Steps to solving inactivity

#turnthetide

UK active

More people
More active
More often

Acknowledgements

We would like to thank all of the local authorities, physical activity providers and wide range of members and stakeholders who provided us with the support and information for this report.

We would also like to thank Public Health England, the Local Government Association, the County Sports Partnership Network and all the partners that supported the Moving More, Living More regional events that were held to turn the tide of physical inactivity in July 2014.

A particular acknowledgement must go to Public Health England for commissioning the ukactive Research Institute and the National Centre for Sport and Exercise Medicine in Sheffield to carry out the National Review which has been drawn on in this report.

Connect

We encourage anyone with a role to play in turning the tide of inactivity to engage with us.
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Foreword

Turning the tide of physical inactivity will take years, if not decades, to fully achieve. Yet in just a single year since we called for collaborative action to tackle the issue head on, as a top tier public health priority, we have made remarkable progress.

Through a strategic partnership between ukactive, Public Health England, the Local Government Association, the County Sports Partnership Network and partners, we delivered the first ever set of regional events on inactivity reaching 700 people across the country.

These events successfully brought the activity sector together with public health professionals and local government leads to discuss the provision of physical activity services at a local level based on the growing needs of the population. They will be held again early next year ahead of the next commissioning cycle.

Beyond that, the government have launched the cross-departmental initiative *"Moving More, Living More"* and the *"Cycling Delivery Plan"*; Public Health England have established a national framework with an ambition to get *"Everybody Active, Every Day"*; Sport England have extended the *"Get Healthy, Get Active"* fund; and NHS England have specifically identified inactivity in their *"Five Year Forward Review"*; all of which seek to help solve the inactivity pandemic.

Local authorities have also responded positively. Despite budgetary pressures, funding cuts and the inheritance of challeniging contracts from PCTs, over the past year, they have nearly doubled the amount that they have allocated to physical activity from their public health grant. This is part of a move towards more focused preventative care and wider integration of physical activity within public health services such as health checks, smoking cessation and weight management.

As I look ahead, I have no doubt that this integration will continue to expand into different areas; with greater requirements put into leisure contracts on the delivery of specific public health outcomes; further integration between public health and adult social care in pursuit of shared health improvement independent of later life; deeper integration between clinical commissioning groups and public health teams in local authorities; and, even more integration of public health into wider policy settings such as transport, planning and education.

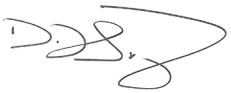
These developments will bring challenges and opportunities for the physical activity sector. An increase in focus and investment will bring increased expectations that investment will have an impact and that the sector can improve health and wellbeing in a measurable way.

I am certain that the positive steps that we have taken in the past 12 months have been inhibited by a lack of robust, clinically relevant and academically sound evidence to show the value and importance of what thousands of organisations are delivering every day across the UK.

Can we take the next step and start proving our role and value in delivering physical activity to improve public health?

This report aims to support this transition and provide practical guidance as we have such an important part to play. We are not going to be able to solve the inactivity pandemic overnight but these are exciting times for anyone with a passion for improving the health of the nation by getting more people, more active, more often.

We hope you will continue to join us on the journey – as a member, partner, stakeholder or friend.



David Stalker
Chief Executive Officer, ukactive

> "We are not going to be able to solve the inactivity pandemic overnight but these are exciting times for anyone with a passion for improving the health of the nation by getting more people, more active, more often."
> David Stalker, CEO, ukactive

Prime Minister

I welcome this report from ukactive as further evidence of the need to tackle physical inactivity. This is why the work of ukactive is so important.

I am delighted that local authorities are leading the way by starting to prioritise physical activity services in their local areas and in accordance to the local needs of their residents.

The Government has made it clear through our *"Moving More, Living More"* initiative that departments will work together, with the Mayor of London's teams, to embed physical activity into the DNA of the nation as part of the long term physical activity legacy from the 2012 Games.

The Prime Minister
The Rt Hon, David Cameron MP

"I welcome this report from ukactive as further evidence of the need to tackle physical inactivity. This is why the work of ukactive is so important."
The Rt Hon, David Cameron MP
Prime Minister

Introduction

"Steps to solving inactivity"

29 per cent of people in England are classed as physically inactive Inactivity is responsible for one in six deaths in the UK making it as dangerous as smoking

"Steps to solving inactivity" **presents new findings and puts forward compelling evidence on what is needed to help solve the inactivity epidemic in the UK.**

It draws on official government data to show that 29 per cent of people in England are classed as physically inactive.[1] This means that more than one in four people fail to achieve 30 minutes of moderate intensity activity per week, even though they can do it in three ten minute bites.

The report reveals that local authorities across the country have responded by nearly doubling the amount of public health grant funding they have allocated to tackling the issue between 2013/14 and 2014/15.[2] This represents a shift from 2 per cent to 4 per cent of top-tier public health grants.[3]

It follows ukactive's last publication *"Turning the tide of inactivity"* which established the scale of the inactivity crisis in England for the first time and raised the issue as a top tier public health concern.[4] It received support from government, local authorities and the activity sector.

"Steps to solving inactivity" provides an updated analysis of physical inactivity at both a local and national level. It examines the latest rates of inactivity in each top tier local authority and provides examples of activity interventions currently being delivered in those local areas.

It seeks to support local authorities, public health professionals and the wider activity sector to strengthen the impact of their physical activity programmes, interventions and services by highlighting existing gaps in provision and sharing guidance on how to achieve best practice at a national level.

The report draws on the government-backed Standards of Evidence developed by Nesta, a leading social innovation charity and grant provider,[5] to offer practical guidance on how best to prove that an intervention is having a positive impact so that it can be scaled up. Ultimately it sets out a series of steps to help solve the inactivity epidemic in the UK.

The scale of physical inactivity

Our analysis of the government's latest physical activity survey shows that 29 per cent of people in England fail to achieve 30 minutes of moderate intensity activity per week within a 28-day period. This is the case even though they can achieve that half an hour in three 10-minute bites.[6]

These figures show more than one in four of the population is currently classed as inactive and fall into the Chief Medical Officer's (CMO) "high risk" health category.[7] Projections made in 2012 indicate an increase in inactivity in the UK by a further 15 per cent by 2030.[8]

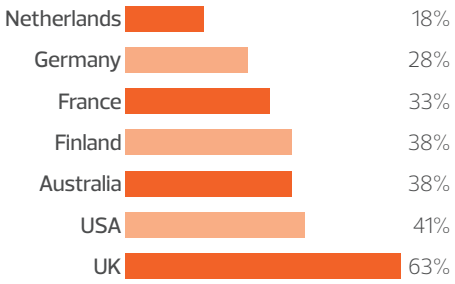
The implications of this are stark. Inactivity is the fourth largest cause of disease and disability, and directly contributes to one in six deaths in the UK.[9] This makes it as dangerous as smoking.[10]

Evidence shows that those not achieving the CMO's recommended levels of activity are at a much greater risk of up to 20 non-communicable diseases including heart disease, type 2 diabetes, hypertension, obesity, dementia and other mental health conditions.[11]

At an international level, the UK's inactivity levels are currently double those of Germany and France and more than 20 per cent higher than those in the United States [Fig 1].[12]

The lazy man of Europe

Figure 1
International comparison of populations not meeting recommended levels of physical activity



Turning the tide

This report analyses the most recent government surveys, publishes new information obtained from Freedom of Information (FOI) responses and presents the findings of the largest national review of physical activity interventions of its kind.[13] It is the second in a series of publications that aim to develop the knowledge base and support the campaign to turn the tide of inactivity.

"Steps to solving inactivity" reveals that local authorities are responding by nearly doubling their allocated investment in the area, an increase from 2 per cent to 4 per cent of top tier public health grant funding.[14] This is despite ongoing budgetary pressures, significant funding cuts and the inheritence of complicated public health contracts inherited by PCTs.

Local authority responses to FOI requests show that 70 per cent have increased their public health grant spend on inactivity interventions in the past year.[15] It is part of a broader move towards preventative care and integration of services across health, leisure and adult social care.

This is the biggest increase in allocated spend amongst all the top tier public health issues in 2014/15[16] and sits alongside other local government spending commitments to promote physical activity through sport and recreation (£905 million), open spaces (£797 million) and active travel (exact figures not available).

To turn the tide of inactivity, there must be a continued focus and investment on interventions that target physically inactive groups at a population level.

This investment must be increased to meet the clear need and fall in line with other top tier public health areas such as sexual health (36 per cent), drug misuse (31 per cent) and smoking (9 per cent) within the public health grant.[17] It must also be supported by a greater understanding of what works to bring about such complicated behaviour change at an industrial scale.

Progress being made

The government have supported the drive by launching the cross-departmental initiative *"Moving More, Living More"* as part of the activity legacy to the 2012 Games.[18] It included the first ever set of regional events on the issue, delivered by ukactive, Public Health England, the Local Government Association, the County Sports Partnership Network and partners.[19]

In addition, Public Health England has launched the *"Everybody Active, Every Day"* framework;[20] Sport England has opened the *"Get Healthy, Get Active"* fund;[21] the government has initiated the *"Cycling Delivery Plan"*;[22] the Department of Health *"Responsibility Deal Physical Activity Network"* continues to grow;[23] NHS England specifically identified physical inactivity in the *"Five Year Forward Review;"*[24] and the Local Government Association has called for a funding injection in activity programmes through their manifesto *"Investing in our Nation's Future."*[25]

Steps to solving inactivity

Physical inactivity has in principle been established as a top tier public health concern and is starting to be prioritised at both a local and national level. However, more concerted, long term action and investment is needed.

One of the key issues that requires immediate attention is the current lack of objective evidence that physical activity interventions have to demonstrate impact. This was made clear by a national review of activity interventions undertaken by the ukactive Research Institute and the National Centre for Sport and Exercise Medicine in Sheffield on behalf of Public Health England.[26]

A total of 952 responses were submitted from a wide range of programmes making it the largest national review of physical activity interventions of its kind. The criteria used in the review highlighted gaps in routine data collection, evaluation and research for physical activity. This is inhibiting the scalability and wider commissioning of physical activity interventions.

"Steps to solving inactivity" seeks to provide practical guidance on how to strengthen the evidence base and scale up programmes in line with Nesta's government-backed Standards of Evidence. It sets out a series of steps to help solve the inactivity epidemic in the UK.

"Labour's ambition is to make physical activity the core business of Government. I support the work of ukactive on this important issue."
The Rt Hon Andy Burnham MP, Shadow Secretary of State for Health

Key findings

The UK's inactivity levels are double those of Germany and France

And more than 20 per cent higher than those in the United States

Levels of inactivity

» 29 per cent of people in England are classed as physically inactive which means that more than one in four people fail to achieve 30 minutes of moderate intensity physical activity per week

» Inactivity is the fourth largest cause of disease and disability and directly contributes to one in six deaths in the UK making it as dangerous as smoking

» Inactivity levels in the UK are double those of Germany and France and more than 20 per cent higher than those in the United States

Allocated spend on inactivity

» Local authorities have nearly doubled the amount of public health funding that they have allocated to tackling physical inactivity between 2013/14 and 2014/15

» 70 per cent of local authorities have increased their allocated public health budget spend on physical activity in 2014/15

» Spend on inactivity still represents the smallest proportion of public health grants (four per cent) in comparison to the other top tier public health areas: sexual health (36 per cent), alcohol misuse (30 per cent) and smoking cessation (9 per cent)

Evidence gap

» A total of 952 physical activity programmes, delivered in schools, workplaces, leisure centres, health and fitness clubs, outdoor settings, primary care sites and community venues, were submitted to a recent national review

» Analysis of these physical activity programmes found that they are impacting the activity levels of up to 3.5 million people annually

» The criteria used in the review highlighted a gap in the routine data collection, evaluation and research for physical activity

Recommendations

Government

- Improve the collation, coordination and breadth of physical inactivity data for adults and children within a single UK-wide framework
- Increase investment into researching physical inactivity interventions that can be applied to every day settings including leisure, transport, planning and education
- Establish a UK-wide framework to support the development of a more data-oriented approach to measuring outcomes and benchmark progress across the physical activity sector

Local authorities

- Prioritise and resource physical inactivity interventions to the same level as other top tier public health risks
- Ensure physical activity provision is integrated into planning and implementation across areas such as public health, social care, education, environmental planning and transport policies
- Require all Health and Wellbeing Boards to have a designated physical activity champion, who will specifically work to ensure its appropriate integration and provision based on local needs

The activity sector

- Design and implement programmes with a focus on engaging inactive people and providing inclusive services aimed at reducing health inequalities
- Implement routine data collection at base line, exit and follow up for programmes to demonstrate impact in the short and long term
- Use the data that has been collected to shape and refine physical activity programmes, interventions and services

"To really solve this inactivity pandemic we need big, bold policy changes that include legislation, incentivisation and wide scale investment across the public, private and third sector."
Fred Turok, Chairman of ukactive

National picture

Levels of inactivity in England

Best performing

Table 1
Least inactive 15 local authorities

Lowest levels of inactivity	Percentage of inactive adults (%)
Richmond upon Thames	16.34
Wandsworth	19.45
Leeds	21.05
Lambeth	21.22
Bedford	21.98
Rutland	22.33
Wokingham	22.53
York	22.70
Kingston upon Thames	22.71
Bracknell Forest	23.05
Oxfordshire	23.07
Brighton and Hove	23.18
Bath and North East Somerset	23.36
Surrey	23.53
Windsor and Maidenhead	23.71

Most challenged

Table 2
Most inactive 15 local authorities

Highest Levels of Inactivity	Percentage of Inactive Adults (%)
Sandwell	36.34
Nottingham	36.40
Sunderland	36.40
Dudley	36.70
Bolton	36.93
Enfield	36.95
Oldham	36.96
Knowsley	37.07
North Lincolnshire	37.07
Hartlepool	37.30
Stoke-on-Trent	37.95
Tameside	38.06
Blackpool	38.21
Barking and Dagenham	38.82
Newham	39.17

Most deprived | More deprived | Average | Less deprived | Least deprived

Findings

Our analysis shows that 29 per cent of people in England are classed as physically inactive.[27] This means that more than one in four people fail to achieve 30 minutes of moderate intensity activity per week, even though they can achieve that half an hour in three ten-minute bites.[28]

Evaluation of the data by local authority area shows that the London Borough of Newham has the highest level of inactivity in England, with 39 per cent of its residents classed as inactive. Richmond upon Thames, also in London, has the lowest with 16 per cent inactive [Tables 1 and 2].

There is a noticeable regional variance in inactivity levels across England. In the North West, 32 per cent of people are physically inactive compared to 27 per cent in the South East [Figure 3].

Review

The relationship between levels of inactivity, socio-economic deprivation and premature mortality continue to be clear.

13 out of the 15 most inactive local authorities all sit in the 'most deprived' or 'more deprived' socio-economic quantiles. The most deprived areas are on average 33 per cent inactive compared to 25 per cent in the least deprived areas [Table 1 and 2]. [29]

The average number of premature deaths per 100,00 people per year in the most inactive local authorities was 433. In the least inactive local authorities it was 317.[30] Inactivity is directly responsible for one in six premature deaths; 37,000 every year.[31]

Implication

Local authorities have nearly doubled the amount of public health funding that they have allocated to tackling the issue between 2013/14 and 2014/15.[32]

This represents the biggest increase in allocated spend amongst all the top tier public health issues, shifting from 2 per cent to 4 per cent of public health budgets [Figure 2].[33]

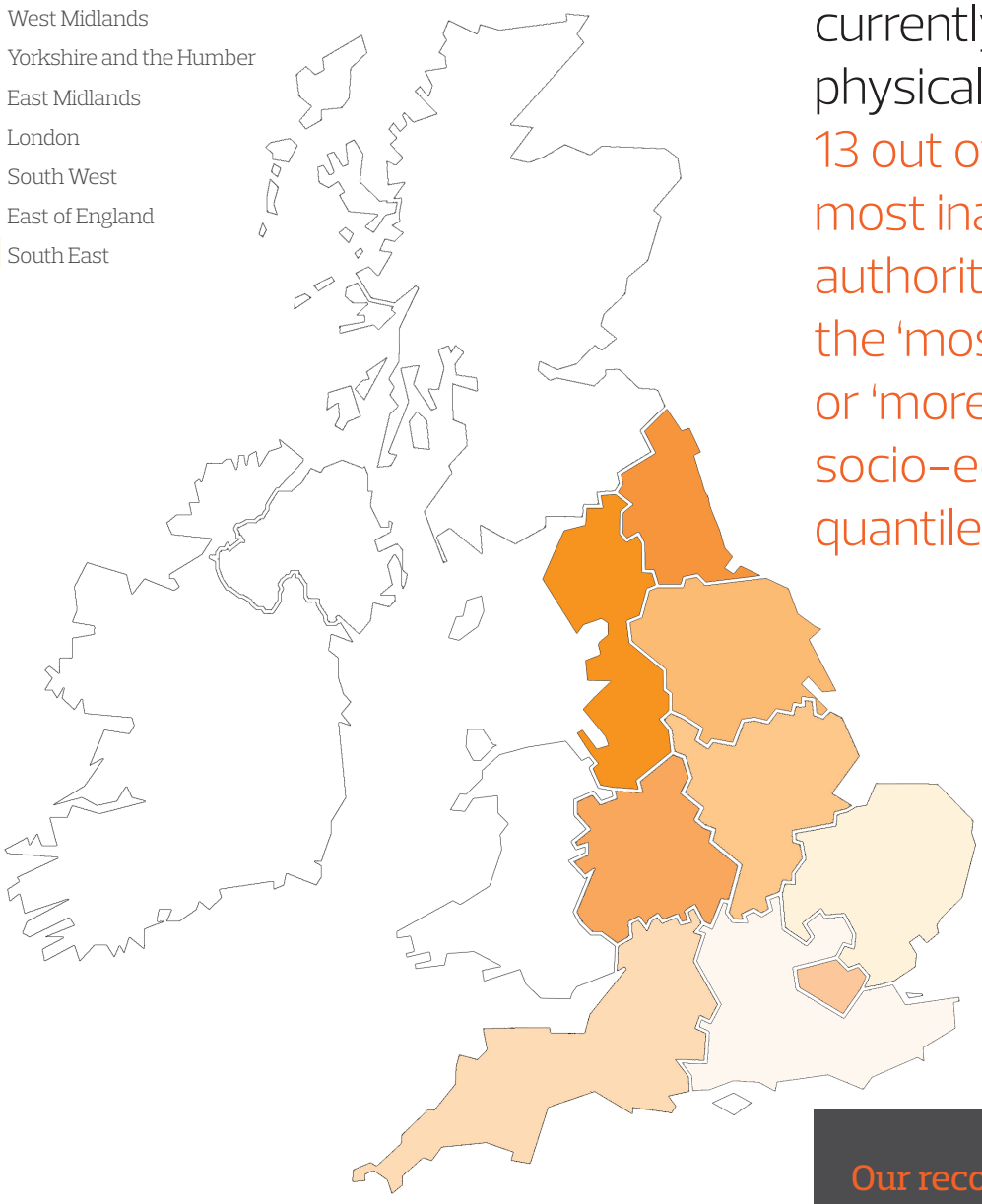
Sunderland City Council has made the biggest jump in physical activity spending from 2013/14 to 2014/15. It has increased from £36,174 (0.3 per cent of its public health budget) to £1,849,000 (16 per cent).[34] 36 per cent of residents in Sunderland City Council are classed as inactive.[35]

