North Tyneside Joint Strategic Needs Assessment

Physical Activity

May 2025

North Tyneside Council

1. Introduction

Physical activity is not just organised or structured sport, it is any movement of the body that requires a person to use energy for a sustained period and increase their heart rate. North Tyneside has a range of community assets and services that support residents to be more active.

Physical activity has a wide range of physical, mental and social benefits that contribute to an individual's wellbeing, as well as wider benefits to society. It can reduce the risk of chronic diseases, improve cardiovascular and musculoskeletal (MSK) health, improve physical fitness and reduce storage of fat. Physical activity also contributes to the release of 'feel good hormones' known as endorphins and can reduce stress and the symptoms of anxiety and depression There are also social benefits as it reduces isolation and provides opportunities to build friendships and increase social interaction.

More widely, increased physical activity in the population can benefit the economy by reducing healthcare costs and improving workplace productivity and attendance. Active travel methods help people become more active, but they also promote a lower reliance on cars which in turn helps reduce pollution and traffic congestion.

The Chief Medical Officer (CMO) has made recommendations on the level of activity that each age group should take. This includes 60 minutes of moderate to vigorous activity (e.g. something that causes you to be a little out of breath, but you do not have to pause to speak) a day across the week for children aged 5-18 and 150 minutes across the week for adults aged 19-64[1]. However, any activity is better than none and adults should aim to minimise the amount of time spent being sedentary and, where possible break up long periods of inactivity with at least light physical activity.

In short, physical activity helps us lead a happier and healthier life and small changes can make a big difference to our health and quality of life. Whilst the evidence is clear that being more active is good for us, many people do not get enough activity in their day-to-day lives to realise those benefits.

2. Key issues

a) Adults in North Tyneside are more likely to be inactive than England overall, but children are more active

In North Tyneside, **62.2% of adults are physically active**, this has **decreased** from the previous reporting period and is **lower than the England value** of 67.1%[2].

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[1] **OHID (2020).** Physical activity guidelines. UK CMO report [accessed April 2025]

[2] **OHID (2025).** Fingertips Physical Activity Profile [accessed April 2025]

The picture is more positive for children, with **53.8%** achieving at least 60 minutes of physical activity a day through play, sports and other activities. This is **higher than the England value** and an **increase** on the previous reporting period.
See Section 5 for more detail.

There are many reasons why some people are not able to reach recommended levels of physical activity in their lives. It is now harder for a lot of people to include physical activity in their daily lives. There are also financial barriers for some residents, and these challenges have increased with the recent cost-of-living crisis.

b) There are inequalities in who is active

Unfortunately, we know that some people are more likely to be inactive than others. Some communities are also disproportionately affected by the health conditions that can result from being less active and some groups are also more likely to be living with excess weight. Inequalities in physical activity can start in childhood.
See Section 4 for more detail.

c) Our population is ageing

Staying active is a key feature of healthy ageing and the population of North Tyneside is ageing. As well as helping to prevent and manage health conditions, physical activity promotes healthy ageing by helping maintain muscle mass, bone density, mobility, strength and balance, and reduces the risk of falls and fractures. Physical activity also improves brain function, including memory and attention and reduces the risk of cognitive decline.
See section 7 for more detail.

3. High level priorities

This document sets out two high-level priorities

1. Increase the percentage of residents who are physically active
2. Tackle the barriers to accessing physical activity that mean that some groups are less likely to be active than others.

There are opportunities to increase activity levels across the population to halt the decline in the percentage of residents meeting the CMO's recommendations and reduce the gap from national activity levels.

Section 4 of this document outlines groups that are less likely to be active. There are opportunities to engage them to reduce the barriers to physical activity and increase participation. There should be a particular emphasis on:

- Children and young people, ensuring they get the best start in life

- Groups who are less likely to be active (women, new families and pregnant women, people in more deprived areas, people over 75 etc.
- Individuals with MSK conditions and other relevant health conditions

4. Those at risk

Adults in North Tyneside are more likely to be inactive than England overall[3]. However, there is also evidence nationally that some groups are less likely to be active than others, which leads to inequalities[4] and unmet needs. Some communities are also disproportionately affected by the health conditions that can result from being less active. Groups that are less likely to be active include:

- Women
- Young people aged 16-34
- People over 75
- People with disabilities and long-term health conditions, including MSK conditions
- People from Black, Asian and other minority ethnic backgrounds
- People living in more deprived areas
- People who are pregnant or have a child under the age of one.

