In this month’s issue

We have a physical activity theme this month with three articles covering exercise and active travel, as well as articles on dementia, diabetes, cancer and e-cigarettes.

Active travel
- If you cycle to work (or undertake ‘active travel’) it lessens risk of heart disease and cancer
- Development of active travel as a concept
- A focus on active travel in Salford rather than stats

Compulsory Exercise at work
- Conversation starter piece in BBC based on Hootsuite CEO blog post examining concept of exercise as part of working day
- How to meet ‘150 hours of activity a week’
- Exercise rates in Salford & recap of green exercise opportunities

Keep on running
- Research in the health benefits of running
- Runners can live up to 3 years longer than non-runners
- Levels of physical activity in Salford are lower than average

Dementia Causes & Cures
- Several stories about items that can increase or reduce dementia risk
- Dementia prevention guidance.
- What is going on in Salford

Non smoking vapers
- Royal Society of Public Health have claimed that almost 9 in 10 e-cigarette shops sell e-cigarettes to non-smokers, against their voluntary code of conduct
- Not much data at Salford level

Cancer One-stop shops
- Pilot in South Wales based on Danish cancer diagnostic initiative
- UK wide have poor survival rates
- A look at Salford’s diagnostic rates

Daily diet of fresh fruit reduces diabetes risk
- Large scale study in China (0.5 million) showed that eating fruit daily reduce risk of type 2 diabetes, and reduce complications for those with diabetes.
- Diabetes in Salford

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
Active Travel

The British Medical Journal has published a study - available [here](http://intranet.salford.gov.uk/research.htm) - investigating the association between active commuting and cardiovascular disease (CVD), cancer, and all-cause mortality that has been covered extensively in the newspapers and popular websites. The research showed that cycle commuting was associated with a lower risk of CVD, cancer, and all cause mortality and walking commuting was associated with lower risk of CVD.

This was a well-designed study based on a large collection of UK based, real world data and is consistent with existing knowledge and research on the benefits of physical activity. The authors called for initiatives to encourage and support active commuting as it could reduce risk of death and the burden of important chronic conditions.

**What is Active Travel and why is important?**

For most people, the easiest and most acceptable forms of physical activity are those that can be built into everyday life. Examples include walking or cycling instead of travelling by car, and using stairs instead of lifts. ‘Active travel’ means more than walking or cycling as an alternative to motorised transport) for the purpose of making every day journeys. It also includes incorporating more walking and cycling into a work journey and therefore allows us to encourage park and ride type schemes and integrated, multimodal travel.

Public Health England produced a briefing for Local Authorities on active travel that can be accessed by clicking [here](http://intranet.salford.gov.uk/research.htm).

The briefing looks at the impact of current transport systems and sets out the many benefits of increasing physical activity through active travel. It suggests that while motorised road transport has a role in supporting the economy, a rebalancing of our travel system is needed. This guide suggests a range of practical action for local authorities, from overall policy to practical implementation. It highlights the importance of community involvement and sets out key steps for transport and public health practitioners.

**Key Messages**

- physical inactivity directly contributes to 1 in 6 deaths in the UK and costs £7.4 billion a year to business and wider society;
- the growth in road transport has been a major factor in reducing levels of physical activity and increasing obesity;
- building walking or cycling into daily routines are the most effective ways to increase physical activity;
- short car trips are a prime area for switching to active travel and to public transport;
• health-promoting transport systems are pro-business and support economic prosperity, they enable optimal travel to work with less congestion, collisions, pollution, and they support a healthier workforce.

Walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment, and local productivity, while at the same time reducing costs to the public purse. These are substantial ‘win-wins’ that benefit individual people and the community as a whole.

The Salford Picture
The 2011 census showed that:
• 62% of Salford residents use private transport to get to work
• 15% use public transport
• 15% either walk (13%) or cycle (2%) to work
• 8% work at home

Mandatory Office Exercise?
After the British Heart Foundation reported more than 20 million Britons were ‘physically inactive’, the BBC has highlighted an interesting opinion piece by the CEO of Hootsuite. This piece examines the concept of exercise being an established part of the working day and takes other examples of multi-national companies such as Google incorporating regular exercise into the workspace. This practice is more established in far-eastern business culture such as in Japan and South Korea, with China going as far as re-introducing twice daily mandatory exercise sessions in state-owned companies! The banning ‘cake culture’ within the office may be a less radical, if less popular approach than organisational wide yoga sessions, and is highlighted here by Professor Nigel Hunt, however this would not deal with the problems associated with a sedentary work lifestyle.

