

**Get a  
move on**



Steps to increase  
physical activity  
levels in the UK



**Physical activity** is a key contributor to good physical and mental health, and has significant social and environmental benefits. However, doctors are concerned about the high number of people in the UK who are not doing enough physical activity, and the subsequent negative impact on individual and population health.

Providing the opportunity for everybody to be physically active is an important part of a [comprehensive approach](#) to improving the health of the population. Recent policy developments have recognised the contribution that physical activity can make to a range of health outcomes; the UK government's [prevention green paper](#), for example, promises cross-department action to increase the population's activity levels. The benefits of physical activity are also increasingly being recognised as part of social prescribing schemes across the UK. Yet analysis presented below suggests that physical activity is **not currently being prioritised in government policymaking**, particularly with regard to the lack of protection for physical activity in the school curriculum, low spending on active travel and budget cuts for open spaces and recreation facilities.

This briefing examines the **wide range of benefits of physical activity**, the current **low levels of physical activity** in the UK and the **significant inequalities that exist in levels of physical activity** within the population. Policy recommendations across four core parts of people's lives – **travel, leisure, school** and **work** – set out the steps government and policymakers should take to increase physical activity levels across the UK:

#### **Travel: increase the cross-departmental government budget for active travel to £20 per head**

- Cycling and walking is undervalued and underfunded in the UK
- Increased investment in active travel could help narrow socio-economic inequalities in physical activity levels, as those from lower socio-economic backgrounds are more likely to use active travel than those from more affluent backgrounds

#### **Leisure: provide local government with the resource to reverse budget cuts to open spaces and recreation facilities, with targeted additional investment in the most deprived local areas**

- Open spaces and recreation and sport budgets are being cut across the country
- Access to open spaces is not equal – the most deprived areas have the least green space
- People from a BAME background are most likely to use parks and open spaces

#### **School: physical education needs to be recognised and protected as an essential part of the school curriculum**

- Despite the many benefits of physical education in schools, it is not being protected or prioritised
- Some schools are resorting to selling off playing fields to raise revenue

#### **Work: the NHS should act as an 'anchor institution' to encourage and facilitate active travel and set an example for other employers**

- The NHS is often an anchor institution within the local community, and can use this role to exert significant positive influence
- NHS sites should encourage active travel to reduce journeys by vehicle and improve staff and visitor wellbeing

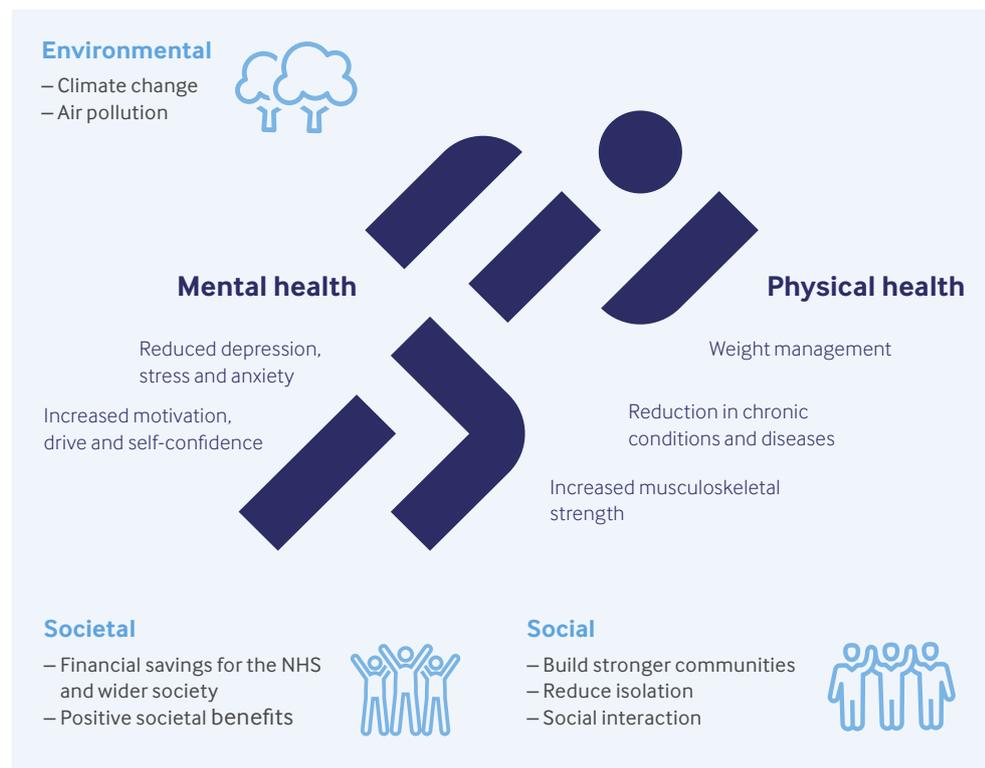
## Physical activity is associated with a wide range of health benefits

