

Physical Activity in Northamptonshire



Less than half walk at least five times per week



Only 1 in 50 cycle at least three times per week



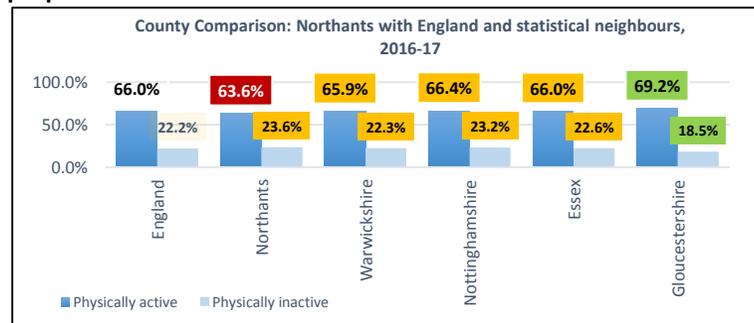
1 in 5 use outdoor space for exercise or health reasons



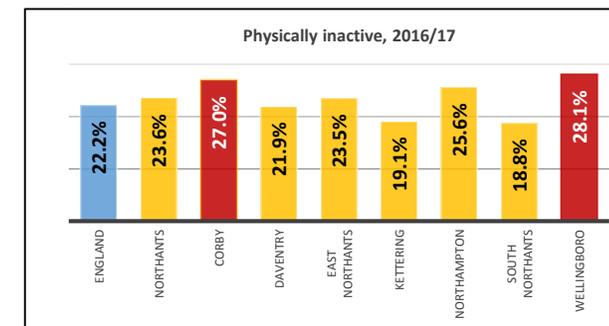
Fewer than 1 in 10 have access to woodland within 500 meters of where they live

Physical Activity: County Comparison

Compared to England and Warwickshire (nearest neighbour), Northamptonshire has a **lower proportion of active adults** and **higher proportion of inactive adults**.



Inactivity rate is lowest in South Northants and highest in Wellingborough. A worsening trend is shown in many districts.



Health Burden



Physical inactivity is one of the leading causes of ill-health and mortality*.

The development of CHD, breast/colon cancer, and diabetes, are closely associated with physical inactivity.

Physical inactivity is known to be a leading risk factor of obesity.

Physical inactivity plays a key role in widening health and social inequality.

Physical activity in older adults provides both physical and mental health benefits and reduces the risk of falls



Overweight

65.7% of adults
34.2% of Year 6 children
22.1% Reception children



Cardiovascular Diseases considered preventable

premature mortality rate 49 per 100,000, 2014-16



Cancer considered preventable

premature mortality rate 77.9 per 100,000, 2014-16



Diabetes

estimated prevalence rate 8.3%, 2015



Falls (65 years +)

2,514 emergency hospital admissions per 100,000, 2016/17

Costs



Total expenditure on adult physical activity is **£ 1.2 million** in 2016-17**.

The cost for diseases (Nene and Corby, 2016/17)**:

- £19.3 million (diabetes)
- £9.9 million (CHD)
- £3.6 million (breast cancer)
- £3.3 million (lower gastro intestinal cancer)

Challenge

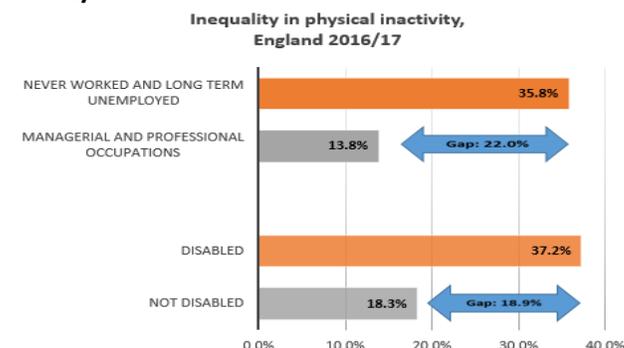


12,000 fewer inactive people by 2021+.

Getting our **children and young people** moving more and developing a healthy active lifestyle.

Increasing physical activity in **older age groups**.

Reducing the inequalities experienced by people in **lower social-economic groups** and those with a **limiting illness or disability**.



Public Health Plan on a page: Commissioning for Outcomes (Physical Activity)

Vision:

“Northamptonshire More Active, More Often” (Physical Activity and Sport Framework 2018-2021).

Our Priorities/Objectives

Whole system approach

Work with partners across system e.g. NSPORT, VCSE* to remove barriers to access and increase uptake and opportunity.

Health in All Policies including active travel, sustainability, healthy towns and built environment.

Achieved through:

- Partnership working (health , local government, workplaces, schools) across the system and for all ages
- Asset Based Community Development approaches

Increase access and uptake

Increase of public access to 30 mins daily exercise and targeted work to increase access and uptake in older adults to improve health outcomes and reduce the risk of falls and in families and young people to improve and embed healthy lifestyles and reduce obesity.

Achieved through:

- Policy revision and improved planning (built environment and green space)
- campaigns and promotions
- social marketing and social prescribing (including Activity on Referral)

Behavioural approaches

Including social support and media reinforcement.

Achieved through: (NSPORT)

- targeted ‘Hotspots’ support
- customer Insight and behavioural science informed campaigns
- workplaces
- leading physical education (PE) and School Sport System
- planning and design (built environment and green space)
- top class workforce

Evidence based approach

Champion and use effective techniques and, via engagement work with partners and partner research, design both at scale and increase physical activity.

Achieved through:

- Joint Strategic Needs Assessment (JSNA)
- Return on Investment (ROI) tools
- evaluation
- co production - including volunteers and peer led interventions
- insight development and learning

Our Commitment/Enablers

Reducing inequalities – services which mitigate inequalities and work to overcome variation - by location, approach and policy.

System partnerships - engage and co-produce with partners / stakeholders e.g. NHS, schools, prisons, workplaces and local government.

Continued investment in prevention, targeting better access for specific populations at greatest need.

Engagement and co-production of research aligning with evidence. Evaluation to monitor and assure service delivery and quality.

Embed Health in all Policies - a common way of influencing the wider determinants of health: creating places that promote good health; governance/policies based on collaboration.

Measures of Success

- Reach Northamptonshire Sport goal of 12,000 active people by 2025
- 12,000 fewer inactive people by 2021
- PHOF indicator improvement
- Reduce inequalities by working with target groups
- Work on priority places in hotspot areas
- Reduce frailty and fewer falls amongst our vulnerable populations