Culture, Media and Sport (2008) *Olympic Legacy Research Quantitative Report*. London: Department for Culture, Media and Sport

8. SPEAR (Sport, Physical Education & Activity Research) (2009). *A Systematic Review of the Evidence Base for Developing a Physical Activity and Health Legacy from the London 2012 Olympic and Paralympic Games*.

9. Greater London Authority (2009). *A Sporting Future for London*. London: GLA

So what does Go London mean?

The Games is a short term catalyst for a long term goal. The vision for London is broader, deeper and longer than the Games period. Our success will be measured in the kind of city that London remains and can sustain for its citizens beyond 2012.

The Go London Vision

London is a city where organisations work together to create opportunities and environments where Londoners easily choose to be physically active in their daily lives, achieving better health & wellbeing.

Each of these have their own specific organisational focus and goals, yet also share a part in achieving health legacy. When significantly more people choose to walk or cycle to work with the aim of being fitter by the time the Games arrive, then Transport for London, the health partners and the individuals themselves all achieve their goals, be they congestion, health, or finance related. We must all focus on ensuring that citizens of London choose activity over inactivity. We must commit to actions that demonstrate that by collaborating to maximise output of shared resources we will indeed achieve our own individual organisation objectives.



- ▶ Environment
- ▶ Sport
- ▶ Transport
- ▶ Safety
- ▶ Health

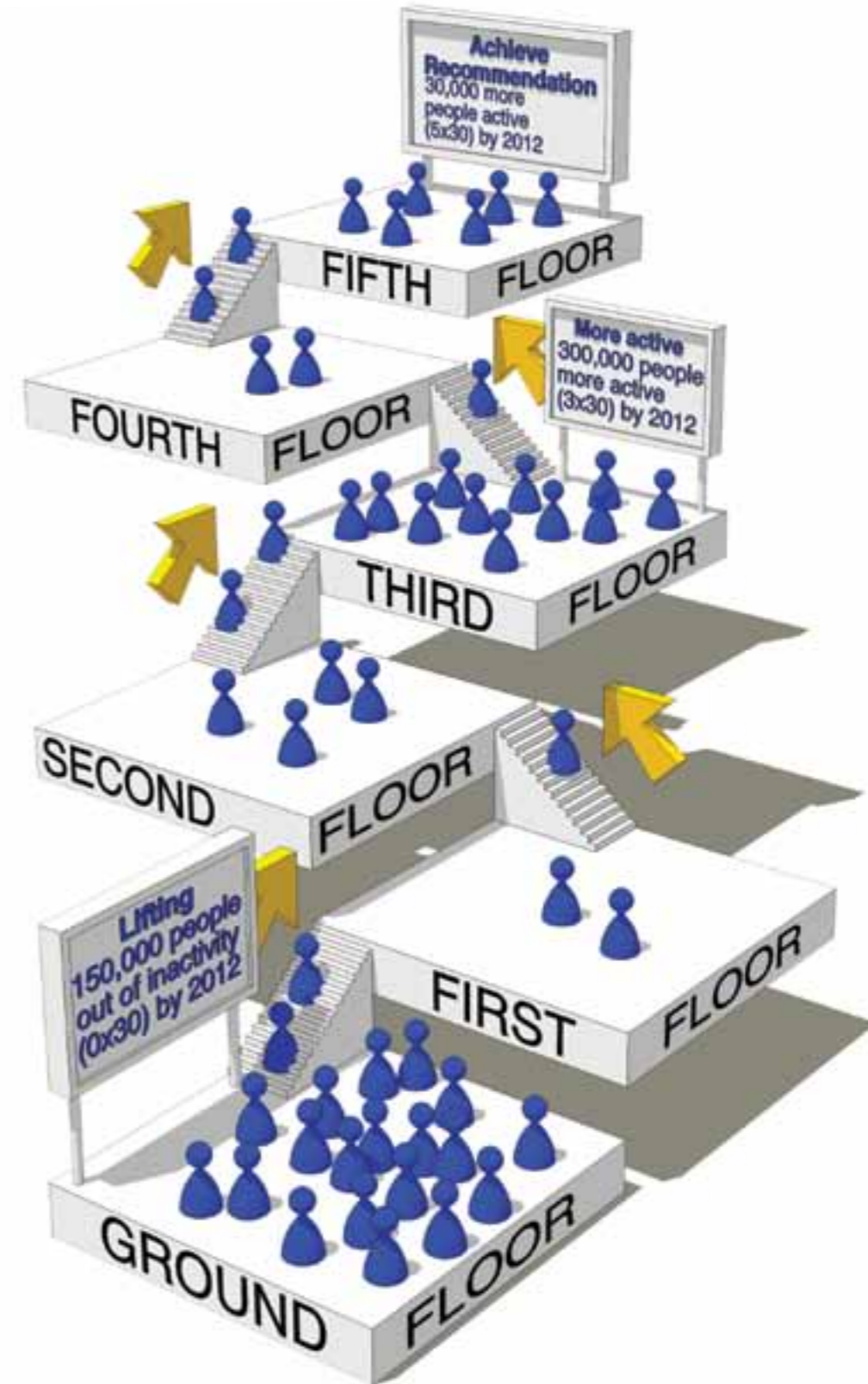
By uniting in this way, London has a unique opportunity to be the first city in the world to demonstrate a lasting physical activity health legacy from the commitment to host the Olympiad

In support of the Vision, Go London will maintain focus across the system on three key strategic objectives:

1. Use the once in a lifetime opportunity for hosting the Games as a catalyst to generate a measurable and sustainable increase in physical activity participation among Londoners up to and beyond 2012
2. Ensure that the increase in participation in physical activity will contribute to narrowing the gap in health inequalities by ensuring that the entire system promotes physical activity
3. Ensure that the increase in physical activity is as common in the least active half of the population as in the highest.

This means that increasing activity in the most active or swapping sport for elite sport does not alone constitute success in health legacy terms. Strategy work must therefore focus on understanding the ways in which ALL people can choose to be active for health and wellbeing – including those with most to gain who often also experience the greatest barriers.

Go London's 2012 Ambition



Go London's 2012 Ambition:

- Lift 150,000 people out of inactivity by 2012
- Have 300,000 people more active by 2012
- Ensure 30,000 more people achieve the CMO recommendation (5x30) by 2012

Local health economies will be challenged to consider how best to achieve the targets for their local communities within forthcoming guidance on developing Commissioning Strategy Plans. The table in Appendix Two captures the current position across London and illustrates both the impact of achieving increased physical activity coupled with the need to address the current position in order to reduce health inequalities.

The achievement of the Go London vision requires a large number of players to continue to build on current activity and further unite in its delivery. These include the NHS, the Greater London Authority, London Development Agency, Transport for London, London Sports Forum for Disabled People, Local Government, ProActive Partnerships, the third Sector and community groups.

10. Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government

Go London outcomes

In order to achieve the vision, outcomes must be achieved across three domains – at individual level, within organisations and across societal culture.

The diagram opposite summarises these outcomes and a full explanation of how they were derived is contained in Appendix A.

London is a city where organisations work together to create opportunities and environments where Londoners choose to be physically active in their daily lives, achieving better health and wellbeing.



Outcome Set 1: Individuals

To achieve the outcomes for individuals, those who work to support and challenge individuals to change behaviours must ensure:

- barriers and benefits to individuals to becoming more active are identified
- effective mechanisms are used to overcome barriers
- relevant levers to increase the confidence and motivation of individuals are utilised

This shift has already started in the health system. The former Minister of State for Public Health, Dawn Primarolo, stated “future interventions will help people to manage their own health challenges... we will make it as easy as possible for more people to adopt healthier behaviour”. London is hugely diverse in terms of people and therefore in physical activity preference terms, so different localities, indeed different individuals require different solutions.

This requires us to take a “whole person” approach, work across organisational boundaries, and to use social marketing to ensure the citizen is at the heart of policy-making and service delivery. Guidance is available in health to achieve this¹¹. Our general understanding of inactive groups¹² and those with disability, is that their own perception of their physical activity potential is one of the greatest barriers and this is exacerbated by a health culture of risk aversion. It is clear that unless we break down barriers all the provision of facilities and incentives will make little difference, particularly to the most inactive who are often in the greatest need. These are the mindsets we must both challenge to change and support in making the change.

Outcome Set 2: Organisations

To achieve the outcomes for organisations, those involved in delivery organisations and the professionals within them must ensure:

- relevant data is utilised to target those who have most to gain
- professionals in organisations consistently advocate and role model physical activity in daily life
- physical activity is prioritised and resourced
- the impact of physical activity interventions in achieving organisational targets is monitored, evaluated and shared

The organisations that we work with and for invest significant time and energy in policies, objectives, and physical environments that have major impacts on how we act. This strategy requires us to focus this system on these outcomes, to challenge what else the organisation can do to increase participation in physical activity.

