



Richmond Public Health
**Adult Physical
Activity Plan**

2021-2031

Public Health



Director of Public Health Forward



I am delighted to present Richmond upon Thames Public Health Physical Activity plan 2021-2031, which is a workstream

of the Public Health Prevention Framework 2021-2025. We know that physical activity contributes to a wide range of health benefits and people who have regular physical activity have improved health outcomes and lower risk of developing long-term conditions and diseases.

The Council via Culture Richmond (2021-31) has a vision for increasing physical activity for all residents across sports, leisure, arts, and parks. This plan complements this work by defining the Public Health commitment, through tackling health inequalities and the wider determinants of health, to see the Borough in all its' work have a public health focus on targeting physical activity amongst the most inactive at-risk people. Amongst this population we want to see physical activity become a way of life to improve their health and wellbeing.

This plan has been developed in extraordinary times with the COVID-19 pandemic affecting almost every aspect of our everyday lives. It has exacerbated existing inequalities and had a great impact on residents' physical and mental health and wellbeing. Both nationally and locally it has been recognised that COVID-19 has led to a decline in physical activity because many people were either forced to stay at home or adopt isolation measures to prevent transmission of the virus. Increased inactivity and sedentary behaviour with greater levels of isolation and loneliness has had a significant detrimental impact on people's health and wellbeing, especially amongst those who are most vulnerable.

This plan is both ambitious and practical. It seeks to, within the challenges of COVID-19 pandemic and beyond, improve physical activity amongst the least active for improved health and wellbeing. We will do this over three core interconnecting objectives that we have articulated in plan.

These are creating:

Active People

Active Communities

Active Environments

To realise this ambition, we are seeking to harness the creativity, innovation and spirit of local communities, organisations and sectors and council's work. Public Health will seek with these groups to not only build current capability to get people moving more, but also seeking future possibilities to scale existing and new ideas and initiatives.

This plan recognises that tackling inactivity cannot be done by one council department or one organisation alone but via a collaborative and system led approach with or ideally led by the local community. The Public Health Adult Physical Activity plan will complement and align with the Council's strategies that provide the resources to enable inactive people to become active. For example, this plan will build on the Culture Richmond (2021-31) strategy and the new Walking and Cycling strategy. What's more is that the plan will also provide actions that can be taken by the future Integrated Care System and the Health and Wellbeing Board.

I am thrilled by the possibilities that this plan will help realise in Richmond upon Thames over the next ten years to help us co-create a healthier borough whose residents move more.

Shannon Katiyo

Director of Public Health
Adult Social Care and Public Health

Lead Member for Public Health



Being physically active is so important for people's physical and mental health and wellbeing especially in these pandemic times.

This Physical Activity Plan defines the Borough's commitment to getting inactive people active and moving more, especially among our most vulnerable groups. This will have the biggest impact on our residents' physical and mental needs as well as help improve our residents' health outcomes.

We have already supported people via our Richmond Upon Thames Moves at Home campaign to be active at home during the lockdown and now going forward being active outdoors in their community. We are lucky that Richmond has an abundant offer of parks and outdoor green spaces. For example, people can go for a family walk while spotting butterflies as part of the Big Butterfly Count, contributing to both health and conservation efforts.

The Council has also launched the Active Richmond Fund to enable the Community and Voluntary Sector to be creative and put forward community-led initiatives that complement the work of this plan as well support its' aims over the upcoming years.

The Physical Activity plan aims to ensure that Richmond continues to be known for being a physically active borough, where being physical activity becomes a way of life for residents. It supports our climate change goals through supporting people to cycle and walk more. It also recognises how people being physically active makes a valuable contribution to the health and wellbeing of our community, especially those most impacted by health inequalities.

As lead councillor for public health, I fully support the aim of the plan to get inactive people active.

Piers Allen

Chair of the Adult Social Services
Health and Housing Services Committee



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Executive Summary

The Public Health Adult Physical Activity Plan ('PA Plan') is a resource for the Council and its' partners to promote physical activity amongst the inactive population of Richmond Upon Thames over the next 10 years (2021-2031).