Overall, investment in physical activity remains small in comparison to other public health services such as sexual health (36 per cent), alcohol misuse (30 per cent) and smoking cessation (9 per cent) within local authority public health budgets.[36]

North – South divide

Figure 2
Levels of inactivity in England
Figure key

32%	North West
32%	North East
32%	West Midlands
30%	Yorkshire and the Humber
29%	East Midlands
29%	London
28%	South West
28%	East of England
27%	South East



More than one in four people are currently classed as physically inactive

13 out of the 15 most inactive local authorities all sit in the 'most deprived' or 'more deprived' socio-economic quantiles

Our recommendations

- Government: Improve the collation, coordination and breadth of physical inactivity data for adults and children within a single UK-wide framework
- Local authorities: Prioritise and resource physical inactivity interventions to the same level as other top tier public health risks
- The activity sector: Design and implement programmes with a focus on engaging inactive people and providing inclusive services aimed at reducing health inequalities

National picture

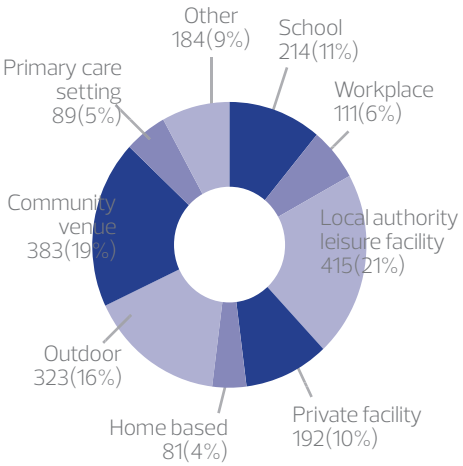
Review of physical activity programmes in England

A total of 952 physical activity programmes were submitted to the national review

They are being delivered in a range of settings including schools, leisure centres and workplaces across the UK

Activity delivery in range of settings

Figure 3
Settings of physical activity programmes submitted in England



Background

It has been evidenced time and again that physical activity can be as powerful in the prevention, management and treatment of diseases as many other medical interventions.[37]

Since the work of Jerry Morris and his colleagues in the 1950s, who showed that London bus drivers (who were sedentary during working hours) were at an increased risk of cardiovascular disease when compared with their conductors (who were active during working hours), the delivery of physical activity has developed and been refined.[38]

The health impact of activity is now beyond doubt. A physically active lifestyle will help prevent up to 20 non-communicable diseases including heart disease, type 2 diabetes, hypertension, obesity, dementia and other mental health conditions.[39]

Those who lead inactive lifestyles are at much greater risk of developing these conditions and consequently fall into the CMO's "high risk" health category.

National survey

Despite this, the recent UK Parliament All Party Commission on Physical Activity Report stated that it is currently almost impossible to tell which physical activity interventions have been successful and which have failed. It indicated that the majority are not objectively assessed or evaluated over a sufficient time-frame.[40]

This point was evidenced in more detail by a national review of physical activity interventions undertaken by the ukactive Research Institute and the National Centre for Sport and Exercise Medicine in Sheffield on behalf of Public Health England.[41]

A total of 952 responses were submitted to the review from a wide range of physical activity programmes being delivered across the country. These are impacting the activity levels of up to 3.5 million people annually. Settings include schools, workplaces, leisure centres, health and fitness clubs, outdoor settings, primary care sites and community venues.

The criteria used in the review highlighted the gaps in routine data collection, evaluation and research for physical activity. A limited number of programmes were able to categorically prove that they had brought about their desired outcome directly (independently of other possible factors) and evidenced a positive effect on participants that was greater than a competing intervention or no intervention at all.

Evidence gap

An evidence gap has emerged between laboratory-based research studies that have proved the effectiveness of physical activity in controlled environments and the real world delivery of physical activity interventions.

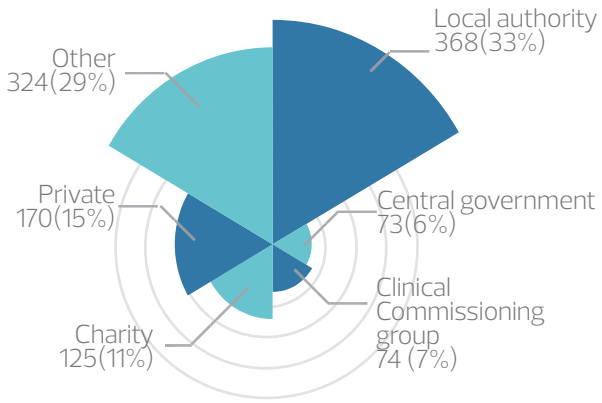
Across the sector, there continues to be a speculative reliance on self-reporting of physical activity, use of crude outcome measures such as body weight and a general absence of clinically relevant data being captured to prove public health impact.[42]

This is a matter that is inhibiting the scalability and wider commissioning of physical activity programmes. It appears to be the case when compared to other public health interventions that are better evidenced and more widely invested in such as smoking cessation programmes.

For full details of the national review "Identifying 'what works' for local physical activity interventions" visit the ukactive Research Institute website: www.researchinstitute.ukactive.com.[43]

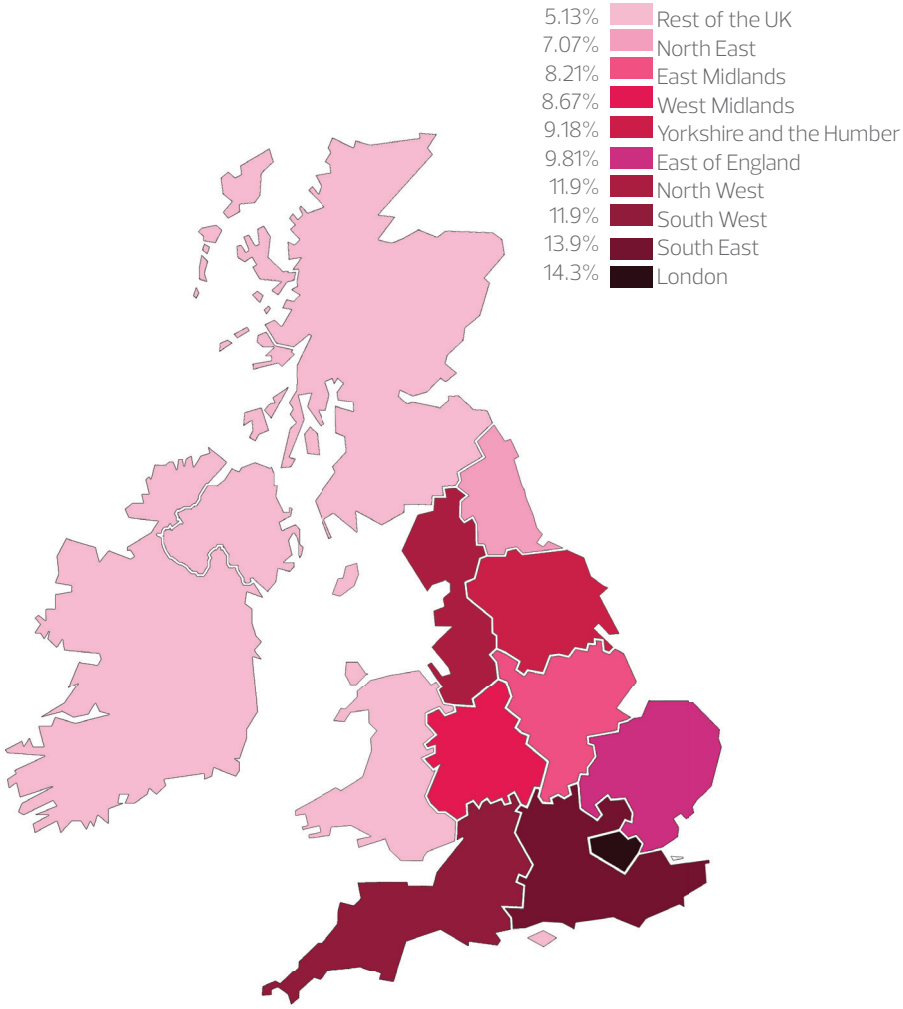
Public, private and third sector funding

Figure 4
Funding types for the physical activity programmes submitted



Physical activity programmes in England

Figure 5
Number of physical activity programmes submitted to the national review by region



"The criteria used in the review highlighted gaps in routine data collection, evaluation and research for physical activity."
Dr Robert Copeland, National Centre for Sport and Exercise Medicine in Sheffield

Our recommendations

- Government: Increase investment into researching physical inactivity interventions that can be applied to every day settings including transport, planning and education
- Local authorities: Ensure physical activity provision is integrated into planning and implementation across areas such as public health, social care, education, environmental planning and transport policies
- The activity sector: Implement routine data collection at base line, exit and follow up for programmes to demonstrate impact in the short and long term

Evidence gap

Commentary from the ukactive Research Institute

"An evidence gap has emerged between lab-based research and community based interventions being delivered in the real world."
Dr Chris Beedie, Principal Investigator of the ukactive Research Institute

Nesta Standards of Evidence

One way to support the development and scalability of physical activity programmes nationally is to use existing evaluation criteria such as Nesta's government-backed Standards of Evidence which are widely used in public health settings [Full breakdown from p.16 – p.19].

The Nesta Standards of Evidence are on a 1 to 5 scale with Level 1 representing a low threshold, appropriate to very early-stage innovations. As the levels are progressed, it is expected that data is collected to isolate the impact of the intervention, that findings are validated externally, and then at Level 5, demonstrable evidence that the programme or service can be delivered at multiple locations and still deliver a strong, positive impact. In other words, it is scalable [Figure 5].

These criteria were used to assess the level of evidence supporting the 952 physical activity programmes that were submitted to the national review that the ukactive Research Institute and the National Centre for Sport and Exercise Medicine in Sheffield undertook on behalf of Public Health England.

Benefits of Nesta Standards of Evidence

Nesta's Standards of Evidence reflect universally accepted criteria of scientific research. They are based around key principles such as causality (e.g. does the intervention actually bring about the desired outcome or do these outcomes result from other factors that are not directly attributable to the intervention itself) and scalability (e.g. would/could the intervention work if delivered by a different person to a different group at a different place).

They are ranked on a numerical 1-5 scale allowing quantitative comparisons between interventions, including rankings and classifications both within and between sectors. This enables us to answer key questions such as "which are the most evidence-based interventions being delivered?"

The Standards of Evidence also allow comparisons within interventions that give quantitative indication of change over time. This allows us to assess whether the evidence-base for any one intervention has grown since a previous assessment.

Nesta's Standards of Evidence provide a clear framework for developing impact. If an intervention is currently rated at Level 3, the actions required to step up towards a future Level 4 rating, and therefore towards a more evidence-based intervention, are clear.

Whilst to many researchers such criteria might be self-evident, to many practitioners and providers, this is invaluable information in developing evidenced-based interventions and scaling up their programmes.

Limitations of Nesta Standards of Evidence

There are, however, limitations to the Standards of Evidence. The data required to meet Nesta criteria can be expensive in terms of time, equipment and expertise. Resources allocated to data capture could, and perhaps should, be better employed in the delivery of care. Meeting the Nesta criteria could therefore present many with a legitimate ethical and/or business dilemma.

Nesta criteria rate evidence, not effectiveness. The providers of many entirely effective interventions might be unable for economic or other reasons, to provide any evidence to support this effectiveness. Strict adherence to the Nesta criteria could provide misleading information and be especially problematic for small, new or unique interventions.

Whilst the mechanisms and effects of many interventions are generally simple to investigate, others are far more problematic. For example, it may be difficult to recruit a control group to assess the direct impact of an active travel scheme that is based around environmental changes in infrastructure. There are also ethical issues around withholding beneficial treatment to those being used in control groups for interventions being delivered in primary care settings.

Our recommendations

- Government: Establish a UK-wide framework to support the development of a more data-oriented approach to measuring outcomes and benchmark progress and across the physical activity sector
- Local authorities: Require all Health and Wellbeing Boards to have a designated physical activity champion, who will specifically work to ensure its appropriate integration and provision based on local needs
- The activity sector: Use the data that has been collected to shape and refine physical activity programmes, interventions and services

Strength of the evidence

By using the Nesta Standards of Evidence to benchmark physical activity programmes, we are able to reveal that all of the 952 submissions were able to describe the importance of their programme and therefore met the initial requirement set out by Nesta – Level 1.

Only a limited number were able to move beyond this and provide more detailed data to support these conclusions such as qualitative and quantitative measurements, continued professional development (CPD) provision and proof of scalability.

Two programmes had completed a randomised control trial which evidenced causality and objectively demonstrated positive impact on participants. Another six were in the process of performing randomised control trials through independent evaluations but no programme was classed beyond Level 3.

The process brought to light the huge range and number of people and organisations currently running physical activity programmes in England. It also highlighted how few were able to evidence their impact and scale up their programmes to reach those in need across the country. This is a limiting factor for those that have such ambitions.

Steps to improving the evidence base

The following pages introduce the Standards of Evidence in more detail and outline how they can be applied to physical activity programmes being delivered in a range of different settings.

Each level is introduced and practical guidance is provided on how to achieve the next step. Real world case studies taken from the national review submissions are used to outline how each standard is met and how each can be progressed.

By moving through the steps, the quality of evidence improves. This begins with a sound rationale, and culminates in interventions that have a tangible, replicable and scalable impact upon physical activity levels and health outcomes.

These principles can be used to support the development of a more data-oriented approach to reporting processes and measuring outcomes in the physical activity sector, in the same way that they are being used across other public health settings by a range of government departments.

To close the gap between lab-based theory and real world delivery, a UK-wide framework can benchmark progress and support the development of evidence including the demonstration of impact, causality and scalability.

A failure to meet the required standards will continue to inhibit the scalability and wider commissioning of physical activity services. The practical steps outlined will provide the evidence-based bedrock upon which solving the inactivity epidemic in the UK can be based.

> ''A failure to meet the required standards will continue to inhibit the scalability and wider commissioning of physical activity.''
> Professor Greg Whyte OBE, Chair of the ukactive Research Institute

Evidence gap in physical activity

Figure 6
Classification of responses to the national review based on Nesta's Standards of Evidence

Stepping up

Figure 6
Nesta Standards of Evidence

For more information see Puttick and Ludlow (2012) Standards of Evidence for Impact Investing; http://www.nesta.org.uk/publications/standards-evidence-impact-investing

Nesta levels

A practical guide

Nesta Level 1

Summary

You can describe what you do and why it matters, logically, coherently and convincingly

Description

To achieve the Level 1 Standard of Evidence, you should be able to provide a logical reason, or set of reasons, for why your intervention could have an impact and why that would be an improvement on the current situation.

This is about identifying the need for your intervention e.g. the continuing rise in physical inactivity and subsequent health concerns, and articulating why and how what you have developed will address the issue e.g. converting disused spaces into hubs for activity will provide increased opportunity to be active.

How to generate the evidence

You can do this by drawing upon existing data and your previous experiences in the area. Highlighting what makes your initiative different and innovative is essential. Below is a case study of the Camden Active Spaces programme which is being delivered in London. This programme currently meets the criteria for Nesta level 1. The boxes below detail how it meets these criteria and the steps which are being taken to move up the Nesta scale.

Camden Active Spaces

The intention of this project is to increase physical activity in young people with the aim of having a positive impact on the obesity levels of this group in Camden. The project centres on building bespoke 'spaces' that are reflective of local communities and that inspire Camden residents to be more active. Training and development is being used to 'activate' the spaces and will be centred on providing individuals within schools and local communities to support structured and unstructured activity programmes.

Qualitative measurements

Questionnaires, focus groups, one-on-one interviews

Quantitative measurements

Body mass index, cardiorespiratory fitness, psychological outcomes, sit and reach, standing jump, grip test

Impact

Health and social benefits have been taken into account alongside the design of the Active Spaces and by securing a research grant with University College London (UCL). The Active Spaces project will seek to provide robust evidence of any outcomes.

UCL are measuring the impact of Active Spaces on altering physical activity levels in young people. Measurements such as those highlighted above are being taken at baseline, post build and one-year on to ascertain sustainable outcomes associated with the Active Space. Researchers are using Actigraphs to measure a young person's physical activity levels over a 7-day period alongside an activity diary and will be exporting this data for analysis. Baseline data has been collected in 500 young people but no analysis has been done to date.

Evaluations are being undertaken by UCL in the Active Spaces sites incorporating data from 2 secondary schools and 5 primary schools. A control group at a Camden Primary school will be used and quantitative and qualitative data captured (including use of Actigraph data) to ascertain anomalies/impact directly associated with the intervention.

Scalability

If robust outcomes can be demonstrated by this project, there is the potential that future funding could be secured and potentially Active Spaces could be placed in community settings.

Nesta Level 1

There is a clear articulation of aims, objectives and rationale. Data is being collected that reflects the dependant variable i.e. what the intervention is aiming to achieve.

Nesta Level 2

This intervention has clearly expressed how it intends to move to Level 2 i.e. capture data that show positive impact. The outcomes from data currently being collected will be used to determine what effect is being made.

Nesta Level 3

Level 3 requires proof that you are causing the impact, and not an external influence. In this case a local facility not associated with the interventions also being measured and will be used to (potentially) identify causality.

Nesta Level 4

To confirm the positive impact (L2), and causality (L3) an independent view of the data is required. In this instance funding has been secured so that University College London can validate any data collected, and support the subsequent analysis.

Nesta Level 5

Level 5 involves repeating the level of analysis and evaluation above, but in multiple locations so that findings can be replicated elsewhere i.e. you can be confident that where ever you run the intervention, the effects will be consistent.

Nesta Level 2

Summary

You can capture data that shows a positive change but you cannot confirm you caused this

Description

Level 2 is all about demonstrating positive impact i.e. you are gathering data that shows some change amongst those receiving or using your intervention. At this point you are not required to compare this with a control group or any competing intervention. You will therefore have a clear idea of what you are doing, why and what effect it is having on the people taking part.