Whilst children in North Tyneside are more active than their peers in England overall, inequalities start in childhood and therefore they should not be overlooked in any targeted work.

Physical activity has a range of benefits and therefore people who are inactive are at increased risk from the areas which being active provides some protection. For example, prevalence of some chronic diseases will be higher in the inactive population. They are also more likely to have worse cardiovascular and musculoskeletal health, lower levels of fitness and higher levels of body fat. They will also be less likely realise the mental health benefits from physical activity, such as increased social interactions and increased release of dopamine. Physical activity is responsible for one in six deaths in the UK, which is the same as smoking. It is estimated to cost the economy over £7 billion per year.

5. Level of need

5.1 Activity and inactivity levels

In North Tyneside, **62.2% of adults are physically active**, this has **decreased** from the previous reporting period and is **lower than the England value** of 67.1%[5]. Conversely, **26.8% of adults are inactive** (i.e. they do less than 30 minutes of physical activity a

[3] **OHID (2025).** Fingertips Physical Activity Profile [accessed April 2025]

[4] **Sport England (2025).** Active Lives Survey [accessed April 2025]

[5] **OHID (2025).** Fingertips Physical Activity Profile [accessed April 2025]

week). This is **higher than the England value** but has not changed since the previous reporting period.

Whilst adults in North Tyneside are less likely to be active than England overall, the reverse is true for children, with **53.8%** achieving at least 60 minutes of physical activity a day through play, sports and other activities. This is also an **increase** on the previous reporting period.

The most recent Sport England data shows that 48.9% of adults in England walked for leisure at least twice in the previous 28 days and this is slightly higher in North Tyneside at 49.5%[6]. However, locally only 30.3% used walking as a method of travel in the previous 28 days compared to 31.6% in England, so there may be more to do to promote this as a method of active travel.

In terms of children, the same dataset shows that 52.7% of children in North Tyneside walked to school in the previous 7 days compared to 43.4% England, which is positive. Also, 36.7% reported going on a walk (i.e. walking for leisure) compared to 34.9% in England overall.

5.2 Prevalence of conditions linked to inactivity

There are several health conditions where inactivity is a risk factor, or where those living with the condition are less physically active. Table 1 below shows this in more detail and shows a higher prevalence of some in North Tyneside.

Table 1 – Inequalities in conditions linked to inactivity

Condition	Prevalence in North Tyneside	Prevalence in England
Obesity and overweight (adults) [7]	63.2%	64.0%
Obesity and overweight (children)	36.8%	35.8%
High blood pressure[8]	17.2%	14.8%
Diabetes	8.3%	7.7%
Stroke	2.6%	1.9%
Depression	15.1%	13.2%
Long-term MSK conditions[9]	21.6%	17.9%
Hip fractures in people aged 65 and over	609 per 100,000	547 per 100,000
Emergency hospital admissions due to falls in people aged 65 and over[10].	3,216 per 100,000	1,984 per 100,000

5.3 Burden of inactivity

The economic burden of physical inactivity is considerable as there are direct costs associated with treating preventable chronic health conditions and indirect costs

[6] **Sport England (2025).** Active Lives Survey [accessed April 2025]

[7] **OHID (2025).** Fingertips Physical Activity Profile [accessed April 2025]

[8] **OHID (2024).** Fingertips Cardiovascular disease profile [accessed April 2025]

[9] **OHID (2025)** Fingertips Musculoskeletal health profile [accessed April 2025]

[10] **OHID (2025)** Fingertips Public Health Outcomes Framework [accessed April 2025]

from loss of productivity etc. Physical inactivity is responsible for one in six deaths in the UK, which is the same as smoking. It is estimated to cost the economy over £7 billion per year[11].

The World Health Organisation estimated that almost 500 people will develop non-communicable diseases attributable to physical inactivity between 2020 and 2030[12]. This could cost $27 billion annually if action is not taken. Other subsequent studies have estimated a higher burden at over $46 billion per year[13].