Outcome Set 3: Culture

To achieve the cultural shift required, all of us with a connection to the physical activity system must ensure:

- the key message is consistently communicated that everyone can be physically active
- local social and physical settings that ensure equitable access to physical activity environments are commonplace
- physical activity partnerships work collaboratively to increase participation

Physical activity must become simply a part of how we conduct our everyday lives.

Each of these outcome sets contribute to impacting the physical activity behaviour of individuals. There is a balance to be struck between the work that must be undertaken collaboratively and independently across a range of partners, and that which requires focus and support within NHS London.

Five core themes have been identified to leverage the greatest impact offered by the Games to raise participation in physical activity. These themes provide the framework for the delivery of Go London:

1. Encouraging local usage of the 2012 ‘Festival Effect’
2. Energising Local Systems to Focus on Activity for 2012 Health Legacy
3. Targeting the Inactive to reduce levels of inactivity for 2012
4. Promoting physical activity for 2012 through Workplace Health & Wellbeing
5. Exploring the use of Incentivisation & New Technologies to get Londoners more active for 2012

It is no coincidence that these map closely to the four guiding principles of *Be Active Be Healthy* :

- Informing choice and promoting activity (1, 2, 4,5)
- Creating an active environment (2,4)
- Supporting those most at risk (1,3)
- Strengthening delivery (1,2,4)



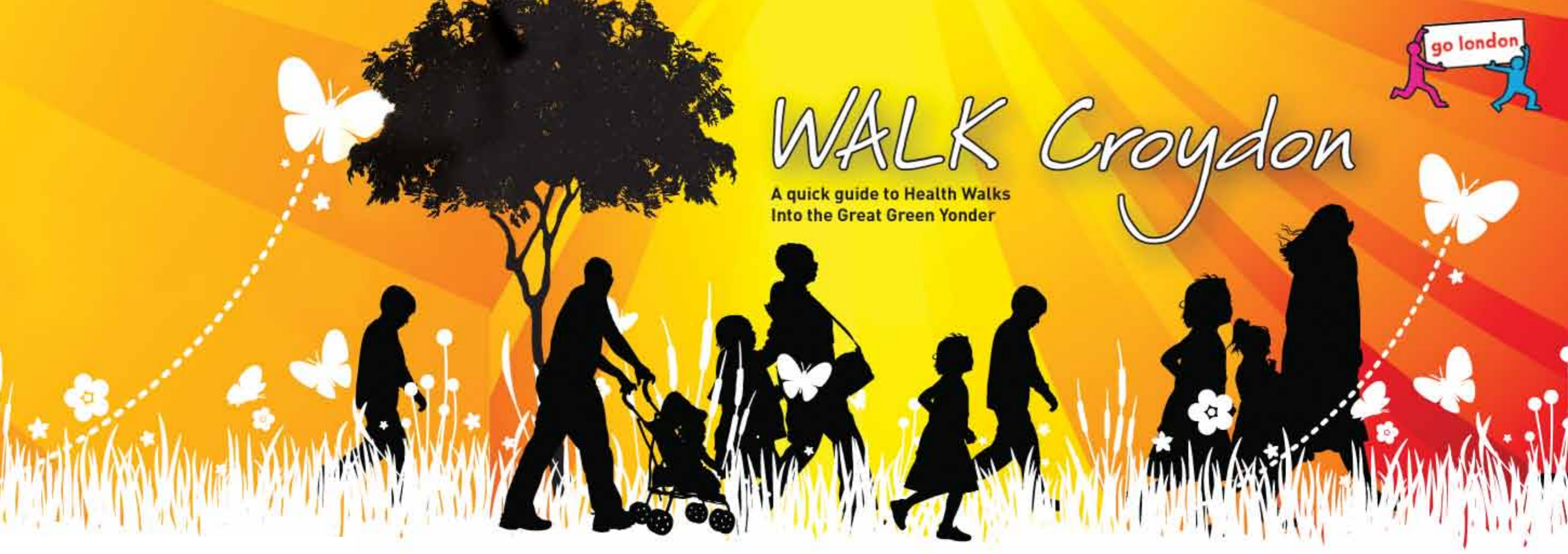
11. Department of Health (2008) *Ambitions for Health: A strategic framework for maximising the potential of social marketing and health-related behaviour*. London: Department of Health

12. Greater London Authority/ Sport England London Region/ London Sports Forum for Disabled People (2007) *Inclusive and Active – A sport and physical activity action plan for disabled people in London*. London: Greater London Authority



WALK Croydon

A quick guide to Health Walks
Into the Great Green Yonder



walk 4 life

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www.croydon.gov.uk

Delivering Go London : The five health
legacy themes for creating the desired
future in and beyond 2012

2

Delivering the Go London vision requires a concerted effort across a range of London organisations. To assist partners in prioritising their respective contributions and resources to greatest effect, this section reminds us of the value to organisations and society of contributing. It also makes clear the areas and tasks on which NHS London will lead through the five key themes, and the contributions needed from key partners. Case studies are included to demonstrate that the required best practice often already exists somewhere in London. Our challenge is to embed this everywhere in London and achieve the vision.

“Our Cultural Olympiad will widen the experience of 2012 beyond sports participation. It will enable those with talents in other areas to share the magic of having the Olympic and Paralympic Games in their own country.”

Lord Sebastian Coe¹⁶

The Five Themes

Theme 1: Encouraging local usage of the 2012 ‘Festival Effect’

In Chapter 1 we highlighted that three quarters of Londoners reported that they were not likely to become more active simply because the Games were being hosted in London¹³. Yet we have also said that the Games provides an opportunity to frame the ambition for a more active London within a unique national celebration. Our first strategy theme deals with this conundrum and works to link the power of the Games to physical activity for all. Witness the celebrations to mark winning the Rugby World Cup – sporting events awaken a desire to connect. It is up to us to associate this with personal physical activity and to convert to lasting behaviour change.

*SPEAR*¹⁴ identifies two potential opportunities to contribute to engaging people with physical activity, the Festival Effect and the Demonstration Effect. The most inclusive and relevant is the Festival Effect – “promoting the 2012 Games as a significant national celebration that transcends sport and is relevant to local (or cultural communities) with benefits of participation linked to community participation rather than health”. The Games will cause many people to at least consider physical activity – “the 2012 Games may have the most potential to stimulate contemplation of physical activity, particularly in the community, among non-participants”.

Go London encourages borough or community events to build on this contemplation, reflecting the value of a social context to help break down barriers to becoming active. How much easier is it to go to the leisure facility for the first time with a friend, to commit to running with a neighbour? The Cultural Olympiad offers many ideas and planned events to link to. It is focused on “encouraging participation and celebrating the many cultures that make up the UK”¹⁵.

Its aim is to inspire audiences and bring about lasting change. In 2008 at the open weekend alone, around 700,000 people enjoyed 655 events.

By connecting community Games events to physical activity and community fun we start to trigger people’s desire to become more active and healthy, to climb the staircase shown on page 15.

Sharing the magic...

This Festival Effect coexists with a “Demonstration Effect” – the Games stimulating an increased frequency of participation in sport of existing participants or rekindling interest of lapsed sport participants. The Go London focus on ‘Festival Effect’ provides a more appropriate foundation to introduce particularly inactive groups to a more active lifestyle. Consistent with the ambition to shift the whole participation curve, both effects must be skilfully utilised to avoid the perception of the Games representing only elite sport and further alienating the inactive population.

A ‘Festival Event’ could be a one-off gathering in a green space; it could be a series of activities embedded within local community organisations; it will have sport and physical activity co-existing with wider cultural context to maximise the feeling of celebration. The Mayor’s *Play Sport* funding programme and the Cultural Olympiad events can be accessed by community clubs and groups looking to establish such events¹⁷.

The aim is to create sustainable, long-term engagement. Many of those who are least active need help to get involved and stay involved after a celebration has passed. This has implications for planning and for resource, for example volunteers to motivate and support socially alongside sports coaches. Festival Events will require us to innovate beyond the scope of existing events.

13. Department for Culture, Media and Sport (2008) *Olympic Legacy Research Quantitative Report*. London: Department for Culture, Media and Sport
 14. SPEAR (Sport, Physical Education & Activity Research) (2009). *A Systematic Review of the Evidence Base for Developing a Physical Activity and Health Legacy from the London 2012 Olympic and Paralympic Games*.
 15. www.london2012.com 09/06/09
 16. www.london2012.com 09/06/09
 17. www.playsportlondonapplications.co.uk , www.london2012.com



CASE STUDY:

Walking Ambassadors

Go London's *Think Feet First* campaign worked with Natural England to deliver the Walking Ambassadors programme. Participating boroughs were able to bid for funding to promote a timetable of Walking the Way to Health (WHI) health walk schemes through media adverts, posters and stands in public places, such as libraries or shopping centres.

Over the designated two week period 195 walks took place, thirteen of which were new walks created especially for the campaign.

