The Public Health Call to Action for Physical Activity - Northamptonshire

**Physical Activity in Northamptonshire**

- 63.6% physically active
- 13.2% fairly active
- 23.2% physically inactive

- 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.

**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.

Data Source: Fingertips; *Global Burden of Disease Study, IHME; **Sentif, 2018 – programme budgeting data; *Nsport; Icons by Freepik- www.flaticon.com

**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

**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 gastrointestinal cancer)

**Falls (65 years +)**

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

**Inequality in physical inactivity, England 2016/17**

- Never worked and long term unemployed
- Disability
- Not disabled

Produced by Public Health Intelligence Team
Northamptonshire County Council
**Vision:**


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### Our Priorities/Objectives

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<th>Whole system approach</th>
<th>Increase access and uptake</th>
<th>Behavioural approaches</th>
<th>Evidence based approach</th>
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</table>
| 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 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) | 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 | 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 |

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### Our Commitment/Enablers

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<th>Reducing inequalities – services which mitigate inequalities and work to overcome variation - by location, approach and policy.</th>
<th>System partnerships - engage and co-produce with partners / stakeholders e.g. NHS, schools, prisons, workplaces and local government.</th>
<th>Continued investment in prevention, targeting better access for specific populations at greatest need.</th>
<th>Engagement and co-production of research aligning with evidence. Evaluation to monitor and assure service delivery and quality.</th>
<th>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.</th>
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### 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

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*Northamptonshire Sport and Voluntary, Community and Social Enterprise*