How to generate the evidence

You could consider such methods as pre and post data collection / survey evaluation or continual measurement. This could be as simple as taking some measures when somebody joins your programme, and repeating them at set intervals. Below is a case study of the Northumberland Exercise on Referral Scheme. This programme currently meets the criteria for Nesta level 2 standards of evidence. The boxes below detail how it meets these criteria and the steps that are being taken to move up the Nesta scale.

Nesta Level 2

There is a clear articulation of aims, objectives and rationale. Data collected highlights positive impact upon physical activity levels and cardiovascular risk factors.

Nesta Level 3

It is suggested that future work will include a randomised control trial in a subset of participants. This will not only help to determine causality, but also identify potential mechanisms.

Nesta Level 4

Although all interventions and data collection are delivered by Active Northumberland, this is independently evaluated by the University of Northumbria. Likewise future evaluation will be conducted by PhD researchers from Durham University.

Nesta Level 5

The processes involved in the delivery of this intervention have been evaluated, and assuming causality is demonstrated, the evaluation could then be replicated in alternate locations to determine the feasibility of external delivery.

Northumberland Exercise on Referral Scheme

This is an exercise referral scheme which aims to support weight loss, social cohesion and increase physical activity levels of people who are inactive as well those who have certain medical conditions. The programme operates in Northumberland and receives ≈2000 referrals per year with an 80% uptake on places.

Qualitative measurements

One–on–one interviews, questionnaires

Quantitative measurements

Psychological outcomes, cardiorespiratory fitness, blood pressure, BMI, waist circumference, physical activity levels

Impact

Internal evaluations reported significant positive changes in systolic and diastolic blood pressure, waist circumference and BMI.

Independent evaluation carried out by the University of Northumbria; the study was published in BMJ Open in August 2013. Study design: A naturalistic observational study. Setting: Nine local authority leisure sites in Northumberland. Participants: 2233 patients referred from primary and secondary care between July 2009. Results: Uptake was 81% (n=1811), 12–week adherence was 53.5% (n=968) and 24–week completion was 42.9% (n=777). Participants who completed the intervention significantly increased their self–reported physical activity levels at 24–weeks.

Conclusion: Completers of the Northumberland ERS increased physical activity at 24 weeks, although the levels achieved were below the current UK guidelines of 150 min of moderate exercise per week. Leisure site was associated with uptake, adherence and completion.

Future research

Tier 2 weight management scheme is being carried out by Active Northumberland and the public health team, and evaluated by Durham University School of Applied Social Sciences. Study design: Randomised control trial. Sample: 180 participants, patients with a BMI of 25.0–29.9 kg/m2, across two leisure sites. Method: Once referred, participants will be randomly allocated into one of three groups: a) The Momenta adult weight management 12 week programme (n=60), b) Regular gym membership for 12 weeks (n=60), c) The Momenta 12 week programme + regular gym membership for 12 weeks (n=60).

Nesta Level 3

Summary

You can demonstrate causality using a control or comparison group

Description

The key to Level 3 is proving that it is your intervention that is causing any positive changes you have identified at Level 2. This means that you can demonstrate that your intervention is causing the impact, by showing less impact amongst those who don't receive the product/service

How to generate the evidence

Any robust methods using a control group (or another well justified method such as a competing intervention) that begin to isolate the impact of the product / service. Random selection of participants strengthens evidence at this level. Below are case studies of Les Mills UK and Project ACE. These are examples of physical activity programmes which differ considerably in the delivery environment and target group, however both of these programmes currently meet the criteria for Nesta level 3 standards of evidence. This would have been influenced by the fact that they have been part of funded research trials. The boxes below detail how these programmes meet the criteria and the steps that are being taken to move up the Nesta scale.

Les Mills UK

Les Mills group fitness classes support a variety of groups to increase physical activity levels as well supporting weight loss and social cohesion. Facilities pay a license fee to operate the programmes and many clubs have been running these programmes for up to 20 years. Les Mills estimates that there are 21,564,712 attendances (non-unique) per annum across the UK.

Qualitative measurements

One-on-one interviews, questionnaires.

Quantitative measurements

BMI, blood pressure, cholesterol, cardiorespiratory fitness, psychological outcomes, body composition changes via DEXA, strength gains and glucose levels.

Impact

The ability of the programmes to deliver health benefits has been tracked according to the American College of Sport Medicine's activity guidelines. Les Mills International have published the results of this in a peer reviewed journal; the paper evaluates a multi-modal group exercise programme, this was a 30 week group fitness intervention study which demonstrated the effectiveness of group fitness in reducing the cardiovascular risk in sedentary individuals.

Evaluation

Evaluation conducted by Pennsylvania State University in collaboration with Les Mills International and published in peer-reviewed journals.

Paper 1: Group fitness intervention. Research aims: Evaluation of whether a multi-modal group fitness intervention could produce physiological health benefits. Results: Statistically significant reduction in body mass, fat percentage, cholesterol, LDL-C, triglycerides and elevations in oxygen consumption, lean body mass percentage and HDL-C compared to baseline measurements. Conclusion: Group fitness minimises attrition and maximises health benefits to reduce risk of cardiovascular disease.

Paper 2: Research aims: Investigate the health effects of high intensity training in a group fitness environment. Sample: 84 healthy trained adults. Method: Sample randomly split into high intensity interval training (GRIT) program and moderate intensity training (FIT) program (control). Results: GRIT group significantly reduced body mass, triglyceride concentration and increased lean body percentage, glucose tolerance, maximal oxygen consumption and strength.

Scalability

The programme delivery, instructor training and club support strategies have been designed to be fully scalable. Les Mills classes are currently being delivered in more than 15,000 clubs and gyms and across over 80 countries.

Future work

Future work will focus on increasing the population samples tested.

Nesta Level 3

Les Mills have identified a way of making physical activity fun and engaging, whilst supporting significant areas in public health such as weight loss and social cohesion.

Impact has been documented in peer-reviewed publications, and in comparison with a control condition (competing intervention). Improvements are reported in body composition, cholesterol levels, glucose tolerance, and fitness.

Nesta Level 4

Both examples of Level 3 Standards of Evidence (Les Mills UK and Project ACE) have published their evaluations in peer reviewed academic journals. This is testament to the design that has been included in the evaluation.

To progress to Nesta Level Four an independent analysis of data collected is required that does not involve members of delivery team.

Nesta Level 5

Both case studies provided, although very different, provide examples of the development and scaling of interventions.

Les Mills provides an excellent example of the way in which an exercise intervention can be delivered in multiple locations. As is highlighted in the case study, the task is now to replicated the level of evaluation across these large numbers of participants and delivery locations.

Nesta Level 4

Summary

You have one + independent evaluations that confirms these conclusions

Description

Level 4 essentially validates the positive impact and causality that has been shown in Levels 2 & 3 via an independent evaluation of data that has been collected. As part of this you should be able to explain why and how your intervention is having the impact you have observed and evidenced so far.

How to generate the evidence: At this stage a robust independent evaluation that investigates and validates the nature of so the impact is required. This might include endorsement via commercial standards, industry kitemarks etc. or partnering with research or academic institutions. You will need documented standardisation of delivery and processes and costs of production.

Nesta Level 5

Summary

You have manuals, systems and procedures to ensure consistent replication and positive impact

Description

To be considered Level 5 you must be able to prove that your intervention could be operated by someone else, somewhere else, whilst continuing to have positive and direct impact on the outcomes required e.g. physical activity levels or health markers. All the while remaining a financially viable proposition.

How to generate the evidence: You would be expected to use methods like multiple replication evaluations, future scenario analysis and fidelity evaluations, to confirm that delivery and outcome measurements are replicable, and therefore your intervention is scalable.

Nesta Level 3

Project ACE is focused on activating elderly participants by utilising community volunteers. Impact has been demonstrated, in comparison with a control group (receiving no intervention) in areas such as confidence, vitality, self reliance, and life satisfaction. These are all highly relevant areas to the population being tested.

Nesta Level 4

An independent evaluation conducted by an external University or body not associated with the delivery of the interventions is required to progress to Level 4.

Both Les Mills and Project ACE intend on conducting larger studies in the future to facilitate evidence gathering (Les Mills) and scalability (ACE).

Nesta Level 5

As is alluded to here, Level 5 involves replicating evaluations in multiple locations, and operating in different community settings

Project ACE is now set to begin delivering the intervention to larger numbers – with continual evaluation. By accompanying this activity with systems, manuals, and training Level 5 can be achieved.

Project ACE

ACE is an intervention programme in which retired volunteers (Activators) promote physical activity amongst older adults. ACE began in 2013 as a research project developed by researchers at the University of Bath, Bristol and the University of West England and is currently being rolled out across Bristol by the charitable organisation LinkAge.

Qualitative measurements

Activities diary, satisfaction with life, the Resilience Scale, the Vitality Scale, Basic needs satisfaction, the Ageing Well Profile, focus groups and interviews.

Quantitative measurements

Physical activity levels (using accelerometers), physical function, psychological outcomes.

Impact

Evaluation was funded by the MRC-led Lifelong Health and Well-being Initiative and showed considerable impact on the health and social outcomes of the participants. ACE participants significantly increased their confidence and felt more supported to be active. 82% of the intervention group reported increased autonomy, 42% felt an increase in relatedness and 81% reported a perceived increase in competence. 55% of the intervention group reported an increase in vitality compared to 22% of the control group.

In terms of social well-being 68% reported an increase (42% of the control group) and 59% reported an increase in Life Satisfaction (50% of the control group). 57% felt that life was more worthwhile at six months than at baseline, compared to 0% of the control group.

Evaluation was completed by the University of Bath, and presented in over 20 academic publications / conference presentations / communications.

Scalability

The programme can be operated by a range of providers, its volunteering model results in very low delivery costs and it can be delivered anywhere in the UK.

LinkAge are now in the process of rolling it out in new areas. LinkAge will continue to measure the impact of the programme to add to the ACE research base.

Future steps include evaluating (a) its effectiveness and cost effectiveness and (b) rolling it out on a larger scale.

Regional analysis

The North West is the most inactive region in England

And the South East is the best performing region with the lowest percentage of inactive people in the country

Regional breakdown

The following section provides a regional breakdown of physical inactivity in each of the top-tier local authorities in England; across the North West, North East, Yorkshire and the Humber, West Midlands, East Midlands, East of England, South East, London and the South West.

It presents the latest available data on inactivity levels in each local authority alongside their allocated spend to tackle the issue within public health budgets in 2013/14 and 2014/15.

Our analysis highlights changes over the last 12 months in both inactivity levels and allocation of funding from both local authorities and as a region compared to the national average.

Case studies are also presented from a range of physical activity programmes being delivered in each region including key facts and quotes from local and national stakeholders.

The graph key below provides details of each metric that has been assessed alongside the national average.

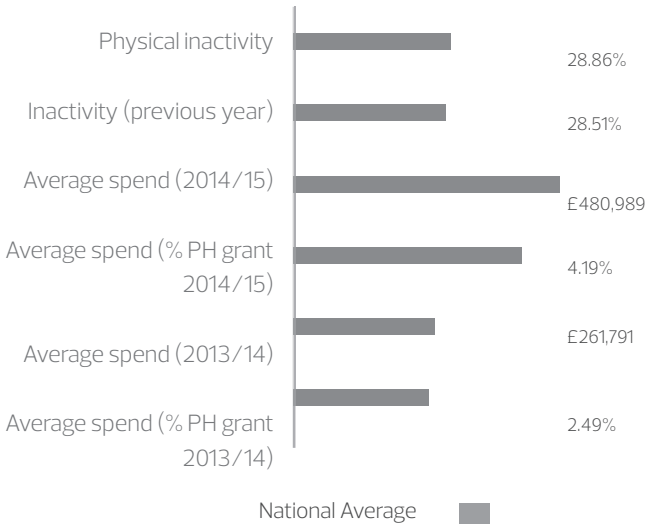
Graph key

Inactivity metrics

Physical inactivity	The percentage of people classed as physically inactive in the region in 2013 compared to the national average
Inactivity (previous year)	The percentage of people classed as physically inactive in the region in 2012 compared to the national average
Average spend	The total amount of public health grant spend allocated to physical activity for the 2014/15 spending year
Average spend (% of PH grant)	The percentage of the public health grant allocated to physical activity for the 2014/15 spending year
Average spend (2013/14)	The total amount of public health grant spend on physical activity allocated in 2013/14
Average spend (% of PH grant 2013/14)	The percentage of the public health grant allocated to physical activity in 2013/14
DNA	Data not available

National average

Inactivity and spend analysis over the last two years



Case studies

National programmes

Water Babies

Water Babies is a swimming programme for babies and toddlers. The swimming lessons progressively develop children's water skills in line with their physical, mental and emotional development phases.

This is a franchising organisation, running 54 businesses across the UK and currently teaches circa 41,000 babies and toddlers each week, which also includes a significant number of children with special needs and other health related conditions.

A large amount of anecdotal evidence exists showing the impact of the programme in improving the overall health and wellbeing of clients. Evaluation of the programme is currently being undertaken by Manchester University.

Key Facts

Setting
School, local authority leisure facility, private leisure facility, community venue, primary care setting

Running Length
6 – 8 years

Funding
Private

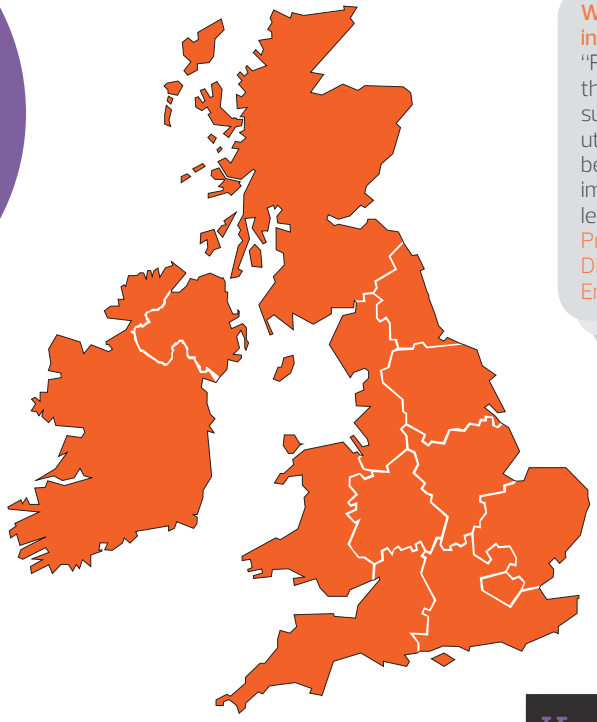
Participants per year
More than 25,000

Key Survey Stats

» 952 physical activity programmes submitted nationally

» Of these 368 receive funding from the local authority

» There are over 3.5 million people taking part in these programmes annually



What are the steps to solving inactivity?
"People and communities themselves. If we could sufficiently connect and utilise these assets we would be able to make a fantastic improvement in people's levels of physical activity."
Professor Paul Plant, Deputy Director of Public Health England (London)

Macmillan Cancer Support "Get Healthy, Get Into Sport"

The physical activity behaviour change pathway is based on the NHS physical activity care pathway 'Let's Get Moving'. It provides an overarching framework for embedding physical activity into cancer care and works to develop sporting opportunities for people with cancer.

Included in this is the delivery of the Get Healthy Get Into Sport Macmillan project and the provision of an evidence based approach to service delivery.

Participants are referred through health professionals, health and well being events, community groups Boots, information centres and charities with a specific focus on 50+, black minority and ethnic populations of some areas.

Key Facts

Setting
Local authority leisure facility, private leisure facility, home based, outdoor settings, community venue, primary care

Running Length
12 – 18 months

Funding
Sport England

Participants per year
500 – 1000

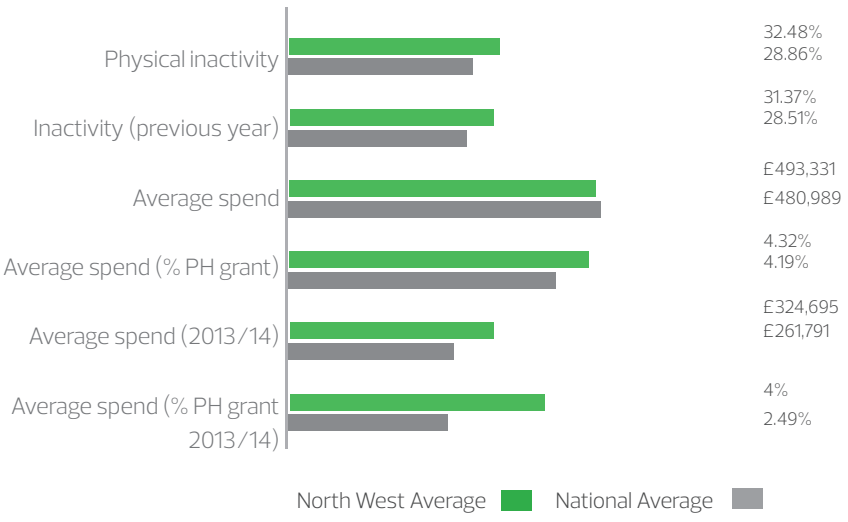
North West

Out of nine regions the North West has the highest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Wirral	34	↑	26	DNA	DNA	£471,000	2.4
Cheshire West and Chester	35	↑	26	DNA	DNA	£48,000	0.5
Warrington	55	↓	28	DNA	DNA	£167,000	3
Manchester	73	↑	29	DNA	DNA	£1,602,953	6.1
Trafford	76	↓	29	£262,438	4	£349,797	1.9
Bury	81	↓	29	£202,000	4.2	£50,000	1.4
Cheshire East	82	↓	29	£77,500	1	£649,000	7.9
Stockport	83	↓	30	£618,334	6.7	£684,000	7.1
Lancashire	90	↑	30	DNA	DNA	DNA	DNA
Cumbria	98	↓	31	DNA	DNA	DNA	DNA
Sefton	99	↑	32	DNA	DNA	DNA	DNA
St. Helens	102	↑	32	DNA	DNA	£313,000	3.9
Salford	111	↑	33	DNA	DNA	£297,000	3.6
Liverpool	112	↑	33	DNA	DNA	DNA	DNA
Halton	115	↓	34	DNA	DNA	£590,340	7
Rochdale	130	=	36	DNA	DNA	DNA	DNA
Blackburn with Darwen	132	↑	36	£794,485	6.1	DNA	DNA
Wigan	135	↓	36	DNA	DNA	£771,000	5.3
Bolton	140	↓	37	DNA	DNA	DNA	DNA
Oldham	142	↓	37	DNA	DNA	£600,000	6.3
Knowsley	143	↓	37	DNA	DNA	£505,000	6.9
Tameside	147	↓	38	DNA	DNA	DNA	DNA
Blackpool	148	↓	38	£250,000	2	DNA	DNA

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

National Average: North West Region vs. National Average[1]



Key findings

- The North West is now classed as the 'most inactive' region in England
- Wirral is the best performing local authority in the region with 26 per cent of its population classed as inactive
- The most inactive local authority in the North West is Blackpool with 38 per cent of people classed as inactive

1 For graph key refer to page 20

Case studies

BEATS
Bury's Exercise and Therapy Scheme

BEATS is an exercise referral scheme for people with a recurring illness or medical condition who would benefit from a personal exercise programme. The programme lasts 12 months with a close supervision period for the first twelve weeks.

