

Turning the tide of inactivity

Acknowledgments

We would like to thank all of the public health and active lifestyles staff from local authorities across the UK and the wide range of stakeholders who provided us with the support and information for this report.

Visit the website

The information is constantly changing and ukactive will continuously update the website with new insights, evolutions and developments in turning the tide.

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Foreword



This report clearly shows the rising issue of physical inactivity across the UK. It is the first time that the scale and impact of inactivity has been established in this way and provides compelling evidence for establishing it as a public health concern in its own right.

The debate on inactivity has in the past focused primarily on its contribution to reducing obesity, but this direction is changing. With new evidence has come a change of emphasis, a change of direction and, above all, a need for a change of approach.

Incontrovertible evidence shows inactivity significantly heightens the risk of developing chronic illnesses. A study in *The Lancet*, published in 2012, highlighted how inactivity is responsible for 17 per cent of premature deaths in the UK every year and shortens the lifespan by three to five years.

Building on these shocking facts, this report raises further significant causes for concern. We can reveal that in some parts of the UK more than 40 per cent of the adult population is classed as inactive and 12.5 million people in England are currently failing to raise their heart level for more than half an hour per week over a 28-day period. This is the case even though people can achieve that 30 minutes in three ten-minute bites.

We found that approximately a quarter of all adults in England are failing to do enough physical activity to benefit their health. Similar concerns exist in Scotland, Wales and Northern Ireland, although a lack of available data prevented us from providing a comparable level of analysis across the rest of the UK.

The burden this is placing on already strained resources is unsustainable. Several local authorities have acknowledged this already and are championing collaborations between their leisure, open spaces and public health teams in order to promote active lifestyles. They are to be commended, but if we are to truly turn the tide of inactivity in the UK, urgent action is required that challenges central government, local authorities and the activity sector to get more people, more active, more often.

To gain the health, financial and social benefits turning the tide of inactivity will bring, it is vital that a national strategy is developed and a national ambition set. International examples show that this can be achieved effectively.

There are already a number of very positive examples of where action is being taken to turn the tide of inactivity, but we need to be doing so much more. I sincerely hope this report sparks the critically needed action and at every level to turn the tide of inactivity for good.

A handwritten signature in black ink, appearing to read 'D. Stalker'.

David Stalker, Chief Executive Officer, ukactive

"...urgent action is required that challenges central government, local authorities and the activity sector to get more people, more active, more often."

David Stalker, CEO,
ukactive

Lord Coe



The Olympic and Paralympic Games in London were an inspiration to people throughout the UK. We have since set out to deliver what no other host nation has done before; produce a lasting legacy that benefits future generations. Not just a legacy of stadia and medals but of a broader societal shift that supports communities to lead healthier and more active lives.

Legacy is a long-term programme and we have made an excellent start, including: over £11bn of economic benefits, eight out of eight retained Olympic Park venues with their future secured, and 1.5 million

more people playing sport once a week since we won the bid in 2005.

Turning the tide of inactivity would be a hugely important outcome for our legacy story, which would have a massive long-term impact on our nation's health and wellbeing.

Not many people are aware that physical inactivity currently accounts for nearly one-fifth of premature deaths in the UK. With projections showing that inactivity levels are due to increase by a further 15 per cent by 2030 there is no doubt that the issue requires immediate national attention and urgent action.

That is why I welcome this report by ukactive. Its analysis and recommendations have helped to establish the scale of the problem and provide an important step towards tackling the issue.

Supporting people that do little or no daily activity to become a bit more active is where the biggest public health gains can be made and the maximum financial returns on public investment attained. Turning the tide of physical inactivity must be viewed as a national priority and this report makes a persuasive case for action.

A handwritten signature in black ink, appearing to read 'Seb Coe'.

Lord Sebastian Coe CH KBE

"Turning the tide of physical inactivity must be viewed as a national priority."

Lord Sebastian Coe,
CH KBE

Introduction

Turning the tide of inactivity

What is physical inactivity?

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 walking, cycling, dance, gardening and sport, as well as regular physical activity and exercise.¹

12.5 million people in England fail to achieve 30 minutes of moderate intensity physical activity per week in a 28 day period even though they can do it in three ten-minute bites.

Inactivity levels

Turning the tide of inactivity establishes the scale of the physical inactivity epidemic in the UK.

In 2013, local authorities inherited the responsibility for improving public health from Primary Care Trusts (PCTs). Their first year has been one of transition and adaptation to the new system.

This report provides the first detailed analysis of physical inactivity, both at a national and local level. It examines the rate of inactivity in each top tier local authority and analyses its relationship with premature mortality, cost and spend, leisure facilities and green spaces.

In the past, promoting the benefits of physical activity has often been grouped with obesity, clouding the positive impact that getting active can have on health and wellbeing, independent of weight reduction.

This has prevented inactivity from being defined as a stand-alone public health issue that needs to be targeted and treated distinctly, despite this being called for by international health agencies such as the World Health Organisation (WHO).²

Turning the tide of inactivity seeks to support local authorities, public health professionals and the activity sector to better understand inactivity as a distinct risk to public health. It comes at a time when local authorities have the opportunity to shape how they begin to turn the tide of inactivity.

The scale of physical inactivity

Our analysis of the government's latest physical activity survey shows that 12.5 million people in England failed to achieve 30 minutes of moderate intensity physical activity per week within a 28-day period during 2013.³ This remains the case even though people could achieve that half an hour in three ten-minute bites.

In consequence, one in four of the adult population is classed as physically inactive falling into the Chief Medical Officer's (CMO) “high risk” health category. Those not achieving the CMO guidelines are at a much greater risk of up to twenty chronic diseases including heart disease, type 2 diabetes and high blood pressure.⁴

Evidence shows that the most significant health and clinical benefits are gained by an inactive person currently doing no physical activity starting to do even a little.⁵ The risk of a range of chronic conditions and associated financial costs are cut even when this new activity falls short of the CMO's guidelines.

Over the last 50 years, physical activity levels have declined by 20 per cent in the UK, with projections indicating a further 15 per cent drop by 2030.⁶ Experts predict that if trends continue, by 2030 the average British person will use only 25 per cent more energy than they would have done had they just spent the day in bed.⁷

A report by the Association of Public Health Directors showed that if everyone in England met CMO guidelines for activity nearly 37,000 deaths a year could be prevented.⁸

The financial case for turning the tide of inactivity is also apparent; inactive people spend 38 per cent more days in hospital than active people and visit the doctor almost six per cent more often.⁹ According to the National Institute for Health and Care Excellence (NICE), inactivity is costing the national economy in England £8.2 billion per year.¹⁰

Turning the tide of inactivity

This report analyses the most recent government surveys and publishes new information obtained from Freedom of Information (FOI) responses. The recommendations made are built on these and insights gained from first-hand interviews conducted by ukactive with local practitioners, commissioners and directors of public health.

Turning the tide of inactivity finds that inactivity levels are ten per cent higher in the most deprived areas in England compared to the least deprived. It reveals a general correlation between inactivity and premature mortality; areas with the highest levels of inactivity also have the highest levels of premature mortality.

Local authority responses to our FOI requests show that they spent an average of less than three per cent of their annual public health budgets on physical inactivity interventions last year. Five per cent of the local authorities who responded failed to apportion any of their public health budgets to physical inactivity in 2013/14.

Physical inactivity represents ten per cent of total societal costs when compared against other top-tier public health concerns including sexual health, smoking, obesity and drug and alcohol misuse. On average, it is costing the economy in each local authority in England £18 million per 100,000 people every year.

This is the first report that has evaluated the proportion of green space in each local authority with their levels of inactivity. We can reveal that there is no significant connection between the volume of green space in a local authority and its level of inactivity.

Our analysis explores the relationship between inactivity and other local factors. It examines the best available data and highlights trends that build our understanding. We acknowledge that further data is required. Turning the tide of inactivity is the first in a series of reports that aims to develop the knowledge base.

Our key recommendations

To turn the tide of inactivity it is critical for there to be a clearly-articulated national and local ambition. This report has found that reducing physical inactivity by just one per cent a year over a five-year period would save the UK economy just under £1.2bn.

If every local authority was able to reduce inactivity levels by one per cent year on year over this five-year period they would save local taxpayers £44 per household. More importantly, they would improve the health and wellbeing of their local communities.

To achieve this ambition, we call on government to develop and deliver a cross-party, cross-government and cross-sector national strategy in order to turn the tide of inactivity.

From ensuring that walking and cycling are the preferred modes of transport, to encouraging children to become physically literate from the earliest possible age, an industrial scale shift across society is needed to embed physical activity into people's daily lives.

This will require action across all relevant government departments including the Departments of Health; Transport; Communities and Local Government; Culture, Media and Sport; and the Cabinet Office among others.

Crucially it has to have strong leadership from government, coordinated action from local authorities and a concerted effort from the activity sector to engage and support inactive populations.

Reducing physical inactivity by just one per cent a year over a five year period would save local authorities £1.2bn.

Local ambition

We call on government to develop and deliver a cross-party, cross-government and cross-sector national strategy.

National strategy

Key findings

"Turning the tide of inactivity is essential to the health of our nation, I am delighted to support ukactive and its drive for making sure physical activity becomes part of the DNA of our country."

The Prime Minister
Rt Hon.
David Cameron MP

Inactivity

- » One in four people in England fail to achieve more than 30 minutes of moderate intensity physical activity per week over a 28-day period even though they can do it in three ten-minute bites.
- » There is a broad relationship between levels of physical inactivity and socio-economic status.
- » Highest deprivation areas are almost 10 per cent more physically inactive than lowest deprivation areas.

Premature mortality

- » There is a broad relationship between levels of physical inactivity and premature death.
- » Areas with the highest levels of physically inactivity have the highest levels of premature mortality.
- » Areas with the lowest levels of physically inactivity have the lowest levels of premature mortality.
- » This relationship becomes even stronger when put into the context of socio-economic deprivation.

Cost and spend

- » There is a disproportionately low spend on programmes to tackle physical inactivity by local authorities compared to other top tier public health concerns.
- » Reducing physical inactivity by just one per cent a year over a five year period would save local authorities £1.2 billion.

Leisure facilities

- » The most inactive local authorities have on average a third fewer facilities than the least inactive areas.

Green spaces

- » There is no significant relationship between the volume of green space in a local authority and its level of physical inactivity.
- » The utilisation of green space, rather than its volume, is the determining factor in reducing levels of physical inactivity.

Recommendations

Government should:

- » Develop and deliver a cross-party, cross-government and cross-sector national inactivity strategy.
- » Put greater investment into researching inactivity programmes that can be applied to everyday settings.
- » Improve the collation, coordination and breadth of physical inactivity data for adults and children within a single UK-wide framework.
- » Extend the National Child Measurement Programme to include the measurement of children's physical activity and fitness levels alongside weight and height.
- » Ensure that health care professionals receive comprehensive training on the specific physical, mental and social risks of physical inactivity.

Local authorities should:

- » Prioritise and resource physical inactivity programmes to the same level as other top tier public health risks.
- » Deliver physical inactivity strategies independently of obesity and weight management.
- » Invest in evidence-based programmes that engage inactive groups.
- » Partner with all local activity and sports providers to deliver a local ambition of a one per cent reduction in inactivity year-on-year for the next five years.
- » Ensure that their green spaces are developed to make them safe and accessible whilst integrating them into their leisure and physical inactivity strategies.
- » Extend the management and administration of their green spaces to include leisure and public health planning teams.
- » Be required to consider the impact of physical inactivity in regeneration and spacial plans.

The activity sector should:

- » Focus on engaging and supporting inactive people.
- » Deliver evidence-based programmes tailored towards inactive groups.
- » Better record, analyse and evaluate the users of their facilities and effectiveness of their programmes to improve the evidence base.

"These policy recommendations to government, local authorities and the activity sector are crucial to turning the tide of inactivity"

Fred Turok, Chairman of ukactive

National picture

National picture

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Inactivity

Levels of inactivity in England

Table 1

Least inactive 15 local authorities

Lowest levels of inactivity	Percentage of inactive adults (%)
Wokingham	18.23
Richmond upon Thames	20.03
Islington	20.07
Windsor and Maidenhead	20.20
Bournemouth	20.41
Kensington and Chelsea	20.72
Hammersmith and Fulham	20.79
Lambeth	21.72
Oxfordshire CC	22.18
Bracknell Forest	22.66
Cambridgeshire CC	22.76
Wandsworth	22.76
Kingston upon Thames	22.77
South Gloucestershire	22.80
Bath & NE Somerset	22.91

Table 2

Most inactive 15 local authorities

Highest Levels of Inactivity	Percentage of Inactive Adults (%)
Stoke-on-Trent	35.07
Newham	35.11
Barking and Dagenham	35.14
Luton	35.88
Kingston upon Hull	36.07
Oldham	36.28
Coventry	36.81
Blackburn with Darwen	36.95
Sunderland	36.99
Slough	37.58
Dudley	37.67
Bradford	37.68
Salford	39.07
Sandwell	39.13
Manchester	40.24

Our recommendations

Government should develop and deliver a cross-party, cross-government and cross-sector national inactivity strategy.

Local authorities should invest in evidence-based interventions, such as Let's Get Moving, that target inactive groups at high risk of chronic illnesses.

Health care professionals should receive comprehensive training on the specific physical, mental and social risks of physical inactivity.

Findings

Our analysis shows there are 12.5 million adults classed as physically inactive in England. This means that one in four adults are failing to achieve 30 minutes of moderate intensity physical activity per week within a 28-day period. This is the case even though people can achieve that 30 minutes in three ten-minute bites.

There is a noticeable regional variance in inactivity levels across England. In the West Midlands, 32 per cent of adults are inactive compared to 26 per cent in the South East.

Evaluation of the data by local authority area shows Manchester City Council has the highest level of inactivity in England, with 40 per cent of its adult residents inactive. Wokingham Borough Council has the lowest with 18 per cent adults classed as inactive [Tables 1 and 2].

Review

Areas of high socio-economic deprivation are more likely to have higher levels of inactivity. The most deprived areas have on average 32 per cent adult inactivity compared to 24 per cent in the least deprived areas.