The Public Health Adult Physical Activity Plan (PA Plan) complements and aligns with the Council's Culture Richmond 2021-31 strategy. The PA Plan is part of the Richmond Prevention Framework. It is intended for the Council and its' partners to take a whole systems approach by creating Active People, Active Communities, and Active Environments. In addition to Culture Richmond, the PA plan also supports a host of other local strategies and initiatives that have been developed in Richmond in recent years that focus on issues relevant to physical activity such as the Richmond's Climate Change and Sustainability Strategy (2019-2024), Active Travel Strategy and the work of Adult Social Care and NHS strategies.

The PA Plan defines physical activity, its' benefits to health and well-being, identifies the ways we can motivate people to move more, and sets out approaches of evidence-based interventions and actions for the Council and our partners.

The PA Plan sets out the key reasons of a Public Health focus on Physical Activity

Physical activity and sedentary behaviours/ lifestyles can be detrimental to a person's physical and mental health.

Inactivity amongst our different populations is exacerbated by health inequalities as seen during the COVID pandemic which adversely impacted older people, carers, women, certain Black, Asian and Minority Ethnic people, people living with disabilities (physical, mental and learning) and people on low income and living in more deprived areas of the borough.

It is widely acknowledged that physical activity plays a key part in maintaining individual and population optimal physical and mental health and wellbeing, and improves people's quality of life thereby reducing their risk of needing health and social care services.

Through implementing the PA Plan, the council and its' partners will seek to:

- Increase the number of knowledgeable, motivated, and skilled residents who are creating regular physical activity habits,
- Create opportunities for inactive families and groups of people faced with health inequalities to be physically active,
- Create equitable access for all our residents to engage in physical activity, and
- Support the council's aims to becoming carbon neutral and the greenest inner-London council by 2030.

Ultimately, by addressing inactivity among residents, Richmond upon Thames can realise a positive impact on the wider public health outcomes: obesity and excess weight, long-term conditions (LTC), injury due to falls, dementia, mental wellbeing, reduced social isolation and improved self-reported wellbeing. In turn, this will enable independent living and health-related quality of life and less demand on health and social care services.



The PA Plan sets short, intermediate and long-term targets

The short to medium-term target is for 3,550 or more inactive adults to become active (this represents a 15% decrease in inactive adults from our May 2020/2021 baseline of 20% to 17% by May period 2025/2026 or earlier).

The longer-term target is to reduce our inactive population to 12% of the population or better (11,700 people from baseline), specifically amongst the groups most at risk, (this is a 40% decrease in inactive adults from an estimated 2021 baseline of 15%).

Actions for short to medium term:

1 Promoting Active People

- Create physical activity campaigns to promote behaviour change such as “Richmond upon Thames Moves at Home”
- Provision of improved physical activity related information, creating supportive structures that include friends, family, work and the local community. Using the voluntary sector and physical activity services to build inactive people’s confidence and motivation to be more active at home or outdoors

2 Promoting Active Communities

- Joint action with partners, including training and capacity building to co-create new projects, services and community-led solutions
- Behaviour change interventions - promote family activities and neighbourhood initiatives, for example, community gardening or park run
- Utilise and develop local assets - asset-based community development
- Fostering community agency approaches

3 Promoting Active Environments

- Promote the use of green and outdoor spaces, including parks for physical activity
- Seek to create more venues and/or opportunities for informal and formal sporting or physical activities
- Policy review and advocacy of policies that promote physical activity
- Seek a collaborative and systems leadership approach across health care, Richmond Council (public health, social care, culture and environment and community services including parks and planning), and the community and voluntary sector

1

Introduction

The PA Plan sets out the ambition for increasing levels of physical activity amongst the populations that have the most to benefit in terms of improved health and wellbeing by moving more, and in populations and areas with higher levels of physical inactivity in the borough over the next 10 years. It aims to facilitate residents to embed physical activity as a way of life.

The Public Health Physical Activity Plan ('PA Plan') is a workstream of the Richmond Prevention Framework which aims to reduce health inequalities and promote health. The Council celebrates that Richmond upon Thames is one of the most active boroughs in London, however, it identifies the priority to target inactive people (31,300 residents) and get them physically active or moving more for improved health and wellbeing.