The 'burden' of a particular health issue can be qualified by the number of years lived with a disability (YLDs) or disability adjusted life years (DALYs) it causes in a defined population. The Global Burden of Disease study[14] allows analysis of health loss os that health systems can be improved and disparities eliminated. Deaths, DALYs and YLDs can be attributed to certain conditions or risk factors. Unfortunately, physical inactivity is not one of the key metrics, however there is data on some of the conditions and issues linked to inactivity. For example, in 2021 in North Tyneside:

- Over 1,200 years were lost per 100,000 of the population (e.g. >1,200 YLDs) due to diabetes and chronic kidney disease and it is estimated that up to 100% of this was due to risk factors (but it cannot be quantified how much of this is due to physical inactivity at a local level)
- Over 740 years were lost per 100,000 of the population (e.g. >740 YLDs) due to musculoskeletal disorders. Almost 40% of all back pain is due to risk factors, along with 27% of osteoarthritis (but it cannot be quantified how much of this is due to physical inactivity at a local level)
- Over 280 years were lost per 100,000 of the population (e.g. >280 YLDs) due to cardiovascular diseases. Over 90% of heart disease is attributable to risk factors along with almost 80% of strokes (but it cannot be quantified how much of this is due to physical inactivity at a local level).

As above, people with long-term MSK conditions are more likely other long-term conditions than the general population. This places a further burden on the health and quality of life of those affected and potentially further burdens on the health and social care system.

6. Unmet needs

There are many reasons why some people are not able to reach recommended levels of physical activity in their lives. It is now harder for a lot of people to include physical activity in their daily lives. Many people now lead more sedentary lifestyles, with fewer

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[11] **OHID (2022).** Physical activity: applying All Our Health [accessed April 2025]

[12] **World Health Organisation (2022)** Global status report on physical activity.

[13] **Santos et al (2023).** The cost of inaction on physical inactivity to public healthcare systems: a population-attributable fraction analysis. *The Lancet Global Health,* Volume 11, issue 1, e32-e39

[14] **Institute for Health Metrics and Evaluation (2019)** GBD Compare Visualization. Available online [accessed April 2025]

manual and physical jobs, greater use of technology and screens and increased car use. There are also financial barriers for some residents, and these challenges have increased with the recent cost-of-living crisis. Many people also walk less than previous generations, either because they have less access to outdoor spaces, feel unsafe or prefer to use cars for short journeys.

It is difficult to quantify the exact level of unmet need relating to physical activity. However, in simple terms, if 37.8% of adults aged 19+ and 45.7% of children aged 5-15 are not reaching recommended levels of physical activity, this equates to over 75,000 residents, based on 2023 population estimates. This will be an underestimate as it does not include unmet need in under 5s or young people aged 16-18.

However, 26.8% of adults aged 19+ are physically inactive and engaging in less than 30 minutes of activity a week. These 45,000 residents could be a priority area of unmet need (as the remaining 18,000 adults above are at least getting some activity).

As above, there are inequities in who leads an active lifestyle, so there is likely to be more unmet need in the groups discussed in section 4 of this document.

The reasons behind this unmet need are a complex mix of barriers and perceived barriers to being more active, and the new Physical Activity Strategy should aim to address some of them to reduce the levels of unmet need.

7. Projected need and demand

Physical activity levels in adults in North Tyneside have not returned to pre-pandemic levels like they have nationally, and in fact they continue to decline. If this trend continues then this is likely to mean an increased demand on services dealing with the consequences of inactivity. However, activity levels in children are now higher than before the pandemic, so it may be that this helps to reduce some of the impact of this if these activity levels are maintained in adulthood.

Staying active is a key feature of healthy ageing. Being active is associated with lower rates of some chronic diseases and physical activity also helps maintain muscle mass, bone density, mobility, strength and balance, and reduces the risk of falls and fractures. Physical activity also improves brain function, including memory and attention and reduces the risk of cognitive decline.

The population of North Tyneside is ageing[15]; in 2014 19% of the population was aged 65 or over and this is predicted to rise to 26% by 2037[16] . This means that preventing

[15] **Office for National Statistics (2023)**. How life has changed in North Tyneside: Census 2021. Available online [accessed April 2025]

[16] **Office for National Statistics (not dated).** Data visualisation – Future of an Ageing Population, Statistics by area. Available online [accessed April 2025]

issues associated with inactivity and reducing the impact will become even more important to prevent a further increase in the burden of these conditions.