Being active can lead to a wide variety of physical and mental health benefits. In September 2019 the UK Chief Medical Officers set out guidelines 'for different age groups to cover the volume, duration, frequency and type of physical activity required across the life course'<sup>1</sup> to achieve these benefits.

These guidelines include recommendations for at least 150 minutes of moderate intensity activity per week, or 75 minutes of vigorous activity or a combination of both. For the first time, the guidelines also provide information on physical activity for:

- **Disabled adults:** physical activity provides the same benefits for disabled people as the rest of the population, such as improving fitness, making daily tasks easier and creating new opportunities to meet people. Any myths about physical activity being inherently harmful for disabled people should be dispelled.
- **Pregnant women:** specific benefits include reduction in hypertensive disorders, improved cardiorespiratory fitness, lower gestational weight gain, and reduction in risk of gestational diabetes.
- **Women after childbirth:** specific benefits include reduction in depression, improved emotional wellbeing, improved physical conditioning, and reduction in postpartum weight gain and a faster return to pre-pregnancy weight.

**Figure 1: The wide-ranging benefits of physical activity**



**Figure 2: The wide-ranging benefits of physical activity – detail****Meeting the recommended level of physical activity can:****Physical health**

- Prevent or manage over 20 chronic conditions and diseases, including cancer, stroke and type 2 diabetes.<sup>2</sup>
- Maintain a healthy\* weight and reduce or prevent obesity (although it is important to note that the relationship between physical activity and obesity is complex and physical activity alone cannot prevent obesity).<sup>3</sup>
- Maintain or improve musculoskeletal strength, supporting healthy ageing and reducing the chance of falls for older people.<sup>4</sup> For example, physical activity can reduce the likelihood of hip fractures by up to 68%.<sup>5</sup>

\*A body mass index between 18.5 and 24.9 is considered healthy.<sup>6</sup> Whilst exercise can be an important factor in maintaining a healthy weight, over-exercise can be damaging for health, and can lead to individuals being under a healthy weight.

**Mental health**

- Reduce the risk of, and manage, depression, stress and anxiety, and can increase motivation, drive and self-confidence.<sup>7</sup> People who are inactive have on average three times the rate of moderate to severe depression as active people.<sup>8</sup>

**Social**

- Provide opportunities for social interaction, build stronger communities and reduce isolation.<sup>9</sup>

**Environmental**

- Prevent climate change and air pollution when active travel is facilitated, by reducing the number of vehicles on the road.<sup>10</sup>