The NHS recommends that we should be exercising at least 150 minutes a week and should reduce sitting time to reduce the risk of ill health from inactivity. Studies have linked excessive sitting with being overweight and obese, type 2 diabetes, some types of cancer, and early death. Sitting for long periods is thought to slow the metabolism, which affects the body’s ability to regulate blood sugar, blood pressure and break down body fat. Many adults in the UK spend more than seven hours a day sitting or lying, and this typically increases with age to 10 hours or more.

Tips to reduce sitting time:
• stand on the train or bus
• take the stairs and walk up escalators
• set a reminder to get up every 30 minutes
• place a laptop on a box or similar to work standing

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• stand or walk around while on the phone
• take a walk break every time you take a coffee or tea break
• walk to a co-worker’s desk instead of emailing or calling
• swap some TV time for more active tasks or hobbies

The Salford Picture
Data from the Public Health Outcomes framework [here and the graphs below] shows that 49.5% of Salford adults achieved 150 minutes of physical activity per week, higher than the North West (53.7%) but lower than the England (57%) averages. The same dataset shows that 32.1% of Salford’s adults were classed as inactive, just above the North West (32%) and well above the England (28.7%) average.

The above Table shows that 49.5% of Salford’s adults are classed as active which is below the North West (53.7%) and England (57%) averages.

Salford is currently developing a new Physical Activity strategy, which will set out the approach to improving the local picture. There is also Cycle Network Strategy in development which will identify where we need to invest in improved cycling infrastructure both in terms of corridors like the A6 and A57 and town centres including Walkden, Swinton and Eccles.
Keep on running

In support of the London Marathon, The Guardian released an interesting news article that is based on a piece of research in Progress in Cardiovascular Diseases Journal: [here](http://intranet.salford.gov.uk/research.htm). This literature review showed that runners at almost any level can live up to 3 years longer than non-runners – with an estimated 7 hours of life added per 1 hour run.

There has been previous evidence linking ‘too much’ running with adverse health outcomes. This review found that not only does the highest “dose” of running have possible links to CVD but may also have fewer additional health benefits when compared to the significant benefits that light to moderate running have. Put in simpler terms, the highest amount of running may have similar health benefits to medium amounts of running, but even a little bit of running has much more benefit to health than no running.

The review also shows that while an active lifestyle featuring different activities is best, if you were to focus solely on a single activity; running has more health benefits than swimming or cycling.

**The Salford Picture**

An advantage running has over many other activities is that it can be done almost anywhere with minimal equipment or outlay. Salford has a large swathe of parks, canal pathways and countryside. So pull on your trainers and run!

The chart below shows that in terms of physical activity in adults, Salford is similar if often slightly lagging behind the national rates. In terms of a regional comparison, Salford performs less well in
some indicators than the national and regional average most notably the number of adults doing 150+ minutes of physical activity per week.

Community led activities such as Parkruns are a great way for novices to get more active. Salford currently has a Parkrun in Worsley Woods every Saturday and a Junior Parkrun in Buile Hill Park every Sunday.

**Dementia – Getting the facts**

More people than ever in the UK are living with dementia. With the current estimate of 850,000 set to rise to 1 million by 2025 and 2 million by 2050 increasingly many people want to know how the risks can be reduced. In this article we look at those factors most closely linked to dementia and the actions that can be taken to reduce the risk of getting dementia.

**What are the risk factors that can lead to dementia?**

- **Age:** This increased risk may be due to factors associated with ageing, such as: higher blood pressure in midlife, an increased incidence of some diseases, changes to nerve cells, DNA and cell structure, the weakening of the body’s natural repair systems and changes in the immune system.

- **Lifestyle Factors:** the lifestyle factors that may increase the risk of dementia are smoking, a lack of regular physical activity along with a sedentary lifestyle, excessive alcohol consumption, and eating a poor diet high in saturated fat, sugar and salt and obesity in midlife.