The evaluation showed all time high attendance with over a third of the participants being new walkers. Current indications are that this campaign will engage with around 10,000 people across the 17 Boroughs.

**THINK
FEET
FIRST** 

As we approach 2012 if we exploit the desire to be linked to the wider spirit of the Games, linking initiatives such as Go London walking campaigns, TfL cycling schemes, Change4Life, and the free swimming initiative, how many of us might set our own gold standard for health and activity before the opening ceremony?

Delivering local usage of the 2012 Festival Effect

NHS London will:

1. Assist boroughs and PCTs in identifying opportunities to scale up Festival Events and promote the health legacy message for London
2. Develop a best practice template and portal for Festival Events
3. Make Go London branding, co-branding and co-promoting available for events
4. Engage pan-London organisations on behalf of local areas where appropriate
5. Tailor social marketing and behaviour change techniques for the promotion of activity
6. Make the Go London roadshow marquee available for local community festivals

PCTs and partners should:

1. Hold local celebrations which are inclusive, culturally relevant and promote physical activity
2. Engage the local community in planning events
3. Leverage local partnership investment to stage events
4. Actively target the most inactive groups within local communities
5. Use relevant social marketing and behaviour change tools
6. Follow up "contemplators" after events to ensure behaviour change, not just awareness raising
7. Third sector organisations apply to the Mayor's *Play Sport* funding programme to host Go London festival events

CASE STUDY:

The Legacy Masterplan Framework – planning a legacy of active lifestyles for future residents of the Olympic Park

As part of the strategic regeneration plan for the five 'host' boroughs, a legacy masterplan framework will ensure that the regenerative effects associated with the Olympic development are maximised for the existing and future communities of the area.

The LMF acknowledges the key role planning takes in determining the structure and functioning of the physical, social and economic environment and therefore the role it plays in shaping the determinants of the health of populations. Planners are increasingly recognising the value of input from health specialists in these kinds of processes and local Directors of Public Health and their teams in London are increasingly trying to engage with planners to ensure proposals better address the key health issues affecting their population. It is in this spirit that health colleagues from the five boroughs have engaged in the LMF process to ensure access to high quality green spaces for all future residents of the Olympic Park are maximised, and that active travel routes are commonplace²⁰.

Theme 2: Energising Local Systems to focus on activity for 2012 health legacy

For Go London to be successful, individuals, organisations and London's wider culture, must value and respect the role that physical activity has in health and wellbeing – indeed in the quality of life for Londoners. Delivery of health outcomes requires more organisations and individuals to contribute than simply those directly connected with health. There is a distinct role for local authorities to play to pull through the requirement for more widespread activity and opportunity and to communicate its value. Local Area Agreements have to embed physical activity through the performance management of delivery. This pressure on the delivery pull through will be critical to accelerate the pace of change in activity levels.

Similarly there is a clear role for local authorities, those responsible for transport, safety and planning in how we design, manage and develop our environments to provide the opportunity and motivation for activity. This is particularly true for activities like cycling, walking and play.

The National Indicators identified by the Physical Activity Programme Board, listed in the diagram on page 39, are key levers. They make it clear that this is not a health issue alone. Those responsible for stimulating and providing appropriate "supply" side opportunities - making accessible, safe and good quality leisure facilities, green spaces, walking or cycling routes available to all London's communities must ensure they engage with PCTs and other partners effectively through mechanisms such as the Joint Strategic Needs Assessments. Local development frameworks and governance or scrutiny processes give us all routes to be involved to develop an effective society-wide health system, by ensuring for example that planning decisions favour active travel routes over car parking and that crime and disorder reduction partnerships are addressing the safety issues that

create barriers to people walking in their own localities or using physical activity as a diversionary activity for young people. A renewed focus on ensuring that those who can most benefit from these facilities requires partnerships such as Community Sport and Physical Activity Networks (CSPANs) to enable health professionals to signpost people to the most valuable and accessible opportunities in their local community

The NHS, PCTs and primary care staff have a role to play in catalysing demand for activity among patients and employees. Many of the 200,000 patients daily attending appointments in London, are inactive and have chronic conditions that would benefit from physical activity. Evidence shows that primary care and, in particular, trusted and known health professionals can effectively deliver health and wellbeing messages to patients¹⁸. Primary care also has almost unique coverage and influence across groups who experience exclusion and inequality in other contexts. Primary care must use this influence to pull demand for physical activity through the system. It will only do this with strong local strategic and commissioning support from PCTs and effective Joint Strategic Needs Assessments.

New national Care Pathway programmes around brief intervention, weight management and vascular risk assessment are emerging, and physical activity must be a commissioned and core component. NHS London has a key role to play here in performance managing PCTs through the Commissioning Strategy Plan, and using this to integrate physical activity objectives into services.

Our audit of PCTs illustrated that momentum is building across London Trusts on physical activity¹⁹. We must now lead more rigorous and strategic processes to deliver the step change in physical activity that constitutes a health legacy. The Go London brand and festival events focus can be used to build this momentum towards the 2012 Games.

Delivering the local systems to focus on activity for 2012 health legacy

NHS London will:

1. Employ commissioning and performance management levers to ensure physical activity is built into the range of preventative and treatment services offered by the NHS (clinical practice and service delivery). It will be anticipated that PCTs have considered development and inclusion of local targets for improvement within their CSPs and that these feature in corresponding Operating and Medium Term Financial plans
2. Identify and work to remove barriers to the roll out of the *Let's Get Moving* Physical Activity Care Pathway
3. Ensure annual self-audits by PCTs against a Physical Activity Stepwise framework and implementation of the arising action plans
4. Provide support for PCTs and Primary Care Organisations to cause a step change in the activity of its own workforce
5. Create a peer network of key NHS and local authority personnel with a specific accountability for physical activity that innovates to share best practice, enhance skills, build confidence and peer review performance. It should also be evident that developing sector wide initiatives has been considered
6. Support each PCT in developing a clear understanding of the benefits of investments in physical activity initiatives as the basis for business cases and determination of local priorities for investment
7. Collaborate with the Mayor's *A Sporting Future for London* team



18. Ellins & Coulter (2007) *Effectiveness of strategies for informing, educating, and involving patients*. BMJ: 335

19. Cavill Associates on behalf of London Regional Public Health Group/ NHS London/

Sport England (2008) *Audit of Physical Activity Provision by Primary Care Trusts in London*

20. Health Impact Assessment of the Base Plan of the Legacy Masterplan Framework – February 2009 – www.legacy-now.co.uk

CASE STUDY:

Let's Get Moving

Let's Get Moving - a physical activity care pathway developed by the London Physical Activity for Health Coordinator team - targets patients aged 16–74, most at risk of ill health and chronic disease due to inactive lifestyles. Building on NICE Guidance, health professionals triage patients around physical activity and set goals for a brief intervention with patient follow-up at three months with those who would benefit from being more active.

Recommended activities include physical activity and sport and are either self-directed (such as walking more often or at a higher intensity) or structured (such as local leisure centre classes). The partnership between health care providers, local authority departments and local community led organisations maximises impact.



The DH feasibility pilot has been delivered across 14 London surgeries. Go London will maximise the London impact of national roll-out in 2009 and embed this service in primary care by 2012.

PCTs and local partners should:

1. Audit provision and priority of physical activity with the Stepwise Framework
2. Integrate promotion of physical activity into local strategy and policy, targeting change both within and outside of public health
3. Develop workforce capacity for planning, implementing, monitoring and evaluating physical activity promotion and interventions
4. Ensure that health professionals have the knowledge and skills to advise Londoners on health benefits.
5. Ensure public facing material provided by the NHS correctly informs Londoners about the health benefits of physical activity
6. Actively contribute to system-wide learning and review to ensure Go London builds momentum
7. Use existing societal improvement and change partnerships to address incentives and barriers to physical activity eg Crime & Disorder Reduction Partnerships, planning decisions, safety and environmental barriers

Theme 3: Targeting the inactive to reduce inactivity levels by 2012

It is a shocking statistic that nearly 50% of the adult population of London are inactive. For a shift in activity to be achieved across the entire population, the Go London movement must focus disproportionately more attention on those who are inactive. By doing so we take a positive step towards tackling health inequalities. However, we cannot assume that all those who are inactive have the same reasons for inactivity or motivations to become active.

The Sport England segmentation work helps us to identify who in the population is most likely to be inactive²¹.

- Older adults
- Females
- Lower social classes, classified demographically as NS SEC 5-8
- Disabled people with limiting illness
- Black and ethnic minorities (BME)

By taking a focused approach towards those who are more likely to be inactive, we can raise participation with those who have the most to gain.

Market segmentation supports us in understanding local populations in order to ensure effective promotion, messaging and targeted reduction of barriers to physical activity. Some government sponsored segmentation work, for example obesity social marketing and Change4Life, take a particular focus on weight and health to classify target segments. This provides an opportunity for localities with a significant proportion of people who map to these segments to link Go London with Change4Life in holding Festival Events to ensure appropriate and consistent messaging.