As above, being more active can reduce the risk of falls in older people. As seen in section 5, there are already higher rates of emergency hospital admissions due to falls and hip fractures in North Tyneside. As the demographics in the Borough shift further, it is possible that this need and demand could shift further.

Sport England estimate that encouraging more active lifestyles can prevent 1.3 million cases of depression, 600,000 cases of diabetes and 57,000 of dementia and save £540 million on reduced GP appointments[17]. Therefore, conversely, if physical activity levels continue to decline, the need and demand for these services will increase further.

8. Community assets and services

North Tyneside has a range of community assets and services that support residents to be more active, and not just aimed at those already participating in organised exercise or recreation activities. Our beaches, parks, wagonways and cycling infrastructure etc. provide outdoor opportunities for residents to be more active without requiring a significant financial investment or level of skill. In addition, there is a vast range of community sporting groups and societies etc. across the Borough. Many are led by volunteers from within the community and these groups play a vital role in supporting some residents to lead more active lives.

North Tyneside Council also operates five leisure centres and swimming pools, three tennis courts, a community athletics track and several grass football pitches. There are subsidised membership and attendance fees for low-income residents and free programmes for children and older people. In 2023/24 there were approximately 1.2M visits to the indoor facilities. There are also several other facilities operated by community or private organisations.

The Active North Tyneside programme is part of North Tyneside Council's sport and leisure offer and is funded by Public Health to deliver free or low-cost programmes. Activities are targeted at residents across the life course and, whilst most programmes are open eligible residents, more targeted delivery and recruitment takes place in the 20% most deprived areas in the Borough. This includes programmes for young people not in education, employment or training (NEET), children in care and adults with learning disabilities.

[17] **Sport England (2024).** The social value of sport and physical activity in England Available online

9. Evidence for interventions

It is difficult to summarise the evidence for interventions as it is such a broad topic area. However, the evidence is clear that being more active is good for us, yet many people do not get enough activity in their day-to-day lives to realise those benefits. Physical inactivity is responsible for one in six deaths in the UK, which is the same as smoking. It is estimated to cost the economy over £7 billion per year[18]. This includes direct costs to the NHS of almost £1 billion and wider costs (e.g. lost workplace productivity from conditions associated with inactivity, such as musculoskeletal (MSK) issues). Investing in physical activity and supporting residents to lead more active lives is key to improving quality of life and health outcomes.

The benefits of physical activity are well documented for individuals, populations and society, but there is less robust evidence on what works to make people more active and whether this improves outcomes. Many community-wide programmes fail to reach all of the target population or the lead time to see improvements in metrics such as life expectancy or healthy life expectancy is too long with many other confounding factors to be able to draw robust conclusions.

Data from Sport England suggests that every £1 spent on sport and physical activity generates almost £4 for society and economy[19]. However, funding pressures mean that local authorities, other organisations and individuals are disinvesting in physical activity. Sport England also estimate that sport and physical activity had a social value of £107.2 billion in 2022/23, including over £2 million in Tyne and Wear[20]. However, funding pressures mean that local authorities, other organisations and individuals are disinvesting in physical activity.

Evidence-based and evidence informed interventions for increasing physical activity encompass a range of strategies, including individual behavioural changes, environmental modifications and community-wide approaches. Studies focusing on behaviour change more broadly show that methods such as goal setting, building social support and behavioural reinforcement can be effective. Studies focusing on the impact of modifying the built and wider environment show the benefits of creating accessible environments (to make it easier for people to be more active) and improving infrastructures to promote active travel.

Evidence relating to other health promotion and health improvement interventions shows that family- and school-based programmes can support positive change, as can workplace interventions. Offering a range of options (e.g. group classes, individual programmes, digital and face-to face options, counselling, educational

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[18] **OHID (2022).** Physical activity: applying All Our Health [accessed April 2025]