**Societal**

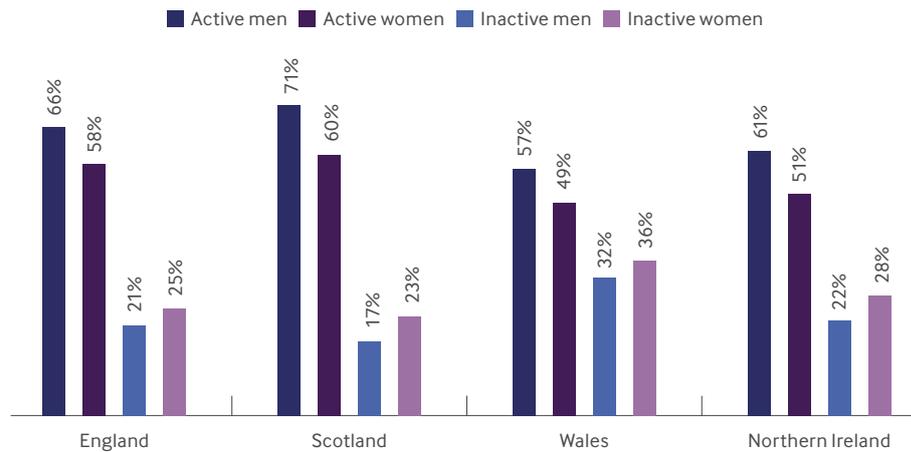
- Save the NHS and wider society money. The cost of physical inactivity to the UK is estimated to be £7.4 billion per year.<sup>11</sup>
- Provide positive societal benefits. For example, participation in sport has been associated with increased educational attainment and reduced crime rates.<sup>12,13</sup>

## Physical activity levels are low across the UK

Across the UK, activity levels are concerningly low. People in the UK are 20% less active than they were in the 1960s, and if this trend continues people will be 35% less active by 2030.<sup>14</sup> At same time, hospital admissions of people living with preventable long-term conditions are rising, and physical inactivity is one of the multiple lifestyle factors that are contributing to this rise.<sup>15</sup>

Currently men are more active than women, and women on average are more likely to be inactive than men (see Figure 3). There is also noticeable variation between the nations of the UK: 71% of men in Scotland meet activity guidelines compared to 57% of men in Wales, and 17% of women in Scotland are classed as inactive, compared to 36% of women in Wales.

**Figure 3: Levels of activity and inactivity across the UK, by gender**



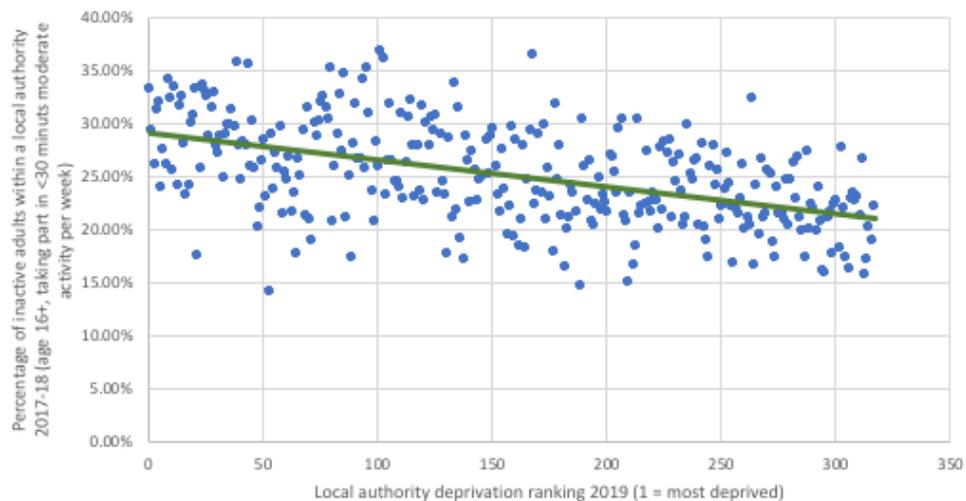
Data sources: NHS Digital Statistics on Obesity, Physical Activity and Diet;<sup>16</sup> The Scottish Health Survey;<sup>17</sup> National Survey for Wales 2017-18;<sup>18</sup> Health Survey Northern Ireland.<sup>19</sup>