The PA Plan recognises that inactive people are likely to be vulnerable and at risk of developing or are living with one or more long term condition(s), are older and/or from Black, Asian and Minority Ethnic populations or have a low income and/or living in a part of the borough that is deprived.

This PA Plan sets out to tackle physical inactivity, especially amongst the most vulnerable population groups, making best use of limited resources to deliver the largest improvement in health and wellbeing gains in the borough. It builds on the findings from the physical activity needs assessment for the Richmond Joint Services Needs Assessment and the case for change. It provides approaches for evidence-based interventions or actions that are intended to put in place measures aimed at a population-level such as health promotion and targeting specific population groups most at risk and most impacted by COVID pandemic and health inequalities.

The PA plan also lays out the potential contribution, future priorities and key objectives for physical activity for the foreseeable future.

The PA Plan seeks to make best use of existing assets and services, such as parks and sports & fitness centres, whilst also seeking new innovation, collaboration and community-led solutions and activities. There is also not a one fits all solution or approach but a diversity of approaches that taken as a whole, addresses inactivity at a population level and across the life course from different perspectives. The Public Health Division works with Adult Social Care colleagues as they seek to realise the benefits of strengths-based and preventative approaches through increasing physical activity to tackle risk factors and risk conditions that can result in vulnerable older residents requiring health and social care services. Through physical activity measures, these help older residents to live a better quality of life with improved health and wellbeing. This targeted approach as per Public Health England (PHE) recommendations is "aimed at individuals whose reduced physical activity has led to appreciable functional loss, transition towards frailty or new fear of the wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults falling, as well as individuals with post-COVID-19 syndrome ('long COVID')".

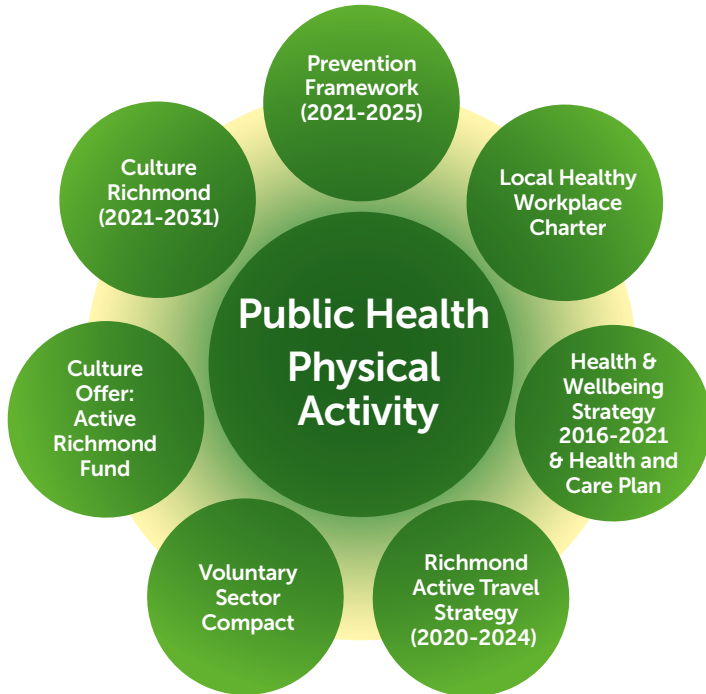
The Culture Richmond (2021-31) strategy and physical activity related strategies

The PA Plan recognises, informs and aligns with existing strategies and plans that support tackling inactivity as one of the key aims of improving the health and wellbeing of our residents. The diagram below shows these existing strategies and policies that exist in Richmond.

- The PA Plan will seek how these strategies can be developed along with other innovative ideas.

The council and its' partners will work together to:

- Seek a collaborative and systems leadership approach across health care and Richmond Council directorates including Adult Social Care (ASC) and Public Health, Environment and Community Services, Stronger and Safer Communities and the community and voluntary sector.