13 of the top 15 most inactive local authorities all sit in the "most deprived" or "more deprived" socio-economic quintile [Table 2].

An exception is the London Borough of Islington which, despite being amongst the most deprived areas, is the third most physically active local authority in England [Table 1].

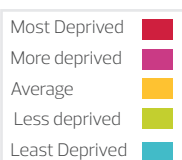
Implication

Our analysis shows a quarter of adults in England are classed as inactive, falling into the CMO's "high risk" health category. As a result they are more likely to develop chronic conditions including heart disease, high blood pressure and type 2 diabetes.

According to the CMO, supporting inactive people to become more active, even if falling short of the recommended levels of activity, is where the biggest public health gains lie.¹¹

Supporting inactive groups would provide the maximum financial returns on public investment and is the most effective means of narrowing health inequalities.

The Department of Health has developed Let's Get Moving, a behaviour change intervention designed to support inactive people at high risk of developing medical conditions become more active. This evidence-based intervention promotes physical activity by providing advice and motivational counselling in GP surgeries.



Premature mortality

Inactivity and mortality

Findings

Our analysis shows a relationship between high levels of inactivity and high numbers of premature adult death in local authorities [Figure 2]. This is in line with a separate study published in the health journal, The Lancet, which cited inactivity as the cause of 17 per cent of premature deaths in the UK.¹²

The average number of premature deaths per 100,000 people per year in the most inactive local authorities was 342. In the least inactive local authorities it was 242.

Our analysis also shows a relationship between levels of inactivity, premature deaths and socio-economic deprivation [Figure 1]. This is reflected in the findings of Public Health England's report on socio-economic inequalities published in 2013.

Review

Manchester City Council, which has the highest level of inactivity and is amongst the most deprived local authority areas, has the highest number of premature deaths per 100,000 adults with 455 per year.

Wokingham Borough Council has the lowest inactivity level and 200 premature deaths per 100,000 adults. It is among the least deprived local authorities.

The London Borough of Hammersmith and Fulham is an exception. It has both higher than average levels of deprivation and premature deaths per 100,000 adults but has the seventh lowest inactivity level in England.

Implication

There appears to be a relationship between inactivity, premature deaths and deprivation. However, to better understand any discrepancies and the impact of inactivity as one of many determinants of health, significant improvements need to be made to the collation, coordination and breadth of data.

Our analysis of existing data has scratched the surface of this issue, but in future, data collection methods need to improve significantly to reflect the scale of inactivity as a top-tier public health issue.

A number of local authorities reinforced this view. Dudley Borough Council told us: "As with all self-report studies and with such small sample sizes absolute accuracy is debatable and accurately plotting trends is also difficult due to anomalies in the data."

Also of concern, is the fact there is currently no adequate method of data collection for children and young people's inactivity levels. This data is essential if we are to improve local provision of children's services.

Key national bodies such as Public Health England should look at how to encourage the pooling of existing resources and create a single national framework for data collection. Following the findings of this report, we urge that inactivity is given due prominence.

Figure 1

Inactivity and premature deaths when compared with socio-economic status

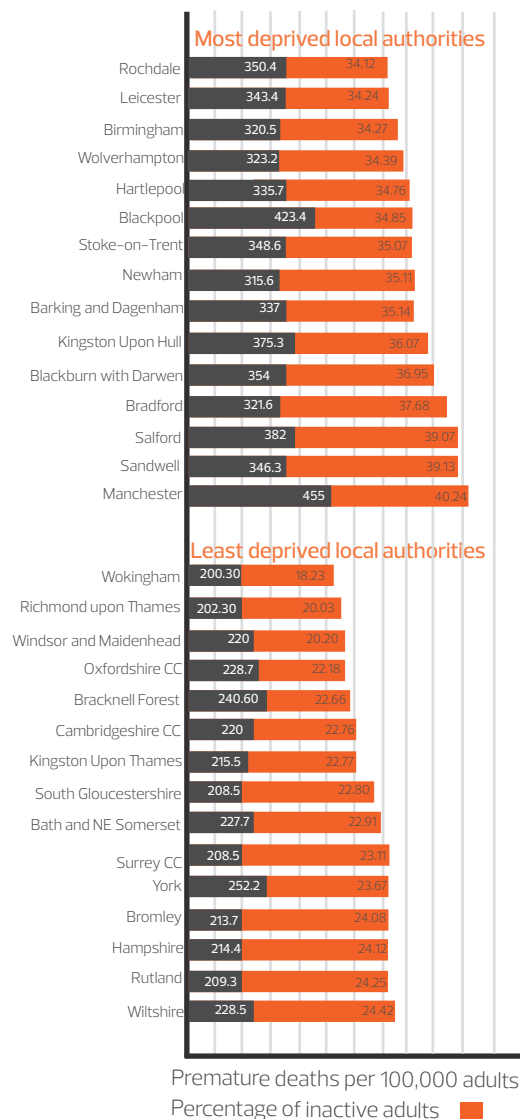
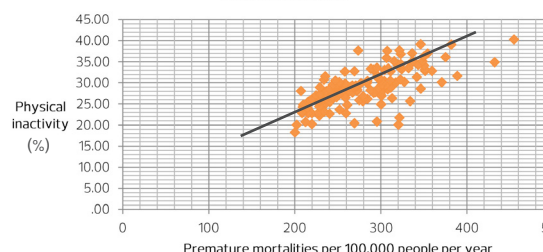


Figure 2

Physical inactivity and premature mortalities



Our recommendations

National bodies should improve the collation, coordination and breadth of data collection for within a single UK-wide framework.

The National Child Measurement Programme should be extended to include the measurement of children's physical activity and fitness levels alongside weight and height.

National bodies should put greater investment into researching inactivity interventions that can be applied to everyday settings.

Cost and spend

Financial implications of inactivity

Figure 3

The total societal cost of individual top tier public health concerns versus local authority spends in 2013/14

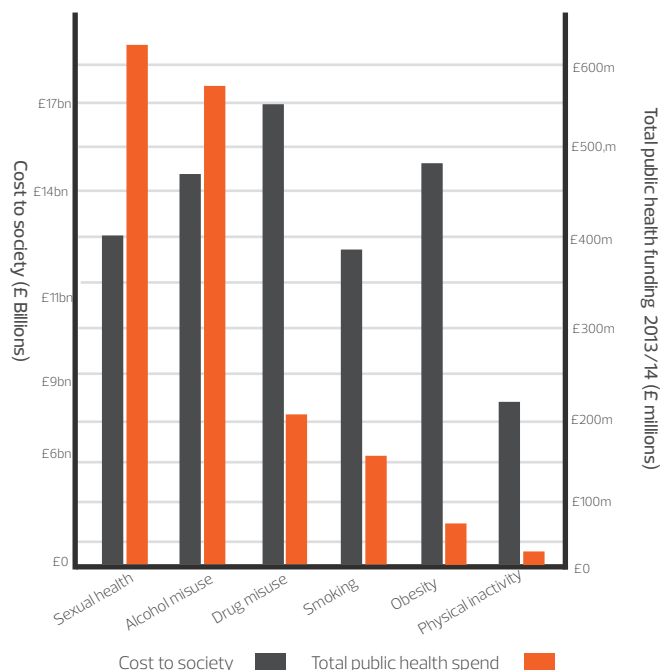


Table 3

Total annual cost and spend on top tier public health concerns by local authorities

Area of public health concern	Cost to society (£ billions)	Total public health spend 2013/14 (£ millions)
Sexual health	12.05	637
Alcohol misuse	15.4	569
Drug misuse	17	204
Smoking	13.7	158
Obesity	15.8	68
Physical inactivity	8.2	31

* See annexes A and B for methodology and references

Findings

For the first time, we are able to reveal the average spend by local authorities on adult physical inactivity is disproportionately low when compared to other top tier public health concerns. This information has been obtained by FOI responses.

We found that local authorities spent an average of 2.4 per cent of their public health budgets on programmes to tackle inactivity in 2013/14.

Central government estimates that local authority spending on inactivity is even lower than this; less than two per cent of public health budgets in 2013/14.¹³ This is compared to 38 per cent spending on sexual health services, 12 per cent on alcohol misuse services and four per cent on adult obesity [Figure 3 and Table 3].

The national cost of inactivity in England is £8.2 billion a year.¹⁴ This figure includes the direct costs of treating diseases linked to inactivity and the indirect costs caused by sickness absence.

Based on the best available data, we found that it represents ten per cent of total societal costs when compared against other top-tier public health concerns including sexual health¹⁵, smoking¹⁶, obesity¹⁷, drugs¹⁸ and alcohol misuse¹⁹ [Figure 3 and Table 3].

Review

Inactivity is costing Sunderland City Council £24 million per 100,000 adults every year. They attribute 0.3 per cent of their overall public health spend on programmes to tackle inactivity. Data shows that 37 per cent of its population is classed as inactive.

By comparison, its neighbour Newcastle City Council, which is also a "more deprived" local authority, spends five per cent of its public health budget on programmes to tackle inactivity. It has an adult inactivity level of 25 per cent. The cost of inactivity is £8 million lower per 100,000 people in Newcastle compared to Sunderland.

Some local authorities have not yet allocated a distinct budget for programmes to tackle inactivity at all. Derby City Council, Cornwall Council, Oldham Council and others include inactivity within their obesity programmes. Grouping inactivity with obesity was a common theme in interviews with directors of public health.

Implication

The extent to which local authorities commission programmes to tackle inactivity will be dependent on their Joint Strategic Needs Assessment. There is currently an imbalance on spending for programmes to tackle inactivity compared to other top-tier public health issues [Figure 3].

This will require activity providers to improve and expand their delivery of cost-effective and evidence-based programmes to tackle inactivity.

It should also be noted that councils only recently assumed the responsibility for public health and many inherited contracts from Primary Care Trusts. Outside of public health budgets, local authorities spend £925 million per year on leisure services.²⁰ This provides invaluable community services and facilities that widen physical activity participation.

Put together with active transport plans and programmes to tackle inactivity local authorities have an opportunity to shape how they turn the tide of inactivity.

Our recommendations

Local authorities should prioritise and resource physical inactivity services to the same level as other top tier public health risks.

Local authorities should deliver physical inactivity strategies independently of obesity and weight management.

Activity providers should deliver evidence-based programmes tailored towards inactive groups.

Leisure facilities

Inactivity and leisure facilities

Findings

Our analysis for the first time shows that local authorities with the highest levels of physical inactivity have a third fewer leisure facilities per 100,000 adults – 42 on average – compared to those with the lowest levels of adult inactivity which have an average of 64 leisure facilities [Figure 4]. However, no significant overall relationship was noted.

A relationship appears between the number of leisure facilities in a locality and its socio-economic status. Our findings show the most deprived areas have fewer than half the number of leisure facilities compared to the least deprived (37 and 77 facilities per 100,000 respectively). The national average is 60 leisure facilities.

This is revealed through our analysis of the Active Places Database which includes public, private and third sector facilities, as well as the facilities operated by more than 30 National Governing Bodies.²¹

Review

Sandwell Council, which is among the most deprived areas, has 78 leisure facilities for its 221,000 adults. South Gloucestershire Council has three times as many facilities (250) despite it having a smaller adult population.

Sandwell Council has an inactivity level of 39 per cent whereas South Gloucestershire Council has an inactivity level of 25 per cent.

It is too simplistic to conclude that the answer to the inactivity problem is opening more leisure facilities or preventing the closure of others. In a challenging economic climate, it is right that all public investment is scrutinised to ensure cost-effectiveness and value to the taxpayer. Our research and analysis offers food for thought on this issue.

In some cases, fewer but higher quality services are anticipated to lead to reductions in local levels of inactivity. Elmbridge Borough Council is projected to save an estimated £6 million over the next 15 years following the replacement of two ageing leisure facilities with one new, state-of-the-art centre, whilst at the same time increasing its total local usage.

Implication

Local authorities are currently making cutbacks and reviewing the value of their services. As a discretionary public service, leisure provision risks dropping down priority lists, but the messages in this report underline the fact any cut in funding now may lead to higher long-term costs.

It is now more important than ever for all leisure providers to focus their services on inactive population-groups, particularly public leisure services.

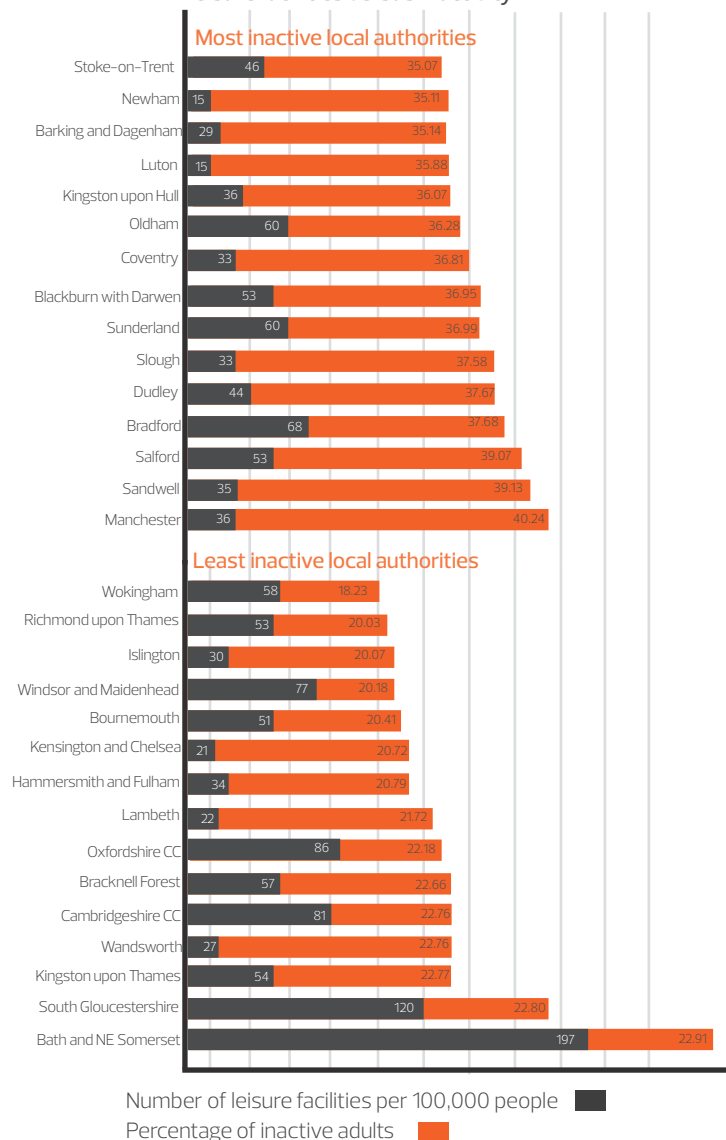
Supporting inactive groups to become more active is where the biggest public health gains can be made and where local authorities should be looking to obtain the maximum financial returns on their investment.