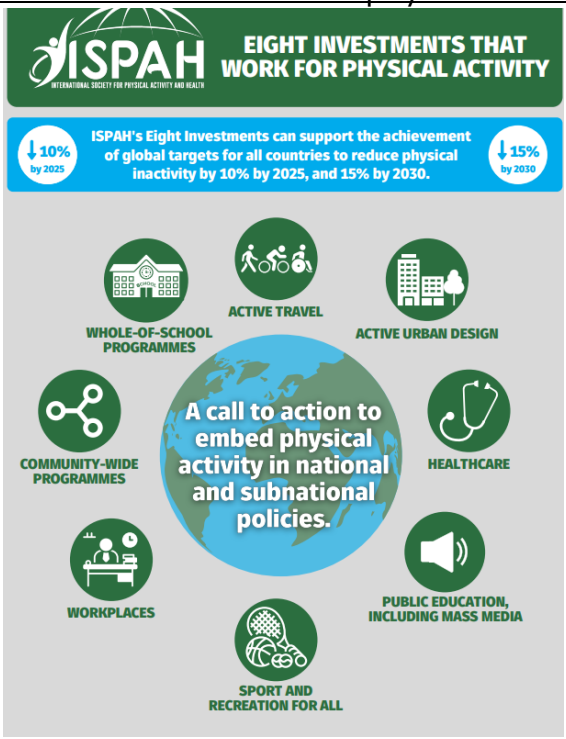
[19] **Sport England (2025)**. The return on investment of sport and physical activity in England in 2022/23 [accessed April 2025]

[20] **Sport England (2025).** What is the social value of sport in your area? [accessed April 2025]

materials etc.) can help people feel more empowered and provide choices based on their individual preferences and accessibility.

The International Society for Physical Activity for Health (ISPAH) defined eight investments that work for physical activity[21]. This is based on an overview of the best available evidence and the aim of the work is to advocate, inform and lead physical activity policy and discussion. Their evidence is clear that there is no single solution as physical inactivity is a complex public health issue, with multiple influencing influences. Therefore, a systems-based approach is needed rather than solely focusing on short-term individual behaviour change. The eight investments set out by ISPAH are shown in Figure 1 below and were used as part of a regional sector-led improvement approach for physical activity.

Figure 1 – ISPAH's eight investments that work for physical activity



Any future interventions delivered in the Borough should take the above into account. The sustainability of interventions is essential to support residents to maintain long-term physical activity habits. Key to this will be supporting residents to find activities that they find enjoyable, accessible and appropriate to their individual needs.

A review of studies of physical activity interventions in primary healthcare settings was recently published[22]. This showed that physical activity interventions delivered or prompted by health professionals appear effective at increasing participation. For some studies, the increase was modest, however even small increases in physical activity are clinically important. The reviewers concluded that such interventions should be considered for routine implementation to increase levels of physical activity

[21] **ISPAH (2020).** ISHPAH's eight investments that work for physical activity [accessed April 2025]

[22] **Kettle et al (2022)** BMJ 2022:376:e068465

and improve health outcomes in the population. The authors noted that patients needed multiple contacts with professionals to support an increase in activity levels. The authors also noted that many health professionals are reluctant to promote physical activity as they feel they lack specialist knowledge or skills and that some patients may be concerned about adverse health outcomes. Northumbria Healthcare NHS Foundation Trust is currently delivering Physical Activity Champion training to healthcare professionals in the Borough, and this approach has worked elsewhere in the region.

The Cochrane Library is a collection of databases that contain high quality, independent evidence to inform healthcare decision-making. There have been six relevant Cochrane Evidence Reviews (e.g. interventions, strategies and policies operating at the population level and in settings outside healthcare and not targeted at specific clinical conditions) published in the last 10 years. More detail is provided in Appendix 1. Overall, reviewers found that there is some evidence that the interventions studied either helped people to be more active or improved their health and well-being. However, the reviewers also questioned the quality of the evidence, which often made it difficult to draw strong conclusions. It is difficult to design a robust scientific experiment on this subject as there are a lot of confounding factors and lots of variables. More research is needed to establish which methods of exercise promotion work best in the long term to encourage specific groups of people to be more physically active.

The National Institute for Health and Care Excellence (NICE) produces evidence-based guidance, advice and clinical standards for healthcare professionals to aid decision-making. Appendix 1 contains more detail on relevant evidence-based products from NICE.

10. Views

No lived experience views or the wider views of residents were collected for the purpose of this JSNA topic. However, several workshops were held as part of sector-led improvement work on physical activity and these insights have informed section 8 of this document.