- The Culture Richmond (2021-31) strategy is key to the PA Plan. It seeks to work with Public Health on the prevention agenda which aims to tackle inactivity, addressing the unique circumstances of inactive people across the life course and specific groups. It will seek to improve use of outdoors spaces and parks for physical activity and ensure the arts, libraries, parks and sport and fitness services in the borough can target inactive populations.
- In addition to the universal offer from the Council to promote physical activity, the PA Plan specifically seeks outcomes that enable inactive people to become more active; encouraging activity to be integrated into everyday lives, creating regular activity habits; and targeting specific geographical areas of Richmond upon Thames which have high levels of inequalities.
- The PA Plan will align with Council place-based initiatives in the workplace, schools, the community and local sports clubs. The PA Plan will seek to invite local communities to identify local physical activity champions and co-create local area-based initiatives that build on existing facilities assets to help get people moving more.
- The PA plan will help realise the health and wellbeing improvement aims of Climate Change and Sustainability strategy. It supports the aims of the Sustainable Development Goals (SDGs) 2030 as encompassed in the World Health Organisation's (WHO) Global Action Plan on Physical Activity (2018-2030).
- It supports the physical activity aims of the Richmond Health and Care Plan and the NHS person-centred approach.
- The PA Plan supports the work of ASC, adopting a strengths-based approach and evidence-based practices.

Physical Activity: a workstream of the Prevention Framework

The PA Plan is a workstream and one of the delivery mechanisms of the Council's Prevention Framework 2021 -2025. The PA Plan has three key place-based approaches to create Active People, Active Communities and Active Environments. By 2031 we aim to reverse the decline in physical activity caused in part by the Covid-19 pandemic and to help those who are inactive become active and move more.

Active People Objective:

- To increase the number of knowledgeable, motivated, and skilled residents with regular physical activity habits and sticking with it

Active Communities Objective:

- To create opportunities to be physically active among groups of people facing health inequalities

Active Environments Objectives:

- To create equitable access for all our residents to engage in physical activity
- To support Council aims to becoming carbon neutral and the greenest inner-London council by 2030

Why a Richmond public health physical activity plan?

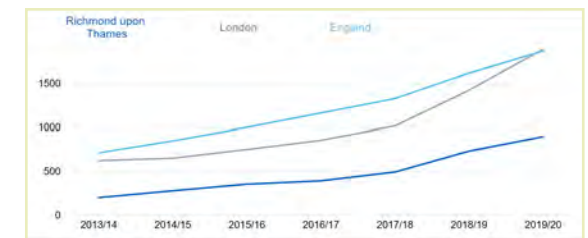
- Half of the adult population in Richmond are classified as overweight or obese (2019/2020 - Public Health Outcomes Framework), although the rate of admissions where obesity is a factor is lower than London and England, it is showing an increasing trend. See Figure 1.

- We can celebrate that Richmond is one of the most active boroughs. 74% of adult residents surveyed (Sport England's active lifestyles survey) self reported as being physically active, above the national (63%) and London average (64%). However, with the COVID-19 pandemic, inactivity levels have increased from 14% (in the year prior to COVID) to 20% between May 2020 - May 2021.

- Despite more people walking and cycling for leisure, physical inactivity and sedentary behaviours increased during the COVID-19 pandemic lockdown, especially amongst the most vulnerable population.

- Richmond, London and England have all seen a significant increase in people being inactive: 3%, 2% and 2% respectively since 2019/20.

Figure 1 Rate of admissions where obesity is a factor, per 100,00 population, 2013/14 to 2019/20



2

Physical activity and why it is important

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

The Chief Medical Officer recommends that Adults (over 16 years): 150 minutes (2.5 hours) of moderate intensity activity or 75 minutes of vigorous activity a week, or a combination of moderate and vigorous intensity exercise. Older adults (over 65): Should focus on maintaining muscle strength, balance and flexibility to their physical activity targets to reduce risk of falls and maintain bone strength."

The Government says that physical inactivity is responsible for one in six UK deaths (equal to smoking). They also report that inactivity costs the UK £7.4 billion annually, including £0.9 billion to the NHS alone which if the current trend in growing inactivity continues will rise to £1.3bn to the NHS by 2030. Furthermore, according to the Chief Medical Office (CMO), targeting and supporting inactive people to become more active, even if falling short of the recommended levels of activity, is where the biggest public health gains lie.

Therefore, getting inactive people to become active has greater health benefits than getting active people to do more activity.