Patients referred to BEATS get advice and support on how to improve general health and well-being through physical activity. This can take place at home, outdoors or at a local leisure facility.

Service users have reported reduced weight, reductions in the amount of medication they need to take as well as improvements in mental well-being and social inclusion confidence.

Key Facts

Setting
Local authority leisure facility, home-based, outdoor settings, community venue, primary care settings

Running Length
10+ years

Funding
Local authority

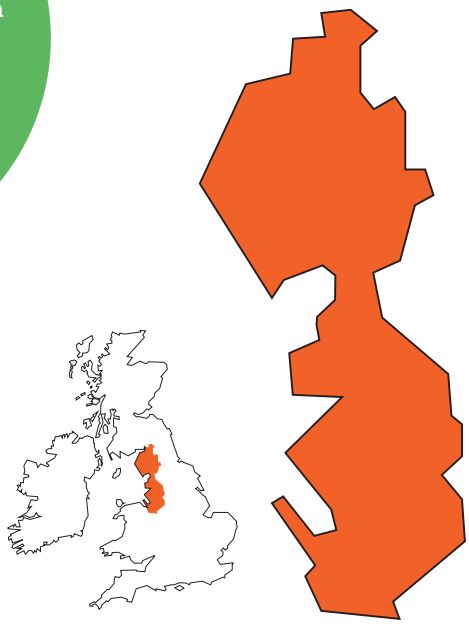
Participants per year
1,000 – 5,000

Key Survey Stats

» 208 activity programmes submitted in region

» Of these 83 receive funding from the local authority

» Most programmes are attended by between 1,000 – 5,000 participants annually



What are the steps to solving inactivity?
"Joined up thinking in school. Children are pitifully unfit. Schools have got to be the answer." Andy King, CEO of Carlisle Leisure Limited

St Helens Sports Development
Youth Sports Programme

Sessions are aimed at hard to reach young people who are not engaged in regular physical activity participation. The scheme also aims to support and encourage healthy lifestyles, increase fitness levels and reduce anti-social behaviour.

The programme has, over the last 5 years, engaged with over 10,000 14-24 year olds year on year. Currently a varied offer of physical activities is being provided on a weekly basis including male/female gym sessions, dance fit, roller disco/roller sports, parkour, dance, football (mixed and female only), taekwondo, break dance and basketball.

The programme has a positive impact on the lives and health of the participants with self-reported increases in fitness and weight and reduced levels of anti-social behaviour in the community.

Key Facts

Setting
School, local authority leisure facility, private leisure facility, outdoor settings, community venue

Running Length
3 – 5 years

Funding
Grants from Street Games, Sport England, Helena Partnerships Make it Happen fund

Participants per year
10,000 – 25,000

North East

Out of nine regions the North East has the second highest percentage of people who are physically inactive

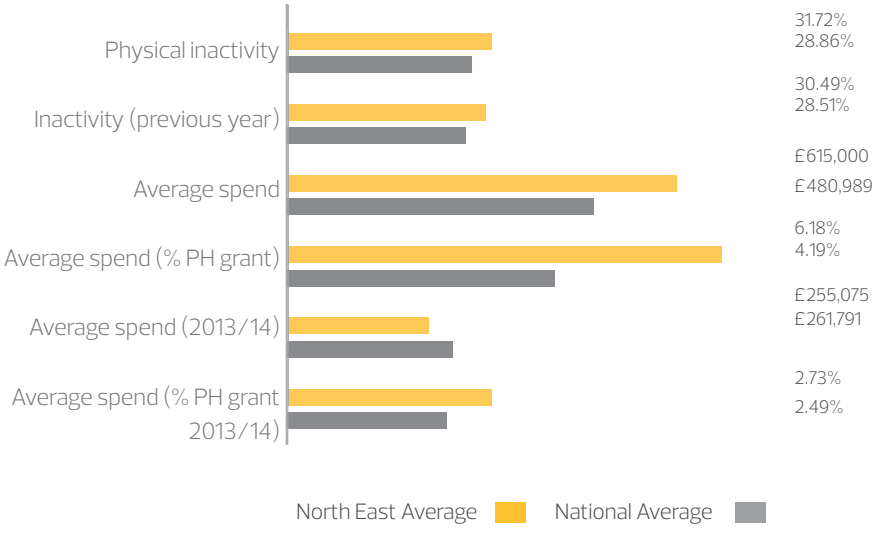
Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Northumberland	33	↑	26	£93,146	1.7	£206,000	3.2
Newcastle upon Tyne	72	↓	29	£822,957	5.7	DNA	DNA
Stockton-on-Tees	74	↑	29	£12,426	0.1	£698,000	9.2
North Tyneside	77	↓	29	DNA	DNA	£50,195	0.5
Redcar and Cleveland	79	↓	29	£402,000	9.8	DNA	DNA
Gateshead	86	↑	29	£209,938	3.4	£220,000	3.5
County Durham	106	↓	32	DNA	DNA	DNA	DNA
Darlington	116	↓	34	£103,000	2	DNA	DNA
South Tyneside	122	↓	34	DNA	DNA	DNA	DNA
Middlesbrough	126	↓	35	DNA	DNA	£668,000	8
Sunderland	138	↑	36	£36,174	0.3	£1,849,000	16.3
Hartlepool	145	↓	37	£154,000	2.5	DNA	DNA

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

Key findings

- Just over 30 per cent of the population in the North East is classed as physically inactive
- Northumberland is the best performing local authority in the region with 26 per cent of its population classed as inactive
- Hartlepool is the most inactive local authority in the North East with 37 per cent of its population classed as physically inactive

National Average: North East Region vs. National Average[1]



What are the steps to solving inactivity?
"Engaging with local community groups. Asking them questions on what they want and what they need. Conducting this analysis with the community themselves. Identifying the best form of intervention needed and working with them to sustain it." Louise Bulmer, Active Lifestyles Officer at Tone Leisure Limited

1 For graph key refer to page 20

Case studies

Get Active Nordic Walking

This programme targets whole communities and runs a series of walks using the Nordic walking technique in local communities.

The scheme locates an area where there is a need for Nordic Walking, then a 12 week pilot is delivered. From this pilot a volunteer / instructor is found who would like to access the training & keep the session running.

The 12 week pilot programme showed that improvements were made in both physical measurements, hours slept and level of activity undertaken. In addition participants reported benefits in 'general fitness', 'improved mobility' and 'feeling more relaxed/ less stressed' were the most evident physical improvements. Many participants also emphasised the improvements in / awareness of posture.

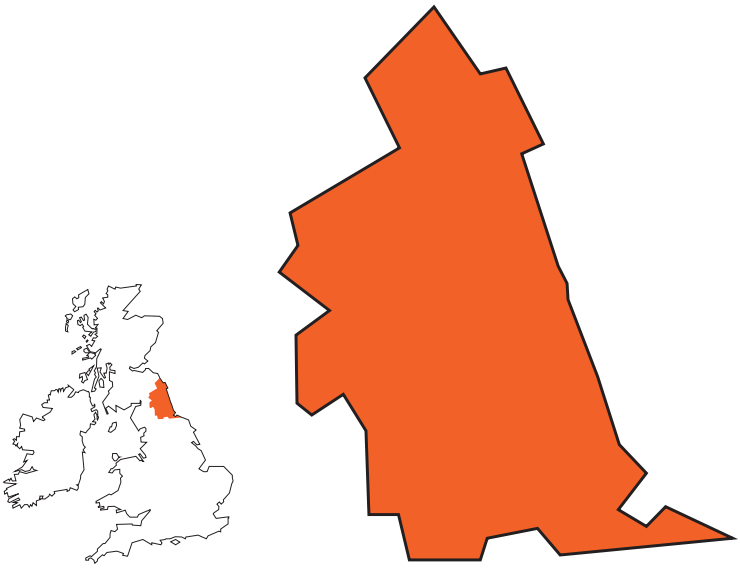
Key Facts

Setting
Workplace, outdoor settings, community venue

Running Length
1 - 2 years

Funding
Local authority

Participants per year
5,000 - 10,000



Key Survey Stats

» 125 activity programmes submitted in region

» Of these, 36 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually

Wellness on Wheels (WOW) and the Legacy Network

WOW is a 45ft mobile fitness suite and lifestyle resource. As a consequence of the WOW truck visits across the County (500,000 population) in blocks of 12–14 weeks, a network of 16 legacy 'wellbeing hubs' have been developed to date – and more are on their way.

The WOW visit is a catalyst to a programme of support to a community for a locally cultivated programme of activity. This is developed by the community, for their community. The scheme aims to increase physical activity in remote and deprived communities.

The programme has been independently evaluated by Helmepark Ltd who were commissioned by the PCT/Public Health Team. The 2 year evaluation, in which WOW particularly focused upon those at risk of CVD, identified 2385 new recruits in that period, of which 67% retained exercising at 6mths. A two year independent evaluation led by Helmepark Ltd, commissioned by Public Health Team, which specifically focused upon the economic outcomes linked solely to CVD, illustrated that for those with a risk of CVD there was a return on investment to the NHS and the community of £7.11 for every £1.

Key Facts

Setting
Community settings

Running Length
6 - 8 years

Funding
Local authority

Participants per year
1,000 - 5,000

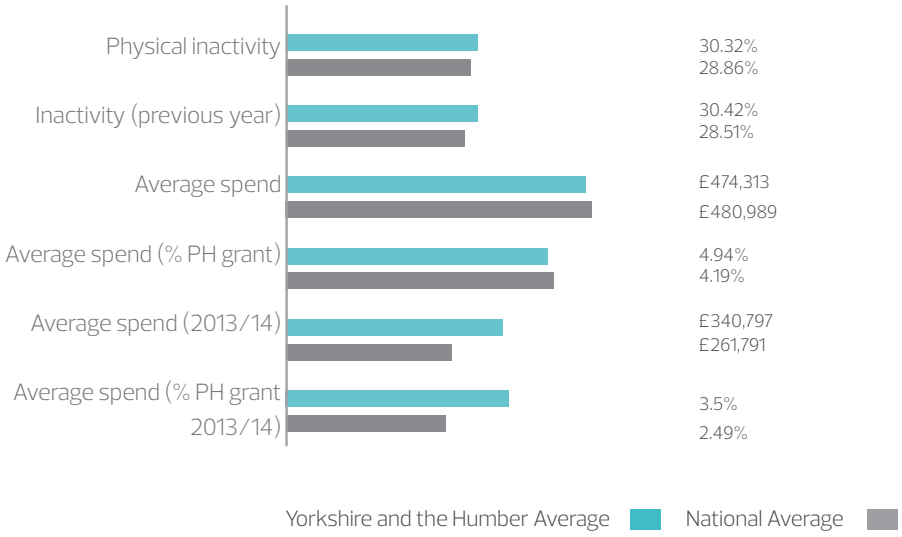
Yorkshire and the Humber

Out of nine regions Yorkshire and the Humber has the fourth highest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Leeds	3	↑	21	£266,000	1	DNA	DNA
York	8	↑	23	£175,500	7	DNA	DNA
East Riding of Yorkshire	29	↑	26	£294,000	4.9	£308,000	4.9
North Yorkshire	42	↑	27	£700,000	5.2	£1,085,000	10.2
Calderdale	57	↑	27	DNA	DNA	£296,000	3.8
Sheffield	58	↑	28	DNA	DNA	£505,000	3.3
North East Lincolnshire	85	↑	30	DNA	DNA	DNA	DNA
Bradford	100	↑	32	DNA	DNA	£711,000	3.4
Doncaster	109	↑	33	DNA	DNA	£66,000	0.5
Kirklees	110	↑	33	DNA	DNA	DNA	DNA
Wakefield	121	↓	34	£400,080	3.5	DNA	DNA
Rotherham	124	↑	34	DNA	DNA	£323,000	3.1
Kingston upon Hull	125	↑	34	£459,000	2.5	DNA	DNA
Barnsley	133	↓	36	£91,000	0.9	DNA	DNA
North Lincolnshire	144	↓	37	DNA	DNA	£500,500	10.2

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

National Average: Yorkshire and the Humber vs. National Average[1]



Key findings

- North Lincolnshire is the most challenged local authority in the region with 37 per cent of its population classed as inactive
- 30 per cent of the region's population are classed as physically inactive
- Leeds is the best performing local authority in Yorkshire with 21 per cent of its residents classed as inactive

1 For graph key refer to page 20

Case studies

Leeds Let's Get Active

Leeds Let's Get Active is a programme of free gym and swim sessions as well as beginner running, family sports activities and health walks. The main aim of LLGA is to support inactive people to become active. LLGA provides a supportive environment for those new to or returning to activity and supports those with medical conditions, those at risk of social isolation and those wanting to lose weight.

LLGA has currently (July 2014) seen around 90,000 visits which have included gym, swim, group activity classes and community activities. It has been estimated that each activity costs on average £4. This would mean that currently around £360,000 has been saved by LLGA members in Leeds participating in the scheme. Data is currently being analysed by Leeds Metropolitan University, the project's research partner. This will include analysis of IPAQ at baseline compared with IPAQ at follow up alongside participation data.

Key Facts

Setting
School, local authority leisure facility, home based, outdoor settings, community venue, primary care setting

Running Length
10+ years

Funding
Local authority, central government

Participants per year
33,000

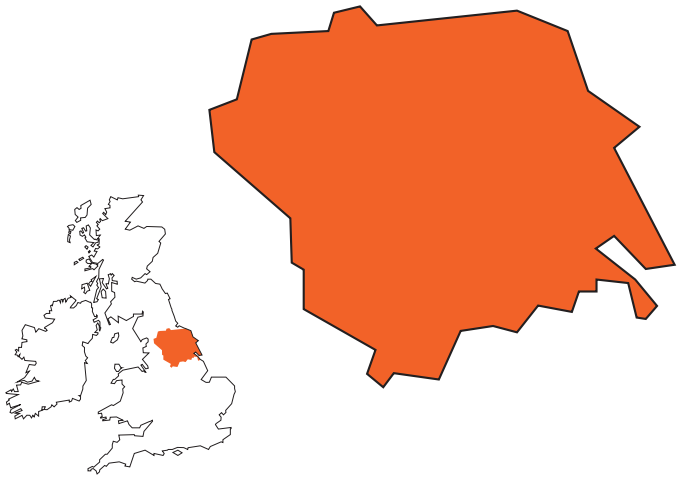
What are the steps to solving inactivity?
"The health sector. There are thousands of doctors and nurses that interact with people every day but don't get the message out enough about the benefits of physical activity. Use the health sector more to promote the message of activity.." Jeremy White, Director of Public Health at Sheffield City Council

Key Survey Stats

» 161 activity programmes submitted in region

» Of these, 55 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually



Do Something Different

The aim of Do Something Different is to support adults with learning and physical disabilities to improve their health and wellbeing through increasing their physical activity levels.

Sessions vary from multi-sports including badminton, archery, wheelchair sports to rebound therapy, table tennis and much more. Participants are recruited through various methods including Learning Disability nurses, Adult Social Service and Adult Prevention Services.

Evidence so far shows that as a result of more opportunities being offered by the programme, participants are increasing the amount of physical activity they are taking part in. Feedback gathered from participants, support workers, family members and coaches includes improved transferable skills such as self-esteem, mobility, co-ordination, listening skills, social interaction, confidence, willingness to trying new activities. Participants have reported improvement in their health and wellbeing.

Key Facts

Setting
Local authority leisure facility, outdoor settings, community venue

Running Length
1 - 2 years

Funding
Local authority

Participants per year
100 -250

West Midlands

Out of nine regions the West Midlands has the third highest percentage of people who are physically inactive

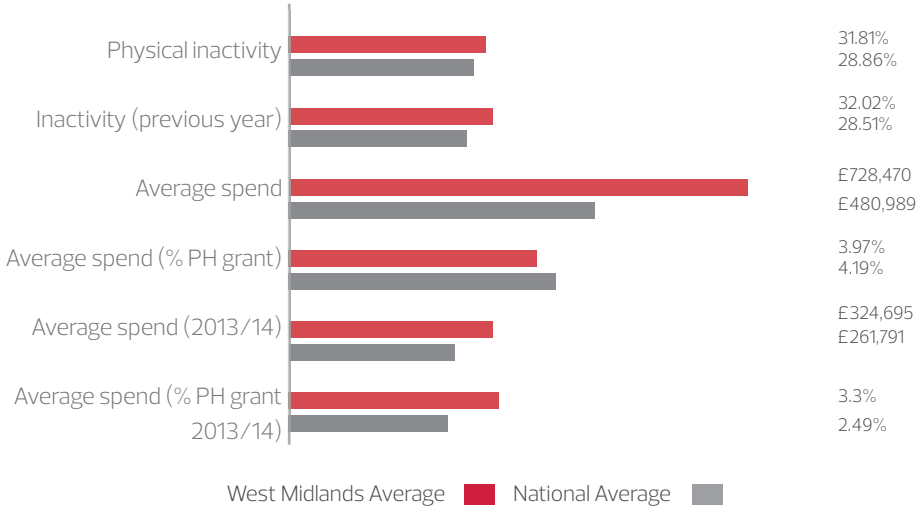
Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Herefordshire	40	↑	27	£211,620	4.5	£79,184	1.9
Worcestershire	48	↓	27	£320,000	2.6	£487,100	3.7
Warwickshire	64	↓	28	£61,000	0.5	£81,000	1.2
Staffordshire	69	↑	28	DNA	DNA	£401,000	1.6
Shropshire	70	↓	28	DNA	DNA	DNA	DNA
Solihull	71	↓	29	DNA	DNA	£94,000	1.7
Walsall	94	↑	31	DNA	DNA	DNA	DNA
Birmingham	108	↑	33	£2,464,778	4.8	£4,500,000	8.7
Coventry	117	↑	34	£379,178	3.1	£163,430	1.4
Telford and Wrekin	118	↓	34	DNA	DNA	£617,440	11.7
Wolverhampton	131	↑	36	DNA	DNA	DNA	DNA
Sandwell	136	↑	36	£108,300	1.2	DNA	DNA
Dudley	139	↑	37	£730,000	6.8	£700,000	6.1
Stoke-on-Trent	146	↓	38	£464,000	3.4	£161,550	1.5

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

Key findings

- The West Midlands is the only region in England to have decreased its levels of inactivity (albeit very slightly) meaning it is no longer the most inactive region in the country
- Herefordshire is the best performing local authority in the region with 27 per cent of its population classed as inactive
- The local authority with the highest levels of inactivity in the West Midlands is Stoke-on-Trent with 38 per cent of its residents classed as physically inactive

National Average: West Midlands Region vs. National Average[1]



What are the steps to solving inactivity?