The most recent Sport England Active Lives Survey explored attitudes towards sport and exercise[23].

- 65.1% of respondents from North Tyneside agree or strongly agree that they find sport/exercise enjoyable and satisfying compared to 71.5% in England overall (e.g. **lower** in North Tyneside)

[23] **Sport England (2025).** Welcome to Active Lives Online: Query Builder [accessed April 2025]

- 81.0% of respondents from North Tyneside agree or strongly agree that they have the ability to be physically active comparted to 82.2% in England overall (e.g. **lower** in North Tyneside)
- 76.% of respondents from North Tyneside agree or strongly agree that they have the opportunity to be physically active compared to 78.7% in England overall (e.g. **lower** in North Tyneside)

This aligns with the data that shows that adults from North Tyneside are less likely to be meeting the CMO's physical activity guidelines than England overall.

In addition, 68.9% of respondents from North Tyneside agree or strongly agree that they see people like them in the places where they exercise. Also, 75.4% of respondents from North Tyneside agree or strongly agree that they feel safe in the public places or settings where they exercise.

Whilst the Sport England survey is considered robust, there may be some bias in terms of whether the North Tyneside respondents were more likely to be active than the population overall. Therefore, further work is required to understand the opinions of residents who are not currently active and the barriers to increasing activity levels.

11. Additional needs assessments required

This document should be read alongside several other JSNA chapters, including obesity and musculoskeletal conditions.

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APPENDIX 1: Summary of relevant Cochrane Evidence Reviews and NICE guidance/guidelines

Table 3: Summary of findings from relevant Cochrane Evidence Reviews from the last 10 years

Review	Summary of findings
Do programmes offered through sporting organisations promote healthy behaviour and improve people's health?[24]	• The risk of chronic diseases can be reduced by healthy behaviours • Sporting organisation programmes probably lead to people being slightly more active • Sporting organisation programmes may make little or no difference to the amount of time people are inactive • Review based on 20 studies (8,179 people), all from high income countries • The reviewers' confidence in the evidence ranged from moderate to very low
Do physical activity interventions in outside-school hours care services help increase children's overall daily physical activity?[25]	• Only 20% of children get enough physical activity to reduce the risk of infectious diseases and the time outside of school is a good opportunity for children to get more exercise to improve their health and wellbeing. Given the number of children that attend outside school hours childcare services, this setting may be a good way to increase overall daily activity • Physical activity programmes outside-school hours may marginally increase moderate to vigorous physical activity but may be too small to have a meaningful impact on children's overall daily activity levels • Review based on nine studies (4,458 children), all from high income countries • The reviewers found that the evidence remains limited, in terms of certainty and the magnitude of the effect
Do school-based physical activity interventions increase moderate to vigorous physical activity and improve physical fitness among children and adolescents?[26]	• Physical inactivity causes an estimated 5.3 million deaths worldwide. Physical activity patterns in childhood can lead to similar patterns in adulthood. • School based interventions may improve physical fitness but may have little to no impact on body mass index • Careful consideration is needed about the type of school-based activity programmes to be implemented, and future studies are needed to identify the best types of interventions in this setting • Review based on 89 studies (66,752 children and adolescents) • The reviewers have little to no confidence in the evidence as studies were done in different ways and people may have been aware which interventions they were getting, which could have affected the outcomes reported
What works for reducing sedentary behaviour in older adults living in the community?[27]	• Older adults spend about 90% of their time being sedentary and long periods of sedentary time has been linked with an increased risk of several long-term diseases, becoming frailer, developing disabilities etc. • Interventions to change sedentary behaviour in community-dwelling older adults may reduce sedentary time, but it is unclear whether interventions impact on physical or mental health outcomes • Review based on seven studies (397 older adults, majority female)

[24] **Hodder et al (2025).** Interventions implemented through sporting organisations for promoting healthy behaviour or improving health outcomes. Cochrane Database of Systematic Reviews 2025, Issue 1

[25] **Virgara et al (2021).** Interventions in outside-school hours childcare settings for promoting physical activity amongst schoolchildren aged 4 to 12 years. Cochrane Database of Systematic Reviews 2021, Issue 9

[26] **Neil-Sztramko et al (2021).** School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. Cochrane Database of Systematic Reviews 2021, Issue 9