- Physical inactivity and sedentary behaviours/ lifestyles can be very detrimental to a person's physical and mental health, and wellbeing.
- Physical inactivity is the 4th leading risk factor for global mortality.
- Contributing risk factor to 1 in 6 deaths in the UK (equal to smoking).
- Physical inactivity places a large burden on both healthcare and adult social care.
- People with long-term health conditions are twice as likely to be inactive, despite new research saying that two thirds (69%) of them would like to be more active.

"If it was a pill, all doctors would prescribe it because of how many illness and problems it can help treat and prevent."



Conversely, physical activity is widely acknowledged to play a key part in maintaining optimal physical and mental health and wellbeing, and quality of life. It can help prevent or manage many common chronic health conditions. Physical activity also contributes to a range of benefits socially and economically including improved sleep, less anxiety and better management of stress, development of social skills, less loneliness, improved learning and attainment, increasing productivity in the workplace, and increased life satisfaction.

The data shows that those who are inactive or most at risk of reduced levels of physical activity tend to be:

- Older adults.
- Females - More females than men in general are inactive - "In fact, 39% of women aged 16 and over are not active enough to get the full health benefits of sport and physical activity, compared to 35% of men" (Sport London).
- Black, Asian, and Minority Ethnic.
- People in lower socioeconomic groups and most impacted by health inequalities and the wider determinants of health.
- Adults and children who have problems with weight management – men's engagement in weight loss programmes is low.
- Carers - nearly half (46%) of carers are inactive, compared with 33% of adults (carersuk).

Adults and children are twice as likely not to be active enough for good health if they have:

- Physical disability.
- Longer term health conditions such as diabetes or cardiovascular disease.
- Multiple Comorbidities.

The challenge is to motivate inactive people to start moving more, and for those already active to stay that way.

Sporting Future affirms that there is value of getting people active from different starting points.

The benefit experienced by a sedentary person who takes up even a small amount of activity is far greater for them than a person who is already active for 200 minutes a week.

Barriers to physical activity

"I work freelance, which means irregular hours. I get bored of running and working out alone, but work during times that team sports or exercise classes take place."

Common barriers inactive people face to being physically active

- The financial costs of exercising.
- Lack of knowledge (unsure of appropriate physical activity, unawareness of opportunities, lack of access to appropriate information) and lack of awareness of benefits of being more active.
- Skills (not accustomed to doing physical activity or feel they cannot as too daunting especially coming from a place of inactivity) and deterioration in ability due to impact of the COVID-19 pandemic on people, or lack of time and/or motivation or attitudinal or cultural problems.
- Lack of confidence, dependency on others to get to a park or outdoor space, anxiety or cautiousness to get active due to prolonged lockdown or self-isolation.
- Sedentary habits and/ or lack of motivation or interest or energy (perceived or actual), especially to start exercise from scratch.
- Lack of time - too time poor due to working long hours or due to shift patterns not coinciding with physical opportunities, too much homework, not being able to go to facilities during opening hours, and/or looking after their family or being a carer.
- Seven less active classifications of different types of people segments- including 'Elderly Evaders' who have far more important things they prefer to do at the latter stages of life than exercise.
- Fear of injury or exacerbating an existing health issue.
- Some feel the benefit of physical activity does not outweigh the cost such as the pain and tiredness they feel or perceive.
- Isolation and loneliness can prevent people accessing options, especially without support or a companion.



Common barriers inactive people face in their community to being physically active

- No one in family or social group is physically active or can offer peer support.
- Anti-social behaviour is a common 'leisure activity' in an area.
- Traffic and pollution in areas where physical activities take place.
- No protected time or resources from work or other place.

Common barriers inactive people face in their environment

- Challenges due to access, costs and lack of resources, inconvenient locations of physical activity, park infrastructure and maintenance, accessible toilets, difficulties with public transport as some parks are not in walking distance, and bad weather.

Closing the gap on Health Inequalities

To meet the needs of residents facing the most health inequalities in Richmond upon Thames, it will require more in-depth insights. We will build on the research of Sports London on reasons that limit motivation for inactive Londoners and seek to understand the circumstances faced by inactive people in our most vulnerable groups.

3

Physical activity during COVID-19 Pandemic Response and Recovery

Due to the COVID-19 pandemic there was less opportunity to be physically active outside of the home. Many people were no longer walking or cycling to get to the shops or to work, and exercise classes were put on hold and gyms/ sports centres closed.