"The way we programme our current facilities. How do we open the doors to facilities to engage those who don't use them. Get really good people out to get in touch with their communities." Carl Bennett, Senior Health Improvement Specialist at Stoke on Trent City Council Public Health Directorate

1 For graph key refer to page 20

Case studies

Sustrans Connect2 Scheme Worcester

The Sustrans Connect2 project aims to encourage healthier, cheaper and cleaner journeys by transforming everyday travel across the UK.

In Worcester, in order to improve walking and cycling links to the city centre, creation of Diglis Bridge and the creation of quality routes around the riverside which has in turn created a 3.5km traffic free riverside loop. A further 11km of traffic free paths have been created or improved, giving access to this loop, together with just under 4km of quiet-road or shared-use footway links.

This project, which has seen major improvements to the cycling and walking infrastructure in Worcester, was delivered over a five-year programme concluding in March 2013 However the programme is still promoted in the local area and there are plans to extend its reach. This local network has transformed the opportunities for active travel, enabling people to incorporate physical activity into their daily lives. It is estimated to carry over 3.3 million walking and cycling trips a year. In user surveys, 70% of users said the scheme had helped them to increase their levels of physical activity and 40% planned to walk more in the next 12 months.

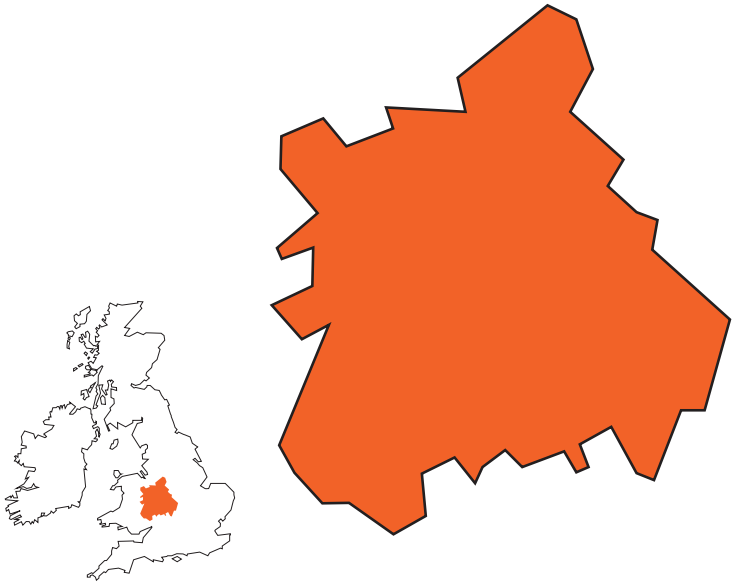
Key Facts

Setting
Outdoor

Running Length
6 – 8 years

Funding
Local authority, central government, charity

Participants per year
Over 3,000,000



Key Survey Stats

» 152 activity programmes submitted in region

» Of these, 52 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually

Birmingham Be Active

Birmingham Be Active is a partnership initiative between Birmingham City Council and the three Birmingham PCT's, aimed at increasing physical activity levels among Birmingham residents through providing free access to public leisure centres, green space and structured chronic disease management services.

The programme is currently under review and development to consider the inclusion of wider determinants of health, e.g. smoking, NHS health checks, specialist weight management etc. The programme is already a population level approach but support is provided to other areas that are considering developing a similar model. An evaluation conducted by Birmingham University found 89% of participants increased their activity levels to moderately active or very active over 3 months. A costs benefit analysis found the net benefit of Be Active to be positive.

Key Facts

Setting
School, local authority leisure facility, home based, outdoor settings, community venue, primary care setting

Running Length
3 – 5 years

Funding
Local authority

Participants per year
150,000

East Midlands

Out of nine regions the East Midlands has the fifth highest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Rutland	6	↑	22	DNA	DNA	£43,000	6.5
Northamptonshire	30	↑	26	DNA	DNA	£103,000	0.6
Nottinghamshire	52	↑	27	£107,000	0.4	DNA	DNA
Leicestershire	54	↓	27	DNA	DNA	DNA	DNA
Derbyshire	67	↓	28	£808,583	4.1	£931,000	4.5
Lincolnshire	68	↑	28	DNA	DNA	£1,049,000	5.1
Derby	75	↓	29	DNA	DNA	DNA	DNA
Leicester	128	↑	35	£172,500	1	£933,000	6.7
Nottingham	137	↑	36	DNA	DNA	DNA	DNA

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up | Moved down

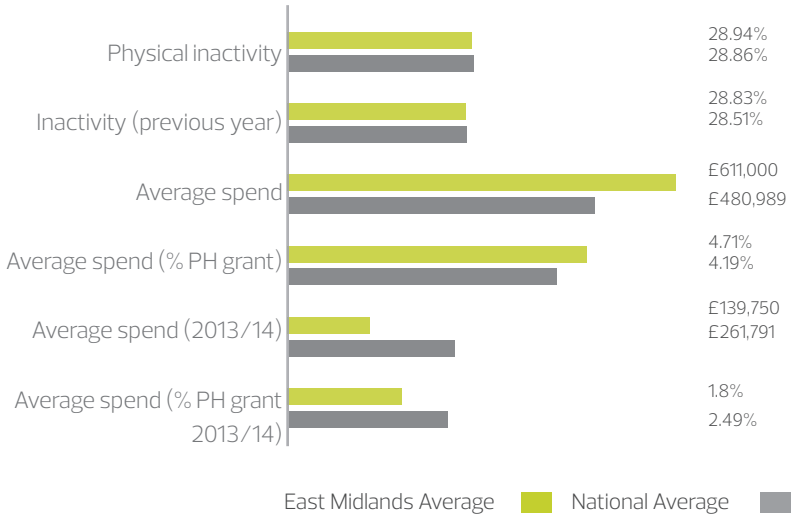
Key findings

» 29 per cent of the population in the East Midlands is classed as physically inactive which is slightly below the national average

» Rutland is the best performing local authority in the region with 22 per cent of its population classed as inactive

» Nottingham is the most inactive local authority with a total of 36 per cent of inactive residents

National Average: East Midlands vs. National Average[1]



What are the steps to solving inactivity?
"People. People sharing the message, being role models and encouraging and supporting other people to be more physically active." Bob Laventure, BHF National Centre for Physical Activity & Health at Loughborough

1 For graph key refer to page 20

Case studies

B–You Livewell

The B–You programme aims to ensure 50% of service users come from the 7 most deprived wards in the city of Derby.

Activities are delivered in the postcodes these wards fall in ensuring transport and access is not an issue i.e. within GP surgeries, community building and health care centres. The programme is flexible, sustainable and free and involves local people within the decision making and design of the service.

Positive impacts have been observed by the participants and include reduced BMI, increased physical activity levels, and improved health and wellbeing.

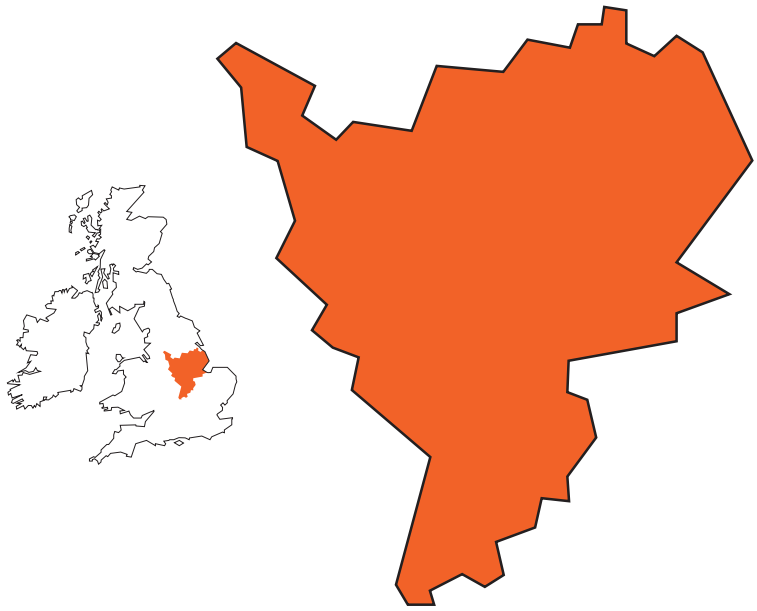
Key Facts

Setting
Workplace, local authority leisure facility, community venue

Running Length
1 – 2 years

Funding
Local authority

Participants per year
1,000 – 5,000



Key Survey Stats

» 144 activity programmes submitted in region

» Of these, 40 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually

Community Smarter Travel Hubs

This project is a network of 5 Community Smarter Travel Hubs which are funded through the Department of Transport's Local Sustainable Transport Fund (LSTF) supported by local contributions from s106 and public health.

Each Hub has a dedicated Neighbourhood Smarter Travel Coordinator who work in their local community to deliver an intervention programme of locally focused sustainable travel events, activities and services, many of which take innovative approaches to promoting and supporting the take up of cycling through a range of tailored events, advice, training and cycle skills sessions.

The value of the Hubs programme is having a range of locally promoted activities and events on offer to the community with co-ordinated promotion, rather than isolated services. A core objective of the Hubs programme is to promote sustainable travel choices including getting more people walking and cycling more often. The 2013 TravelRight North survey reports an increase in walking and cycling activity in the area (up to 39% from 27%) compared with 2012 survey data.

Key Facts

Setting
School, local authority leisure facility, outdoor settings, community venue

Running Length
1 – 2 years

Funding
Local authority, central government

Participants per year
10,000 – 25,000

East of England

Out of nine regions the East of England has the second lowest percentage of people who are physically inactive

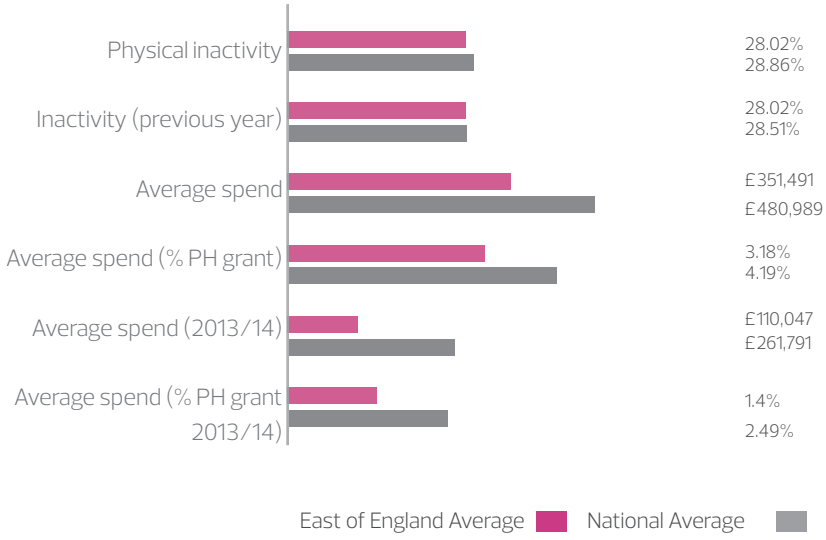
Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Bedford	5	↑	22	£42,140	1.08	DNA	DNA
Cambridgeshire	21	↓	25	£278,000	1.79	£321,000	1.45
Hertfordshire	23	↑	25	DNA	DNA	DNA	DNA
Suffolk	43	↑	27	£131,000	0.60	£349,000	1.90
Essex	53	↓	27	£110,000	0.70	DNA	DNA
Norfolk	59	↓	28	DNA	DNA	£625,000	3.05
Central Bedfordshire	66	↓	28	£0	0	DNA	DNA
Southend-on-Sea	89	↑	30	DNA	DNA	DNA	DNA
Luton	96	↑	31	£0	0	£80,000	8.90
Peterborough	101	↓	32	£300,110	4.24	£177,434	3.40
Thurrock	104	↓	32	£247,000	5.70	DNA	DNA

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

Key findings

- The East of England is now the second best performing region in England behind the South East
- The best performing local authority is Bedford with 22 per cent of people classed as inactive
- Thurrock is the most challenged local authority in the region with 32 per cent of its population classed as inactive

National Average: East of England vs. National Average[1]



What are the steps to solving inactivity?
"Open space. Because there is no cost but we need to work closely with other colleagues in local authorities to ensure that areas of green space are safe, accessible and are a pleasant place to be."
Debra Richardson, Head of Preventative Health Commissioning, Public Health Core Team at Bedford Borough Council

1 For graph key refer to page 20

Case studies

Hertfordshire Health Walks

This is an ongoing programme of walks, funded by the County Council, Public Health Hertfordshire and District and Borough Councils.

There are 3 seasonal programmes published throughout the year to provide a variety of walks. Health Walks are free, which therefore makes them accessible to all. The programme is aimed at communities which are subject to health inequalities, and therefore targets populations of people who would most benefit from taking regular exercise as a preventative measure to improving their health.

Between April 2012 and the end of March 2013, 1730 walkers took part in Health Walks. Between April 2013 and the end of March 2014 2189 walkers took part. This is an increase of 27% in participation year on year.

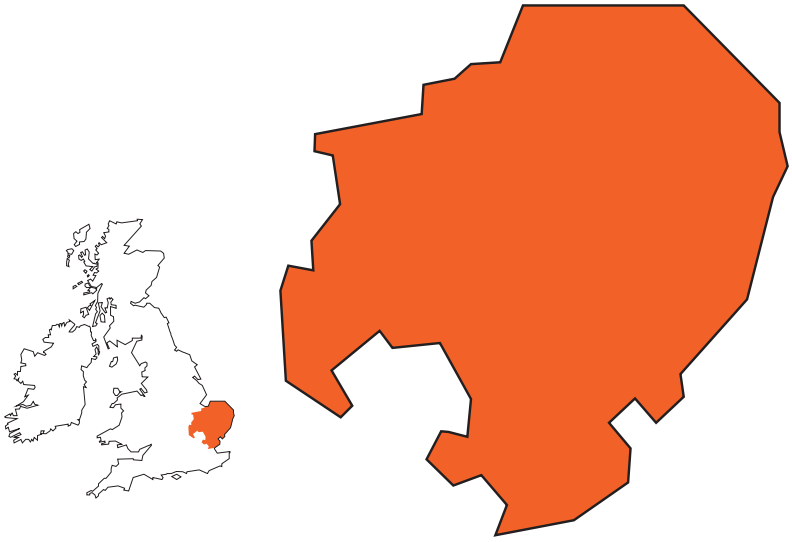
Key Facts

Setting
Outdoor

Running Length
10+ years

Funding
Local authority, public health Hertfordshire

Participants per year
1,000 – 5,000



Key Survey Stats

» 172 activity programmes submitted in region

» Of these, 55 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually

Fit Villages

Fit Villages provides local communities with the opportunity to run subsidised sporting and physical activity sessions from local facilities. The project targets people living in rural areas and aims to reduce barriers and increase accessibility to sport and physical activity and make it a central part of local community life.

Participants are provided with the opportunity to engage with the activity programme at a reduced cost and without transport, time and environmental concerns – all reasons cited as obstructions to quality activity provision in rural areas.

Following local advertising, a volunteer co-ordinator is recruited in the village. These coordinators carry out a survey (supplied by Fit Villages) in their village to establish what activity the local population would like – what time of day, day of the week etc. The activity chosen must be driven by the desires of the villagers.

This impact is recorded via questionnaires, with positive feedback recorded and around 80% of the activities continuing beyond the original funded sessions.

Key Facts

Setting
Community venue

Running Length
3 – 5 years

Funding
Local authority, Sport England

Participants per year
1,000 – 5,000

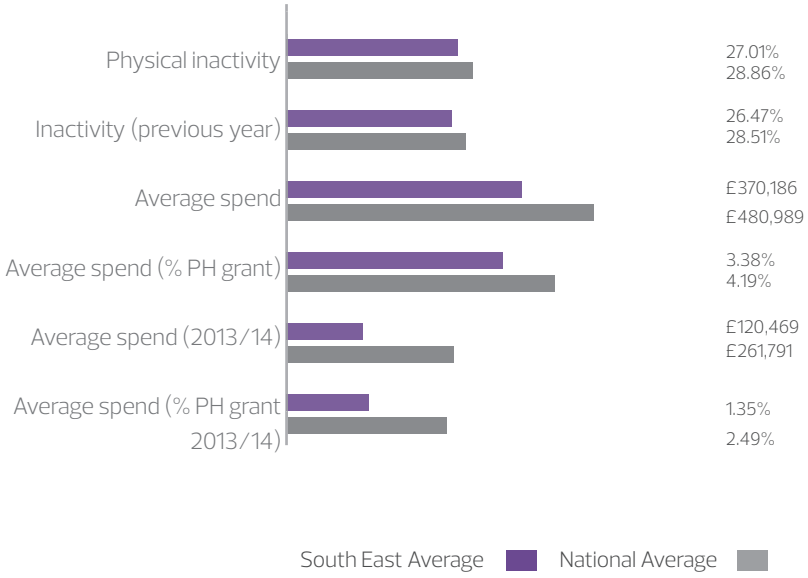
South East

Out of nine regions the South East has the lowest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Wokingham	7	↓	23	£31,000	0.3	£94,000	4.8
Bracknell Forest	10	=	23	£0	0	£0	0
Oxfordshire	11	↓	23	£80,000	0.4	£135,000	0.6
Brighton and Hove	12	↑	23	£348,932	2	£305,000	2.3
Surrey	14	↑	24	£0	0	£75,000	1.1
Windsor and Maidenhead	15	↓	24	DNA	DNA	DNA	DNA
Buckinghamshire	18	↑	24	£110,000	1.4	DNA	DNA
Milton Keynes	26	↑	25	£39,060	0.6	£46,500	4.3
West Sussex	32	↓	26	£84,000	0.6	£591,645	3.6
Southampton	41	↑	27	DNA	DNA	£189,000	2.3
Hampshire	45	↓	27	£173,000	0.8	DNA	DNA
West Berkshire	49	↓	27	£86,000	1.9	DNA	DNA
Kent	60	↓	28	DNA	DNA	£1,272,000	4
East Sussex	62	↓	28	DNA	DNA	£668,089	4.2
Reading	88	↑	30	£49,000	0.9	£323,000	5.6
Slough	95	↑	31	£25,000	0.5	£80,000	2.2
Isle of Wight	103	↓	32	DNA	DNA	DNA	DNA
Portsmouth	105	↑	32	DNA	DNA	DNA	DNA
Medway	134	↓	36	£540,111	8	£743,000	8.9

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

National Average: South East Region vs. National Average[1]



Key findings

- Wokingham remains the best performing local authority in the South East with 23 per cent of its residents classed as inactive
- Six of the 15 best performing local authorities are in the South East
- Medway is the most challenged local authority in the region with 36 per cent of its residents classsed as inactive

1 For graph key refer to page 20

Case studies

Active Forever

Active Forever aims to engage and consult with older people to develop regular, sustainable physical activity opportunities that reflect local needs. Bespoke community based programmes offering physical activity opportunities are developed and delivered in order to offer older people access and pathways into healthy living initiatives, sport and physical activity-focussed organisations.