The Sport England segmentation focuses on key drivers to sports and active recreation behaviour and attitudes. It is therefore most consistent with the Go London strategy and is a helpful start point for a segmentation of London boroughs in order to target resource most effectively for inactive groups. Most of the nineteen segments include a proportion of people from priority groups.

By focusing on the segments which contain higher proportions of priority groups, we will also be raising participation amongst these sectors of society²².

In terms of disability, this strategy advocates a focus on mainstream inclusion of disabled people as opposed to either separate specialist provision or mainstream providers running exclusive activities for disabled people. This is in line with the ethos and ideology of *Inclusive and Active* - the London-wide plan for the increase of participation by disabled people - and in full support of the position endorsed by London Sports Forum for Disabled People. However, the Paralympics offers to inspire people with disabilities to become more active and break down some perceived barriers to participation and Go London recommends the promotion of the "Olympics and Paralympics" for Festival Events. The Mayor's *A Sporting Future for London* plan champions similar themes, promoting a much broader range of opportunities for the disabled, for example "Mobile swimming pools, boxing academies, street athletics in every borough and competitive sport for profoundly disabled children are all key elements of the Mayor's vision to create a fitter, healthier, more active London"²³.

Each of these approaches look in detail at a combination of attitudes, lifestyle behaviours and settings to identify groups with greater barriers (actual and perceived) to lifestyle changes. In these groups there is also a higher prevalence of smoking and obesity. The greater the health risks in a sub-population, the more there is to gain from physical activity and the greater need to focus on everyday activity. This all highlights the need to focus more attention and specific understanding on these and other segments with greater health inequalities. The Promoting Physical Activity Toolkit and website – www.promotingactivitytoolkit.com – is already available to provide marketing tools and assist in the application of social marketing research. This systematic and planned approach to the development of physical activity services that effectively target specific segments of the population has already received extremely positive feedback.

Although motivating individuals to start being physically active is important we must enable individuals to be habitually active across the life course for our vision to be sustainable. This requires stronger pathways for physical activity for all abilities and interests and the widest possible physical activity menu. This lifelong inclusion in activity for many will be dependent on the motivational links provided through the social context of activity – making friends, being social and committing to others to attend or participate. The themes of Festival Effect and Targeting the Inactive are complementary. In fact for those experiencing health inequalities, mental health or social inclusion issues the Festival Events can also influence those who work with clients and change their perceptions of their clients' capabilities and motivations.

21. http://www.sportengland.org/index/get_resources/research/se_market_segmentation.htm 11/06/09

22. http://www.sportengland.org/index/get_resources/research/segmentation_main_page/segments_and_priority_groups.htm 11/06/09

23. Greater London Authority (2009). *A Sporting Future for London*. London: GLA

'Some activity lends itself particularly well to social interaction and the less physically able, for example walking or play.'

Go London has taken walking as an early focus. Walking is key to our individual functionality and independence, it is one of the first activities a child tries to do and the last activity an ageing adult wants to give up. It is one of the most accessible forms of physical activity for Londoners and is the start often of the pathway that encourages individuals to engage in other types of physical activity, thus moving people up our physical activity staircase.

Walking is in fact, the most popular recreational activity in the UK²⁴ and is increasingly a popular mode of transport²⁵. Motivations to walk are varied including saving money on travel, reducing carbon footprint, quality time with kids, losing weight etc. This highlights the need for targeted messaging to know

what will motivate specific inactive groups. Walking, alongside cycling have already been prioritised by the mayor and by Transport for London and provide good examples of where objectives around inclusivity, environment, congestion, health all come together in a shared outcome focus.

Using Go London branding represents inclusivity and access for the most inactive, as a support to breaking health inequalities. Linking local programmes and Festival Events, with Go London branding offers an opportunity to link social, Games and health motivational factors – for all.

24. Sport England (2008) *Active People Survey 2: national results*. http://www.sportengland.org/aps2_results_national.htm

25. *Travel in London- key trends and developments Report no. 1 TfL 2009*





CASE STUDY:

NHS Camden's Dr Walking Maps

The project uses well designed maps to show people where they can walk, and to encourage them to improve their fitness.

The walks are designed to offer different experiences including the "stress buster" and health walks offering opportunities to walk at a brisk speed and improve fitness.

Community consultation is key to the success of this project. Once identified routes are audited to check they are interesting, and feel safe, as well

as to identify any potential barriers such as steep gradients or steps. Maps are then individually drawn providing clear, easy to follow routes without the need for written directions. Locally significant landmarks are shown to help navigation.

The maps are published in a tear-off pad form, and are 'prescribed' by GPs and health professionals. They can also be picked up in waiting rooms, clinics and community centres. Local businesses can also use them to encourage lunch-time walks.

The project is being evaluated, early findings are positive with the maps proving popular and effective.

Targeting the inactive to reduce inactivity levels by 2012

NHS London will:

1. Deliver joint policies with regional partners to target the inactive
2. Support localities to target inactive groups with specific physical activity using segmentation data, social marketing tools and relevant information for that group through the online Physical Activity Toolkit www.promotingactivitytoolkit.com
3. Partner with pan-London organisations to raise the profile of walking
4. Seek funding and lead pan-London media campaigns around walking, developing *Think Feet First* as a Go London sub-brand
5. Collaborate with the Mayor's *A Sporting Future for London* team

PCTs and partners should:

1. Make the three *Inclusive and Active* commitments – available at http://www.londonsportsforum.org.uk/inclusive_active.php
2. Consistent with the assessment of local needs and determination of priorities review business cases to reallocate and increase spend on the promotion and provision of physical activity for those who are the most inactive
3. Ensure that all physical activity provision is sufficiently inclusive for those who are inactive, returning to activity, have chronic conditions or have an impairment

4. Ensure that fitness facilities are IFI (Inclusive Fitness Initiative) accredited²⁶.
5. Prioritise physical activity through Local Strategic Partnerships within Community Strategy Plans and PCT Commissioning Plans
6. Work with local partners to identify community leaders and community workers to become Walking Ambassadors (lead and champion community walking)
7. Identify senior physical activity ambassadors across the organisation and ensure they actively champion the agenda, engage the workforce and influence policy environments
8. Create and improve environments that encourage, and are safe and secure for physical activity
9. Raise physical activity profile in workplace health policy and active travel plans

Theme 4: Promoting physical activity for 2012 through workplace health and wellbeing

Nearly three quarters of the working age population are in employment. This represents a huge opportunity for the promotion of health and wellbeing. Recent national policies emphasise this connection²⁷, and a growing body of research supports the effectiveness of workplace interventions' impact on a wide range of health risk factors²⁸.

26. Greater London Authority/ Sport England London Region/ London Sports Forum for Disabled People (2007) *Inclusive and Active – A sport and physical activity action plan for disabled people in London*. London: Greater London Authority

27. Department of Health (2004) *Choosing Health: Making Healthier Choices Easier*. London: Department of Health; Department of Health and Department for Children, Schools and Families (2008) *Healthy Weight, Healthy Lives: A cross-government strategy for England*. London: HM Government; Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government

28. Mills, PR, Kessler, RC, Cooper, J and Sullivan, S. (2007) *Impact of a Health Promotion Programme on Employee Health Risks and Work Productivity*; Bell K, Richardson L, McCullough L, Greaves L. (2007) *Rapid review: workplace interventions to promote smoking cessation*. National Institute of Clinical Excellence

Workplace health and wellbeing offers many benefits for organisations. There is growing evidence that a range of economic benefits result from employee wellbeing programmes. These include reduced sickness absence, increased productivity and performance as a result of increases in staff motivation and morale, and improved staff recruitment & retention²⁹. The cumulative result of such changes is a fitter, happier workforce and improved customer service.

There is already a high level of support, interest and enthusiasm from public, private and third sector organisations in relation to developing and delivering this ambition. However, these pockets of good practice may mask the scale of organisational culture change required to fully unlock benefits of healthy active workplaces. Too frequently individuals cite examples where schemes exist, but senior level operators neither lead by example nor support the practices with their own behaviours – eg still prioritise work task deadlines over lunchtime physical activity. We have the opportunity now to use the Games as a focal point to get workplaces in London fit for the Go London ambition.

To make this step change in the contribution that workplace health and wellbeing can make to a more active London, all employers must make it a long-term policy priority and dedicate staff and financial resource.

The NHS itself employs over 175,000 staff in London – one of the largest single employers in the capital – and as such has both a responsibility; some may argue duty, and also an opportunity to take the lead with healthy, active workplaces. A positive example set by the NHS supports the initiatives of other statutory, commercial and third sector organisations that are seeking to address workplace wellness issues. Early consultation with stakeholders consistently raised the argument “if employees in the health system are not fit, what incentive or example is this for others?”