The pandemic led to some people becoming inactive and more sedentary with greater risk to their health and wellbeing. The Council and the community and voluntary sector reported seeing a deconditioning in supported residents' abilities to be physically active. For example, the Council's falls prevention team has reported that voluntary and community sector providers have noted a marked deterioration in the physical fitness levels of service users returning to their centres. These anecdotal observations are supported by published evidence:

- A predicted increase in the number of falls in older adults as a consequence of less physical activity during the COVID-19 pandemic.¹
- Age UK reported in October 2020 that 1 in 5 older people in their national survey reported feeling less steady on their feet and 2 in 5 felt less confident going to the shops.²
- The Centre for Ageing Better reports that 22% of older people's physical health has deteriorated during lockdown and increasing up to 38% in those experiencing deprivation.³
- The Covid-19 pandemic has had direct and indirect effects on physical activity levels. This has been greatly felt by residents who are the most impacted by health inequalities and who are more at risk of adverse outcomes should they get COVID-19.

Although during the pandemic there have been more people walking and cycling for leisure, the overall physical activity levels have declined, and sedentary behaviours have increased especially amongst most vulnerable populations. These trends are reflected nationwide as well as locally. There are multiple and complex reasons for this but can include:

- Covid-19 infection and some long-term consequences of infection has meant some are not able to be as active as they were previously.
- The closure of businesses, increased unemployment and the Furlough scheme and working from home means less people are commuting to work even now offices are open again.
- Sports centres, gyms and leisure centres were closed for large periods of time, limiting sport and recreation option.
- During recovery we are finding that people experiencing health inequalities are more anxious or reluctant to go back outdoors and moving again - taking up previous active lifestyles or activities.

¹ De La Cámara, M. Á., Jiménez-Fuente, A., & Pardos, A. I. (2020). **Falls in older adults: The new pandemic in the post COVID-19 era?** *Medical hypotheses*, 145, 110321. <https://doi.org/10.1016/j.mehy.2020.110321>

² Age Uk. (2020, 16 October). **The impact of COVID-19 to date on older people's mental and physical health**. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf

³ Centre for Ageing Better. (2020). **The State of Ageing in 2020**. <https://ageing-better.org.uk/summary-state-ageing-2020>

- Perhaps unsurprisingly, the Covid-19 pandemic has had the greatest impact in terms of risk of death and other complications for infection on all the population groups such as ethnic minorities, people with a long-term condition, people with a learning or physical disability, on a low income or benefits many of whom were most at risk of physical inactivity are most at risk of physical inactivity, and older people such as higher risks of falls. The pandemic has highlighted pre-existing health inequalities and has accelerated the need to address this with targeted interventions.
- To encourage people to keep active whilst at home through choice or lockdown measures the Public Health team created the Richmond Upon Thames Moves at Home campaign. The campaign took place during the lock down and shared ideas and free resources to explore and to help residents get more physically active at home. The campaign included social media marketing and a council website page. An activity pack that had resistance bands and balls was also distributed to older people and some families.
- Another intervention was the Ruils charity Active at Home project. The Active from Home project is a 1-2-1 walking scheme giving people the chance to get out for walks that normally wouldn't be able to. The charity pairs clients with a volunteer to take them out, walk with them, have a chat and keep them company.
- Other physical activities that did not cease over pandemic lockdown went online. Now that we are in recovery, they are moving back to face to face although some with limited capacity due to restricting size of classes for an example, but some are also offering a hybrid option.

What are the Research findings for physical activity impact on COVID-19 outcomes?

- Patients with COVID-19 who were consistently inactive during the 2 years preceding the pandemic were more likely to be hospitalised, admitted to the intensive care unit and die than patients who were consistently meeting physical activity guidelines.
- Other than advanced age and a history of organ transplant, physical inactivity was the strongest risk factor for severe COVID-19 outcomes.
- Meeting the Physical Activity Guidelines was associated with substantial benefit, but even those doing some physical activity had lower risks for severe COVID-19 outcomes including death than those who were consistently inactive.

How might it impact on prevention and clinical practice in the future?

- The potential for habitual physical activity to lower COVID-19 illness severity should be promoted by the medical community and public health agencies.
- Pandemic control recommendations should include regular physical activity across all population groups.