The Active Forever programme currently delivers 19 weekly sessions for older people. These include initiatives such as The Boccia League, Social Ping, Tai Chi and Active Forever Zumba. An Active for Life officer works specifically on older people's initiatives with a remit on linking with other services who work with older people.

Impact has been measured using questionnaires with 79% of people reporting increased activity levels as a result of the programme.

Key Facts

Setting
Local authority leisure facility, private leisure facility, outdoor settings, community venue, primary care setting, sheltered housing units, care homes

Running Length
3 – 5 years

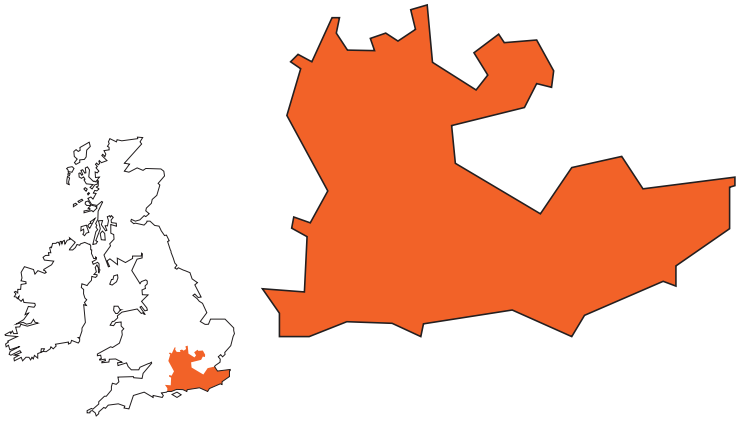
Funding
Local authority, central government

Participants per year
1,000 – 5,000

What are the steps to solving inactivity?
"Our park land and green open spaces. There's lots of spaces we don't use so making people aware of them and encouraging them to utilise them is important." John Harris, Sports Development Officer at the National Trust

Key Survey Stats

» 244 activity programmes submitted in region
» Of these, 88 receive funding from the local authority
» Most programmes are attended by less than 100 participants annually



Medway Council "On Your Marks"

On Your Marks is Medway Sport's legacy programme to break down barriers and support community participation in sport.

A wide range of people from teenagers to pensioners are targeted with the aim to provide the people of Medway with opportunities to get fit and active. The programme covers a broad range of sessions to suit a wide range of people and is an inclusive low-intensity pay-as-you-go programme. On offer are entry-level classes in everything from Bokwa African dance and urban dance fit to kettle bells, circuits and spinning.

A reported 97% of people are more active since doing an On Your Marks class with 47% of participants reporting increased confidence and 37% having lost weight.

Key Facts

Setting
Local authority leisure facility

Running Length
1 – 2 years

Funding
Local authority, central government

Participants per year
1,000 – 5,000

London

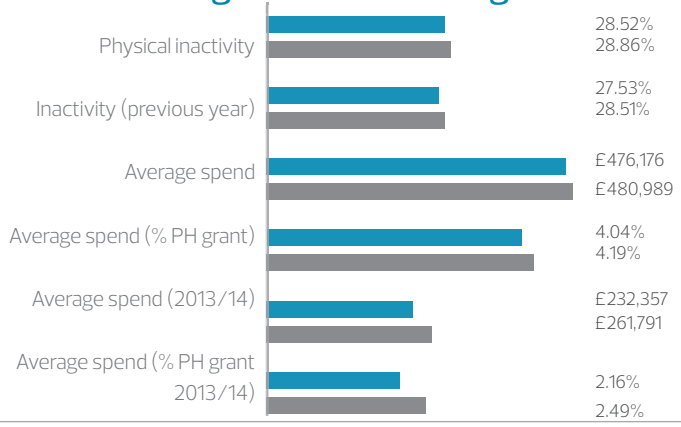
Out of nine regions London has the fourth lowest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Richmond upon Thames	1	↑	16	£139,100	3.2	£123,000	2.5
Wandsworth	2	↑	19	£283,000	1	£646,000	3.5
Lambeth	4	↑	21	DNA	DNA	DNA	DNA
Kingston upon Thames	9	↑	22	£330,000	5.9	£339,000	5.9
Merton	17	↑	24	DNA	DNA	DNA	DNA
Lewisham	22	↑	25	£155,800	1.1	DNA	DNA
Hammersmith and Fulham	24	↓	25	£84,000	0.6	DNA	DNA
Bromley	27	↓	26	£409,000	5.4	£295,000	4.1
Islington	28	↓	26	£175,000	0.9	£175,000	0.9
Westminster	31	↑	26	DNA	DNA	DNA	DNA
Sutton	36	↓	26	£80,000	1.5	DNA	DNA
Hackney	38	↑	27	£777,745	4	DNA	DNA
Barnet	39	↓	27	DNA	DNA	DNA	DNA
Southwark	47	↑	27	£331,000	1.8	£264,000	1.5
Waltham Forest	50	↑	27	DNA	DNA	DNA	DNA
Haringey	51	↓	27	£214,000	1.4	£635,000	4.1
Camden	56	↑	28	DNA	DNA	£560,949	4.6
Croydon	65	↑	28	£282,000	2	£278,558	1.8
Hounslow	78	↑	29	£117,500	1.4	£160,000	1.7
Redbridge	80	↑	29	DNA	DNA	DNA	DNA
Kensington and Chelsea	84	↓	30	£84,000	0.6	DNA	DNA
Harrow	91	↓	31	DNA	DNA	DNA	DNA
Hillingdon	93	=	31	£55,449	0.7	DNA	DNA
Greenwich	97	↑	31	DNA	DNA	£526,000	5.4
Ealing	107	↓	33	£221,000	1.8	£459,000	4.7
Bexley	113	↓	33	DNA	DNA	£81,000	1.4
Tower Hamlets	114	↓	34	£228,164	1.2	£264,495	1.2
Havering	119	↓	34	DNA	DNA	£66,000	1.3
Brent	127	↓	35	DNA	DNA	£1,411,000	10.1
Enfield	141	↓	37	DNA	DNA	£187,000	2.1
Barking and Dagenham	149	↓	39	DNA	DNA	DNA	DNA
Newham	150	↓	39	£216,000	3.1	£2,100,000	15.6

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up | Moved down

National Average: South East Region vs. National Average

For graph key refer to page 20



Key findings

- Four of the ten best performing local authorities in England are located in London
- The Borough of Newham is the most inactive in England
- It has responded by increasing its allocated spend on physical activity in 2014/15 which is now 15.6 per cent of its public health budget

London Average | National Average

Case studies

Hackney Personal Bests

Hackney Personal Bests is a sports and healthy lifestyle programme inspired by the Olympic & Paralympic games.

Personal Bests uses sports to enthuse and encourage individuals to try, take part and improve. The inspirational message that accompanies the programme is 'Be the best you can be'.

The programme was first delivered in 2008 and targeted schools identified by the School Sports Partnership as having low levels of school sport provision. This increased to 26 schools in 2009 and up to 42 schools in 2012. During the first session, the children set their baseline score in a series of Olympic and Paralympic based athletic disciplines. The programme is currently targeting 45 schools with approximately 3000 children taking part and is delivered over four sessions to entire year groups from years 3–6.

Key Facts

Setting
School

Running Length
6 – 8 years

Funding
Local authority

Participants per year
1,000 – 5,000

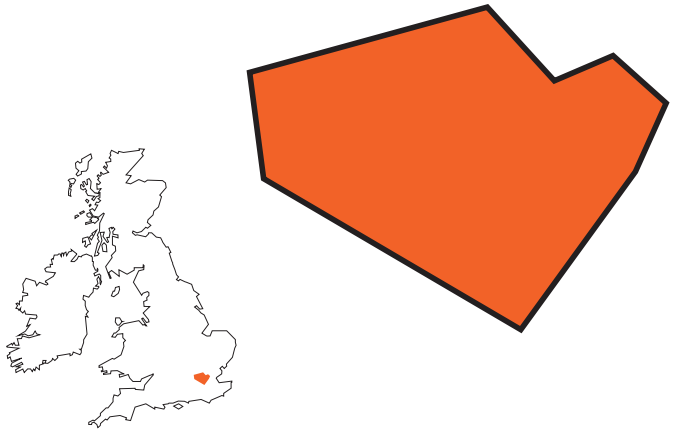
What are the steps to solving inactivity?
"Using resources effectively. There are lots of resources out there but it's more about bringing them together and making sure that we use them efficiently; transport, funds, public health, sports development teams and others." Ruth Shaw, Public Health and Wellbeing at the Royal Borough of Greenwich

Key Survey Stats

» 252 activity programmes submitted in region

» Of these, 101 receive funding from the local authority

» Most programmes are attended by between 1,000 – 5,000 participants annually



Community Champions

Community Champions projects are based on social housing estates. Volunteers are recruited and trained to become "Champions" and promote health. They conduct a survey with residents about their health concerns and organise and run a range of activities which respond to residents' suggestions.

Activities include exercise classes in the community centre, football groups for kids, walking groups, healthy eating classes, community fun days and training using outdoor gyms.

A social return on investment analysis showed that for every £1 invested there was a return of £5.50. Physical activity increased for residents and for volunteer champions from "some of the time" to "most of the time". 33% of residents reported waist size reduction of "one size" and average weight loss of 3.7kg. 38% of champions reported waist size reduction of one size and average weight loss of 4kg.

Key Facts

Setting
Outdoor settings, community venue

Running Length
3 – 5 years

Funding
Local authority

Participants per year
5,000 – 10,000

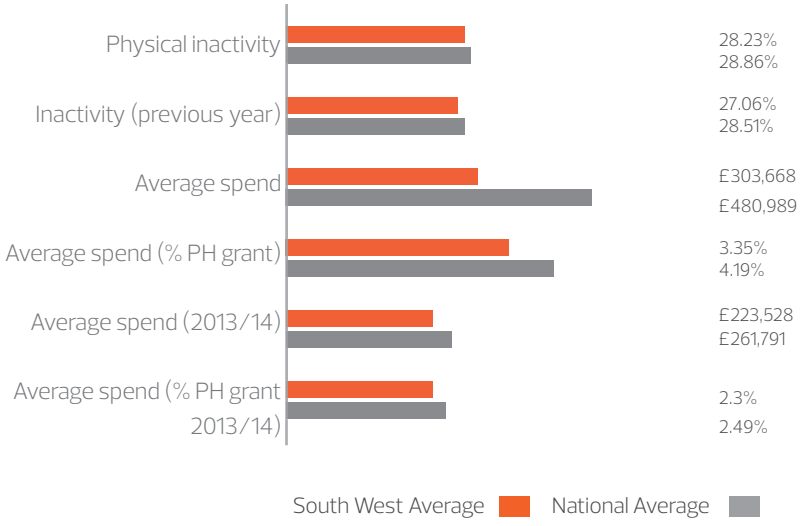
South West

Out of nine regions the South West has the third lowest percentage of people who are physically inactive

Authority name	National rank	Change since last data	Percentage Inactive (2013)	Physical activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of PH grant (2014/15)
Bath and North East Somerset	13	↑	23	£40,900	0.8	£209,000	4.7
Poole	16	↑	24	£427,300	3	DNA	DNA
Devon	19	↑	25	£169,000	1.2	DNA	DNA
South Gloucestershire	20	↓	25	£192,196	4.9	£211,000	3.6
Wiltshire	25	↓	25	£19,000	1.2	£387,000	6.5
Somerset	37	↑	26	DNA	DNA	DNA	DNA
North Somerset	44	↑	27	DNA	DNA	£152,000	2
Gloucestershire	46	↓	27	DNA	DNA	£995,000	6.6
Dorset	61	↑	28	DNA	DNA	DNA	DNA
Bournemouth	63	↓	28	£427,300	3	DNA	DNA
Cornwall	87	↑	30	£289,000	2.1	£285,000	2.1
Bristol	92	↓	31	DNA	DNA	£357,884	1.8
Plymouth	120	↓	34	£200,562	2.3	£259,000	2.8
Torbay	123	↓	34	DNA	DNA	£22,000	0.8
Swindon	129	↓	35	DNA	DNA	£159,000	2.6

Most deprived | More deprived | Average | Less deprived | Least deprived | Moved up ↑ | Moved down ↓

National Average: South East Region vs. National Average[1]



Key findings

- The average level of physical inactivity in local authorities in the South West region is 28 per cent
- Bath and North East Somerset has replaced Bournemouth as the best performing local authority in the region, with 23 per cent of its population classed as inactive
- Swindon is the most challenged local authority in the region with 35 per cent of its population classed as inactive

1 For graph key refer to page 20

Case studies

Playing Out

Playing Out started with a residents' association opening up one street for play. They received a small amount of funding from NHS Bristol in 2010 to expand and have since gone on to secure core funding from public health and project monies from the Local Sustainable Transport Fund and Play England.

Children and residents are provided with the opportunity to be physically active on their street through play by limiting vehicular traffic during the after school period for a 2 hour period up to once a week.

Evaluation was carried out by the University of Bristol. 66 children aged 2 to 13yrs wore GPS and accelerometers during playing out events on 2 residential streets after school between 4 and 5pm. Children were outside approximately 70% of the time during the street closure monitoring period. This compares to less than 20% usually spent outdoors during this time period on an average school day by Bristol children of a similar age. Children spent 30% of their time outside during Playing Out sessions in moderate to vigorous physical activity (MVPA) and another 15% in light activity. This compares to on average 5% of time indoors spent in MVPA during this time of day for children of a similar age.

Key Facts

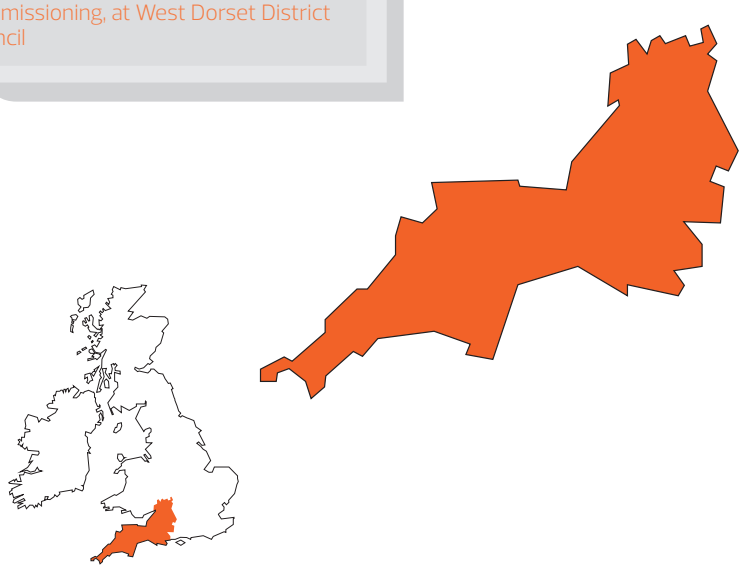
Setting
Outdoor settings

Running Length
3 – 5 years

Funding
Local authority

Participants per year
1,000 – 5,000

What are the steps to solving inactivity?
"Our working environment. Getting big employers to encourage their staff to be more active and have better facilities for that." Tony Hurley, Head of Leisure & Commissioning, at West Dorset District Council



Key Survey Stats

» 208 activity programmes submitted in region

» Of these, 54 receive funding from the local authority

» Most programmes are attended by more than 25,000 participants annually

SHINE
Some Health Improvement Need Exercise

SHINE is a physical activity programme for the 50+ age group.

The main objectives are to increase physical activity levels through the provision of sessions across the Wokingham Borough. Through increasing physical activity levels SHINE is able to work on social inclusion and other health improvements (weight loss etc.).

Positive outcome measures have been observed such as improvements in health, reducing the use of walking aids, increased social involvement, self-worth and confidence.

Key Facts

Setting
Local authority leisure facility, private leisure facility, outdoor settings, community venue

Running Length
3 – 5 years

Funding
Local authority

Participants per year
1,000 – 5,000

United Kingdom

Activity in the UK

Table 5

The percentage of adults meeting the Chief Medical Officer guidelines on physical activity in the UK from the Report *"Start Active, Stay Active"* published in 2011

Country	Men	Women
England	40%	28%
Northern Ireland	33%	28%
Wales	36%	23%
Scotland	43%	32%

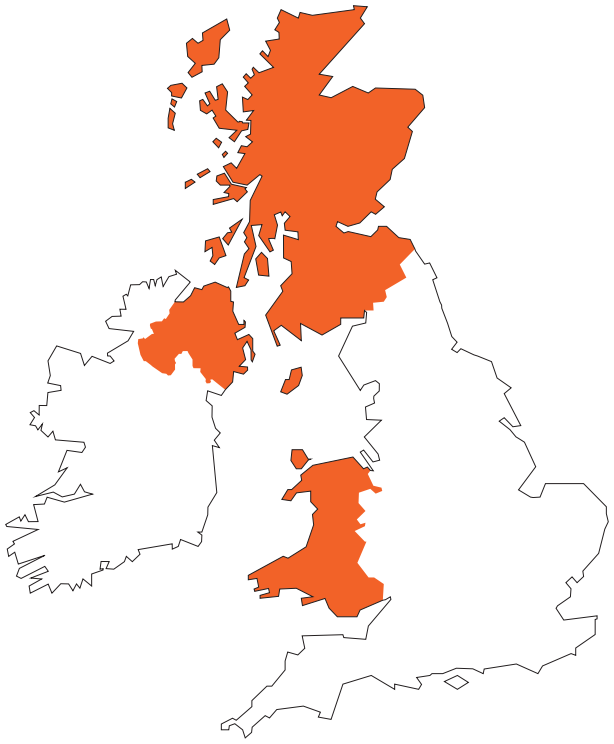
"We want to ensure that we capitalise on this golden opportunity for Scotland to achieve lasting change."
Shona Robison, Scottish Minister for Sport and the Commonwealth Games

United Kingdom

Data for adult levels of physical inactivity does not exist for Scottish, Welsh and Northern Irish local authorities in a comparable format to local authorities in England. Therefore, it is not possible to compare levels of inactivity across the UK.

