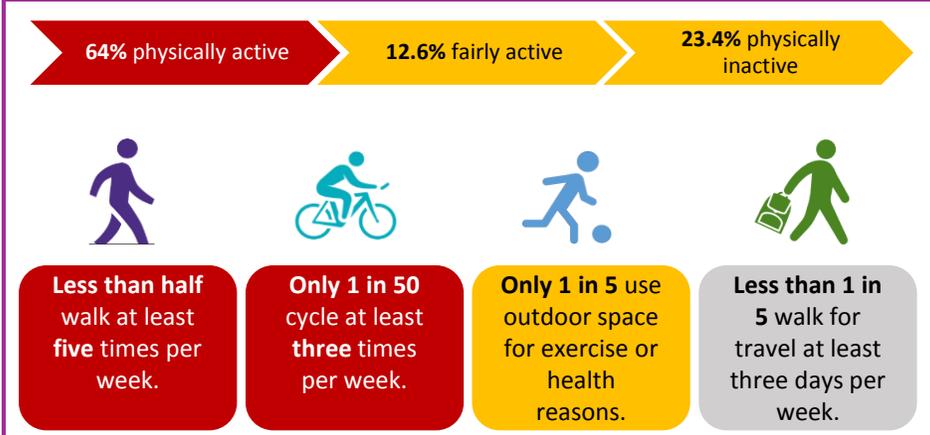
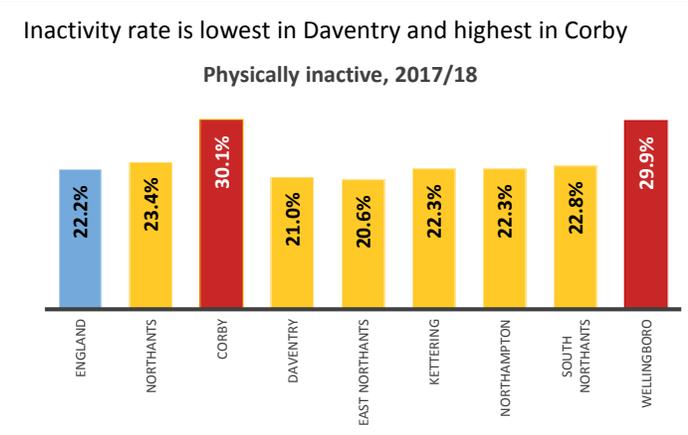


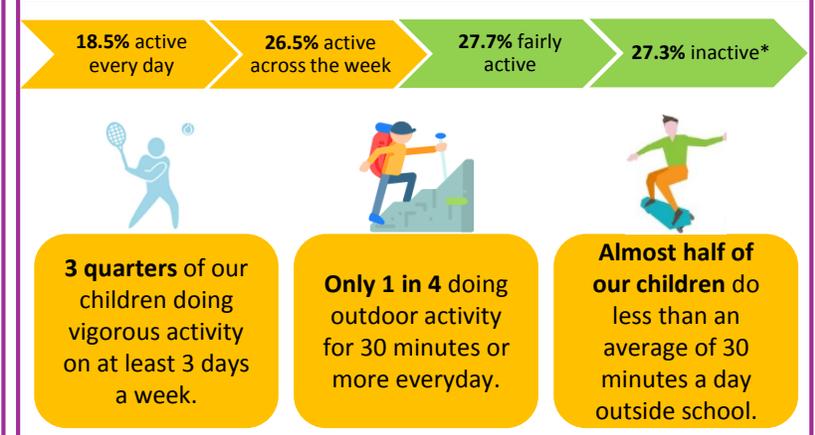
## Physical Activity in Northamptonshire



## Physical Activity: County Comparison



## Physical Activity in Children aged 5-16



## Health Burden

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

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

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

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

Physical activity in older adults provides both physical and mental health benefits and reduces the risk of falls and reduced muscle strength which is a leading risk factor for frailty..

**Overweight**  
67.9% of adults.  
34.2% of Year 6 children.  
22.0% Reception children.

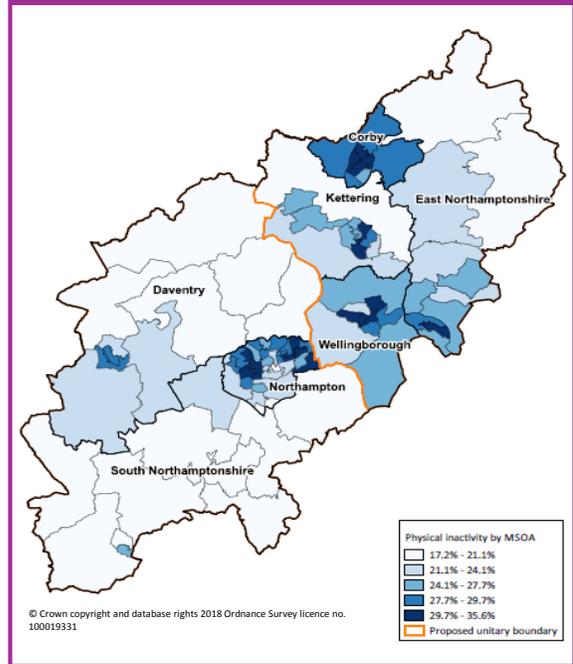
**Cardiovascular Diseases considered preventable**  
premature mortality rate **45.7** per 100,000, 2016-18.