Source: Sallis R, et al. Br J Sports Med 2021;0:1–8 doi:10.1136/bjsports-2021-104080

4

Reducing Physical Inactivity: Targeted Approach

To complement the universal offer from the Council to promote physical activity at parks and leisure centres, Public Health will enhance behaviour change programmes and introduce policies among those who are inactive or most at risk of reduced levels of physical activity, including:

- Older adults (65 years and older is 34% of population).
- People in lower socioeconomic groups and most impacted by health inequalities and the wider determinants of health.
- Black and other ethnic minorities (16% of the population).
- Adults with physical or learning disabilities.
- Adults who experience mental health problems.
- People living in deprived areas are more inactive - Deprivation is quite spread out across Richmond upon Thames with pockets of deprivation in localized areas.
- People who are diagnosed as pre-diabetic - the most deprived areas in the borough are 2.5x more likely to have people with diabetes.
- Adults with longer term health conditions such as diabetes and cardiovascular disease.
- Adults with weight management problems.
- Carers.

Overall we aim to see **15% (3,550)** or more inactive adults become active, and **40% (11,700)** or more by **2031**



Immediate to short term action - Over the next 1 to 5 years, by 2026:

- Raising participation in physical activity including sports amongst the inactive population by 2.3% year on year (710 adults 20-80 years old across the borough per annum or total 3,550 over next 5-years).
- A 15% decrease in inactive adults from 2021 baseline of 20%. 31,300 inactive population 2021) to 17%. 27,700 inactive residents when taking into account an estimated. 4.25% increase in adult population over next 5-years) by 2026.
- A very ambitious target of getting 3,550 or more people active who are currently inactive in Richmond upon Thames to be more physically active as part of daily life by 2026 of which 1,500 should be people from priority groups.

In the long-term, in 10 years (2031) and beyond:

- To be one of the most active boroughs in London.
- A 40% decrease (from 2021 baseline) in inactive adults from 17% (2026) to 12% by 2031 (c. 19,600 residents would remain inactive when taking into account an estimated 4.25% increase in adult population over next 4-years to 2030).
- An ambitious target of getting 11,700 or more people active who are currently inactive in Richmond upon Thames to be more physically active as part of daily life by 2031.

Data sources: NHS Health Survey for England, Sport's England's Active Lives Survey, PCN data

Short to medium term strategies (2021-2026)

People

Social marketing campaigns

- Adapting appropriate national campaigns and local 'Richmond upon Thames Moves at Home for a Healthier Borough' to be more active, along with encouragement of friends, family, carers and providers.
- Insights gathering: Understand and address inequalities in physical activity and collecting reasons why people are inactive, especially among those facing healthy inequalities.

Behaviour change approaches

- Evidence-based programmes following COM-B and people's engagement across Sport England's five key stages of behaviour change. The Decathlon Diabetes Prevention programme to be launched in 2022.
- Ensure our social prescribing capsules and Health Equity Partnership goals meet the physical activity needs of residents, especially the most vulnerable. Engage link workers to inform residents about resources and how to access them.
- Support older people in maintaining muscle strength, balance and flexibility to reduce risk of falls.

Communities

Joint action with partners

Support workplaces, schools and community activities, such as voluntary sports club infrastructure. Co-creation of projects with voluntary and community groups to create social norms in seeing others active and building skills and training (people and workforce). Asset based community development - fostering community agency.

Behaviour change interventions

Promote family activities and neighbourhood initiatives to be active in partnership with the Parks Team like promoting park runs, Friendly Parks for All project, Green Gym, Dose of Nature and use of outdoor space for physical activity.

Policy

Collaborate closely with Council Planning access to informal and formal physical activity and exercise. Align with other relevant strategies such as Culture Richmond (2021-31) on physical activity.

Short to medium term strategies (2021-20216)

Environment

Joint action with partners

- Promote use of green and blue spaces such as parks and outdoor spaces for physical activity. Work with Parks and Culture team in the Environment and Community Services directorate and partners as well as other local initiatives to maximise access and use for physical activity.
- Create more venues for informal and formal sporting activities.
- Invest in neighbourhood walkability and promoting active travel by creating safer means of travel for pedestrians and cyclists like lighting and dedicated lanes.
- Promote being Active at Home during pandemic lockdowns and outdoors in recovery as part of the Richmond upon Thames Moves for a healthier borough campaign.