The Go London focus within the NHS will be to continually set the leadership example. First, to be an exemplar in workplace health, and in the short term, make the Games connection for added momentum and secondly to both learn from other organisations in order to develop the workplace health agenda and to disseminate its own learning. In so doing we aim to inspire, support and challenge the organisations around us to do the same.

Delivering promoting physical activity for 2012 through workforce health and wellbeing

NHS London will:

1. Continue to advocate healthy active workplaces as a key priority for the NHS and stakeholders
2. Produce guidance that identifies the evidence, business case and benefits of investing in healthy active workplaces
3. Explore the possibility of developing a healthy active workplace kitemark for London
4. Share learning and good practice both within and outside of the NHS

PCTs and local partners should:

1. Demonstrate senior management commitment and championing of the agenda within the organisation
2. Take action to develop workplace environments that promote and facilitate physical activity
3. Promote active travel through workplace travel plans
4. Action should be sustainable and informed by NICE guidance and employee needs



CASE STUDY:

The Community Chest.

London's NHS trusts have enthusiasm, motivation and interest to ensure workplaces offering employees healthy active lifestyle choices. To catalyse trusts to take greater action on the run up to 2012, NHS London initiated the Community Chest Grant Fund in February 2009. Trusts could apply for funding of up to £5,000 to enable them to overcome some of the barriers that might have prevented action that supports a healthy and active workplace.

The suite of initiatives implemented included;

- *Taking a step in time*; NHS Redbridge provided staff with pedometers so that they could participate in a “walking around the world” challenge

- *Cycle maps for staff*; The Royal Free Hospital produced maps of safe cycling routes between trust sites
- *Walking out*; NHS Lambeth developed walking routes around its 3 office localities of 0.5 and 1 mile in distance. The circular routes are promoted to staff to use as lunch time walking routes.
- *Pool bikes*; NHS Harrow purchased pool bikes and installed cycle racks to encourage staff to cycle to work and to meetings
- *Climbing high for success*; Kings College Hospital placed posters on all of their stairs stating how many calories are burnt by walking up the stairs. The hospital has an eight floor tower block so the challenge was high!

29. Pricewaterhouse Coopers (2008) *Building the case for wellness*; DWP Chartered Institute of Personnel and Development (2007). *Absence Management: annual survey report*. www.cipd.org.uk



CASE STUDY:

Free Swimming Initiative

Swimming is the most popular participation activity in the UK after walking, with at least 20 million people in England swimming each year. It has clear health and social benefits, universal appeal and low barriers to participation. In June 2008 the Government announced a £140 million investment in the Free Swimming Programme, a cross-government initiative that builds on innovation and supports local authorities' existing commitment to swimming (*Be Active Be Healthy* 2009).

From April 2009, 32 of the 33 London councils have started to offer free swimming as part of this initiative. Of these, 24 are offering free swimming

to those aged 60 and over plus those aged 16 and under. The remaining 8 are making the offer available to the 60 and over group only. The initiative has also made capital grants available for improving and modernising pool provision - in London the boroughs of Southwark and Harrow have received grants of over £1 million for this purpose. A further four boroughs have received smaller grants.

Before this initiative the number of local councils in England offering any form of year-round free swimming was barely in double figures. Removing the cost barrier has clearly got more people going to the pool. As the evaluation data becomes available we will understand the impact of this new initiative on behaviour change.

Theme 5: Exploring the use of incentivisation and new technologies to get Londoners more active for 2012

Cost and time are the most frequently cited barriers to activity. Both the DCMS and DH in respective recent documents³⁰ support the need to remove barriers and create incentives which encourage individuals to become more physically active. A high profile illustration of such a philosophy is the current initiative around free swimming for under 16s and over 60s.

Kings Fund investigated the impact of incentives in encouraging people to change their behaviour and concluded that the existing evidence base is too limited to identify the exact conditions under which incentives are most effective³¹. However, the research did show that incentives are effective in encouraging people to perform clearly defined, time-limited tasks

and in encouraging participation in programmes which bring about healthier lifestyles.

Behaviour change studies emphasise the need to repeat patterns to establish new habits. Frequency-based reward and incentive systems attempt to reinforce the establishments of new habits. Markers and targets are also recognised as important. Go London will look at the role the 2012 Games can play as a marker or goal for an incentive programme.

In tandem with innovation around targeted incentivisation, the possibilities around new technologies should also be explored. Developments in information communication technology continue to open up many new ways to engage, motivate and track population physical activity and it is an ambition of Go London to explore this potential.

Exploring the use of incentives and new technology to get Londoners more active for 2012

NHS London will:

1. Explore fiscal policy that may support participation in physical activity, this will include examining options at various levels in the system such as the use of personal health budgets or direct payments and delegated budgets to Practice Based Commissioners
2. Improve our knowledge of what incentives work for individuals in achieving changes in physical activity behaviour by piloting and evaluating a range of different approaches to encourage physical activity. We will share this information with all London PCTs and key stakeholders.

3. Work with the new National Physical Activity Alliance to create partnerships with relevant organisations outside of government, particularly in the commercial sector.

4. Explore and scope a multi agency funded pan-London innovative Go London scheme

PCTs and partners should:

1. Consider local incentivisation for walking and cycling and other physical activity integrated into organisational travel plan/ policy
2. Share best practice and learning from local interventions that seek to explore relationships between incentivisation and physical activity behaviour change.

30. Department of Health and Department for Children, Schools and Families (2008) *Healthy Weight, Healthy Lives: A cross-government strategy for England*. London: HM Government; Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government

31. Jochelson (2007). *Paying the Patient: Improving Health Using Financial Incentives*. London: Kings Fund

The Delivery Infrastructure

Be Active Be Healthy provides an illustration of the delivery infrastructure for achieving the National 2 million target. This has been adapted below to show how the Go London Programme links to galvanise the system into cohesive action, utilising and strengthening existing partnerships including the Pro-Actives, Community Sport and Physical Activity Networks and Local Strategic Partnerships.