Attracting the hardest to reach groups is challenging and will require the delivery of tailored evidence-based provision.

Those providers which are able to demonstrate progress based on improved health outcomes will establish themselves as indispensable assets within their local community, thereby strengthening their case for investment.

Figure 4

Leisure facilities versus inactivity



Our recommendations

Activity and community sports providers should focus on engaging and supporting inactive people.

Local authorities should work in partnership with all local activity and sports providers to deliver a local ambition of a one per cent reduction in inactivity year-on-year for the next five years.

Activity providers should better record, analyse and evaluate the users of their facilities and effectiveness of their programmes to improve the evidence base.

Green spaces

Inactivity and green spaces

Table 4

The percentage of green spaces versus the proportion of inactive adults in eight of England's largest metropolitan cities

Eight of England's largest cities	Percentage of inactive adults (%)	Percentage of green spaces (%)
Newcastle	25.63	39
Leeds	26.85	53
Bristol	28.38	28
Sheffield	30.41	34
Liverpool	31.36	29
Nottingham	31.61	32
Birmingham	34.27	28
Manchester	40.24	33

Most Deprived
More deprived
Average
Less deprived
Least Deprived

Findings

We can show for the first time there is no significant connection between levels of physical inactivity and the amount of green space in a local authority. In the most inactive local authorities there is an average of 39 per cent green space compared to 36 per cent in the least inactive areas.

To ensure that the figures were not skewed by urban and rural disparities, we have included a table below [Table 4] which highlights the lack of correlation between green spaces and inactivity in eight of England's largest metropolitan cities.

Levels of inactivity are however linked to the safety and accessibility of outdoor areas and can be influenced by the way green space is utilised.

Review

Leeds City Council invested £3.7 million into the development of their parks and leisure, including the creation of West Leeds Country Park and Green Gateways trail. This transformed green space into a network of walking, running and cycling paths and has helped reduce local levels of inactivity by five per cent.

Birmingham City Council recently launched an Active Parks pilot programme offering free structured outdoor activities across six locations in the city. Initial results found that 71 per cent of participants had improved their fitness levels as a result of the activities and 76 per cent now spend more time in the park because of the Active Park sessions. The scheme is being rolled out across the city from spring 2014.

The development of Regents Park in London, including the provision of activity opportunities, is estimated to save the City of Westminster £3.1 million and NHS services £463,000 year on year through public use of the space.

Implication

A survey on the use of parks and open spaces in England found that 79 per cent of people thought that green spaces helped them keep fit and healthy and 60 per cent said more green spaces would help improve their physical health.²²

Open spaces help remove barriers to participation, reduce health inequalities and can lead to long-term savings if developed appropriately.

The provision of green space is too often rigidly managed around issues such as licensing. Whilst these are important, not enough cross-departmental coordination is carried out with equivalent planning, environment, transport, leisure and public health teams.

Leeds City Council's model works effectively. Their Parks and Leisure Service team operates alongside the Physical Activity Manager of their Active Lifestyles department, allowing a more effective utilisation of local green spaces.

Green spaces

The proportion of green space in each local authority is revealed for the first time through the coordination of over 6,000 census wards using information from the Office of National Statistics.

It is defined as all green spaces larger than five meters squared including parks, playing fields, woodlands, neighbourhood greens and transport verges and excludes domestic gardens.²³

Our recommendations

Local authorities should ensure that their green spaces are developed to make them safe and accessible whilst integrating them into their leisure and inactivity strategies.

Local authorities should extend the management and administration of their green spaces to include leisure and public health planning teams.

Local authorities should be required to consider the impact of physical inactivity in regeneration and spacial plans.

Regional analysis

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North West

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

Authority name		National rank	Proportion inactive	Premature deaths	Cost of inactivity
Trafford		23	24.75	228.5	£16,226,251
Cheshire East		28	25.45	228.5	£16,688,643
Stockport		34	25.87	218	£16,958,349
Warrington		39	26.15	220.2	£17,147,461
Cheshire West & Chester		44	26.43	280.1	£17,327,720
Bury		60	27.87	293.7	£18,273,957
Wirral		77	28.83	297.5	£18,902,698
Cumbria CC		95	29.94	250.3	£19,629,409
Lancashire CC		103	30.41	284.5	£19,938,307
St. Helens		105	30.49	299.9	£19,987,008
Bolton		108	30.76	233.9	£20,169,246
Sefton		110	31.20	297.8	£20,455,296
Halton		111	31.34	297.4	£20,544,755
Liverpool		113	31.63	235.5	£20,736,397
Tameside		118	32.81	351.7	£21,513,849
Knowsley		119	32.83	359.6	£21,523,050
Wigan		123	33.22	324.3	£21,779,819
Rochdale		130	34.12	350.4	£22,368,946
Blackpool		135	34.85	432.4	£22,851,824
Oldham		141	36.28	350.3	£23,786,780
Blackburn with Darwen		143	36.95	354.4	£24,225,029
Salford		148	39.07	382	£25,616,131
Manchester		150	40.24	455	£26,385,799

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Case Study

61 percent of participants said their physical health had improved

In Cheshire, AgeUK has been working with the local council and private businesses to ensure that elderly people are given

opportunities to become and to stay physically active. The programmes are particularly targeted at older people with long term conditions in hard to reach areas.

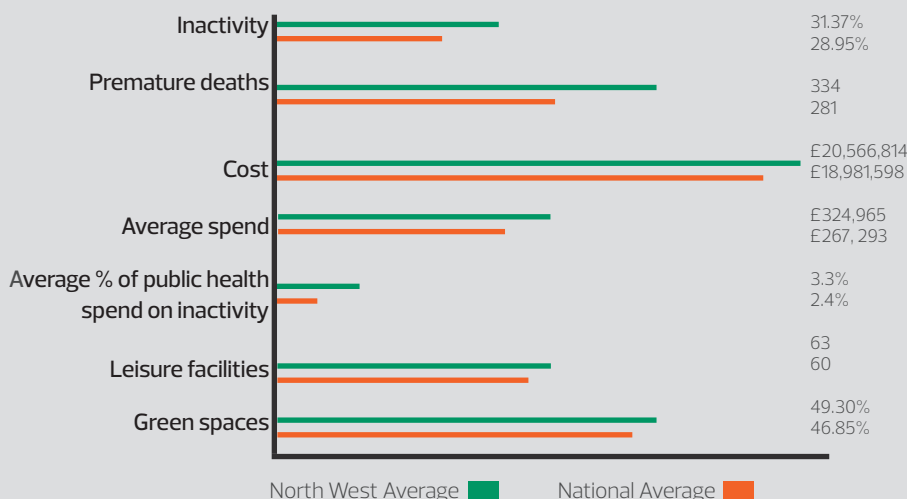
"We want to increase physical activity, confidence and self-esteem amongst participants, as well to empower communities in disadvantaged areas to take responsibility for their own health and wellbeing and support older people to actively engage," said Alison Read, Head of Charity Services, AgeUK Cheshire.

Based on an evaluation of nearly 200 attendees, 61% said their physical health had improved, and 66% said their mental health had improved due to the programme. – AgeUK Cheshire, Activity for older people

Key findings

- » 31 per cent of adults are classed as inactive
- » Manchester City Council stands out as having both a very high number of inactive adults and high levels of premature mortality

National Average: North West Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green space

North East

Out of nine regions the North East has the third highest percentage of adults who are physically inactive

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Newcastle Upon Tyne	32	25.63	279.2	£16,806,609
North Tyneside	54	27.30	229.8	£17,899,009
Northumberland	58	27.67	291.7	£18,143,977
Darlington	73	28.61	308	£18,755,034
Redcar and Cleveland	75	28.73	297.6	£18,835,079
County Durham	88	29.34	270.9	£19,238,873
Stockton-on-Tees	92	29.57	305.9	£19,386,703
Middlesbrough	99	30.12	252.4	£19,750,513
South Tyneside	126	33.50	332.3	£21,962,239
Gateshead	128	33.61	322	£22,032,893
Hartlepool	134	34.76	335.7	£22,791,547
Sunderland	144	36.99	336.5	£24,252,702

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

Table key	
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Case Study

Data points to a return on investment of £3.20 for every £1 invested

County Durham Sport was commissioned to manage the Changing the Physical Activity Landscape (CPAL) programme 2010–13.

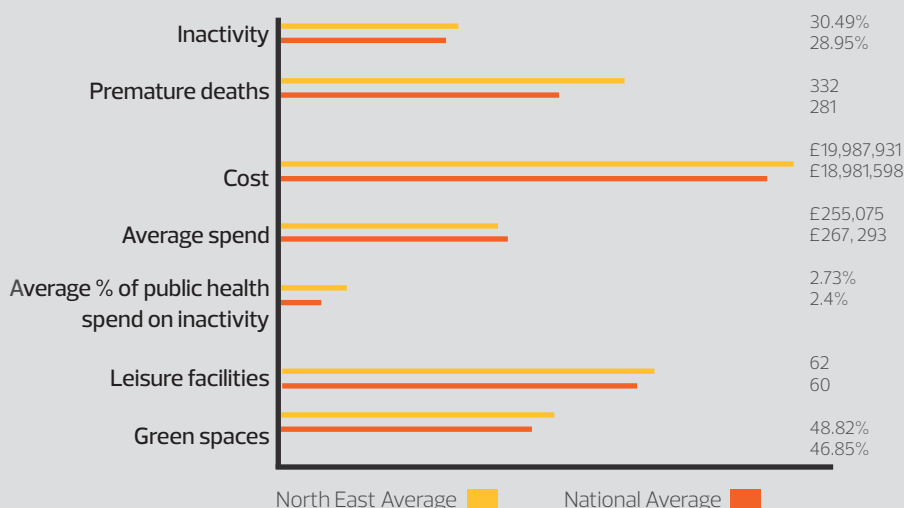
It represented not just a significant £4.5m investment, but also an evidence based strategy, supported by a partnership approach between commissioners and providers to coordinate efforts across the 23 providers.

After three years, data points to a return on investment of up to £3.20 for every £1 invested, in terms of savings to the NHS, the workplace and informal care costs. – Andrew Power, Strategic Manager (Physical Activity), County Durham Sport.

Key findings

- » 36 per cent of adults in Sunderland are inactive compared to 25 per cent in Newcastle
- » This is despite both having the same level of socio-economic deprivation
- » With 30.49 per cent of adults classed as physically inactive, the North East is just below the national average of 28.95 per cent
- » The North East spends slightly more (2.7 per cent) than the national average (2.4 per cent) on physical activity interventions as a proportion of its annual public health budget
- » For every 100,000 citizens in Sunderland, the annual financial burden of inactivity is £24 million
- » This is almost £8 million more than in Newcastle

National Average: North East Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

West Midlands

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

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Solihull	35	25.91	275	£16,990,472
Worcestershire CC	45	26.44	258.9	£17,333,227
Warwickshire CC	50	27.00	238.1	£17,702,331
Shropshire	69	28.44	272.8	£18,648,048
Herefordshire	85	29.22	248.9	£19,156,154
Staffordshire CC	97	30.01	277	£19,678,387
Telford and Wrekin	104	30.45	304.1	£19,965,492
Walsall	125	33.39	308.6	£21,888,945
Birmingham	132	34.27	320.5	£22,468,627
Wolverhampton	133	34.39	323.2	£22,548,412
Stoke-on-Trent	136	35.07	348.6	£22,995,395
Coventry	142	36.81	323.3	£24,135,384
Dudley	146	37.67	273.8	£24,696,234
Sandwell	149	39.13	346.3	£25,657,944

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

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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Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Case Study

70 per cent of Worcestershire users said that they were more active due to the project

Worcestershire County Council teamed up with active transport charity Sustrans to increase the availability of active travel options in

the area. With a £900,000 Big Lottery Fund grant, a new cycling and walking bridge was established over the River Severn to supplement the existing cycle networks.

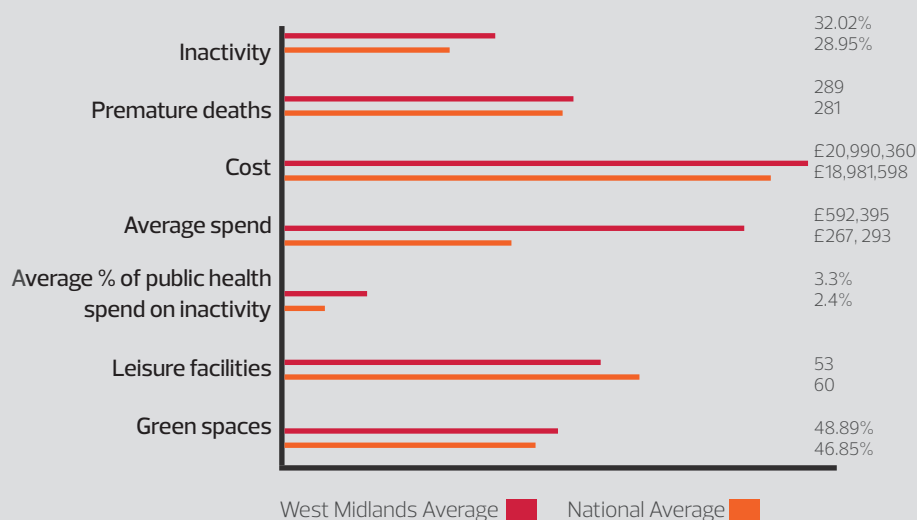
The scheme is estimated to facilitate over 3.3 million walking and cycling trips a year, which represents a 60 per cent increase.