## There are significant inequalities in levels of physical activity within the population

There are stark inequalities in the levels of physical activity that people undertake. As can be seen in Figure 3, across the UK women are less likely than men to reach recommended levels of physical activity, and are more likely than men to be considered inactive, due to a variety of social, cultural and environmental factors. Examples of this include prevailing gender norms around 'girls' and 'boys' activities, cultural acceptability of girls and women being physically active and participating in sports, and less investment in women's sport at the grassroots level.<sup>20</sup>

People living in more deprived areas are also less likely to be active, often for reasons such as the cost of activity, not having enough time, lack of nearby facilities or concerns over the safety of local public facilities such as parks.<sup>21,22</sup> As figure 4 shows, the most deprived local authorities in England have the highest levels of physical inactivity. In 2016/17, 34% of adults in the most deprived areas of England were classified as inactive, compared to the national average of 23%.<sup>23</sup> The same relationship is evident in Scotland, at both the national level,<sup>24</sup> and within smaller geographic areas. A study of Glasgow, for example, found that those in the most deprived areas of the city were less likely to meet physical activity guidelines than those in the least deprived.<sup>25</sup>

**Figure 4: The relationship between deprivation and physical inactivity.**



Data sources: Sport England Active Lives Survey data<sup>26</sup> and Index of Multiple Deprivation 2019<sup>27</sup>

Other inequalities in physical activity include:

- People with a disability or health condition are twice as likely to be inactive compared to people who do not have a disability<sup>28</sup>
- Compared to the average (23% in England), Asian (31%), Black (29%) and Other (30%) ethnic groups are more likely to be physically inactive<sup>29</sup>
- LGBT (Lesbian, Gay, Bisexual, Transgender, and other sexual and gender identities) people are less likely to be active than the general population, with detrimental consequences for health. A survey by Pride Sports found that 55% of LGBT men and 56% of LGBT women are not active enough to maintain good health, as compared to 33% and 45% of the general male and female population respectively. 64% of LGBT people who did not identify as male or female (eg as genderfluid or genderqueer) were not active enough to maintain good health. The report identified that significant barriers to participation in sport are faced by LGBT people, including homophobia, biphobia and transphobia<sup>30</sup>
- Inactivity increases steadily as people get older. The Active Lives 2017/18 survey found that at ages 16-24 15% of respondents were inactive, rising to 22% for those aged 45-54 and 47% for those aged 75-84.<sup>31</sup>

## Actions for government and policymakers to increase levels of physical activity across the UK

Despite numerous potential health, societal and economic benefits, physical activity is not being prioritised in the UK. As recognised by the latest quality standard from NICE (The National Institute for Health and Care Excellence), physical activity needs to be encouraged and facilitated across the community, including by local government, and in workplaces and schools.<sup>32</sup> However, the analysis below suggests that this is not the case. The following actions should be taken across four core parts of people's lives— **travel, leisure, school and work** – to increase the levels of physical activity across the country.

### Travel: increase the cross-departmental government budget for active travel to £20 per head

Active travel should be invested in by a range of government departments, including those responsible for transport, health, sport and communities, as well as through local government funding.<sup>33</sup> The promotion of cycling and walking can bring numerous and wide-ranging benefits. For the individual, it facilitates active transport as well as a physical leisure activity that can deliver multiple physical and mental health benefits. For society, it reduces the number of cars on the road and therefore lowers levels of greenhouse gas emissions and air pollution. This can be especially beneficial in areas with a typically high concentration of cars and people – such as outside school gates. Economic benefits can also be realised, such as higher retail spend when bike parking spaces are prioritised over car parking spaces.<sup>34</sup> A review of studies on the returns of active travel, undertaken by the Department of Health, found that £19 of economic benefits can be returned for every £1 invested.<sup>35</sup>

Increased investment in active travel can also help to narrow inequalities in physical activity levels. Although individuals from lower socio-economic backgrounds are less likely to participate in recommended levels of physical activity, they are more likely to use active travel. Investment in walking and cycling infrastructure therefore benefits this group the most, and is particularly important for those who may not have the means to use other modes of transport.<sup>36</sup>