[27] **Chastin et al (2021).** Interventions for reducing sedentary behaviour in community-dwelling older adults. Cochrane Database of Systematic Reviews 2021, Issue 6

	• The reviewers had low confidence in the findings and found there is not enough evidence to allow for any clear conclusions and it is uncertain whether these programmes improve physical/mental health in older people
Community-wide interventions for increasing physical activity?[28]	• Not having enough physical activity leads to poorer health and regular physical activity can reduce the risk of chronic disease and improve health and wellbeing • Some studies show that community-wide programmes improve physical activity levels, but some did not. Community-wide interventions are difficult to undertake. They usually fail to provide a measurable benefit for the population and many interventions failed to reach a significant proportion of the population. • Review based on 33 studies • The reviewers found that there was a lack of good studies which could show whether the approach was beneficial or not. Only four studies were of good quality, but none showed increased physical activity levels in the population
Physical activity and exercise or chronic pain in adults – an overview for Cochrane Reviews[29]	• Chronic pain causes many problems beyond the pain itself, including impacting on quality of life. In the past, people with chronic pain were told to rest however general advice now is to keep active • There was evidence that physical activity reduced the severity of pain, improved physical function and had a variable effect on psychological function and quality of life. Physical activity is unlikely to cause harm • Review based on 21 Cochrane Reviews which covered 10 diagnoses • The results were not found in all studies. The quality of evidence was low, mostly due to the small numbers who participated and inconsistencies

Table 4: Summary of relevant evidence-based NICE guidelines and guidance

NICE product	Summary of findings
PH13: Physical activity in the workplace[30]	• This guideline covers how to encourage employees to be physically active. The aim is to increase the working population's physical activity levels • The guideline makes four recommendations, each with additional actions, including on policy and planning, the components of a physical activity programme and supporting employees
PH17: Physical activity for children and young people[31]	• This guideline covers promoting physical activity for children and young people under 18 in home, pre-school, school and in the community. It includes raising awareness of the benefits of physical activity, listing to what children and young people want, planning and providing spaces and facilities and helping families build physical activity into their daily lives. • The guideline makes 15 recommendations, most with a number of actions. It includes delivering a national campaign, developing physical activity plans, multi-component school and community plans, active and sustainable travel school plans. It is aimed at a range of professionals and organisations including local authorities, the police, healthcare providers, VCS organisations and education providers
PH41: Physical activity: walking and cycling[32]	• This guideline covers encouraging people to increase the amount they walk or cycle for travel or recreational purposes. It aims to set out how people can be encouraged

[28] **Baker et al (2015)**. Community wide interventions for increasing physical activity. Cochrane Database of Systematic Reviews 2015, Issue 1.

[29] **Geneen et al (2017).** Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews. Cochrane Database of Systematic Reviews 2017, Issue 4.

[30] **NICE (2008)** (reviewed 2024). Physical activity in the workplace. Available online [accessed April 2025]

[31] **NICE (2009)** (reviewed 2018). PH17: Physical activity for children and young people. Available online [accessed April 2025]

[32] **NICE (2012)** (reviewed 2019). PH41: Physical activity: Walking and cycling. Available online [accessed April 2025]