If England were to match spending levels on cycling infrastructure to the Netherlands, the NHS could save £1.6 billion a year. - Active Travel - Sustrans and Worcestershire County Council

Key findings

- » The West Midlands has the highest proportion of adults who are physically inactive
- » The comparatively high spend (£592,395) on physical activity programmes in the region is almost three times more than the national average of £267,293
- » Much of this spend is apportioned to large individual councils including Birmingham City and Dudley who spend £3 million and £1 million respectively

National Average: West Midlands Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
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Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

Yorkshire and the Humber

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

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
York	18	23.67	252.2	£15,515,622
East Riding of Yorkshire	42	26.36	313.2	£17,282,429
Leeds	48	26.85	279.5	£17,604,031
North Yorkshire CC	52	27.15	224.9	£17,798,171
North Lincolnshire	65	28.24	207.3	£18,517,852
Wakefield	71	28.46	240.2	£18,660,888
North East Lincolnshire	90	29.49	304.7	£19,334,218
Calderdale	98	30.02	284.1	£19,682,276
Sheffield	102	30.41	327.4	£19,937,814
Kirklees	114	31.65	389	£20,750,733
Doncaster	116	32.69	311.4	£21,434,207
Rotherham	127	33.57	295.6	£22,010,208
Barnsley	129	33.95	320.5	£22,260,523
Kingston upon Hull	140	36.07	375.3	£23,645,555
Bradford	147	37.68	321.6	£24,703,858

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Case Study

The programme was shown to develop activity habits in participants

20 sessions.

Goals are also set for each individual depending on their abilities, other co-morbidities and overall objectives. Between April 2012 – March 2013 the scheme had referred 926 people.

The results showed that:

- » 67% of participants lost weight
- » 62% reduced their BMI
- » 52% of participants reduced their blood pressure
- » 53% of participants reduced their resting heart rate

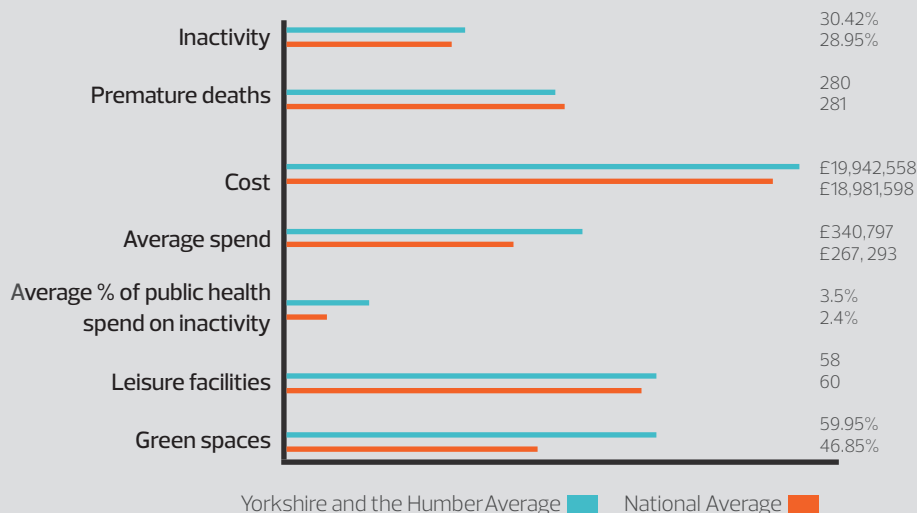
– Exercise Referral in East Riding

East Riding of Yorkshire's exercise referral scheme entitles the client to join any East Riding leisure centre for

Key findings

- » Yorkshire is characterised by large areas of open space (59 per cent) compared with the national average of 46 per cent
- » Despite this, Yorkshire's inactivity levels (30 per cent) are above the national average of 29 per cent
- » Yorkshire spends significantly more on physical activity programmes (3.5 per cent of its annual public health budget) than the national average of 2.4 per cent

National Average: Yorkshire and the Humber vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
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Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

East Midlands

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

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Rutland	21	24.25	214.8	£15,902,041
Leicestershire CC	37	25.97	228	£17,026,038
Nottinghamshire CC	61	27.98	300.7	£18,343,978
Northamptonshire CC	64	28.08	296.3	£18,411,795
Derbyshire CC	66	28.27	272.5	£18,537,217
Derby	72	28.47	248	£18,666,081
Lincolnshire CC	80	29.00	229.3	£19,013,442
Nottingham	122	33.20	351.4	£21,766,638
Leicester	131	34.24	343.4	£22,451,172

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

Table key	
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Case Study

"Walking for Health is vital for reducing inactivity, promoting activity, and improving social connections"

Ramblers and Macmillan Cancer Support delivers Walking for Health, helping more people – including those affected by cancer – discover the joys and health benefits of walking.

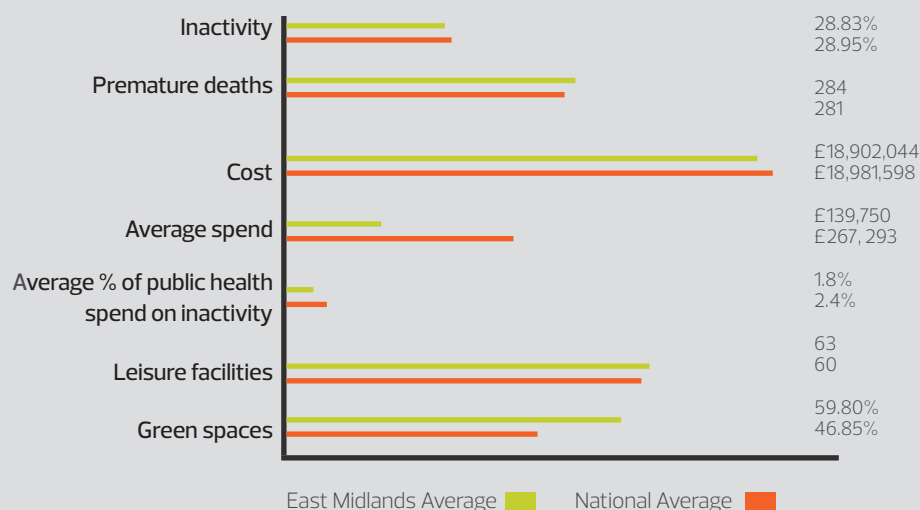
One such scheme is South Derbyshire which provides 20 weekly walks for over 250 regular walkers. Almost half of the walkers used to do less than half an hour of activity, three days a week until they started walking.

More than 70,000 people walk regularly at 3,400 weekly walks led by 10,000 volunteers – **Derbyshire – The Ramblers and Walking for Health**

Key findings

- » The East Midlands has one of the lowest proportional public health spends on physical inactivity (1.8 per cent) compared to the national average (2.4 per cent)
- » Four per cent more adults in the West Midlands are classed as inactive compared to the East Midlands
- » Large urban areas such as Leicester have a higher than average levels of adult inactivity (34 per cent)
- » This is less than densely populated areas such as Rutland where 24 per cent of adults are classed as inactive
- » The region has higher than average proportion of green spaces (60 per cent) compared with the national average (46 per cent)

National Average: East Midlands Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
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Green spaces	The proportion of region made up of green and open space

East of England

Out of nine regions East of England has the fourth lowest percentage of adults who are physically inactive

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Cambridgeshire CC	11	22.76	220	£14,919,159
Hertfordshire CC	27	25.38	236.5	£16,638,263
Bedford	31	25.62	228.9	£16,795,799
Essex CC	49	26.96	300.8	£17,678,012
Suffolk CC	51	27.03	244.6	£17,718,700
Norfolk CC	56	27.56	252.1	£18,068,159
Peterborough	59	27.74	267.1	£18,184,952
Central Bedfordshire	62	28.03	263.3	£18,378,029
Thurrock	81	29.08	265.3	£19,062,999
Southend-on-Sea	117	32.75	269.4	£21,472,753
Luton	139	35.88	306.7	£23,522,034

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

Table key	
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Case Study

"It's important that all groups work with partners from key areas to encourage physical activity."

Less than two in ten of the estimated 11 million disabled people in England take part in sport.

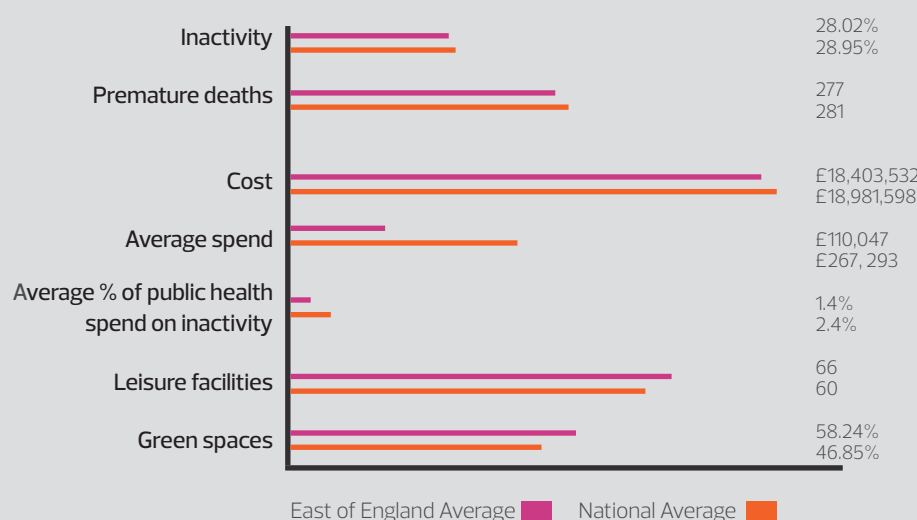
Inspire Peterborough is an award-winning disability sports programme that has over 400 regular users.

Brian Tyler, Disability Forum Manager at DIAL Peterborough said "We have had phenomenal support from every area of the community because organisations and individuals see the benefit in what we are trying to do—Make Sports and Leisure activities accessible and available to everyone. But most importantly, involve and include disabled people, their carers and family members in the decisions that affect them." - **Inspire Peterborough**

Key findings

- » The amount of spend attributed to physical activity within public health budgets is only two fifths (£110,047) of the national average (£267,293)
- » The East of England has a large number of leisure facilities per 100,000 people (66) when compared to the national average (60)
- » When compared to the national picture, the region scores better than average in terms of inactive adults, premature deaths, cost of inactivity, leisure facilities and amount of green and open spaces

National Average: East of England Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
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Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

South East

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

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Wokingham	1	18.23	200.3	£11,951,440
Windsor and Maidenhead	4	20.20	220	£13,242,832
Oxfordshire CC	9	22.18	228.7	£14,542,360
Bracknell Forest	10	22.66	240.6	£14,859,712
Surrey CC	16	23.11	208.5	£15,154,771
Hampshire CC	20	24.12	317.4	£15,811,966
Brighton and Hove	25	24.90	209.8	£16,328,295
West Berkshire	29	25.51	240.9	£16,723,746
West Sussex CC	30	25.60	215.7	£16,784,775
Buckinghamshire CC	33	25.79	334.2	£16,907,115
East Sussex CC	46	26.57	244.6	£17,420,909
Reading	47	26.83	248.5	£17,591,901
Kent CC	55	27.46	300.1	£18,005,909
Milton Keynes	79	28.97	311.4	£18,991,361
Isle of Wight	89	29.39	266.9	£19,268,125
Medway	96	29.98	258.5	£19,654,541
Southampton	109	30.87	322.9	£20,239,012
Portsmouth	120	33.05	304.5	£21,667,139
Slough	145	37.58	307.4	£24,640,771

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

Key findings

- » The South East has the lowest proportion of inactive adults in England (26 per cent)
- » Four of the ten least inactive local authorities in England are situated in the South East
- » These are Wokingham, Windsor and Maidenhead, Oxfordshire County Council and Bracknell Forest

Table key	
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Case Study

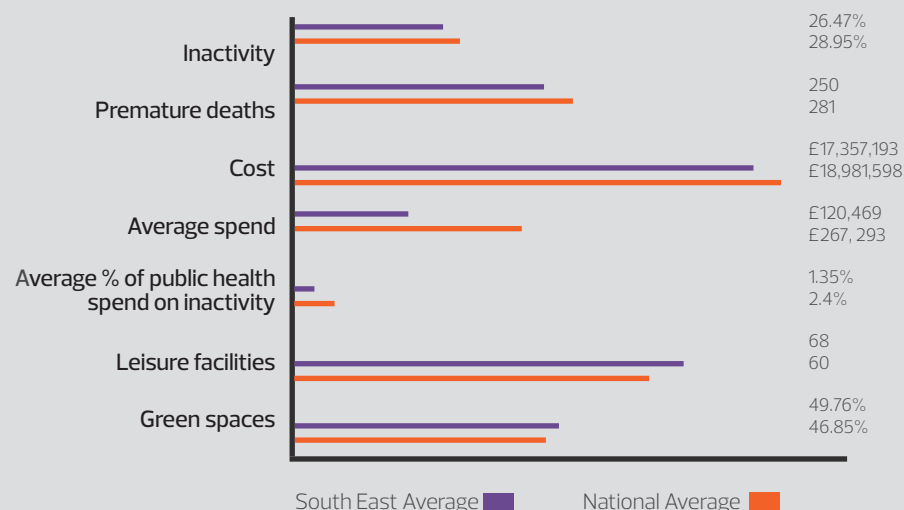
Ensuring low-activity groups are given opportunity to include activity in their daily routines is essential

In Brighton and Hove, the Sports Working Group identified Muslim women as a group that could become physically active.

Through strengthening the links between Muslim organisations and the Sports Development and Facilities teams, the Active for Life Project agreed to deliver two six-week swimming courses. The overall aim was to support Muslim women to sustain the swim sessions by developing their capacity to develop a women-only swim group in future.