Delivery infrastructure for physical activity

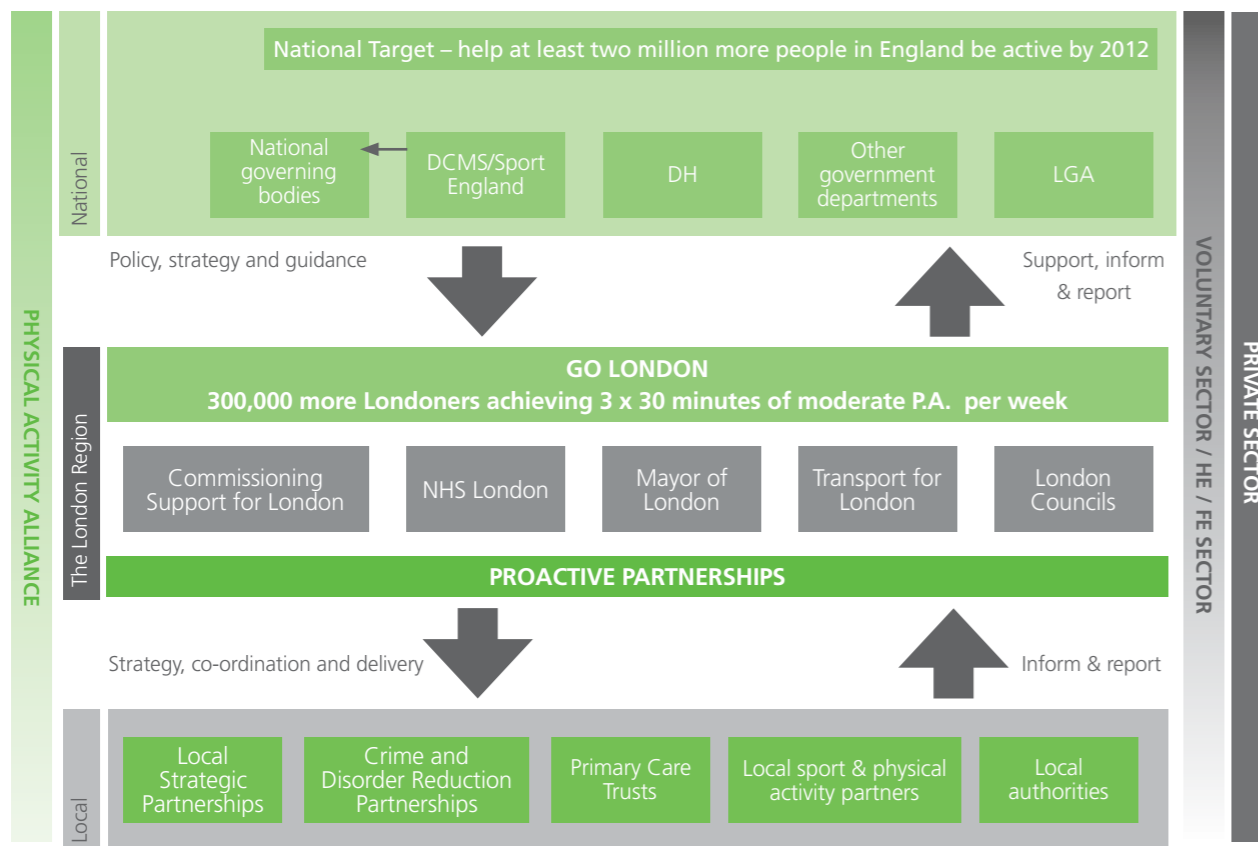
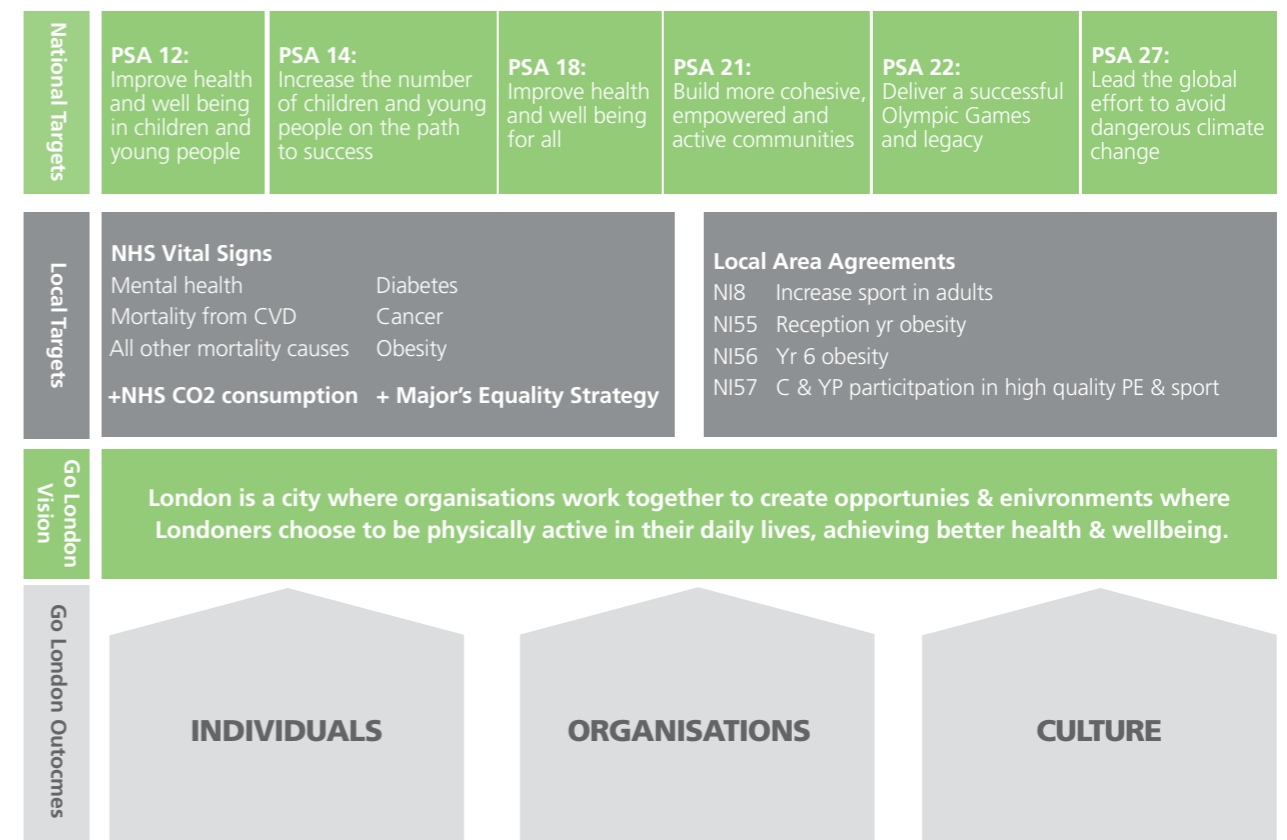


Figure 3: Delivery infrastructure for achieving the 2 million target

These organisations and partnerships are managed and monitored to tight targets, exacting standards and with constrained budgets. It is often easy to focus narrowly on short term organisation targets which deliver performance results, but not necessarily population results. The diagram opposite illustrates the connection between physical activity as a vehicle to achieve a range of vital signs and other indicators.



The benefits are significant and varied, but can only be fully realised at population level by all organisations and participants aligning to change the entire system, rather than simply making changes in the component parts.



The Go London Milestone Map

3

The next three years will be an exciting time and a great opportunity to join together to deliver the projects and services that will take us along the path to achieving the vision for a more physically active London in and beyond 2012. The momentum has already started and the following map illustrates some of the key milestones for NHS London and key stakeholders over the next three years.

This map is our 'starter for ten' and will develop over the next three years. NHS London's 2012 programme team will keep this map live by collating information and updating the map every six months and circulating it by email to all Go London stakeholders. If you would like your project/ programme added to the map please contact us at golondon@london.nhs.uk





Appendix A

The theoretical base of the strategy



The case for physical activity

Health Issues

There is now strong and widely shared evidence that physical inactivity ranks alongside obesity, high blood pressure, high blood sugar and lipids, and cigarette smoking as a risk factor for the epidemics of the 21st Century such as cancer, cardio vascular disease and heart disease³².

Currently in London one in six adults and one in five of London's 10-11 year olds are obese³³. Obesity prevalence is predicted to continue to rise and it is estimated by 2050 over half of the population will be obese. This increase in obesity will lead to a substantial increase in both the amount of chronic disease and the cost.

Recently, it has been reported that a third of all deaths within the UK are a result of diseases linked to physical inactivity³⁴. This report claims that in 2003/04 over 35,000 deaths could have been directly avoided if the population achieved the recommended physical activity levels. Increasing population physical activity levels holds two fold benefits: it can improve an individual's quality of life by reducing the risk of premature mortality or morbidity from diseases associated with inactivity. It also reduces the direct burden of cost currently underwritten by the NHS and estimated to be in the region of £1.06 billion per annum. By achieving a 10% increase in adult activity we could save about 6000 lives and at least £500m a year. The net result of these health issues for London is that the average annual cost of physical inactivity to PCTs in London is £105 million³⁵.

The benefits of physical activity

Where physical activity is different from the other risk factors is that by becoming more active, it not only reduces the risks of heart disease, stroke and some cancers on its own account, but it has a multiplier effect³⁶:

- ✓ reduces blood pressure, blood lipids, blood sugar
- ✓ reduces obesity
- ✓ has both a direct and indirect impact on mental health problems per se and pressures of lifestyle for those with chronic disease

Health Inequalities

UK population trends illustrate an inequity in physical activity levels with age. We also know that inequalities in physical activity exist; between men and women, within different social and ethnic groupings and in disabled groups. 1.8 million Londoners class themselves as disabled and 78.3% of them do no sport or physical activity as a pose to 47.5% of the 'able' population³⁷. Wheelchair users account for just 3% of the disabled population so it is not about physical access issues for most.

Individuals with a low economic status record lower participation in sports and physical activities such as walking, than those in the higher income groups. Low educational attainment also is associated with this inequity within men and women³⁸.

Why the NHS should act now

Despite the strong case for increased activity, the NHS has only recently begun to promote physical activity alongside other risk reduction methods. This move has been supported by publications by the CMO and DH which emphasise the benefits of increased activity³⁹. Yet even with an evidence base that continues to be strengthened the focus on delivery within the healthcare system remains treatment orientated⁴⁰.

However society continues to change. We have more varied and convenient lifestyle choices and our healthcare challenges are becoming increasingly focused on long term, chronic disease - often related to behaviours such as diet, smoking and inactive lifestyle. As highlighted within the Darzi report a continued shift in culture is required towards prevention.

Focus has begun to shift towards prevention of illness and promotion of well-being in the community far from the hospital bed and is starting to orient more towards the lifestyle choices people make. We have within the health system delivery access for this culture change. The average adult within England attends a consultation with either a GP or other healthcare professional (HCP) four times a year⁴¹. In addition, family doctors and HCPs are ranked as the preferred source of health information⁴². Therefore the primary care setting can be seen as an opportune place to raise the issue of physical inactivity.