Despite these benefits, cycling and walking is undervalued and underfunded in the UK. In 2013, the APPG (All Party Parliamentary Group) on Cycling recommended a cycling budget of £10 per person per year in England (it currently stands at around £6),<sup>37</sup> rising to £20 per person as cycling increases. By investing in new and redesigned infrastructure, improving vehicle safety and providing cycle training and education, the APPG's ambition is to increase the proportion of all journeys made by bike from less than 2% in 2011, to 25% by 2050.<sup>38</sup> Yet the government's 2017 Cycling and Walking Investment Strategy committed only £1.2 billion across government for both cycling and walking for the period between 2016-2021,<sup>39</sup> the equivalent of just £1.38 extra per head outside of London.<sup>40</sup> This sits in stark contrast to the £15 billion allocated to major roads and motorways in England's 2015-2020 Roads Investment Strategy.<sup>41</sup>

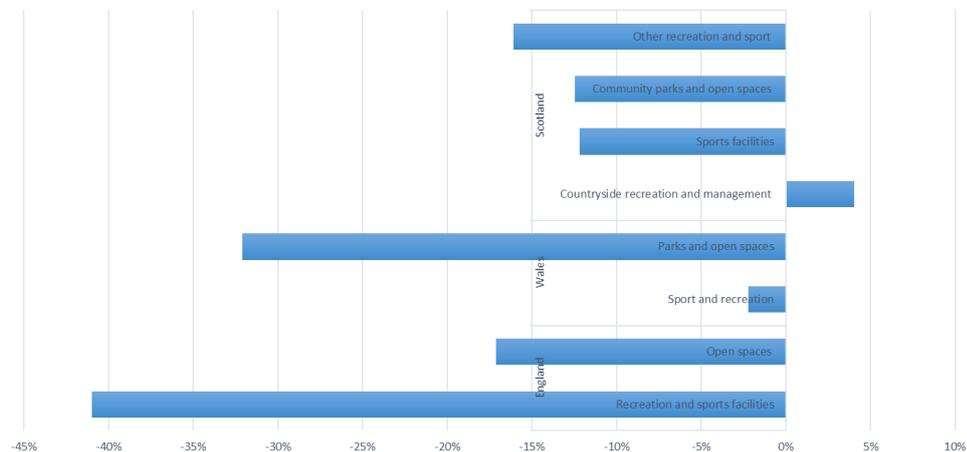
It is a level of investment that falls well short of that made by countries that have historically prioritised active travel, such as the Netherlands, where £24 per person per head is spent on cycling, and cycling accounts for 26% of all journeys.<sup>42</sup> A review by the Welsh Assembly's Economy, Infrastructure and Skills Committee of the first five years of the Active Travel (Wales) Act 2013 found that underfunding was partly responsible for a disappointing lack of cycling and walking uptake since the passing of the Act. Active travel charity Sustrans has estimated that Wales' spending on walking and cycling is currently around £3.30 per head, and the Committee therefore recommended a significant injection of funding amounting to £17-20 per head is required if long-term active travel goals are to be achieved.<sup>43</sup> Scotland's active travel budget is far higher than England's and Wales' – a commitment of £80 million investment in 2018-19 amounts to £14.75 per head.<sup>44</sup> Increasing investment in cycling infrastructure has public and political support in Northern Ireland,<sup>45</sup> but tight finances and a gridlocked political situation means that the cycling budget currently sits at around £4 per head.<sup>46</sup>

### Leisure: provide local government with the resources to reverse budget cuts to open spaces and recreation facilities, with targeted additional investment in the most deprived areas