Ensuring low-activity groups are given opportunity to include activity in their daily routines is essential. – Brighton and Hove – Targeting inactive groups

National Average: South East Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
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

























London

Out of nine regions London has the third lowest percentage of adults who are physically inactive

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"We're building a culture here that fosters a positive attitude to activity – The crucial element is partnerships."

Damien Swan,
General Manager
of Sobell Leisure
Centre, Islington

Authority name		National rank	Proportion inactive	Premature deaths	Cost of inactivity
Richmond upon Thames		2	20.03	202.3	£13,130,993
Islington		3	20.07	320.5	£13,157,874
Kensington and Chelsea		6	20.72	212.5	£13,583,305
Hammersmith and Fulham		7	20.79	295.6	£13,629,125
Lambeth		8	21.72	321.6	£14,242,276
Wandsworth		12	22.76	259.5	£14,919,361
Kingston upon Thames		13	22.77	215.5	£14,925,480
Sutton		17	23.15	234.4	£15,179,621
Bromley		19	24.08	213.8	£15,787,699
Harrow		24	24.76	261.1	£16,236,590
Barnet		38	26.11	235.6	£17,120,127
Enfield		40	26.26	284.6	£17,219,069
Southwark		41	26.32	236.5	£17,257,113
Haringey		43	26.40	245.2	£17,311,267
Waltham Forest		67	28.36	288.2	£18,592,625
Westminster		70	28.44	295.7	£18,648,227
Tower Hamlets		74	28.62	300.9	£18,763,499
Ealing		82	29.14	264.7	£19,102,686
Lewisham		84	29.18	270.7	£19,131,037
Hounslow		86	29.30	305.4	£19,208,292
Camden		87	29.32	246.1	£19,223,644
Redbridge		91	29.52	248.8	£19,354,909
Hillingdon		93	29.79	244.3	£19,531,766
Croydon		94	29.79	301.2	£19,533,387
Brent		100	30.15	370.9	£19,766,776
Hackney		101	30.20	251.8	£19,799,872
Havering		106	30.49	311.1	£19,987,520
Bexley		107	30.71	247.2	£20,135,710
Merton		112	31.55	342	£20,686,069
Greenwich		121	33.09	291.6	£21,696,268
Newham		137	35.11	315.6	£23,021,280
Barking and Dagenham		138	35.14	337.2	£23,040,174

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

Key findings

- » The Borough of Islington, has the lowest percentage of green space nationally (eight per cent)
- » Despite this, it has one of the least inactive (20 per cent) adult populations in the country
- » London has almost half (35) the number of leisure facilities per 100,000 as the national average (60)
- » In London there is a wide variance of active and inactive populations – ranging from Barking and Dagenham (the 138th most inactive) to Richmond upon Thames (the second least inactive)

London

Islington

The project has encouraged more than 2000 young people in the borough to get active

In conjunction with local leisure providers, businesses and authority departments, the London Borough of Islington has succeeded in improving the level of general physical activity levels enormously.

Since its establishment in December 2012, after the awarding of more than £18,000 funding by a local bank, the Saturday Night Project has attracted more than 2000 young people in the Borough to enjoy a variety of activities in a safe and enjoyable environment.

Damien Swan, General Manager of Sobell Leisure Centre said: "We're building a culture here that fosters a positive attitude to activity – The crucial element is partnerships which is what Islington does very well. You can't put something like this on with one organisation and I don't think that anybody; councils, leisure organisations or businesses, can tackle inactivity on their own. It needs to be a partnered approach."

"Councils need to utilise these places more often, we can't rely on youth centres or external providers all the time when we have places like Sobell at our disposal"

– Aquaterra Leisure – Activity for young people

Tower Hamlets

The club linked with a local university to encourage growth

Bethnal Green Gardens, Tower Hamlets is located in one of the LTA/Tennis Foundation Community Pilot areas. In 2012 the courts were re-surfaced. They were previously managed by the Local

Authority who have now outsourced to a new tennis operator; Tower Hamlets Tennis Ltd. There are four floodlit courts in a densely populated cosmopolitan area.

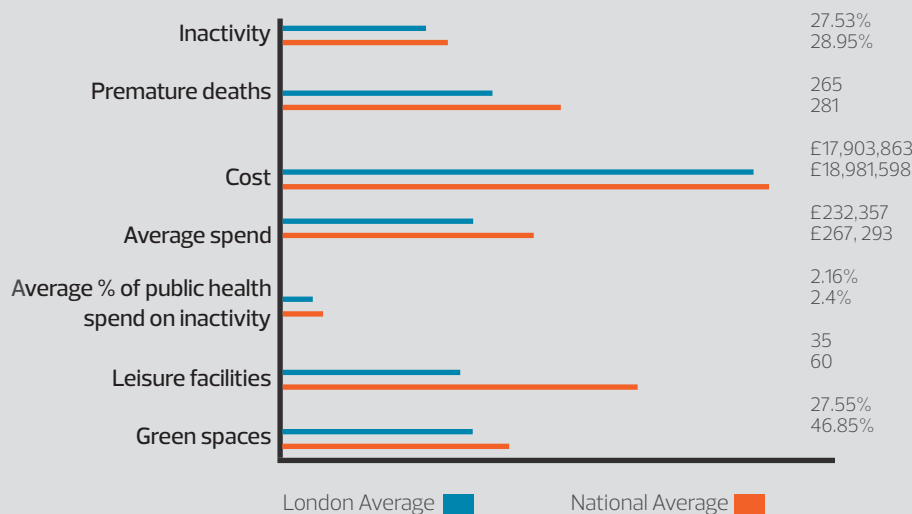
In January 2012 Tower Hamlets Tennis introduced Cardio Tennis sessions to help attract new players to the newly re-furnished courts, as well as those who had lapsed.

To encourage growth, the club linked with a local university and offered two free places per week to female students. This stemmed from a small amount of funding allocated via another partnership project (Us Girls) with the charity Access Sport.

Since January 2012, 67 unique players have booked on to a Cardio Tennis session at Bethnal Green and there have been a total of 44 sessions to date. Almost 50 per cent have attended four or more sessions. Around ten per cent of participants had no previous tennis experience and the majority of these were female.

– Cardio Tennis–Bethnal Green

National Average: London Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

South West

Out of nine regions the South West has the second lowest percentage of adults who are physically inactive

Authority name	National rank	Proportion inactive	Premature deaths	Cost of inactivity
Bournemouth	5	20.41	269.3	£13,379,249
South Gloucestershire	14	22.80	208.5	£14,946,131
Bath & NE Somerset	15	22.91	227.7	£15,019,457
Wiltshire	22	24.42	209.3	£16,011,393
Gloucestershire CC	26	25.15	300.5	£16,490,895
Devon CC	36	25.97	229.5	£17,024,681
Somerset CC	53	27.30	236.9	£17,896,930
Plymouth	57	27.59	241.3	£18,089,425
Dorset CC	63	28.07	236.8	£18,400,365
Bristol, City of	68	28.38	256.3	£18,605,582
Cornwall	76	28.78	346.6	£18,869,527
Poole	78	28.90	248	£18,947,567
North Somerset	83	29.17	272.2	£19,124,425
Swindon	115	32.68	258.2	£21,424,838
Torbay	124	33.32	288.6	£21,846,333

Most Deprived ■ | More deprived ■ | Average ■ | Less deprived ■ | Least Deprived ■

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Case Study

Participants receive regular support and encouragement throughout the programme

Bournemouth's After Cancer Survivorship Programme (BACSUP) was set up to create a person centred, physical activity based living well programme.

Participants are supported throughout the programme, including a supportive phone call after three weeks, a motivational check-up after six weeks and a 12 week review. After six months, participants are contacted to establish activity levels and to offer support if needed.

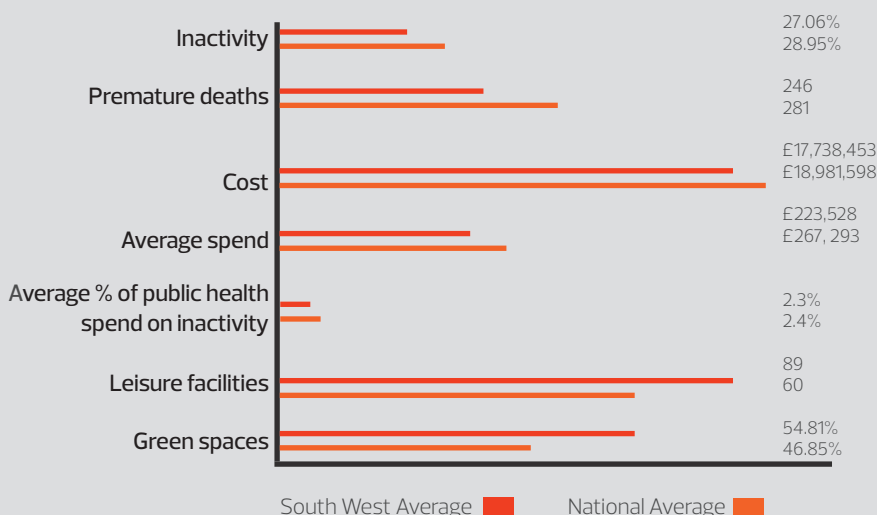
BACSUP has supported 457 people living with and beyond cancer to become more active.

—Bournemouth — Activity and Cancer Care

Key findings

- » The South West has an abundance of green space (54 per cent) and leisure facilities (89 per 100,000 people) compared to national average
- » Despite sharing a boundary, Gloucestershire has a significantly lower inactivity level (25 per cent) compared to neighbouring Herefordshire in the West Midlands (29 per cent)
- » Two thirds of local authorities in the South West are in the best performing half when ranked by adult physical inactivity levels

National Average: South West Region vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The proportion of region made up of green and open space
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The average amount of funding attributed to physical activity within local authority public health budgets

UK and EU

United Kingdom

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Scotland

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United Kingdom



Shona Robison, Scottish Minister for the Commonwealth Games and Sport said:

"The Scottish government is committed to increasing physical activity. We want to make Scotland a more active country by encouraging people to make physical activity a part of their everyday lives."



John Griffiths, Welsh Minister for Culture and Sport said:

"The Welsh government is ambitious for Wales to be an active nation – we're clear that it has huge benefits. One of my priorities as Minister was to introduce something that would have a long-term positive effect on the health of the nation."

United Kingdom

Although Scotland²⁴, Wales²⁵ and Northern Ireland²⁶ have gathered data at a national level on physical inactivity, it has not been possible to carry out the same degree of regional analysis undertaken in England, as the data at a local level does not exist.

However, all three nations have at some point developed national physical activity strategies.

The Start Active, Stay Active report [Table 5] shows the percentage of adults across the Home Nations meeting CMO guidelines.²⁷ This allows for an element of top-level analysis but without sufficient depth or focus on inactivity.

Scotland

The Scottish government has committed to leaving a lasting physical activity legacy from the forthcoming 2014 Commonwealth Games. This year marks a new impetus to their national strategy with the launch of a cross-sector Physical Activity Implementation Plan and other initiatives, including a national walking strategy.

Northern Ireland

The government of Northern Ireland set a national target in 1998 to reduce the number of adult citizens classed as inactive from 20 per cent to 15 per cent. They published a report which recommended the establishment of regional training programmes and resources for physical activity.²⁸ This ended in 2002 with little indication of tangible progress made since then.

Wales

The Welsh government launched the Creating an Active Wales Physical Activity Action Plan in 2010.²⁹ This is central to the One Wales ambition for a healthier future for all and has been developed in partnership with local authorities, the NHS and the third sector.

In 2013, the Welsh Assembly passed the world's first 'active' travel legislation, which places a duty on local authorities to build and maintain a network of walking and cycle routes. They will be working with active travel charity Sustrans to deliver it.

Table 5

The proportion of adults completing CMO guidelines for exercise in the UK from Start Active, Stay Active, 2011³⁰

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

European Union

European Union

The European Union (EU) is actively aiming to promote sport and physical activity at policy level across member states.

It has sought to establish the level of physical activity across the EU through its Eurobarometer survey.³¹ The most recent survey interviewed 26,788 European citizens between 2009 and 2010. The results are now publicly available and show that over a third (34%) of respondents seldom, or never, do physical activity.

The Eurobarometer is designed to provide some supporting data for the evidence-based sports policies referred to above.

To accurately track and record physical activity throughout EU member states, the European Council also issued a new recommendation on 'health enhancing physical activity' (HEPA) in 2013.³² This supports the implementation of physical activity policies across EU governments for the first time.

At the heart of this new initiative is the proposed creation of a single monitoring framework to be used by member states. The framework has 23 indicators which are designed to support collating information on physical activity levels and from which governments can improve their policies.

It is not statutory but has been given cross-governmental support by member states including the UK government, which has accepted in full the Council's recommendations.

The use of a consistent methodology, under a single framework, would allow for a much greater depth of analysis of all the Home Nations, within a comparable format. This would improve the ability to produce evidence-based policy within the UK.

HEPA objectives

- » Promote a better understanding of health-enhancing physical activity and give a stronger voice to physical activity promotion in health policy and in other relevant sectors in Europe, including support for workforce development
- » Develop, support, and disseminate effective strategies and multi-sectoral approaches in the promotion of health-enhancing physical activity
- » Foster the preservation and creation of social and physical environments as well as values and lifestyles supportive of health-enhancing physical activity
- » Together with other relevant institutions and organisations, improve coordination in physical activity promotion across sectors and administrative structures.

HEPA guiding principles

- » Focus on population-based approaches for the promotion of health-enhancing physical activity using the best available scientific evidence
- » Emphasis on the importance of monitoring and evaluation; encouragement of the development of standardized measurement methods and systematic research
- » Encouragement of the ongoing exchange, dissemination and sharing of experience and knowledge
- » Support of cooperation, partnerships and collaboration with other related sectors, networks, and approaches.

Our recommendation

We welcome the EU's drive for a single comparable framework for data collection across Europe and urge the framework be implemented by health services throughout the UK in order to consistently and accurately establish levels of physical inactivity to better inform policy making and delivery.