However, the governments of these three countries have been working alongside their partners to create a healthier and more active United Kingdom.

In recent years, each of the three Home Nations has taken steps to solve the inactivity pandemic by creating either a strategy, a piece of legislation or a national ambition to increase the number of people who are physically active enough to benefit their health.



Scotland

In 2012, the Scottish Health Survey found that 67 per cent of men and 58 per cent of women were meeting the Chief Medical Officer guidelines of 150 minutes moderate physical activity per week. This measurement included metrics such as walking and time spent active at work.[44]

Scotland was one of the first countries in Europe to introduce a national strategy to specifically tackle physical inactivity in 2003.[45]

It has built on this by launching a renewed strategy *"A More Active Scotland"* as part of its pledge to establish a lasting legacy from the Commonwealth Games hosted in Glasgow in 2014.[46]

This sets out a long term implementation plan across key sectors and includes a new national walking and active travel plan and a focus on greater integration of physical activity pathways throughout the health and social care system.

According to *"A More Active Scotland"* report, inactivity is costing the NHS in Scotland over £91 million per year and is responsible for more than 2,500 premature deaths annually.[47]

Scotland, Wales and Northern Ireland

Wales

The *"Active Adults Survey"* carried out by Ipsos Mori and published by the Welsh government in 2014, found that 30 per cent of adults in Wales are failing to undertake 'any' sport or physical recreation activity in a week.[48]

The survey revealed that in the most inactive areas, almost 40 per cent of adults were not doing 'any' sport or physical recreation activity. This included Newport where this was the case for 36 per cent of its population and Rhonda Cyan Taf where it applied to 39 per cent of residents.[49]

The Welsh government has pressed ahead with several key pieces of legislation which are leading the way in Europe on population-wide promotion of physical activity. Last year, they launched Europe's first active travel legislation which requires local authorities to incorporate active travel policies into transport considerations by law.[50]

In the first agreement of its kind, the Welsh NHS Confederation and Sport Wales also recently signed a Memorandum of Understanding (MoU) to create a healthier and more equal Wales.[51] This MoU, which will initially cover the next three years, sets out six areas of cooperation including:

- Working together to support the people of Wales to enjoy more active, more equal and healthier lives
- Working to encourage people to look after their own health and thereby take care of the health of future generations
- Working to foster a co-productive relationship with the people of Wales
- Working together to support the drive for a mass shift in public thinking about their health
- Exchanging information of mutual interest
- Developing joint areas of work that promote 'sport for all' and encourage participation across the life span[52]

"The Welsh government and external partners are working together to put increased physical activity at the heart of our drive to improve our nation's health. Early signs are encouraging."
Ken Skates, Welsh Minister for Culture, Sport and Tourism

Northern Ireland

The Northern Irish executive has developed two cross-government strategies to tackle the inactivity epidemic they are facing.

They have recently set out both the *"Northern Ireland Strategy for Sport & Physical Recreation 2009-2019"*[53] and *"A Fitter Future for All: A framework for addressing and preventing obesity in Northern Ireland 2012 – 2021."*[54]

The combined ambition of the Northern Ireland executive and its partners is for a physically active lifestyle to be 'the norm' by 2021.[55]

There are also specific ambitions to increase participation in sport and recreation amongst disabled people by 6 per cent and to have 45,000 trained and qualified volunteer coaches and instructors to supply the increased demand in physical activity opportunities.[56]

Northern Ireland leads in its long standing focus on access to facilities and spatial planning within the development of its sport and physical activity strategy. By 2019, they want to ensure that all policy related to urban planning and open space includes physical activity, sport and recreation.[57]

"With the support of all those interested in sport and physical recreation we will meet the challenges and make the most of the opportunity before us to leave a lasting and sustainable legacy for Northern Ireland."
Nelson McCausland, MLA Minister for the Department of Culture, Arts and Leisure

Annexes

Methodology Annex A

Inactivity

Percentage of physically active and inactive people

Description:

Data on physical inactivity for 2012 was provided for the first time in the Public Health Outcomes Framework Data Tool. It was collated by Sport England and the Department of Health's Active People Survey, having included a new methodology for 'inactive adults' for the past two years. It has been updated for the year 2013 with data collected between April 2013 – April 2014.

The data in the Public Health Outcomes Framework is referred to as indicator 2.13ii, 'percentage of active and inactive adults – inactive adults'. The national average for England has been calculated as the weighted mean of the levels of inactivity in all top tier local authority areas in England in relation to the individual population weighting of each area.

The Chief Medical Officer defines physical inactivity as participation in less than 30 minutes of moderate intensity physical activity per week. The Active People Survey classes someone as physically inactive when a respondent aged 16 and over, with valid responses to questions on physical activity, states that they are doing less than 30 ''equivalent'' minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16.

The activities included in this are sport and active recreation (i.e. leisure time fitness), recreational cycling and walking, cycling and walking for active travel purposes, dance and gardening. Methodology: Bespoke telephone questionnaire collected data on frequency of participation in sport and active recreation during the previous 28 days.

Start date: 2005
Frequency of survey: Survey 1: 2005–6; Survey 2: 2007–8; Survey 3: 2008; Survey 4: 2009–10; Survey 5: 2010–11; Survey 6: 2011–12; Survey 7: 2012–13 Survey 8: 2013–14
Most recent full year results: 2013
Commissioned by: Sport England
Coverage: Adult 16+yrs in England

Source: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/par/E12000004

Premature deaths

Premature deaths per 100,000

Description:

Sourced from Public Health England, the premature mortality data is based on directly standardised rates. This special measure of mortality makes allowances for the fact that death rates are higher in older populations and adjusts for differences in the age make up of different areas, enabling an accurate comparison.

Source: http://longerlives.phe.org.uk/

Spend

Investment in programmes that tackle physical inactivity

Description:

This data has been obtained from original Freedom of Information responses received between August 2014 and October 2014 as well as official government data. The FOI responses cover the amount of spending attributed towards programmes and services to increase physical activity for the spending year 2014/15 from local authority budgets to tackle top-tier public health issues. 99 of the 150 local authorities responded within the allocated time, however due to some inconsistencies with data, or some confusion from the local authority about how or where funding should be classified, only 88 were used in this report.

To provide comparable figures, local authorities were also asked to supply their levels of spending on sexual health, smoking, alcohol misuse, drug misuse and obesity. When combined with their spending on physical activity, this provides total top tier public health spending on interventions cited in this report.

To calculate the percentage, each of the above public health concerns were totalled and then divided into each spending category.

For top-line figures on local authority public health spending at a national level, the government's own budget forecasting documents both for the 2014/15 spending year and the 2013/14 spending year have been used, and can be accessed below.

These documents provide details of the level of funding attributed towards physical activity programmes (both for adults and children), compared with funding for other top-tier public health concerns. These 'top-tier' concerns are referred to throughout this report and include the following areas:

Sexual health, drug misuse, alcohol misuse, smoking cessation, obesity, physical activity

Sources: https://www.whatdotheyknow.com/user/jack_stanson/profile

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Socio-economic deprivation

Deprivation status

On the mortality rank tables, these five socio-economic groups are described as: 'least deprived', 'less deprived', 'average', 'more deprived' and 'most deprived'.

These classifications are taken from Public Health England. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

Source: http://longerlives.phe.org.uk/mortality-rankings#are//par/E92000001

Views and opinions of key stakeholders:

As part of the Moving More, Living More regional events held in July 2014, interviews were conducted with a range of key local and national stakeholders. A number of the quotes captured feature in this report.

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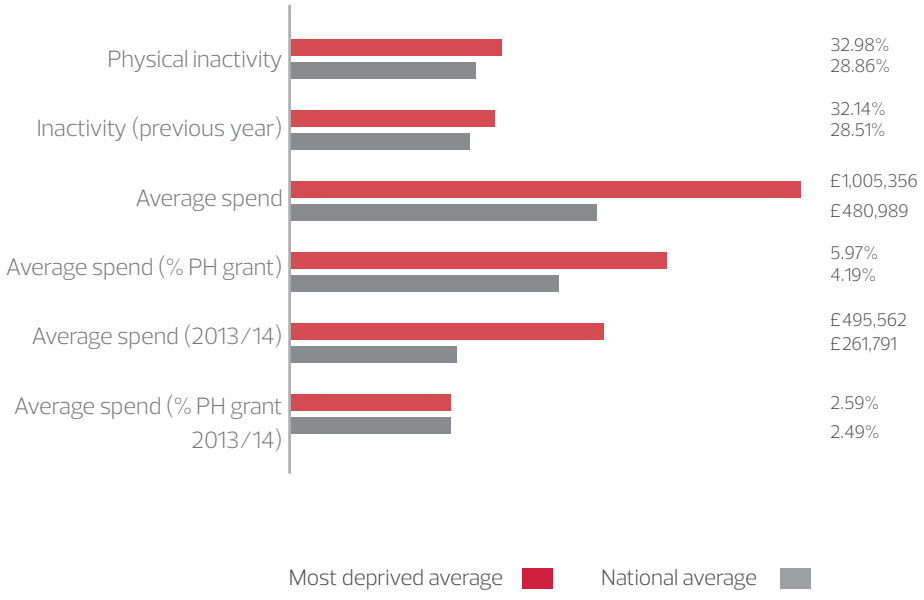
Most deprived Annex C

Authority name	Percentage inactive	Spend 2014/15	Spend as a % of PH grant
Lambeth	21.22	DNA	DNA
Lewisham	25.02	DNA	DNA
Islington	25.57	£175,000	0.90
Hackney	26.55	DNA	DNA
Waltham Forest	27.19	DNA	DNA
Haringey	27.35	£635,000	4.15
Manchester	28.92	£1,602,953	6.10
Walsall	30.89	DNA	DNA
Greenwich	31.25	£526,000	5.40
Bradford	31.71	£711,000	3.40
Birmingham	32.62	£4,500,000	8.70
Salford	33.38	£297,000	3.60
Liverpool	33.40	DNA	DNA
Tower Hamlets	33.56	£264,495	1.26
Halton	33.60	£590,340	7.00
Kingston upon Hull	34.44	DNA	DNA
Middlesbrough	34.73	£668,000	8.00
Brent	34.79	£1,411,000	10.17
Leicester	34.92	£933,000	6.77
Rochdale	35.55	DNA	DNA
Wolverhampton	35.73	DNA	DNA
Blackburn with Darwen	35.73	DNA	DNA
Sandwell	36.34	DNA	DNA
Nottingham	36.40	DNA	DNA
Knowsley	37.07	£505,000	6.90
Hartlepool	37.30	DNA	DNA
Stoke-on-Trent	37.95	£161,550	1.54
Blackpool	38.21	DNA	DNA
Barking and Dagenham	38.82	DNA	DNA
Newham	39.17	£2,100,000	15.60

National Average: Most deprived vs. Nationwide



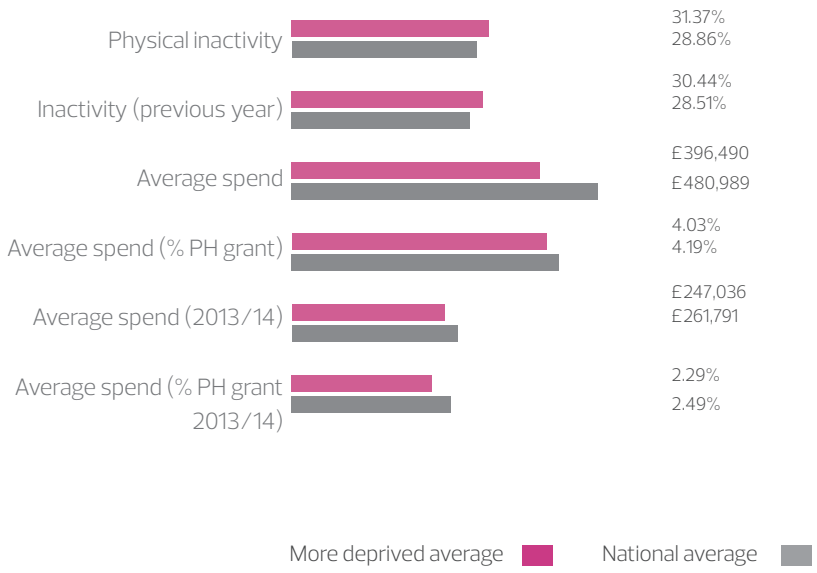
Graph Key

Physical inactivity	The percentage of people classed as physically inactive in the region in 2013 compared to the national average
Inactivity (previous year)	The percentage of people classed as physically inactive in the region in 2012 compared to the national average
Average spend	The total amount of public health grants spend on physical activity allocated in 2014/15
Average spend (% of grant)	The percentage of the public health grants allocated to physical activity in 2014/15
Average spend (2013/14)	The total amount of public health grants spend on physical activity allocated in 2013/14
Average spend (% of grant 2013/14)	The percentage of the public health grants allocated to physical activity in 2013/14

More deprived

Authority name	Percentage inactive	Spend 2014/15	Spend as a % of PH grant
Leeds	21.05	DNA	DNA
Brighton and Hove	23.18	£305,000	2.30
Hammersmith and Fulham	25.39	DNA	DNA
Wirral	26.33	£471,000	2.40
Southwark	26.97	£264,000	1.50
Camden	27.55	£560,949	4.60
Sheffield	27.77	£505,000	3.35
Newcastle upon Tyne	28.63	DNA	DNA
Redcar and Cleveland	29.30	DNA	DNA
North East Lincolnshire	29.71	DNA	DNA
Gateshead	29.78	£220,000	3.50
Luton	31.10	£80,000	8.90
Peterborough	31.90	£177,434	3.40
St. Helens	31.99	£313,000	3.90
County Durham	32.40	DNA	DNA
Doncaster	32.90	£66,000	0.51
Darlington	33.71	DNA	DNA
Coventry	33.78	£163,430	1.40
Plymouth	33.96	£259,000	2.80
Wakefield	33.99	DNA	DNA
South Tyneside	34.04	DNA	DNA
Torbay	34.26	£22,000	0.80
Rotherham	34.42	£323,000	3.10
Barnsley	35.79	DNA	DNA
Wigan	36.02	£771,000	5.30
Sunderland	36.40	£1,849,000	16.30
Bolton	36.93	DNA	DNA
Enfield	36.95	£187,000	2.15
Oldham	36.96	£600,000	6.30
Tameside	38.06	DNA	DNA

National Average: More deprived vs. Nationwide



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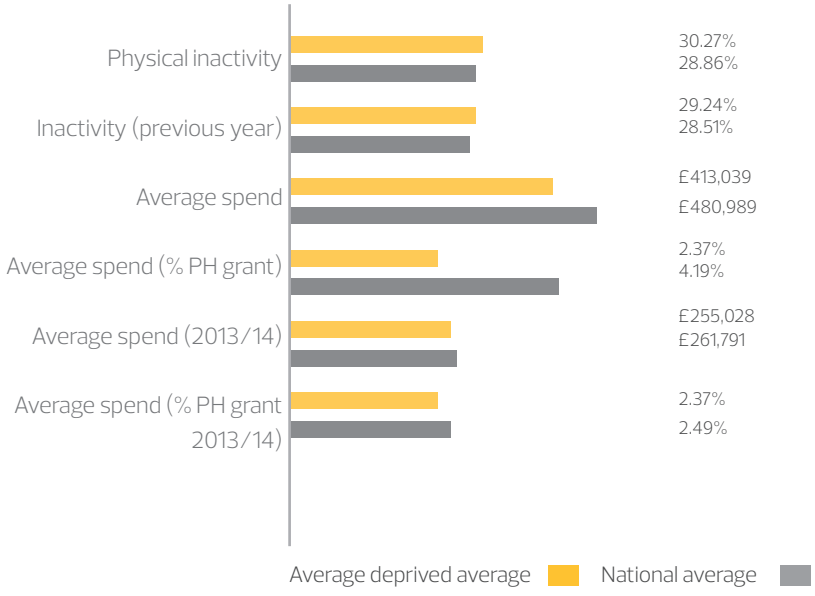
Average spend (2013/14)	The total amount of public health grants spend on physical activity allocated in 2013/14
Average spend (% of grant 2013/14)	The percentage of the public health grants allocated to physical activity in 2013/14

Average

Authority name	Percentage inactive	Spend 2014/15	Spend as a % of PH grant
Wandsworth	19.45	£646,000	3.50
Westminster	26.14	DNA	DNA
Southampton	26.65	£189,000	2.30
Calderdale	27.74	£296,000	3.80
East Sussex	28.22	£668,089	4.20
Bournemouth	28.27	DNA	DNA
Croydon	28.33	£278,558	1.87
Stockton-on-Tees	28.95	£698,000	9.21
Derby	29.05	DNA	DNA
North Tyneside	29.18	£50,195	0.50
Hounslow	29.20	£160,000	1.70
Redbridge	29.32	DNA	DNA
Bury	29.45	£50,000	1.40
Kensington and Chelsea	29.66	DNA	DNA
Cornwall	29.85	£285,000	2.10
Reading	29.86	£323,000	5.60
Southend-on-Sea	30.32	DNA	DNA
Lancashire	30.46	DNA	DNA
Bristol	30.69	£357,884	1.80
Slough	31.04	£80,000	2.20
Cumbria	31.34	DNA	DNA
Sefton	31.51	DNA	DNA
Isle of Wight	32.04	DNA	DNA
Portsmouth	32.40	DNA	DNA
Ealing	32.55	£459,000	4.70
Kirklees	32.98	DNA	DNA
Telford and Wrekin	33.85	£617,440	11.78
Medway	35.82	£743,000	8.90
Dudley	36.70	£700,000	6.17
North Lincolnshire	37.07	£500,500	10.20

National Average: Average vs. Nationwide



Graph Key	
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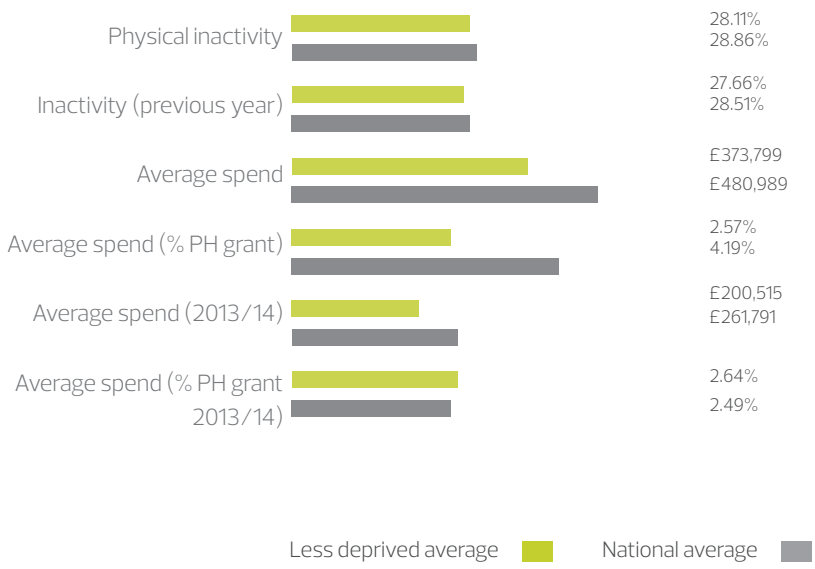
Less deprived