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
- **Pre-existing medical conditions:** There are a number of pre-existing medical conditions that can also increase the risk of dementia including: Parkinson’s disease, stroke, type 2 diabetes and high blood pressure

**How can we lower the risk?**
A major study published in the *Lancet Neurology* found that around a third of Alzheimer’s disease cases worldwide might be attributable to potentially modifiable risk factors.

The guidance from the National Institute for Health and Care Excellence (NICE) (found here) recommends reducing the risk of or delaying the onset of disability, dementia and frailty by helping people to:

- Stop smoking
- Be more active
- Reduce alcohol consumption
- Improve diet
- Lose weight if necessary and maintain a healthy weight

Studies have also identified a number of cognitive protective factors which lower the risk of developing dementia:

[Diagram showing cognitive protective factors]

higher levels of education
more mentally demanding occupations
cognitive stimulation, such as doing puzzles or learning a second language

Fake news alert
NHS Choices has highlighted many dodgy stories released in April that claim individual products either heighten or lessen the risk of dementia if consumed. Some newspapers will happily print stories with bold claims and weak evidence about the good or bad effects of ordinary things such as tea, soft drinks and even marmite. This ‘bad science’ can at best give false hope and at worst stop people from making the changes that do make a real difference.

This is important for two reasons – there is no ‘golden bullet’ to prevention and it is always important to check the evidence behind the headlines. Earlier in the year we highlighted a report that linked over-done toast to cancer with very little evidence and no doubt there will be more stories like this each and every month. Always check the working – ‘fake’ news is not a new construct, so if it sounds too good to be true it probably is!

The Salford Picture
• There are 850,000 people living with dementia in the UK
• The number of people living with dementia in Salford is 2,080 [2015/16]
• There are an estimated 375 people who are living with dementia in Salford who are not known to their GP
• Diagnosis of dementia in Salford improves year on year in line with the national pattern. Salford has a diagnosis rate of 85%, very close to the best performing of our statistical neighbours, Bury, with 86% [2015/16]
• The ONS has predicted that by 2030 there will be 46,000 people over the age of 65 living in Salford – therefore, most residents are likely to be affected by dementia in some way in the future

Concern over sale of e-cigarettes to non-smokers

The role of e-cigarettes in stopping people smoking has been highlighted as key in the war against smoking and the numerous diseases it can cause. However, The Royal Society of Public Health [PSPH] has undertaken an undercover investigation into e-cigarette retailers and found that 87% of retailers investigated are prepared (either knowingly or unknowingly) to sell e-cigarettes to non-smokers.
smokers. The investigation into 100 of the UK’s 1,700 specialist vape shops in February 2017 found that:

- Almost half (45%) of stores did not check whether new customers were current or former smokers.
- Three quarters (76%) of those that did check continued to encourage the customer to start vaping, even once they knew they were a non-smoker.

This is in direct violation of their voluntary code of conduct [here](http://intranet.salford.gov.uk/research.htm) and RHSP is calling for tighter adherence to the code as e-cigarette products should be viewed as stop-smoking aids rather than lifestyle products.

Shirley Cramer CBE, Chief Executive, Royal Society of Public Health said: “E-cigarettes are an important recent development, which are estimated to create an additional 16,000 ex-smokers in England every year. They are widely recognized to be far less harmful than cigarettes and we would encourage anyone struggling to quit their smoking habit to consider using e-cigarettes. It is of particular concern that only one in eight smokers who have never vaped believe e-cigarettes are a lot less harmful than smoking tobacco, and we need to do more to convince smokers that switching to e-cigarettes is a safer alternative.

**The Salford Picture**

Survey data from Trading Standards North West shows that in 2015 an increasing percentage of 14-17 year olds in Salford claimed to have tried e-cigarettes compared to two years previously (32% compared to 21% in 2013). Of these 34% claim to have smoked an e-cigarette in the last month. They claim to mostly get e-cigarettes from their older siblings/friends (58%) and/or parents (19%).
The same survey reports on where respondents say the get e-cigarettes from. In Salford most school age users get them from family or friends, but a sizable proportion do buy them, with dedicated e-cigarette shops the most common place of purchase.

The 2017 survey has recently been completed and we expect provisional data to be available soon.