**Cancer considered preventable**  
premature mortality rate 79.7 per 100,000, 2016-18.

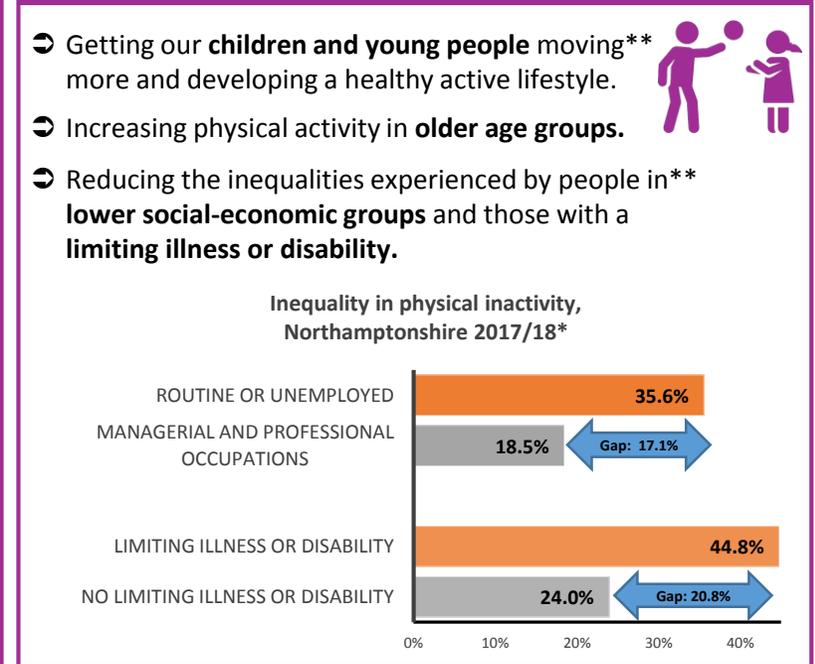
**Diabetes**  
prevalence rate (QOF) **6.7%**, 2017/18.

**Falls (65 years +)**  
**2,569** emergency hospital admissions per 100,000, 2017/18.

## Physical Inactivity by MSOA\*



## Challenge



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

## Our Priorities/Objectives

### Whole system approach

Work with partners across the system to remove barriers to access and increase uptake and opportunity.

### Achieved through

- Collaborative leadership across the system through local government, housing, health, workplaces and schools.
- Policy revision (eg: *Health in All Policies*).
- Improved planning and the built environment.
- Improving access to green and open spaces.

### Increase awareness, access and uptake

Increase public awareness of the *Chief Medical Officer (CMO) Guidelines* and, through targeted work, make physical activity more accessible to the least active and those who would benefit most.

### Achieved through

- Asset Based Community Development approaches in certain ‘hotspot’ areas.
- Promotions and Campaign.
- Utilising reach to target audiences.
- Social prescribing to new and existing opportunities.

### Insight led *Behaviour Change* approaches

A better understanding of our customers so we can engage them in the right activities at the right place at the right time.

### Achieved through

- A top class workforce that understands the customer and their motivations.
- *People like Me* approach to capacity building in communities.
- Customer insight and behavioural science.
- Social support and media reinforcement.
- A leading physical education and school sport system.

### Evidence based approach

Utilise local data, partner research and insight and experiential learning to redesign at scale and increase physical activity.

### Achieved through

- Joint Strategic Needs Assessment (JSNA).
- Return on Investment (ROI) tools.
- Active Lives data and Sport England Insight.
- Co-design and production of interventions with communities.
- Insight and reflective learning practices.

## Our Commitment / Enablers

**Reducing Inequalities:** Services which mitigate inequalities, increase access and overcome access by location, approach & policy.

**System Partnerships:** Engage and co-produce with partners and stakeholders, for example NHS, schools, prisons, workplaces and local government.

**Continued Investment in Prevention:** Targeting better access for specific populations at greatest need.

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

**Embed *Health in All* policies:** A common way of influencing the wider determinants of health creating places that promote good health governance and policies based on collaborations.

## Measures of Success

- Achieve the county target of 12,000 fewer inactive people by 2021.
- PHOF Indicator improvement.
- Contribution and link to Obesity ‘Measures of Success’.
- Reduced inequalities in priority target groups.
- Reduced frailty and fewer falls amongst vulnerable populations.