Having access to open spaces is associated with a range of positive health and wellbeing outcomes, such as helping to reduce rates of obesity, reducing rates of long-term conditions such as cancer and heart disease, fostering a sense of identity and belonging, and improving air quality.<sup>47</sup> Open spaces are highly valued by communities and, being free to use, are accessible and can reduce income-related health inequalities.<sup>48</sup> However, investment in open spaces and recreation facilities has reduced in recent years across the UK, as shown in figure 5 below. There are also examples of open spaces being sold off by local government, either because they can no longer afford to maintain them, or because they need to raise revenue due to budget cuts. The GMB union found that more than 700 council football pitches have been lost across England, Scotland and Wales since 2010, with the union warning that the next generation's facilities are being removed.<sup>49</sup> Playgrounds are suffering a similar fate: between 2014 and 2016, 214 playgrounds were closed by local authorities in England, and in the period between 2016 and 2019 a further 234 were earmarked for closure.<sup>50</sup> Similar concerns have been expressed in Scotland and Wales.<sup>51,52</sup>

Access to open spaces is also not equal across the country: research conducted in 2017 found that the most affluent 20% of wards in England have five times the amount of green space than the most deprived 10% of wards.<sup>53</sup> Analysis by the charity Fields in Trust showed that those from lower socio-economic groups derived the most value from parks and green spaces, and survey data shows that members of BAME groups were twice as likely as those from white backgrounds to use parks and green spaces to play sports and meet friends.<sup>54</sup> This suggests that those from the lowest socio-economic groups and the BAME population will be most significantly impacted by funding cuts to open spaces budgets, and the selling-off of recreation land. Often the most deprived areas are also the most diverse,<sup>55</sup> so on top of a broader reversal of budget cuts, these areas should be specifically targeted with additional investment.

**Figure 5: Change in local authority spending on recreation and open spaces between 2014/15 and 2017/18.**



Data sources: Scottish Government Revenue Expenditure and Financing: Provisional Outturn and Budget Estimates;<sup>56</sup> StatsWales Capital outturn expenditure;<sup>57</sup> MHCLG Local authority revenue expenditure and financing.<sup>58</sup> Comparable figures for Northern Ireland not available.

### School: physical education needs to be recognised and protected as an essential part of the school curriculum

As well as numerous benefits to physical and mental health, research shows that physical education in schools can increase academic achievement<sup>59</sup> and can improve personal qualities such as resilience.<sup>60</sup> Physical education can also help to cross socio-economic divides early in life, by ensuring a consistent level of physical activity between all children, regardless of their socio-economic position.<sup>61</sup> However, across the UK a worryingly low number of children are currently achieving the Chief Medical Officers' recommendation of 60 minutes of physical activity per day, outside of in-school activities. Although data is recorded in slightly different ways across the nations, and there are concerns over the validity of self-reported data in comparison to objectively measured results, only 33% of children in Scotland achieve the guidelines,<sup>62</sup> with that number dropping to 22% in England,<sup>63</sup> 18% in Wales<sup>64</sup> and just 13% in Northern Ireland.<sup>65</sup>

These figures demonstrate the importance of physical education taking place in schools, a point emphasised in Chapter Two of the government's Childhood Obesity Plan.<sup>66</sup> Yet there is clear evidence that physical education is being de-prioritised in schools across the country. Research published in 2018 from the Youth Sports Trust has found that 38% of English secondary schools have cut timetabled physical education for 14-16 year olds since 2012, and that 24% of schools had done so in the previous academic year.<sup>67</sup> In Wales, concern has been raised that physical education will disappear from the school timetable, with the draft 2022 school curriculum not mandating a set amount of time for physical activity during the school week.<sup>68</sup> With just 40% of schools meeting the 120 minute guidance, the Welsh Assembly's Health, Social Care and Sport Committee recommended that the Welsh government make 120 minutes of physical education per week a minimum statutory requirement for schools, rather than just guidance.<sup>69</sup> In Northern Ireland, physical education is a compulsory part of the curriculum, however it is up to individual schools to decide how much time they devote to it.<sup>70</sup>