Authority name	Percentage inactive	Spend 2014/15	Spend as a % of PH grant
Bedford	21.98	DNA	DNA
Poole	24.15	DNA	DNA
Devon	24.85	DNA	DNA
Milton Keynes	25.43	£46,500	4.30
Northamptonshire	26.08	£103,000	0.60
Northumberland	26.26	£206,000	3.26
Cheshire West and Chester	26.36	£48,000	0.50
Sutton	26.47	DNA	DNA
Somerset	26.49	DNA	DNA
Barnet	26.59	DNA	DNA
Herefordshire	26.60	£79,184	1.90
Suffolk	26.77	£349,000	1.90
Worcestershire	27.03	£487,100	3.70
Nottinghamshire	27.38	DNA	DNA
Warrington	27.52	£167,000	3.00
Norfolk	27.79	£625,000	3.05
Kent	28.06	£1,272,000	4.00
Derbyshire	28.40	£931,000	4.50
Lincolnshire	28.46	£1,049,000	5.17
Staffordshire	28.49	£401,000	1.62
Shropshire	28.49	DNA	DNA
Solihull	28.59	£94,000	1.70
Trafford	29.09	£349,797	1.90
Stockport	29.57	DNA	DNA
Harrow	30.54	DNA	DNA
Hillingdon	30.70	DNA	DNA
Thurrock	32.36	DNA	DNA
Bexley	33.47	£81,000	1.40
Havering	33.96	£66,000	1.34
Swindon	35.44	£159,000	2.60

National Average: Less deprived vs. Nationwide



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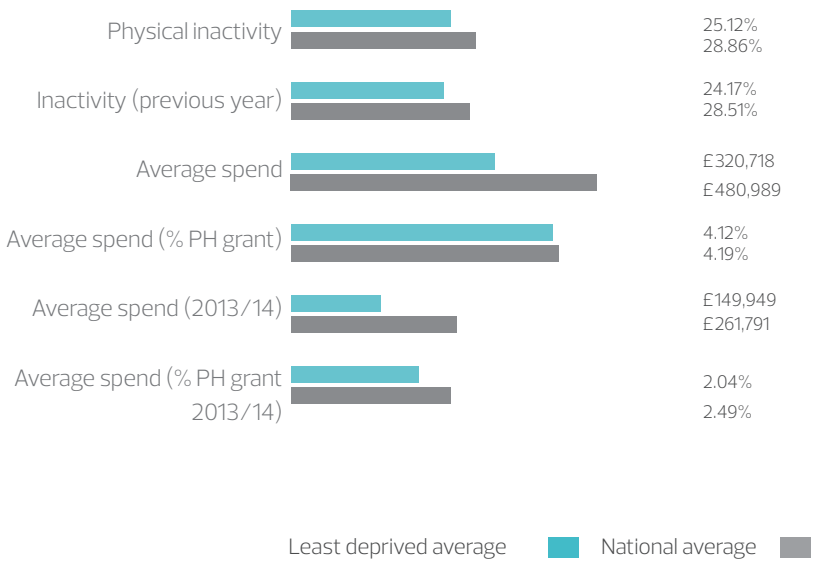
Least deprived

Authority name	Percentage inactive	Spend 2014/15	Spend as a % of PH grant
Richmond upon Thames	16.34	£123,000	2.50
Rutland	22.33	£43,000	6.50
Wokingham	22.53	£94,000	4.80
York	22.70	DNA	DNA
Kingston upon Thames	22.71	£339,000	5.90
Bracknell Forest	23.05	£0	0.00
Oxfordshire	23.07	£135,000	0.60
Bath and North East Somerset	23.36	£209,000	4.70
Surrey	23.53	£75,000	1.10
Windsor and Maidenhead	23.71	DNA	DNA
Merton	24.24	DNA	DNA
Buckinghamshire	24.35	DNA	DNA
South Gloucestershire	24.89	£211,000	3.60
Cambridgeshire	24.94	£321,000	1.45
Hertfordshire	25.31	DNA	DNA
Wiltshire	25.43	£387,000	6.50
Bromley	25.56	£295,000	4.10
East Riding of Yorkshire	25.89	£308,000	4.95
West Sussex	26.18	£591,645	3.60
North Yorkshire	26.67	£1,085,000	10.20
North Somerset	26.80	£152,000	2.00
Hampshire	26.89	DNA	DNA
Gloucestershire	26.90	£995,000	6.60
West Berkshire	27.19	DNA	DNA
Essex	27.43	DNA	DNA
Leicestershire	27.45	DNA	DNA
Dorset	28.07	DNA	DNA
Warwickshire	28.33	£81,000	1.20
Central Bedfordshire	28.38	DNA	DNA
Cheshire East	29.47	£649,000	7.90

National Average: Least deprived vs. Nationwide



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Annex D Full national rankings

Table key	
Authority name	The name of the local authority
National rank	150 local authorities ranked in order of inactivity (no. 1 is the least inactive, no. 150 is the most inactive)
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Local authority name	National Rank	Physically inactive (%)	Inactivity (previous year)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Richmond upon Thames	1	16.34	20.03	£139,100	3.20%	£123,000	2.50%
Wandsworth	2	19.45	22.76	£283,000	1%	£646,000	3.50%
Leeds	3	21.05	26.85	£266,000	1%	DNA	DNA
Lambeth	4	21.22	21.72	DNA	DNA	DNA	DNA
Bedford	5	21.98	25.62	£42,140	1.08%	DNA	DNA
Rutland	6	22.33	24.25	DNA	DNA	£43,000	6.50%
Wokingham	7	22.53	18.23	£31,000	0.31%	£94,000	4.80%
York	8	22.70	23.67	£175,500	7%	DNA	DNA
Kingston upon Thames	9	22.71	22.77	£330,000	5.90%	£339,000	5.90%
Bracknell Forest	10	23.05	22.66	£0	0	£0	0.00%
Oxfordshire	11	23.07	22.18	£80,000	0.40%	£135,000	0.60%
Brighton and Hove	12	23.18	24.90	£348,932	2%	£305,000	2.30%
Bath and North East Somerset	13	23.36	22.91	£40,900	0.80%	£209,000	4.70%
Surrey	14	23.53	23.11	£0	0%	£75,000	1.10%
Windsor and Maidenhead	15	23.71	20.20	DNA	DNA	DNA	DNA
Poole	16	24.15	28.90	£427,300	3%	DNA	DNA
Merton	17	24.24	31.55	DNA	DNA	DNA	DNA
Buckinghamshire	18	24.35	25.79	£110,000	1.40%	DNA	DNA
Devon	19	24.85	25.97	£169,000	1.20%	DNA	DNA
South Gloucestershire	20	24.89	22.80	£192,196	4.90%	£211,000	3.60%
Cambridgeshire	21	24.94	22.76	£278,000	1.79%	£321,000	1.45%
Lewisham	22	25.02	29.18	£155,800	1.10%	DNA	DNA
Hertfordshire	23	25.31	25.38	DNA	DNA	DNA	DNA
Hammersmith and Fulham	24	25.39	20.79	£84,000	0.60%	DNA	DNA
Wiltshire	25	25.43	24.42	£19,000	1.20%	£387,000	6.50%
Milton Keynes	26	25.43	28.97	£39,060	0.67%	£46,500	4.30%
Bromley	27	25.56	24.08	£409,000	5.47%	£295,000	4.10%
Islington	28	25.57	20.07	£175,000	0.90%	£175,000	0.90%
East Riding of Yorkshire	29	25.89	26.36	£294,000	4.90%	£308,000	4.95%
Northamptonshire	30	26.08	28.08	DNA	DNA	£103,000	0.60%

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Local authority name	National Rank	Physically inactive (%)	Physically inactive (2012)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Westminster	31	26.14	28.44	DNA	DNA		
West Sussex	32	26.18	25.60	£84,000	0.65%	£591,645	3.60%
Northumberland	33	26.26	27.74	£93,146	1.72%	£206,000	3.26%
Wirral	34	26.33	28.83	DNA	DNA	£471,000	2.40%
Cheshire West and Chester	35	26.36	26.43	DNA	DNA	£48,000	0.50%
Sutton	36	26.47	23.15	£80,000	1.51%	DNA	DNA
Somerset	37	26.49	27.30	DNA	DNA	DNA	DNA
Hackney	38	26.55	30.20	£777,745	4.02%	DNA	DNA
Barnet	39	26.59	26.11	DNA	DNA	DNA	DNA
Herefordshire	40	26.60	29.22	£211,620	4.54%	£79,184	1.90%
Southampton	41	26.65	30.87	DNA	DNA	£189,000	2.30%
North Yorkshire	42	26.67	27.15	£700,000	5.20%	£1,085,000	10.20%
Suffolk	43	26.77	27.03	£131,000	0.60%	£349,000	1.90%
North Somerset	44	26.80	29.17	DNA	DNA	£152,000	2.00%
Hampshire	45	26.89	24.12	£173,000	0.80%	DNA	DNA
Gloucestershire	46	26.90	25.15	DNA	DNA	£995,000	6.60%
Southwark	47	26.97	26.32	£331,000	1.80%	£264,000	1.50%
Worcestershire	48	27.03	26.44	£320,000	2.69%	£487,100	3.70%
West Berkshire	49	27.19	25.51	£86,000	1.90%	DNA	DNA
Waltham Forest	50	27.19	28.36	DNA	DNA	DNA	DNA
Haringey	51	27.35	26.40	£214,000	1.46%	£635,000	4.15%
Nottinghamshire	52	27.38	27.98	£107,000	0.48%	DNA	DNA
Essex	53	27.43	26.96	£110,000	0.70%	DNA	DNA
Leicestershire	54	27.45	25.97	DNA	DNA	DNA	DNA
Warrington	55	27.52	26.15	DNA	DNA	£167,000	3.00%
Camden	56	27.55	29.32	DNA	DNA	£560,949	4.60%
Calderdale	57	27.74	30.02	DNA	DNA	£296,000	3.80%
Sheffield	58	27.77	30.41	DNA	DNA	£505,000	3.35%

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Local authority name	National Rank	Physically inactive (%)	Physically inactive (2012)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Norfolk	59	27.79	27.56	DNA	DNA	£625,000	3.05%
Kent	60	28.06	27.46	DNA	DNA	£1,272,000	4.00%
Dorset	61	28.07	28.07	DNA	DNA	DNA	DNA
East Sussex	62	28.22	26.57	DNA	DNA	£668,089	4.20%
Bournemouth	63	28.27	20.41	£427,300	3%	DNA	DNA
Warwickshire	64	28.33	27.00	£61,000	0.50%	£81,000	1.20%
Croydon	65	28.33	29.79	£282,000	2%	£278,558	1.87%
Central Bedfordshire	66	28.38	28.03	£0	0	DNA	DNA
Derbyshire	67	28.40	28.27	£808,583	4.14%	£931,000	4.50%
Lincolnshire	68	28.46	29.00	DNA	DNA	£1,049,000	5.17%
Staffordshire	69	28.49	30.01	DNA	DNA	£401,000	1.62%
Shropshire	70	28.49	28.44	DNA	DNA	DNA	DNA
Solihull	71	28.59	25.91	DNA	DNA	£94,000	1.70%
Newcastle upon Tyne	72	28.63	25.63	£822,957	5.77%	DNA	DNA
Manchester	73	28.92	40.24	DNA	DNA	£1,602,953	6.10%
Stockton-on-Tees	74	28.95	29.57	£12,426	0.16%	£698,000	9.21%
Derby	75	29.05	28.47	DNA	DNA	DNA	DNA
Trafford	76	29.09	24.75	£262,438	4%	£349,797	1.90%
North Tyneside	77	29.18	27.30	DNA	DNA	£50,195	0.50%
Hounslow	78	29.20	29.30	£117,500	1.40%	£160,000	1.70%
Redcar and Cleveland	79	29.30	28.73	£402,000	9.80%	DNA	DNA
Redbridge	80	29.32	29.52	DNA	DNA	DNA	DNA
Bury	81	29.45	27.87	£202,000	4.20%	£50,000	1.40%
Cheshire East	82	29.47	25.45	£77,500	1.04%	£649,000	7.90%
Stockport	83	29.57	25.87	£618,334	6.70%	DNA	DNA
Kensington and Chelsea	84	29.66	20.72	£84,000	0.65%	DNA	DNA
North East Lincolnshire	85	29.71	29.49	DNA	DNA	DNA	DNA
Gateshead	86	29.78	33.61	£209,938	3.40%	£220,000	3.50%

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Local authority name	National Rank	Physically inactive (%)	Physically inactive (2012)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Cornwall	87	29.85	28.78	£289,000	2.18%	£285,000	2.10%
Reading	88	29.86	26.83	£49,000	0.90%	£323,000	5.60%
Southend-on-Sea	89	30.32	32.75	DNA	DNA	DNA	DNA
Lancashire	90	30.46	30.41	DNA	DNA	DNA	DNA
Harrow	91	30.54	24.76	DNA	DNA	DNA	DNA
Bristol	92	30.69	28.38	DNA	DNA	£357,884	1.80%
Hillingdon	93	30.70	29.79	£55,449	0.70%	DNA	DNA
Walsall	94	30.89	33.39	DNA	DNA	DNA	DNA
Slough	95	31.04	37.58	£25,000	0.55%	£80,000	2.20%
Luton	96	31.10	35.88	£0	0	£80,000	8.90%
Greenwich	97	31.25	33.09	DNA	DNA	£526,000	5.40%
Cumbria	98	31.34	29.94	DNA	DNA	DNA	DNA
Sefton	99	31.51	31.20	DNA	DNA	DNA	DNA
Bradford	100	31.71	37.67	DNA	DNA	£711,000	3.40%
Peterborough	101	31.90	27.67	£300,110	4.24%	£177,434	3.40%
St. Helens	102	31.99	30.49	DNA	DNA	£313,000	3.90%
Isle of Wight	103	32.04	29.39	DNA	DNA	DNA	DNA
Thurrock	104	32.36	29.08	£247,000	5.70%	DNA	DNA
Portsmouth	105	32.40	33.05	DNA	DNA	DNA	DNA
County Durham	106	32.40	29.34	DNA	DNA	DNA	DNA
Ealing	107	32.55	29.14	£221,000	1.80%	£459,000	4.70%
Birmingham	108	32.62	34.27	£2,464,778	4.80%	£4,500,000	8.70%
Doncaster	109	32.90	32.69	DNA	DNA	£66,000	0.51%

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Local authority name	National Rank	Physically inactive (%)	Physically inactive (2012)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Kirklees	110	32.98	31.65	DNA	DNA	DNA	DNA
Salford	111	33.38	39.07	DNA	DNA	£297,000	3.60%
Liverpool	112	33.40	31.63	DNA	DNA	DNA	DNA
Bexley	113	33.47	30.71	DNA	DNA	£81,000	1.40%
Tower Hamlets	114	33.56	28.62	£228,164	1.20%	£264,495	1.26%
Halton	115	33.60	31.34	DNA	DNA	£590,340	7.00%
Darlington	116	33.71	28.61	£103,000	2%	DNA	DNA
Coventry	117	33.78	36.81	£379,178	3.10%	£163,430	1.40%
Telford and Wrekin	118	33.85	30.45	DNA	DNA	£617,440	11.78%
Havering	119	33.96	30.49	DNA	DNA	£66,000	1.34%
Plymouth	120	33.96	27.59	£200,562	2.30%	£259,000	2.80%
Wakefield	121	33.99	28.46	£400,080	3.50%	DNA	DNA
South Tyneside	122	34.04	33.50	DNA	DNA	DNA	DNA
Torbay	123	34.26	33.32	DNA	DNA	£22,000	0.80%
Rotherham	124	34.42	33.57	DNA	DNA	£323,000	3.10%
Kingston upon Hull	125	34.44	36.07	£459,000	2.50%	DNA	DNA
Middlesbrough	126	34.73	30.12	DNA	DNA	£668,000	8.00%
Brent	127	34.79	30.15	DNA	DNA	£1,411,000	10.17%
Leicester	128	34.92	34.24	£172,500	1%	£933,000	6.77%
Swindon	129	35.44	32.68	DNA	DNA	£159,000	2.60%
Rochdale	130	35.55	34.12	DNA	DNA	DNA	DNA
Wolverhampton	131	35.73	34.39	DNA	DNA	DNA	DNA
Blackburn with Darwen	132	35.73	36.95	£794,485	6.10%	DNA	DNA

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Local authority name	National Rank	Physically inactive (%)	Physically inactive (2012)	Physical Activity spend (2013/14)	Spend as a % of PH grant (2013/14)	Physical activity spend (2014/15)	Spend as a % of grant (2014/15)
Barnsley	133	35.79	33.95	£91,000	0.97%	DNA	DNA
Medway	134	35.82	29.98	£540,111	8%	£743,000	8.90%
Wigan	135	36.02	33.22	DNA	DNA	£771,000	5.30%
Sandwell	136	36.34	39.13	£108,300	1.20%	DNA	DNA
Nottingham	137	36.40	33.20	DNA	DNA	DNA	DNA
Sunderland	138	36.40	36.99	£36,174	0.30%	£1,849,000	16.30%
Dudley	139	36.70	37.67	£730,000	6.80%	£700,000	6.17%
Bolton	140	36.93	30.76	DNA	DNA	DNA	DNA
Enfield	141	36.95	26.26	DNA	DNA	£187,000	2.15%
Oldham	142	36.96	36.28	DNA	DNA	£600,000	6.30%
Knowsley	143	37.07	32.83	DNA	DNA	£505,000	6.90%
North Lincolnshire	144	37.07	28.24	DNA	DNA	£500,500	10.20%
Hartlepool	145	37.30	34.76	£154,000	2.56%	DNA	DNA
Stoke-on-Trent	146	37.95	35.07	£464,000	3.48%	£161,550	1.54%
Tameside	147	38.06	32.81	DNA	DNA	DNA	DNA
Blackpool	148	38.21	34.85	£250,000	2%	DNA	DNA
Barking and Dagenham	149	38.82	35.14	DNA	DNA	DNA	DNA
Newham	150	39.17	35.11	£216,000	3.14%	£2,100,000	15.60%

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