**Improving Cancer Diagnosis Times**

Cancer experts hope a new initiative to be trialled in South Wales will significantly cut the time it takes to diagnose the disease. Wales and the other UK countries have some of the worst cancer survival rates in the developed world.

Following a visit by Welsh medics to Denmark to see its diagnostics system, medics saw how the Danish health service had improved its cancer survival rates.

The pilot will focus on patients whose GPs suspect they may have cancer but don’t show obvious or urgent symptoms. There are concerns that patients with unclear symptoms wait too long for diagnosis because they don’t fit easily into any particular treatment route/pathway. Often patients...
go back and forth between tests and scans, resulting in many patients starting treatment at a later stage when their cancer is well advanced or has become incurable.

Electron micrograph images of cancer cells (prostate, melanoma, cervical)

Now GPs who might have a gut instinct that something is wrong will be able to refer those patients directly to a new ‘one stop’ diagnostic centre within seven days. It’s estimated this might involve six patients a week, where they will receive an examination and different tests all on the same day.

At the moment, only 35% of all cancers diagnosed in the area are with patients showing urgent ‘alarm’ symptoms. Doctors want to get the majority of patients whose cancers are less obvious sooner. In the new ‘one stop’ clinics, a team of experts will take ownership of a patient’s diagnosis. Tests and scans will be carried out ideally on the same day along with a definitive answer.

Denmark has established a number of diagnostic centres as part of efforts to transform cancer care following concerns that the country was lagging behind the best in the world on survival rates. At one point it ranked alongside the UK in the international league tables and considered a disaster by Danish politicians and the medical profession.

If successful over the next six months, the pilot will be rolled out across the rest of the Cwm Taf health board area.

**The Salford Picture**
The table below taken from the Public Health Outcomes Framework (PHOF), shows that Salford performs less well than the regional average and national average in the early diagnosis of cancers.

Care should be taken in interpreting this data as it formed from experimental statistics. The indicator comprises new cases of cancer diagnosed at Stages 1 and 2 (early stage) as a proportion of all new cancers diagnosed (breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkins lymphoma and invasive melanomas of the skin).
The indicator is labelled as experimental statistics because of the variation in data quality across the country; the indicator values primarily represent variation in completeness of staging information. A more detailed explanation of this indicator and experimental statistics can be found here.

### 2.19. Cancer diagnosed at early stage (experimental statistics)

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<th>Upper CI</th>
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<td>45.3</td>
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Source: National Cancer Registry

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**Daily diet of fresh fruit reduces diabetes risk**

A large scale study in China has shown that eating fruit daily can reduce risk the risk of Type 2 Diabetes, and for those living with diabetes, it can reduce complications. The research, released in the PloS Medicine journal, can be accessed by clicking here - examined over 500,000 patients and found that those who ate fruit daily were 12% less likely to get type 2 diabetes compared to those who never or rarely ate fruit.

It’s important to make a distinction between whole fresh fruit, which contains lots of fibre, and fruit juice, which is very high in sugar. Previous research that we reported on in 2013 found that fruit may lower diabetes risk, but fruit juice may raise it.

The most effective method of reducing your diabetes risk is to achieve or maintain a healthy weight, through a combination of regular exercise and healthy eating. Read more about preventing diabetes.

**The Salford Picture**

Evidence from the Public Health Outcomes Framework shows that:

- There are 12,578 people in Salford with diabetes.
- Salford has lower rates of recorded diabetes than the England and North West averages.

*http://intranet.salford.gov.uk/research.htm* – Home of Salford’s Joint Strategic Needs Assessment
Figures suggest that in Salford recorded diabetes continues to increase towards our estimated prevalence. This is a positive outcome as we are finding previously undiagnosed and so unmanaged Type 2 diabetes in our population and are able to address this.

Looking ahead diabetes is predicted to increase further in tandem with the increasing levels of obesity seen in Salford.

More recent local data suggests a slowing in the pace of this yearly increase, meaning we are close to completing the register of those with the disease.

Analysis clearly demonstrates that people in the most deprived quintile of Salford are significantly more likely to suffer from diabetes than people from the other end of the local deprivation scale.

The complications of diabetes, especially retinopathy and cardiovascular disease (CVD), are also more prevalent in areas of high socioeconomic deprivation in Salford.