The Department for Education's *Healthy schools rating scheme*, originally conceived as a programme to ensure progress in the provision of healthy food, physical activity and active travel in schools through external monitoring was instead released in 2019 as a watered-down, voluntary self-assessment exercise, and only applicable to schools which were already signed up to Sport England's Active Lives for Children and Young People survey. This means it will only apply to around 110,000 of the 8 million state-educated children in primary and secondary schools in England.<sup>71,72</sup>

Alongside this, research from the GMB union has revealed that over 200 school playing fields in England have been sold off since 2010, on top of the hundreds that were sold off in the decade prior to that. The union has warned that the sell-offs, driven largely by funding cuts to schools who can either no longer afford to maintain the land, or need to raise revenue from the sale of the land, will have serious health consequences for future generations.<sup>73</sup> In 2017 Scottish Labour published figures highlighting that 1,040 schools in Scotland did not have any outdoor sports facilities.<sup>74</sup> In 2018, proposals that may have facilitated the sale of parts of school playing fields in Scotland were dropped.<sup>75</sup>

There are innovative examples of schools working to increase children's physical activity levels outside of the formal physical education curriculum – most notably The Daily Mile, an initiative that encourages children to run or walk for 15 minutes every day. Now adopted by over 7,000 schools across the UK, it is accessible and adaptable, providing opportunities for activity outside of formal sport. Early research has shown significant physical benefits as well as notable benefits to wellbeing.<sup>76,77,78</sup>

The uptake and the success of innovations such as The Daily Mile are encouraging. However, it should not be up to individual schools partaking in voluntary programmes to try and reverse the decline in physical activity. It is imperative that physical education is re-prioritised in schools and recognised and protected as an essential part of the curriculum.

### **Work: the NHS should act as an ‘anchor institution’ to encourage and facilitate active travel and set an example for other employers**

Workplaces can play an important part in the health of the population. By encouraging and facilitating active travel, enabling the avoidance of sedentary lifestyles and reducing the number of vehicles on the road, there are health benefits to be realised by employees and wider society.<sup>79</sup> Employers also gain, as workforces with better physical and mental health have less sickness absences and reduced staff turnover.<sup>80</sup>

As well as investing in active travel in existing sites, the BMA has previously called for all newly designed and commissioned NHS sites to place an emphasis on accessibility by walking, cycling and public transport.<sup>81</sup> The NHS Long Term Plan stated a commitment to promote the wellbeing of NHS staff.<sup>82</sup> Investment in active travel should be a part of this.

The NHS should set the example for employers across the country by encouraging and facilitating active travel. The NHS is the UK’s largest employer, with 1.6 million employees, and NHS sites can often be the largest single employer in a local area.<sup>83</sup> The NHS also accounts for approximately 5% of all road traffic in England.<sup>84</sup> As a result, it can act as an ‘anchor institution’, an organisation rooted in the local community, unlikely to move, and which has a significant impact on the health and wellbeing of their local community.<sup>85</sup> The NHS Sustainable Development Unit has recognised the potential for the individual and public health gains to be made through NHS sites adopting active travel plans, recommending the encouragement of more sustainable forms of transport such as walking and cycling, and facilitating this through infrastructure such as lockers, showers and bike storage facilities, and improving the safety and accessibility of cycling and walking routes on and around sites.

Case studies exemplify the gains that individual trusts can make: investment in facilities including cycle parking spaces and cycle hubs with lockers and showers by Central Manchester University NHS Foundation Trust in England contributed to a 16% increase in active travel commutes, with a resultant decrease in single occupancy car journeys.<sup>86</sup> Similarly, consultation by West Hertfordshire Hospitals NHS Trust found that lack of secure storage and shower facilities were the main barriers to staff, visitors and patients cycling to hospital sites, and so invested in these facilities to encourage active travel.<sup>87</sup> In Scotland, all of NHS Ayrshire and Arran’s hospitals have been awarded ‘Cycle Friendly Employer’ status as a result of their commitment to improve cycling rates.<sup>88</sup>

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