Policy Review and Promotion

- Policies for well designed, accessible and safely built environments and housing that promote physical activity.
- Richmond Active Travel policies and strategy to promote walking and cycling.
- Support Council aims to becoming carbon neutral and one of the greenest inner-London council by 2030.



5

How we will do this: Action Plan

Over the next 10-years (2021-2031), the Council will:

- Embed prevention across all relevant work to realise the PA Plan, especially with Culture Richmond (2021-31) strategy aims, to develop initiatives and build on existing physical activity opportunities and assets.
- Build on current plans:
 - Implement the new pilot Diabetes Prevention Decathlon Programme with view to commission an appropriate 3-4 years programme to be delivered at scale in alignment with data and evidence.
 - Build on Richmond upon Thames Moves at Home for a Healthier Borough Campaign with one focus on becoming active in the local community and outdoor spaces and parks.
 - Provide support to people to get back outdoors again when they are anxious and reluctant.
- Facilitate the development of co-produced action plans to be delivered collaboratively through the combined effort of organisations, professionals and volunteers with a role in increasing levels of activity across the life course and our different populations.
- Co-produce a programme with Primary Care Networks to upskill a cohort of health professionals to become active champions.
- Work with partners and local communities to realise plans, and increase opportunities for co-developing innovative, diverse, and accessible physical activity and adult weight management offer across Richmond upon Thames.
- Provide an offer that seeks to empower, enable and inspire people as well as foster community agency that enables residents to find their own solutions to get their community moving more for better health and wellbeing.
- Social prescribing offer to support more people become active through the Active Richmond Fund to support voluntary groups to create/ support initiatives for physical activity amongst at risk and inactive people.
- Deliver a Falls Prevention offer in the community - Identify older residents needing support to build their strength and balance and prevent falls. This will be through physical activities delivered as part of voluntary led-initiatives either at home or in the community. Health and wellbeing initiatives of this type also reduce isolation and loneliness among older people. They motivate older people to move more and eat healthier, reducing their risk of falls and frailty. Build on Ruils 1-2-1 walking scheme to help people who are anxious or reluctant to start getting active again or for the first time, especially outdoors, as they have become deconditioned due to COVID pandemic.
- Develop initiatives to support unpaid carers get physically active.
- Co-develop with partners pilot physical activity initiative(s) with special considerations for people with a) Mental Health issues such as depression or anxiety or b) disabilities whether physical or learning.
- Gain greater insight by an Adult Social Care and Public Health funded Public Health Lifestyle Offer research programme in Richmond in 2022 undertaken by Richmond Health Watch which includes a focus on physical activity amongst other lifestyle factors.

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Initiatives at a glance

- Evolution of the Richmond upon Thames Moves at Home for a Healthier Borough campaign - helping shift attitudes and create social-norms (population level) to make physical activity a habit as part of someone's everyday life.
- Insight work via Public Health Lifestyle Offer research in Richmond in 2022 undertaken by Healthwatch Richmond.
- The Active Richmond Fund to support voluntary groups to create/ support initiatives for physical activity among at risk and inactive people.
- Co-produce initiatives with Adult Social Care and the voluntary sector to reduce the incidence of falls among older people.
- Develop initiatives to support unpaid carers get physically active.
- Pilot a Diabetes Prevention Decathlon Programme with a view to commission an appropriate 3-4 years programme from 2024/25 to be delivered at scale.
- Co-develop a programme from 2022 or 2023 with Primary Care Networks to upskill a cohort of health professionals to become active champions.
- Co-develop with partners a pilot physical activity initiative(s) with special considerations for people with a) Mental Health issues and b) disabilities (physical, mental and learning).
- Work with Culture Richmond (2021-31) strategy and Council's Environment and Community Services directorate and partners to develop initiatives and build on existing physical activity opportunities and assets.
- Co-develop community-led solutions to increase physical activity in deprived neighbourhoods with Community Action Group.

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Richmond Public Health
**Adult Physical
Activity Plan**



2021-2031