	to increase the amount they walk or cycle. This will help meet public health and other goals (traffic, air pollution etc). • The guidance makes 10 recommendations, with several recommended actions for each. They cover policy and planning, local programmes, schools, workplaces and NHS. They are targeted at Directors of Public Health, local authorities, transport planners, head teachers and school governors, NHS commissioners and healthcare professionals. The recommendations do not cover environmental change (covered elsewhere) and national actions.
PH44: Physical activity: brief advice for adults in primary care[33]	• This guideline covers providing brief advice on physical activity in primary care. It aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level. • The guideline makes five recommendations in relation to identifying adults who are inactive, delivering and following up on brief advice, systems to support brief advice and providing information and training. • The recommendations are made in the context of other national and local strategies and interventions to increase/maintain physical activity in the population.
PH54: Physical activity: exercise referral schemes[34]	• This guideline covers exercise referral schemes for people aged 19 or older and aims to encourage people to be physically active • The guideline makes two recommendations. 1) Policy makers and commissioners should not fund exercise referral schemes for people who are sedentary, or inactive but otherwise apparently healthy and primary care practitioners should not refer people who are sedentary or inactive but otherwise apparently healthy to exercise referral schemes. 2)Policy makers and commissions should only fund exercise referral schemes for people who are sedentary or inactive and have other existing health conditions or other factors that put them at increased risk of ill health and the scheme meets the criteria set out (eight further requirements listed) • The committee made the evidence based on studies of people who are sedentary or inactive, had an existing health condition and/or other risk factors for disease. The evidence suggests that exercise referral schemes only have a marginal added effect relative to other ways of increasing physical activity (e.g. giving brief advice and signposting to local facilities/opportunities). However, the programmes studied vary considerably, which made it difficult to explore effectiveness and cost effectiveness. Exercise referral schemes are popular and offer other benefits e.g. reducing social isolation and providing affordable access to facilities.
NG90: Physical activity and the environment[35]	• This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels. It contains recommendations for local authorities, people responsible for open spaces, housing partnerships, transport planners and providers and others. • The guideline makes 24 recommendations, including those focusing on strategies, policies and plans to increase physical activity in the local environment, active travel, open spaces, buildings and schools. For example, community engagement approaches should be used to develop local strategies, plans and policies to encourage and enable people to be more active, with information from JSNAs, impact assessments, local cycling and walking implementation plans and best practice so that everyone's needs are met, including those with limited mobility. Local authorities and partners should ensure children, young people and their families can be physically active, for example when playing and travelling to school. Local authorities and partners should consider ways to enhance the accessibility, quality and appeal to users of open spaces to increase their use (with a focus particularly on communities

[33] **NICE 2013** (reviewed 2016). PH44: Physical activity: brief advice for adults in primary care. Available online [accessed April 2025]

[34] **NICE (2014)** (reviewed 2018). PH54. Physical activity: exercise referral schemes. Available online [accessed April 2025]

[35] **NICE (2018).** NG90: Physical activity and the environment. Available online [accessed April 2025]

	who nay not use currently them due to low mobility, low income, other cultural factors, fear of antisocial behaviour etc.). • All recommendations were based on NICE evidence reviews and expert testimonies
QS167: Promoting health and preventing premature mortality in Black, Asian and other minority ethnic groups	• This quality standard covers promoting health and preventing premature mortality in Black, Asian and other minority ethnic groups. It is relevant to all age groups and settings. People from Black, Asian and other minority ethnic groups are often underrepresented in health and wellbeing programmes and have a higher risk of developing some conditions, like type 2 diabetes • The document contains six quality standards. Most focus on general improvement health promotion and improvement programmes for people from Black, Asian and other minority ethnic groups, but some specifically focus on lifestyle change programmes which incorporate physical activity. Physical activity levels and attendance/progress at lifestyle change programmes among local people from Black, Asian and other minority groups are suggested as some of the metrics to monitor outcomes.
QS183: Physical activity: encouraging activity in the community[36]	• This quality standard covers how local strategy, policy and planning and improvements to the build or natural physical environment (open spaces, workplaces, schools etc.) can encourage and support people of all ages and abilities to be physically active and move more. • The document contains five quality statements that organisations are expected to meet. 1) Local authorities and healthcare commissioning groups have senior level physical activity champions who are responsible for developing and implementing local strategies, policies and plans. 2) local authorities prioritise pedestrians, cyclists and people who use public transport when developing and maintaining connected travel routes. 3) local authorities involve community members in designing and managing public open spaces. 4) Workplaces have physical activity programmes to encourage employees to move more and be physically active. 5) Schools and early years settings have active travel plans that are monitored and updated annually
NG247: Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years[37]	• The guideline includes recommendations on health eating, physical activity and weight management in pregnancy, and other areas. Physical activity is important for both pregnant women and their unborn babies • Healthcare professionals should discuss the importance of physical activity with anyone who is pregnant and how to safely continue with physical activity or gradually increase physical activity if they are not already active, and the importance of minimising sedentary time • The committee made the recommendation as evidence on physical activity interventions in pregnancy showed no impact on weight change but benefits in terms of other outcomes such as reducing the rate of gestational diabetes and babies being large for gestational age.

[36] **NICE (2019)** QS183: Physical activity: encouraging activity in the community. Available online [accessed April 2025]
[37] **NICE (2025)** NH247: Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years. Available online [accessed April 2025].