Eurobarometer

Physical activity and sport became one of the European Union's supporting, coordinating and supplementing competencies with the ratification of the Lisbon Treaty in late 2009.

This set in motion a process whereby individual Member States will be encouraged to implement evidence-based policies designed to improve their provision of activity facilities and opportunities.

This means that for the first time the EU is actively aiming to promote physical activity and sport at the policy level – not only with a view to improving health and physical wellbeing across the EU, but also to enhance the role that activity can play in boosting social cohesion.

“Much more can be done through our policies to encourage people to get out of their chairs. We propose to Member States to take measures across all those policy sectors that can enable citizens to be or to become physically active.”

Androulla Vassiliou
European
Commission



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Methodology Annex A

Inactivity

Percentage of physically active and inactive adults

Description:

Data on physical inactivity was provided for the first time in the 2013 Public Health Outcomes Framework Data Tool having been collated by the Sport England and Department of Health Active People Survey. It is the most up-to-date source, made up of responses from the period to January 2013.

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

Most recent full year results: January 2012 to January 2013

Commissioned by: Sport England

Coverage: Adult 16+ yrs in England

Sources: <http://www.phoutcomes.info/public-health-outcomesframework#gid/1000044/par/E12000004/ati/101/page/9>
http://www.noo.org.uk/data_sources/physical_activity/activepeople

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.

Sources: <http://longerlives.phe.org.uk/>

Cost

Overall cost of inactivity

Description:

The national cost of physical inactivity in England is sourced from the National Institute for Health and Care Excellence paper "Costing Report: Four Commonly Used Methods to Increase Physical Activity" (2006) which references the Chief Medical Officer. It relates to the total cost of physical inactivity to the economy including treating diseases and sickness absence.

This figure may have increased further since this modelling was completed in line with inflation and other factors. The most recent estimate of the national cost was cited as £10 billion by Professor Kevin Fenton of Public Health England in his foreword for Walking for Health: Walking Works (http://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_summary_AW_Web.pdf). As the modelling of this cost are unavailable to us we have based our calculations on the previously established figure of £8.2 billion.

The local figures presented in this report for the annual cost of physical inactivity per 100,000 adults in each local authority area has been calculated based on the number of physically inactive people in that local authority compared to the rest of the country.

The calculation is based on the size of the population and the proportion that is classed as physically

inactive divided by the 100,000s of the adult population to provide a comparable figure for local authorities, big or small.

Source: <http://www.nice.org.uk/nicemedia/live/11373/31847/31847.pdf>

Total cost of individual public health concerns to society

Due to lack of available national statistics in England, some of the costing data is UK-wide whilst others just account for England.

1. Alcohol – £17 billion (2011)

Description: Alcohol misuse is now estimated to cost the NHS £2.7 billion a year, almost twice the equivalent figure in 2001. But the cost of alcohol to society as a whole is even greater, estimated to stand at £17 – 22 billion, and by some estimates is as high as £55 billion.

Source: <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/virtuallibrary/Making%20alcohol%20a%20health%20priority.pdf>

2. Drugs – £15.4 billion (2003)

Description: The most recent estimate of the annual social and economic cost of Class A drug use in England was £15.4 billion, for the year 2003/04. Of this, problematic drug use (defined as use of heroin and/or crack cocaine) accounts for 99% of the total, and the costs of Class A drug-related crime is 90% (estimated £13.9 billion) of that total.

Source: <https://www.gov.uk/government/publications/financial-cost-of-acquisitive-crime-caused-by-class-a-drug-users-in-the-uk>

3. Smoking – £13.74 billion (2010)

Description: A report by the Policy Exchange in 2010 estimated the total cost to society of smoking to be £13.74 billion. This includes the £2.7bn cost to the NHS but also the loss in productivity from smoking breaks (£2.9bn) and increased absenteeism (£2.5bn). Other costs include: cleaning up cigarette butts (£342 million), the cost of fires (£507m), the loss of economic output from the death of smokers (£4.1bn) and passive smokers (£713m).

Source: <http://www.policyexchange.org.uk/images/publications/cough%20up%20-%20march%2010.pdf>

4. Obesity – £15.8 billion (2007)

Description: Estimates of the direct costs to the NHS for treating overweight and obesity, and related morbidity in England, have ranged from £479.3 million in 1998 to £4.2 billion in 2007. Estimates of the indirect costs (those costs arising from the impact of obesity on the wider economy such as loss of productivity) over the same time period ranged between £2.6 billion and £15.8 billion.

Source: http://www.noo.org.uk/NOO_about_obesity/economics

5. Inactivity – £8.2 billion (2006)

Description: The Chief Medical Officer (2004) estimated that the annual cost of physical inactivity was £8.2 billion, this includes diseases and sickness absence. The latest estimated from Public Health England was £10 billion referenced in Walking for Health: Walking Works (http://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_summary_AW_Web.pdf)

Source: <http://www.nice.org.uk/nicemedia/live/11373/31847/31847.pdf>

6. Sexual Health – £12.05 billion (2013)

Description: Key findings based on maintaining current access levels of contraceptive and sexual health services show that, between 2013 and 2020, unintended pregnancy and STIs could cost the UK between £84.4 billion and £127 billion.

Source: <http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>

Spend

Investment in programmes that tackle physical inactivity

Description:

This data has been obtained from original Freedom of Information responses received in December 2013 and January 2014. The responses cover the amount of spending attributed to programmes to increase physical activity in the year 2013/14 from local authority public health intervention budgets. 85 local authorities provided responses to our FOI requests; only 80 could be used for our analysis as the remaining 5 were not supplied in a comparable format.

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 public health spending on interventions cited in this report. To work out the percentage, each of the above public health concerns were totalled and then divided into each spend category appropriately. Where local authorities gave details of additional public health concerns than the ones above, they were not included.

Source: <http://bit.ly/1f6iSmV>

Leisure facilities

Leisure facilities

Description: The number of facilities in each local authority, as well as the number of facilities per 100,000 people in each local authority, has been sourced from the Sport England Active Places database. This assessment is available under the open data licence. The Active Places Database includes public, private and third sector facilities as well as the facilities operated by over 30 National Governing Bodies including the Lawn Tennis Association, England Hockey and others.

Source: <https://spogo.co.uk/developer-area>

Green spaces

Green and open space

Description: The proportion of green space in each local authority was calculated through ukactive's coordination of the data for over 6,000 census wards into the local authority areas for which it was available. The original data was combined through the Office of National Statistics, land use database statistics for England from the Office of the Deputy Prime Minister and the land cover estimates from the European Environment Agency. It is defined as all green spaces larger than five meters squared including parks, playing fields, woodlands, neighbourhood greens and transport verges and excludes domestic gardens.

Source: <http://cresh.org.uk/cresh-themes/green-spaces-and-health/ward-level-green-space-estimates/>

Socio-economic deprivation

Deprivation status

Description: 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 public health directors:

In order to properly understand the views and opinions of directors of public health when it comes to turning the tide of inactivity, ukactive interviewed over 30 directors from across the country in a series of telephone interviews dating between the 1st of November and 22nd of December 2013. Further to this, ukactive established a survey regarding physical inactivity, to which eight directors of public health responded.

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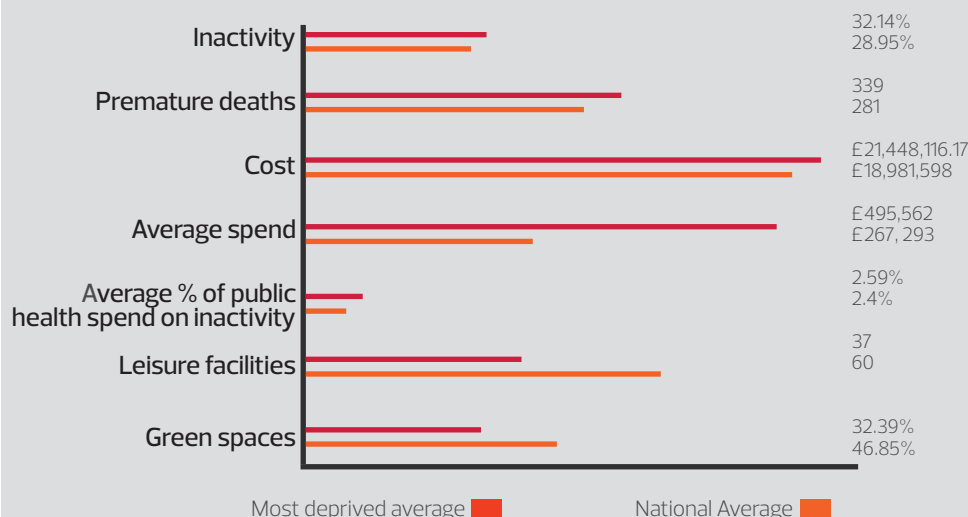
Annex C

Most deprived

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)
Proportion inactive	The proportion of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Authority name	Percentage inactive	Premature deaths	Cost of inactivity
Islington	20.07	320.5	£13,157,873.86
Lambeth	21.72	321.6	£14,242,276.38
Haringey	26.40	280.1	£17,311,267.19
Waltham Forest	28.36	272.8	£18,592,624.98
Tower Hamlets	28.62	346.6	£18,763,498.96
Lewisham	29.18	305.4	£19,131,037.10
Middlesbrough	30.12	370.9	£19,750,512.83
Brent	30.15	251.8	£19,766,775.99
Hackney	30.20	327.4	£19,799,872.06
Halton	31.34	342	£20,544,754.83
Liverpool	31.63	389	£20,736,396.71
Knowsley	32.83	359.6	£21,523,049.92
Greenwich	33.09	291.6	£21,696,267.61
Nottingham	33.20	351.4	£21,766,637.91
Walsall	33.39	308.6	£21,888,945.12
Rochdale	34.12	350.4	£22,368,946.49
Leicester	34.24	343.4	£22,451,172.23
Birmingham	34.27	320.5	£22,468,627.34
Wolverhampton	34.39	323.2	£22,548,411.59
Hartlepool	34.76	335.7	£22,791,546.59
Blackpool	34.85	432.4	£22,851,824.10
Stoke-on-Trent	35.07	348.6	£22,995,394.88
Newham	35.11	315.6	£23,021,280.37
Barking and Dagenham	35.14	337.2	£23,040,173.54
Kingston upon Hull	36.07	375.3	£23,645,555.12
Blackburn with Darwen	36.95	354.4	£24,225,029.08
Bradford	37.68	321.6	£24,703,858.34
Salford	39.07	382	£25,616,130.90
Sandwell	39.13	346.3	£25,657,944.14
Manchester	40.24	455	£26,385,799.05

National Average: Most deprived vs. Nationwide



Graph Key

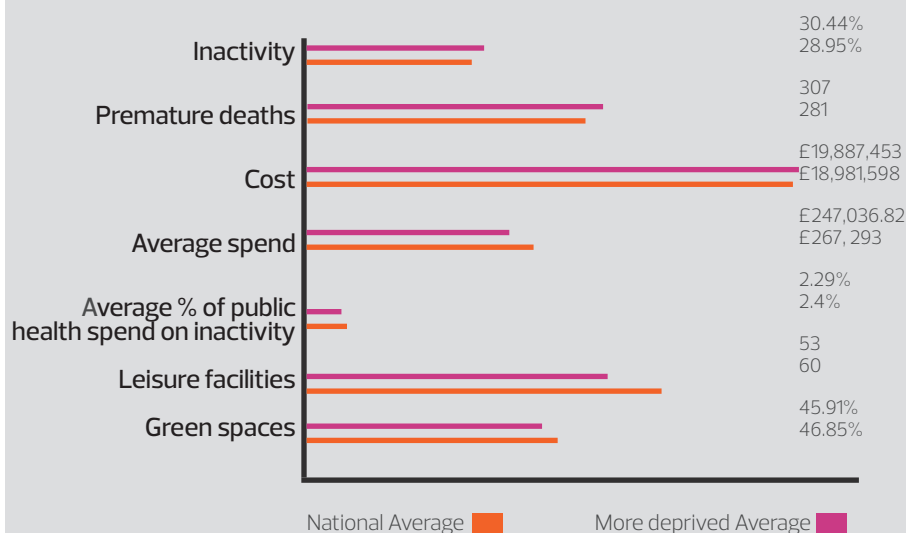
Inactivity	The proportion of adults who are classed as physically inactive within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Green spaces	The proportion of region made up of green and open space

More deprived

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)
Percentage inactive	The proportion of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Authority name	Percentage inactive	Premature deaths	Cost of inactivity
Hammersmith and Fulham	20.79	295.6	£13,629,124.62
Brighton and Hove	24.90	300.5	£16,328,294.75
Newcastle Upon Tyne	25.63	334.2	£16,806,609.34
Enfield	26.26	236.5	£17,219,068.55
Southwark	26.32	313.2	£17,257,112.91
Leeds	26.85	300.8	£17,604,030.61
Plymouth	27.59	291.7	£18,089,425.08
Peterborough	27.74	293.7	£18,184,951.97
Wakefield	28.46	308	£18,660,887.89
Darlington	28.61	297.6	£18,755,034.36
Redcar and Cleveland	28.73	297.5	£18,835,078.77
Wirral	28.83	311.4	£18,902,698.04
Camden	29.32	266.9	£19,223,644.41
County Durham	29.34	304.7	£19,238,873.41
North East Lincolnshire	29.49	305.9	£19,334,217.62
Sheffield	30.41	284.5	£19,937,814.13
St. Helens	30.49	311.1	£19,987,008.43
Bolton	30.76	322.9	£20,169,245.69
Doncaster	32.69	311.4	£21,434,206.62
Tameside	32.81	351.7	£21,513,848.78
Wigan	33.22	324.3	£21,779,819.15
Torbay	33.32	288.6	£21,846,333.40
South Tyneside	33.50	332.3	£21,962,239.45
Rotherham	33.57	295.6	£22,010,208.03
Gateshead	33.61	322	£22,032,893.38
Barnsley	33.95	320.5	£22,260,522.73
Luton	35.88	306.7	£23,522,033.74
Oldham	36.28	350.3	£23,786,779.60
Coventry	36.81	323.3	£24,135,384.36
Sunderland	36.99	336.5	£24,252,701.58

