

JSNA Chapter – Physical activity

| Topic information | |
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| Topic title | Physical activity |
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| Topic endorsed by | Active Together Nottingham Leadership Board and Physical Activity, Obesity and Diet Strategy Group |
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| Linked JSNA topics | Cardiovascular Disease (2016) Obesity (2016) Mental Wellbeing (2016) |

Executive summary

Introduction

“Physical activity is the single most important way to improve your physical and mental health” Dr Jenny Harries, Deputy Chief Medical Officer for England, January 2021.

The wide range of physical and mental health benefits of physical activity for general and special populations are substantial. The evidence is particularly robust for the general adult population and for people with pre-existing medical conditions. The benefits of being active extend well beyond physical health and wellbeing.

- A 1% reduction in the rates of inactivity each year for 5 years would save the UK around £1.2 billion
- Estimated that physical inactivity costs the UK economy approximately £20 billion every year

The greatest health impact can be gained by concentrating on the inactive. The [WHO Global Action Plan on Physical Activity 2018-2030](#) also recognises the important co-benefits of physical activity that accrue to sectors and settings beyond health.

Sport England publish the Active Lives Adult Survey (conducted by Ipsos MORI) twice a year providing data and insight into activity levels of over 16s in England. The latest available report presents data from the Active Lives Adult Survey for the period November 2019 to November 2020. The latest activity levels for adults in England and Nottingham as measured through this survey are:

| | Nottingham City | England |
|-----------------------------------------------------|-----------------|---------|
| Active: an average of 150+ minutes a week | 59.2% | 61.4% |
| Fairly Active: an average of 30 -149 minutes a week | 12.2% | 11.5% |
| Inactive: less than an average of 30 minutes a week | 28.6% | 27.1% |

Unmet needs and gaps

Despite evidence of activity levels in the city and country increasing prior to the coronavirus (COVID-19) pandemic, there continue to be stubborn inequalities in physical activity in specific groups in the community.

- disabled people and those with long term conditions
- people from lower socio-economic groups
- older people
- women
- people from Black, Asian and Minority Ethnic groups.

The disruption that COVID-19 pandemic has caused has reinforced and even exacerbated these inequalities in physical activity, significantly impacting on physical and mental health and wellbeing and quality life of these groups and now new groups whose physical activity behaviour has also been disproportionately affected by the pandemic.

- People living alone
- People without children in the household
- People shielding/self-isolating because they are at increased risk
- People without access to private outdoor space or access to green space

A focus is therefore required on helping to remove the barriers to activity and providing opportunities to people and communities that are experiencing these inequalities.

Recommendations for consideration by commissioners

1. Adopt a whole system approach
2. Adopt a co-production approach
3. Engage differently and more widely
4. Develop local and accessible activity opportunities and infrastructure
5. Improve access to green/blue space and nature
6. Support capacity in the community and voluntary sector
7. Invest most in those that need it most
8. Adopt an asset based, community centred approach
9. Be insight led
10. Adopt the recommendations from the NHS system leaders in whole systems approaches to physical activity research
11. Support disabled people to become more active
12. Support older people and those with long-term conditions to be more active
13. Support a more sustainable, strategic and joined up approach to funding opportunities
14. Embed physical activity into the recovery plans for the city