32. Department of Health (2004) *At least five a week: evidence on the impact of physical activity and its relationship to health*. London: Department of Health

33. Government Office for Science (2008) *Tackling Obesity: Future Choices*. London: Government Office for Science

34. Allender, Foster, Scarborough, Rayner (2007) *The burden of physical activity-related ill health in the UK*. Journal of Epidemiol and Community Health 61

35. Department of Health (2009) *Be Active, Be Healthy London: Department of Health*

36. Department of Health (2004) *At least five a week: evidence on the impact of physical activity and its relationship to health*. London: Department of Health

37. Sport England (2008) *Active People Survey 2: national results*. http://www.sportengland.org/aps2_results_national.htm

38. Sport England (2008) *Active People Survey 2: national results*. http://www.sportengland.org/aps2_results_national.htm

39. Department of Health (2004) *At least five a week: evidence on the impact of physical activity and its relationship to health*. London, Department of Health; Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. London: HM Government. Ellins & Coulter (2007)

40. Darzi A (2008) *High Quality Care for All*. London: Department of Health

41. www.statistics.gov.uk 11/06/09

42. Ellins & Coulter (2007) *Effectiveness of strategies for informing, educating, and involving patients*. BMJ: 335

However, although this is the case and healthcare professionals view the provision of general health promotion advice as a valuable part of their role, many face factors that both facilitate and constrain their ability to carry this role out effectively. Factors including time, belief in the patient's commitment to become active and a healthcare professional's own physical activity behaviour⁴³ constrain the time and focus given to physical activity and health in a consultation.

The NHS occupies a unique position, having direct contact with many people who would benefit most from increased physical activity and it is time for the NHS to lead this change in London. 150,000 consultations take place each day in the capital. 50 million prescriptions and 200 million letters and appointments are issued each year to Londoners. It is time for the NHS to promote exercise through every means at its disposal. However, this prompt alone will not change the landscape of physical activity. People need access to facilities, encouragement and motivational support to start and to sustain physical activity, confidence that their environments are safe, that their colleagues, families, workplaces will support them and many other supports and levers to change their habits of a lifetime. We must all join together to provide well supported routes to physical activity and better health for all.

PCT investment in physical activity has increased from 19p per capita in 2007/8 to 85p per capita in 2008/9. A further shift in per capita spend has the potential to recoup not only a significant portion of the DH identified direct costs of inactivity, but a host of potential further health and economic benefits.

It is for each organisation to take this general case and make the specific case for its own reallocation of budget. NHS London is working to provide guidance for PCTs to support this process in the health sector. In making this specific case, organisations can now be confident that the Health System is taking clear leadership on the physical activity recommendation of "5 times 30". NHS London is also taking an active role in catalysing London wide population behaviour and culture change to effect public health improvement. But, we can only deliver the full outcomes and vision in with renewed collaboration as detailed in Chapter 2.

The National Context

Be Active, Be Healthy establishes a new framework for the delivery of physical activity aligned with sport. It emphasises the Legacy Action Plan or LAP target that aims to get 2 million more adults active. That is to say those adults aged 16+ achieving three sessions of at least 30 minutes of at least moderate intensity activity per week. The 2 million target will measure change across sport, active recreation and active travel.

In addition, and distinct from, the overall LAP target, *Be Active Be Healthy* sets out a commitment to shift the whole curve of adult physical activity to realise a wider health legacy (graphic to shift the curve). These commitments are:

- To have lifted 1 million people out of inactivity by reducing the proportion of the population classified as inactive (achieving 30 minutes of continuous physical activity on less than one day per week)
- To have helped 200,000 more people to realise the general health benefits of physical activity and meet the CMO's recommendation of 5 x 30.

What this means for Go London

Go London is the capital's response to this call to arms, a drive to focus on the immediacy of the health legacy of the Games. In line with BABH, the focus is therefore on the adult population (16+). Children and young people's physical activity behaviour is already the focus of many school and community projects. Go London will look to connect this with their parents', grandparents' and community role models' physical activity. Where possible we must also maximise the "pester power" of children to inspire adult activity, but the direct focus of Go London is on adults, and children in the context of the family.

The Go London ambition is that Londoners understand and strive for the CMO's recommendation for 5 x 30 minutes of continuous physical activity per week and contributes to the national target of ensuring 2 million more people active by 2012.

We must all communicate this ambition publically and consistently to achieve the required clarity of

expectation. However, from the current position of nearly 50% of Londoners not achieving one session of 30 minutes per week, we must set some more explicit indicators that enable us to monitor progress towards vision. These are captured in the box below:

Go London's 2012 Ambition:

- Lift 150,000 people out of inactivity by 2012
- Have 300,000 people more active by 2012
- Ensure 30,000 more people achieve the CMO recommendation (5x30) by 2012

Defining the ambition

Indicator 1: "Lifting" – This means that we must reduce the proportion of the population achieving 30 minutes of continuous physical activity on less than one day a week

AND

Indicator 2: "More active" – this means that we must increase the number of those aged 16+ achieving 3 sessions of at least 30 minutes of at least moderate intensity physical activity a week

AND

Indicator 3: "Achieve the recommendation" – this means that we must increase the total number of people achieving the full recommendation.



43. Douglas, van Teijlingen, Torrance et al., 2006 (2006). Primary care staff's views and experiences related to routinely advising patients about physical activity. BMC Public Health, Volume 6



This ambition represents the concept of “shifting the curve” – at all levels there will be movement. For some individuals this will be achieved by a move into sport or taking up a new sport, for others it will be going for a regular walk or dance, or active playing with children. In this context the strategy complements the Mayor’s *A Sporting Future for London* with its emphasis on driving up participation in the most inactive groups.

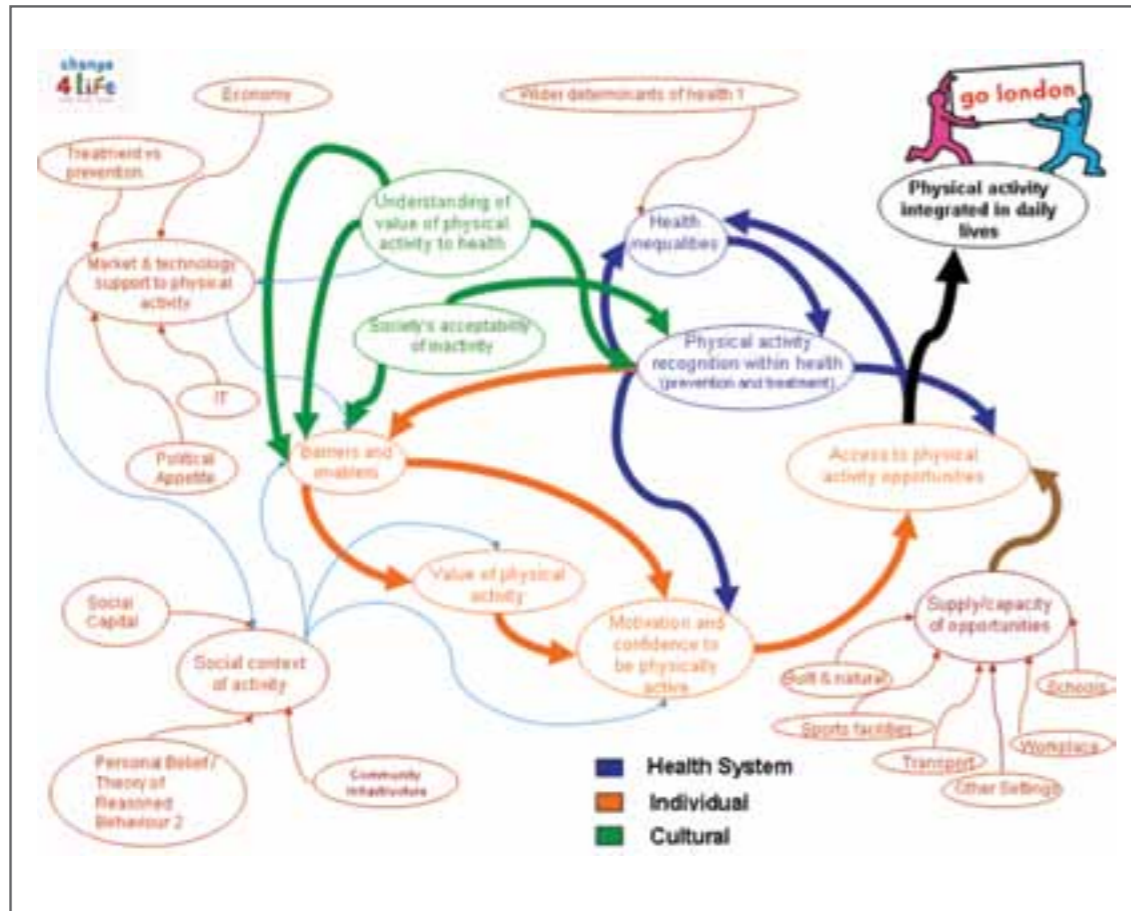
These indicators will be measured in the *Active People* annual survey.

Where are we now?

Every day individuals are presented with opportunities to be physically active. However, currently almost half of Londoners are choosing not to be active at all. Some of these choices may be unconscious – every day we see people who stand on the right of the escalator rather than walk on the left, some maybe do this out of habit rather than conscious choice. We see large numbers of parents taking their children to school in the car.