National Average: More deprived vs. Nationwide



Graph Key

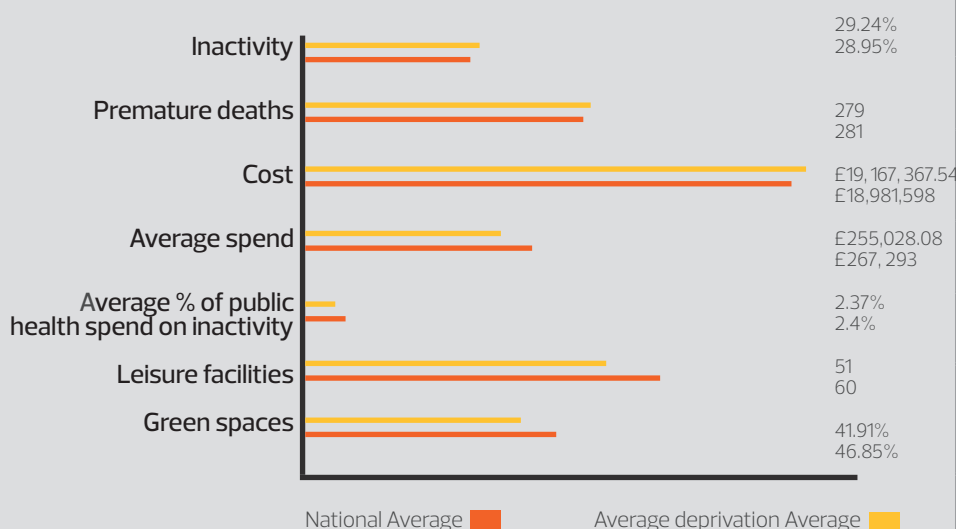
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Leisure facilities	The number of usable leisure facilities available per 100,000 people
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
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Average

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Authority name	Percentage inactive	Premature deaths	Cost of inactivity
Bournemouth	20.41	269.3	£13,379,249.32
Kensington and Chelsea	20.72	212.5	£13,583,305.29
Wandsworth	22.76	259.5	£14,919,360.86
East Sussex CC	26.57	248.5	£17,420,908.55
Reading	26.83	279.5	£17,591,901.05
North Tyneside	27.30	300.1	£17,899,008.69
Bury	27.87	300.7	£18,273,957.08
North Lincolnshire	28.24	288.2	£18,517,852.24
Bristol, City of	28.38	295.7	£18,605,582.27
Westminster	28.44	248	£18,648,226.88
Derby	28.47	300.9	£18,666,081.23
Cornwall	28.78	248	£18,869,526.99
Ealing	29.14	270.7	£19,102,686.46
Hounslow	29.30	270.9	£19,208,292.04
Isle of Wight	29.39	248.8	£19,268,124.65
Redbridge	29.52	244.3	£19,354,909.45
Stockton-on-Tees	29.57	301.2	£19,386,702.81
Croydon	29.79	258.5	£19,533,386.99
Cumbria CC	29.94	277	£19,629,409.37
Medway	29.98	284.1	£19,654,540.90
Calderdale	30.02	317.4	£19,682,276.15
Lancashire CC	30.41	304.1	£19,938,306.94
Telford and Wrekin	30.45	299.9	£19,965,492.46
Southampton	30.87	297.8	£20,239,012.02
Sefton	31.20	297.4	£20,455,295.53
Kirklees	31.65	296.3	£20,750,732.52
Southend-on-Sea	32.75	269.4	£21,472,753.03
Portsmouth	33.05	304.5	£21,667,139.12
Slough	37.58	307.4	£24,640,771.40
Dudley	37.67	273.8	£24,696,233.96

National Average: Average vs. Nationwide



Graph Key

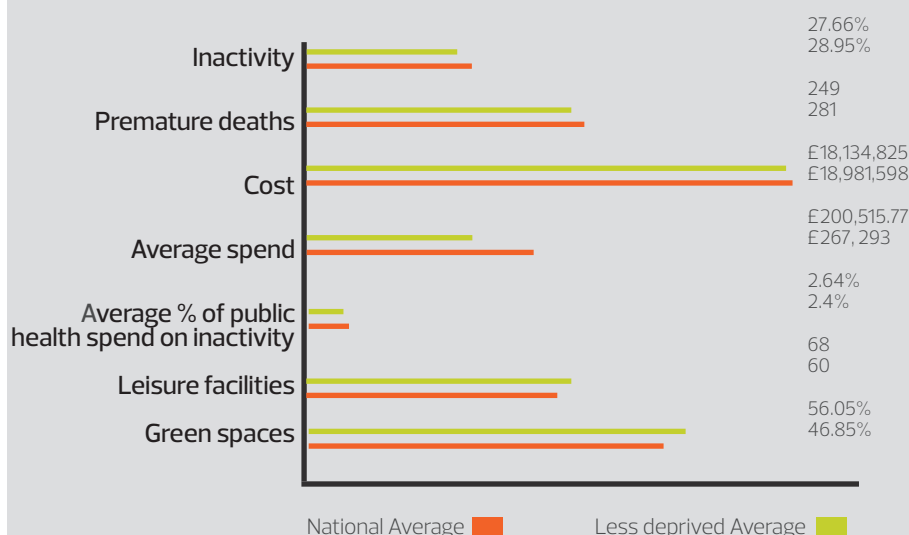
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Leisure facilities	The number of usable leisure facilities available per 100,000 people
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget

Less deprived

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Authority name	Percentage inactive	Premature deaths	Cost of inactivity
Sutton	23.15	234.4	£15,179,620.58
Trafford	24.75	261.1	£16,226,250.82
Harrow	24.76	209.8	£16,236,590.06
Bedford	25.62	279.2	£16,795,799.48
Stockport	25.87	275	£16,958,348.66
Solihull	25.91	229.5	£16,990,471.76
Devon CC	25.97	228	£17,024,681.04
Barnet	26.11	220.2	£17,120,127.41
Warrington	26.15	284.6	£17,147,461.42
Cheshire West & Chester	26.43	258.9	£17,327,720.30
Worcestershire CC	26.44	244.6	£17,333,226.91
Suffolk CC	27.03	224.9	£17,718,700.49
Somerset CC	27.30	229.8	£17,896,930.37
Kent CC	27.46	252.1	£18,005,908.62
Norfolk CC	27.56	241.3	£18,068,158.95
Northumberland	27.67	267.1	£18,143,977.17
Nottinghamshire CC	27.98	263.3	£18,343,978.07
Northamptonshire CC	28.08	272.5	£18,411,794.62
Derbyshire CC	28.27	256.3	£18,537,217.38
Shropshire	28.44	240.2	£18,648,048.32
Poole	28.90	229.3	£18,947,566.57
Milton Keynes	28.97	265.3	£18,991,361.36
Lincolnshire CC	29.00	264.7	£19,013,441.99
Thurrock	29.08	272.2	£19,062,998.51
Herefordshire	29.22	246.1	£19,156,153.90
Hillingdon	29.79	250.3	£19,531,765.93
Staffordshire CC	30.01	252.4	£19,678,386.74
Havering	30.49	247.2	£19,987,520.38
Bexley	30.71	233.9	£20,135,710.06
Swindon	32.68	258.2	£21,424,838.41

National Average: Less deprived vs. Nationwide



Graph Key

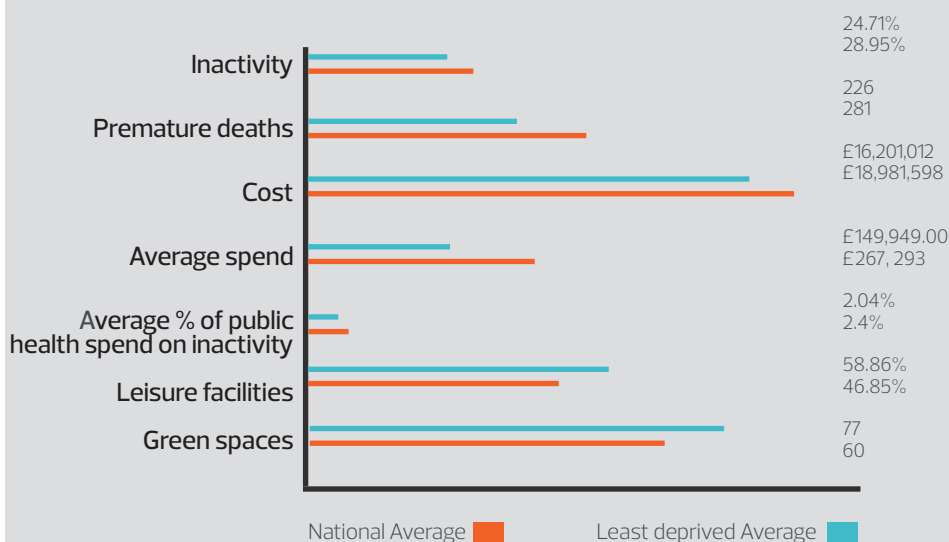
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Premature deaths	The average number of premature deaths per 100,000 people within the region
Green spaces	The proportion of region made up of green and open space
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget

Least deprived

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)
Percentage inactive	The percentage of adults who are inactive within each local authority
Premature deaths	The number of premature deaths per 100,000 people per year
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year

Authority name	Percentage inactive	Premature deaths	Cost of inactivity
Wokingham	18.23	200.3	£11,951,440.07
Richmond upon Thames	20.03	202.3	£13,130,992.69
Windsor and Maidenhead	20.20	220	£13,242,832.27
Oxfordshire CC	22.18	228.7	£14,542,360.25
Bracknell Forest	22.66	240.6	£14,859,712.21
Cambridgeshire CC	22.76	220	£14,919,159.28
Kingston upon Thames	22.77	215.5	£14,925,480.29
South Gloucestershire	22.80	208.5	£14,946,131.47
Bath & NE Somerset	22.91	227.7	£15,019,456.94
Surrey CC	23.11	208.5	£15,154,771.00
York	23.67	252.2	£15,515,622.10
Bromley	24.08	213.8	£15,787,698.56
Hampshire CC	24.12	214.8	£15,811,965.60
Rutland	24.25	209.3	£15,902,040.79
Wiltshire	24.42	228.5	£16,011,392.57
Gloucestershire CC	25.15	236.5	£16,490,895.43
Hertfordshire CC	25.38	228.5	£16,638,262.61
Cheshire East	25.45	240.9	£16,688,642.53
West Berkshire	25.51	215.7	£16,723,746.18
West Sussex CC	25.60	228.9	£16,784,775.27
Buckinghamshire CC	25.79	218	£16,907,114.55
Leicestershire CC	25.97	235.6	£17,026,037.78
East Riding of Yorkshire	26.36	245.2	£17,282,429.04
Essex CC	26.96	238.1	£17,678,012.20
Warwickshire CC	27.00	244.6	£17,702,331.09
North Yorkshire CC	27.15	236.9	£17,798,171.03
Central Bedfordshire	28.03	236.8	£18,378,029.26
Dorset CC	28.07	207.3	£18,400,365.44
North Somerset	29.17	248.9	£19,124,425.46
Merton	31.55	235.5	£20,686,068.59

National Average: Least deprived vs. Nationwide



Graph Key

Inactivity	The proportion of adults who are classed as physically inactive within the region
Cost	The estimated cost of inactivity per 100,000 people within the region
Premature deaths	The average number of premature deaths per 100,000 people within the region
Green spaces	The proportion of region made up of green and open space
Leisure facilities	The number of usable leisure facilities available per 100,000 people
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the Public Health budget

Full national rankings Annex D

Table key		National averages	
Authority name	The name of the local authority	Physical inactivity	28.95 per cent
National rank	150 local authorities ranked in order of inactivity (no. 1 is the least inactive, no. 150 is the most inactive)	Premature deaths	281 deaths
Proportion inactive	The proportion of adults who are inactive within each local authority	Leisure facilities	60
Premature deaths	The number of premature deaths per 100,000 people per year	Green spaces	46.85 per cent
Leisure facilities	The number of usable leisure facilities available per 100,000 people	Cost of inactivity	£18, 981, 598
Green spaces	The proportion of region made up of green and open space	Inactivity spend	£267, 293
Cost of inactivity	The overall cost of inactivity per 100,000 people to each local authority per year	Average % of PH spend	2.4 per cent
Average spend	The average amount of funding attributed to physical activity within local authority public health budgets		
Proportion of spend on activity	The average amount of funding spent on physical activity as a proportion of the public health budget		

Least inactive quartile ■ | Less inactive quartile ■ | More inactive quartile ■ | Most inactive quartile ■

Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Wokingham	1	18.23	200.3	77	26.84%	£11,951,440	£31,000	0.31
Richmond upon Thames	2	20.03	202.3	83	34.80%	£13,130,993	£139,100	3.2
Islington	3	20.07	320.5	51	8.00%	£13,157,874	£175,000	0.9
Windsor and Maidenhead	4	20.20	220	87	38.59%	£13,242,832	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Bournemouth	5	20.41	269.3	69	29.43%	£13,379,249	£427,300	3
Kensington and Chelsea	6	20.72	212.5	30	9.00%	£13,583,305	£84,000	0.65
Hammersmith and Fulham	7	20.79	295.6	48	13.20%	£13,629,125	£84,000	0.6
Lambeth	8	21.72	321.6	54	12.00%	£14,242,276	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Oxfordshire CC	9	22.18	228.7	430	69.12%	£14,542,360	£80,000	0.4
Bracknell Forest	10	22.66	240.6	51	49.10%	£14,859,712	£0	0
Cambridgeshire CC	11	22.76	220	387	78.16%	£14,919,159	£278,000	1.79
Wandsworth	12	22.76	259.5	65	20.41%	£14,919,361	£283,000	1
Kingston upon Thames	13	22.77	215.5	78	30.36%	£14,925,480	£330,000	5.9
South Gloucestershire	14	22.80	208.5	250	53.63%	£14,946,131	£192,196	4.9
Bath & NE Somerset	15	22.91	227.7	283	61.20%	£15,019,457	£40,900	0.8
Surrey CC	16	23.11	208.5	635	59.54%	£15,154,771	£0	0
Sutton	17	23.15	234.4	68	26.25%	£15,179,621	£80,000	1.51
York	18	23.67	252.2	85	62.00%	£15,515,622	£175,500	7
Bromley	19	24.08	213.8	138	44.00%	£15,787,699	£409,000	5.47
Hampshire CC	20	24.12	317.4	751	60.77%	£15,811,966	£173,000	0.8
Rutland	21	24.25	214.8	34	86.30%	£15,902,041	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Wiltshire	22	24.42	209.3	308	55.40%	£16,011,393	£19,000	1.2
Trafford	23	24.75	228.5	106	41.41%	£16,226,251	£262,438	4
Harrow	24	24.76	261.1	66	27.90%	£16,236,590	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Brighton and Hove	25	24.90	209.8	98	36.70%	£16,328,295	£348,932	2
Gloucestershire CC	26	25.15	300.5	406	69.35%	£16,490,895	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Hertfordshire CC	27	25.38	236.5	587	59.13%	£16,638,263	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Cheshire East	28	25.45	228.5	198	DATA NOT AVAILABLE	£16,688,643	£77,500	1.04
West Berkshire	29	25.51	240.9	112	68.81%	£16,723,746	£86,000	1.9
West Sussex CC	30	25.60	215.7	419	58.09%	£16,784,775	£84,000	0.65

Table key	
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Least inactive quartile	
Less inactive quartile	
More inactive quartile	
Most inactive quartile	

Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Bedford	31	25.62	228.9	102	DATA NOT AVAILABLE	£16,795,799	£42,140	1.08
Newcastle Upon Tyne	32	25.63	279.2	108	39.12%	£16,806,609	£822,957	5.77
Buckinghamshire CC	33	25.79	334.2	360	70.09%	£16,907,115	£110,000	1.4
Stockport	34	25.87	218	135	45.23%	£16,958,349	£618,334	6.7
Solihull	35	25.91	275	93	43.24%	£16,990,472	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Devon CC	36	25.97	229.5	542	78.19%	£17,024,681	£169,000	1.2
Leicestershire CC	37	25.97	228	347	72.10%	£17,026,038	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Barnet	38	26.11	235.6	121	32.50%	£17,120,127	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Warrington	39	26.15	220.2	96	56.36%	£17,147,461	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Enfield	40	26.26	284.6	95	32.50%	£17,219,069	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Southwark	41	26.32	236.5	66	16.00%	£17,257,113	£331,000	1.8
East Riding of Yorkshire	42	26.36	313.2	184	76.86%	£17,282,429	£294,000	4.9
Haringey	43	26.40	245.2	63	23.40%	£17,311,267	£214,000	1.46
Cheshire West & Chester	44	26.43	280.1	161	DATA NOT AVAILABLE	£17,327,720	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Worcestershire CC	45	26.44	258.9	325	66.83%	£17,333,227	£320,000	2.69
East Sussex CC	46	26.57	244.6	282	65.78%	£17,420,909	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Reading	47	26.83	248.5	60	29.39%	£17,591,901	£49,000	0.9
Leeds	48	26.85	279.5	389	53.36%	£17,604,031	£266,000	1
Essex CC	49	26.96	300.8	745	68.19%	£17,678,012	£110,000	0.70
Warwickshire CC	50	27.00	238.1	298	56.36%	£17,702,331	£61,000	0.5
Suffolk CC	51	27.03	244.6	447	74.38%	£17,718,700	£131,000	0.6
North Yorkshire CC	52	27.15	224.9	499	82.32%	£17,798,171	£700,000	5.2
Somerset CC	53	27.30	236.9	406	73.96%	£17,896,930	DATA NOT AVAILABLE	DATA NOT AVAILABLE
North Tyneside	54	27.30	229.8	73	46.87%	£17,899,009	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Kent CC	55	27.46	300.1	760	64.47%	£18,005,909	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Norfolk CC	56	27.56	252.1	483	78.36%	£18,068,159	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Plymouth	57	27.59	241.3	99	54.16%	£18,089,425	£200,562	2.3
Northumberland	58	27.67	291.7	252	DATA NOT AVAILABLE	£18,143,977	£300,110	4.24

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Least inactive quartile	
Less inactive quartile	
More inactive quartile	
Most inactive quartile	

Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Peterborough	59	27.74	267.1	64	36.76%	£18,184,952	£93,146	1.72
Bury	60	27.87	293.7	91	59.88%	£18,273,957	£202,000	4.2
Nottinghamshire CC	61	27.98	300.7	381	63.60%	£18,343,978	£107,000	0.48
Central Bedfordshire	62	28.03	263.3	144	DATA NOT AVAILABLE	£18,378,029	£0	0
Dorset CC	63	28.07	236.8	259	71.18%	£18,400,365	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Northamptonshire CC	64	28.08	296.3	413	69.42%	£18,411,795	DATA NOT AVAILABLE	DATA NOT AVAILABLE
North Lincolnshire	65	28.24	207.3	84	72.54%	£18,517,852	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Derbyshire CC	66	28.27	272.5	473	70.49%	£18,537,217	£808,583	4.14
Waltham Forest	67	28.36	288.2	57	27.80%	£18,592,625	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Bristol, City of	68	28.38	256.3	226	28.00%	£18,605,582	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Shropshire	69	28.44	272.8	184	DATA NOT AVAILABLE	£18,648,048	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Westminster	70	28.44	295.7	91	13.90%	£18,648,227	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Wakefield	71	28.46	240.2	192	67.00%	£18,660,888	£400,080	3.5
Derby	72	28.47	248	81	38.02%	£18,666,081	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Darlington	73	28.61	308	42	43.35%	£18,755,034	£103,000	2
Tower Hamlets	74	28.62	300.9	62	14.00%	£18,763,499	£228,164	1.2
Redcar and Cleveland	75	28.73	297.6	57	68.26%	£18,835,079	£402,000	9.8
Cornwall	76	28.78	346.6	409	DATA NOT AVAILABLE	£18,869,527	£289,000	2.18
Wirral	77	28.83	297.5	129	58.00%	£18,902,698	£70,000	3.53
Poole	78	28.90	248	50	34.54%	£18,947,567	£427,300	3
Milton Keynes	79	28.97	311.4	99	55.00%	£18,991,361	£39,060	0.67
Lincolnshire CC	80	29.00	229.3	326	77.15%	£19,013,442	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Thurrock	81	29.08	265.3	51	58.11%	£19,062,999	£247,000	5.7
Ealing	82	29.14	264.7	79	26.90%	£19,102,686	£221,000	1.8
North Somerset	83	29.17	272.2	257	57.28%	£19,124,425	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Lewisham	84	29.18	270.7	52	27.83%	£19,131,037	£155,800	1.1
Herefordshire	85	29.22	248.9	102	83.49%	£19,156,154	£211,620	4.54
Hounslow	86	29.30	305.4	69	38.73%	£19,208,292	£117,500	1.4





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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Premature deaths	The number of premature deaths per 100,000 people per year
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Least inactive quartile
Less inactive quartile
More inactive quartile
Most inactive quartile



Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Camden	87	29.32	246.1	62	17.70%	£19,223,644	DATA NOT AVAILABLE	DATA NOT AVAILABLE
County Durham	88	29.34	270.9	293	DATA NOT AVAILABLE	£19,238,873	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Isle of Wight	89	29.39	266.9	87	DATA NOT AVAILABLE	£19,268,125	DATA NOT AVAILABLE	DATA NOT AVAILABLE
North East Lincolnshire	90	29.49	304.7	65	46.88%	£19,334,218	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Redbridge	91	29.52	248.8	72	68.26%	£19,354,909	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Stockton-on-Tees	92	29.57	305.9	62	51.12%	£19,386,703	£12,426	0.16
Hillingdon	93	29.79	244.3	98	43.73%	£19,531,766	£55,449	0.7
Croydon	94	29.79	301.2	103	34.02%	£19,533,387	£282,000	2
Cumbria CC	95	29.94	250.3	399	75.01%	£19,629,409	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Medway	96	29.98	258.5	82	43.92%	£19,654,541	£540,111	8
Staffordshire CC	97	30.01	277	417	66.53%	£19,678,387	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Calderdale	98	30.02	284.1			£19,682,276	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Middlesbrough	99	30.12	252.4	48	38.57%	£19,750,513	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Brent	100	30.15	370.9	62	22.00%	£19,766,776	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Hackney	101	30.20	251.8	37	15.00%	£19,799,872	£777,745	4.02
Sheffield	102	30.41	327.4	204	34.14%	£19,937,814	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Lancashire CC	103	30.41	284.5	594	65.35%	£19,938,307	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Telford and Wrekin	104	30.45	304.1	70	57.94%	£19,965,492	DATA NOT AVAILABLE	DATA NOT AVAILABLE
St. Helens	105	30.49	299.9	70	58.37%	£19,987,008	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Havering	106	30.49	311.1	56	47.46%	£19,987,520	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Bexley	107	30.71	247.2	62	32.40%	£20,135,710	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Bolton	108	30.76	233.9	124	53.17%	£20,169,246	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Southampton	109	30.87	322.9	67	27.14%	£20,239,012	DATA NOT AVAILABLE	DATA NOT AVAILABLE

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Less inactive quartile	
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Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Sefton	110	31.20	297.8	105	46.31%	£20,455,296	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Halton	111	31.34	297.4	57	44.89%	£20,544,755	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Merton	112	31.55	342	69	28.53%	£20,686,069	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Liverpool	113	31.63	235.5	125	28.65%	£20,736,397	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Kirklees	114	31.65	389		DATA NOT AVAILABLE	£20,750,733	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Swindon	115	32.68	258.2	89	46.36%	£21,424,838	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Doncaster	116	32.69	311.4	148	68.35%	£21,434,207	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Southend-on-Sea	117	32.75	269.4	58	38.36%	£21,472,753	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Tameside	118	32.81	351.7	101	49.35%	£21,513,849	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Knowsley	119	32.83	359.6	32	42.65%	£21,523,050	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Portsmouth	120	33.05	304.5	74	41.31%	£21,667,139	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Greenwich	121	33.09	291.6	70	32.10%	£21,696,268	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Nottingham	122	33.20	351.4	89	31.61%	£21,766,638	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Wigan	123	33.22	324.3	129	51.17%	£21,779,819	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Torbay	124	33.32	288.6	80	44.00%	£21,846,333	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Walsall	125	33.39	308.6	84	41.56%	£21,888,945	DATA NOT AVAILABLE	DATA NOT AVAILABLE
South Tyneside	126	33.50	332.3	60	39.16%	£21,962,239	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Rotherham	127	33.57	295.6	119	64.38%	£22,010,208	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Gateshead	128	33.61	322	97	48.65%	£22,032,893	£209,938	3.4
Barnsley	129	33.95	320.5	113	67.85%	£22,260,523	£91,000	0.97
Rochdale	130	34.12	350.4	61	52.50%	£22,368,946	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Leicester	131	34.24	343.4	96	29.48%	£22,451,172	£172,500	1
Birmingham	132	34.27	320.5	242	27.80%	£22,468,627	£2,464,778	4.8

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Most inactive quartile

Local authority name	National Rank	Physically inactive (%)	Premature deaths	Leisure facilities	Green spaces	Cost of inactivity	Inactivity spend (FOI data)	Average % of PH spend (FOI data)
Wolverhampton	133	34.39	323.2	64	DATA NOT AVAILABLE	£22,548,412	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Hartlepool	134	34.76	335.7	48	45.02%	£22,791,547	£154,000	2.56
Blackpool	135	34.85	432.4	43	27.59%	£22,851,824	£250,000	2
Stoke-on-Trent	136	35.07	348.6	87	45.02%	£22,995,395	£464,000	3.48
Newham	137	35.11	315.6	26	29.04%	£23,021,280	£216,000	3.14
Barking and Dagenham	138	35.14	337.2	39	32.00%	£23,040,174	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Luton	139	35.88	306.7	54	32.68%	£23,522,034	£0	0
Kingston upon Hull	140	36.07	375.3	90	30.49%	£23,645,555	£459,000	2.5
Oldham	141	36.28	350.3	99	50.83%	£23,786,780	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Coventry	142	36.81	323.3	83	38.13%	£24,135,384	£379,178	3.1
Blackburn with Darwen	143	36.95	354.4	55	50.50%	£24,225,029	£794,485	6.1
Sunderland	144	36.99	336.5	135	48.12%	£24,252,702	£36,174	0.3
Slough	145	37.58	307.4	32	31.04%	£24,640,771	£25,000	0.55
Dudley	146	37.67	273.8	106	31.14%	£24,696,234	£730,000	6.8
Bradford	147	37.68	321.6	258	53.14%	£24,703,858	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Salford	148	39.07	382	96	44.81%	£25,616,131	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Sandwell	149	39.13	346.3	78	28.58%	£25,657,944	£108,300	1.2
Manchester	150	40.24	455	146	33.20%	£26,385,799	DATA NOT AVAILABLE	DATA NOT AVAILABLE

Turning the tide

Visit: www.ukactive.com/turningthetide for further details of the scale and implications of physical inactivity across the UK.

On the road

Throughout 2014, ukactive will continue to engage with local authorities, leisure providers, public health professionals and anyone who has a role to play in turning the tide of physical inactivity through a series of regional events.

Contact turnthetide@ukactive.org.uk for more information on these upcoming events.

Next steps

The information and data is constantly moving and evolving, and ukactive will continuously update this website with new insights, evolutions and progress in turning the tide. We encourage anyone with a role to play in turning the tide of physical inactivity to engage with this facility and make use of it wherever possible.

Visit www.ukactive.com/turningthetide to keep informed.

For further information call 020 7420 8560 or [email: turnthetide@ukactive.org.uk](mailto:turnthetide@ukactive.org.uk)
ukactive, Castlewood House, 77–91 New Oxford St, London WC1A 1PX | www.ukactive.com



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