Whether these are conscious or unconscious choices or habits, this level of physical inactivity prevalence directly costs the NHS in London £105 million per year through avoidable illness caused by CVD, diabetes and loss of functional capacity. It also predisposes those inactive individuals to up to a doubling of risk of coronary heart disease, diabetes and stroke, while increasing their risk of hypertension, obesity, hyperglycaemia, breast cancer and colon cancer.

Why when the rationale for activity appears so compelling, would people remain inactive? The work of the strategy team has drawn on the Foresight obesity mapping work and wider research into the social and environmental determinants of health to examine the key influences on an individual’s commitment to being physically active and surface the implications for interventions.



Key Variables

The system map opposite shows that individuals' decisions to become physically active and to maintain activity are influenced at three major levels:

- individual motivation and choices (orange)
 - levels of health inequality (blue)
 - the wider cultural acceptance and understanding of the value of activity (green)
- Individual motivation and choices (**ORANGE**): We are all subject to a variety of pressures for time and money. We all have our own perceptions of body image and levels of confidence about our physical abilities. We all have impressions of how "sporty" or not-sporty we are. These individual barriers and enablers affect our motivation and commitment to commence and/ or sustain activity for health. Tapping into the positive motivators and enablers and overcoming barriers is required for each individual to achieve their goals.

Of course it is not possible for organisations to target every individual uniquely, so we must take advantage of existing segmentation and consumer behaviour understanding in order to communicate effectively with audiences, and subsequently deliver targeted interventions informed by segmentation data. We can already see evidence that this is being done effectively in many areas, but suggest that these techniques become more widely and expertly applied. In this context Go London will work closely alongside Change 4 Life and Sport England - utilising the same segment understanding. Marketing is only one lever to influence behaviour, incentives for behaviour change and specific 1:1 interventions such as motivational interviewing, as suggested in the Let's Get Moving Physical Activity Toolkit, also form part of the change equation.

- Physical Activity recognition in the health system and levels of health inequality (**BLUE**): Physical inactivity levels are higher in populations with greater health inequalities. Those who are already disadvantaged have greater barriers to overcome in order to become more active – ie additional barriers to the orange loop described above. The implication for a physical activity strategy is that those with health inequalities must be offered greater motivational support and encouragement. The health system must engage closely with those organisations and individuals who support people with greatest health inequalities.
- Wider cultural acceptance and value of physical activity (**GREEN**): Study of effective change within populations shows the importance of social acceptance and support for activity. While in some circles physical activity is valued these are notably, though not exclusively, in more affluent, socially mobile segments of society. Indeed fitness has become associated with cost – the kit, the gym membership etc. Yet those with the most to gain from some increase in activity value and prioritise it less and feel like the perceived barriers are greater.

Analysis of other public health issues may offer some insight here. One of the important lessons from efforts to reduce smoking and alcohol consumption is the length of time taken to change public acceptability and the effectiveness of different interventions from information to regulation. While there are some parallels with smoking and alcohol, it is widely believed that stigmatising inactivity is not effective.

This has three implications for strategy:

1. Because the barriers and motivators are different for different segments of the population, social marketing techniques must be utilised to influence opinion and reset social norms effectively for defined groups. However, these seeds will be more effective on already fertile ground and alone may be insufficient. Most stakeholders consulted accepted the need for pan-London campaigns to coexist with parallel specific setting communications and for one universal message to be continually repeated and reinforced by all involved. This strategy recommends the continual reinforcement of the CMO recommendation that adults undertake thirty minutes of at least moderate intensity activity a day on at least 5 days of the week (5x30) AND an explanation that a step towards this (eg 0 to 1x30) is a step in the right direction (see step diagram). Simultaneously it is also important to continually reinforce that physical activity need not be a huge resource drain in time or money. Go London's *Think Feet First* walking campaign, discussed as a case study in Chapter 2, aims to demonstrate that we can fit our 5X30 within a normal day with a low cost activity accessible to all.
2. While stigmatising is ineffective, trusted voices "mandating" activity can be effective in catalysing the first step towards action. The role of GPs in providing a brief intervention on physical activity has demonstrated positive long-term behaviour changes⁴⁴.
3. New solutions for existing problems may be developed through a focus on physical activity and inequality. A recent Audit Commission report explained how young people having nothing to do can be a trigger for anti-social behaviour⁴⁵. Yet sport and leisure can engage young people, attracting those at highest risk of anti-social behaviour into more intensive developmental projects.



Highlighting individuals, organisations and culture as focus areas of the system is not to say that the provision of facilities is unimportant. Much of the early feedback from the London Proactive Partnerships was that targeting inactive populations requires a disproportionate amount of time and effort, but if others can introduce them to the facilities, there is a great deal the leisure providers can achieve with existing facilities and resources.

The implications of the system model for the providers of facilities is that as more of the inactive population start to access the physical activity settings such as leisure centres, parks, activity classes etc, the provision may need to adapt to reflect a new population who has not previously been a "customer". This may require different cultural, physical and motivational interventions than have previously been resourced. Achievement of the targeted 1% per annum increase in active population demand could have significant implications for the supply of facilities. There will always be a need to balance demand and supply. Success in changing behaviour will be a supply side challenge – one that the Olympic Park will be only too pleased to rise to!

Implications for us all

With multiple factors impacting activity, it is clear that no single person or organisation will be able to influence change across the whole system. It is widely accepted that to support behaviour change, people need the same view from a variety of different credible sources in order to become convinced of a need to change⁴⁶. Currently there are pockets of excellent and effective work across a range of sectors and partners, however opportunities and interventions do not currently have the scale and traction needed to make a significant impact on population activity levels. In particular those with health inequalities and those who are currently inactive continue to be at greater health risk through inactivity.

With stakeholder assistance at all levels across London, Go London will create a collaboration of key players in the landscape to create new opportunities, reduce barriers and increase motivation for Londoners to become more active. Together we will improve the health and well-being of Londoners and in doing so make London a more liveable and sustainable city.

44. National Institute for Health and Clinical Excellence (2006) *Four commonly used methods to increase physical activity*. NICE public health guidance 2

45. Audit Commission (2009) *Tired of Hanging Around: Using sport & leisure activities to prevent anti-social behaviour by young people*. London: Audit Commission

46. Pride, Ferrell (2008) *Marketing, 2008 Edition: New York: SW College Publishing*; Knott, Muers, Aldridge (2007) *Achieving Culture Change – A Policy Framework*. London: Cabinet Office



Appendix B

Levels of physical inactivity per London borough and the associated cost to the PCT

Levels of physical inactivity per London borough and the associated cost to the PCT

	Inactive population (%)	Total cost/100,000 population
Barking and Dagenham	59.7	£1,754,949
Barnet	48.8	£1,248,695
Bexley	53.5	£1,631,317
Brent Teaching	56.5	£1,728,734
Bromley	48	£1,164,473
Camden	40.5	£822,326
Croydon	52.4	£1,229,038
Ealing	49.6	£1,390,631
Enfield	55	£1,328,994
Greenwich Teaching	53.3	£1,681,925
City and Hackney	51.5	£1,299,661
Hammersmith and Fulham	40.8	£1,346,269
Haringey Teaching	48.4	£1,164,287
Harrow	52.8	£1,665,129
Havering	54.9	£1,415,417
Hillingdon	51	£1,518,427
Hounslow	54.2	£1,658,744
Islington	47.6	£1,382,634
Kensington and Chelsea	39.4	£985,732
Kingston	42.7	£1,400,835
Lambeth	44.2	£1,333,050
Lewisham	49.9	£1,537,938
Merton	46.4	Data given as Sutton and Merton
Newham	60.8	£1,712,743
Redbridge	51.6	£1,934,530
Richmond and Twickenham	36.1	£1,077,385
Southwark	52.6	£1,377,250
Sutton	49.6	£1,234,925
Tower Hamlets	50.9	£1,781,121
Waltham Forest	55.5	£1,724,141
Wandsworth	38.8	£1,125,664
Westminster	44.9	£947,542
London	49.5	£1,796,684.06

Data references:

Inactivity, %, Sport England Active People 1 Survey 2007.

0 x 30 minutes of activity within the adult population.

The Cost, per 100,000 population, Be Active Be Healthy 2009 DH. Based on figures from 2006/07 demonstrating an average healthcare cost in relation to five diseases related to physical inactivity as defined by the World Health Organisation.



We would like to thank the following people for their kind permission to use their photographs

Page	Project	Photographer
12	C4L/Go London Road show	Spinning Clock
12	Big Dance	Stephen McLaren
13	Big Dance programme	James O Jenkins
16	Agewell on Wheels - Travel Actively	J Bewley
22	Big Dance programme	Hayley Madden
24	Rushy Green Timebank	Lewisham Healthy Walks
31	Get up and Go - Hackney	Pau Cegarra
46	Lewisham Healthy Walks	Jenny Budd
51	Coach ability project	Anthony Phillips Photography
Various	Promoting Physical Activity Toolkit	Various

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