

Physical Activity Needs Assessment

Birmingham Public Health
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Foreword

Being active every day should be easy, fun, efficient and just the normal way of being in Birmingham. Yet too often the environment around us, social and physical, makes it easier to be sedentary and inactive and this is a major factor behind the shorter life expectancy of our citizens caused by diseases that can be prevented or reduced through physical activity. The reality is that moderate physical activity every day can reduce the risk of over 40 different clinical conditions including dementia, type two diabetes, heart disease and many forms of cancer and it also improves mental wellbeing. If you are living with a long-term health condition, being physically active can improve symptoms like fatigue and pain, can reduce complications and can help manage the stress and anxiety associated with ill health. At every age and every ability getting active every day can make a difference, even at the end of life. But being active isn't just good for health, there is a wide range of evidence showing positive impacts including improving educational attainment, reducing loneliness, boosting economic and environmental sustainability for local communities.

There are many different ways to get active, the majority of us will achieve a healthy level of moderate physical activity through everyday utility-based activity, the short walk to the shops, commuting to work on public transport or cycling with the kids to school, and top up with fun recreational activities like sport, dance and play. This is why it is so important that this strategy is an umbrella for the broad range of activities through which we can all get active every day, the type of activity will be different for different individuals and may change as we age, and our commitments and social networks change. Becoming an active city is one of the key steps to giving every citizen the opportunity to live a healthier, happier life, and making the changes to bring this strategy to life will require all of us to play our part to create a more active future.



A handwritten signature in black ink, appearing to read 'J Varney', written over a light-colored background.

Director of Public Health
Dr Justin Varney

Executive Summary

This Physical Activity Needs Assessment (PANA) forms part of a rapid review to understand the needs of all citizens living in Birmingham in relation to physical activity. It has been developed to provide an evidence base to inform the development of a coordinated and integrated strategy and delivery plans to address the physical activity needs within Birmingham.

The needs assessment takes a life course approach and seeks to understand the levels of physical activity and inactivity in children, young people, adults, and older people living in Birmingham. The needs assessment draws on multiple sources of evidence and data including national and local policies and strategies, research literature, national and local data sources and qualitative evidence gathered from stakeholders and residents.

In Birmingham inequalities in physical activity are linked to:

- Age – you are more likely to be inactive if you are a younger (under 16) or older person (over 55) living in the city
- Deprivation – physical inactivity is strongly linked to deprivation across the life course in Birmingham
- Gender – women and girls are more likely to be inactive than men and boys.
- Ethnicity – Some ethnic minorities in Birmingham have lower rates of physical activity participation
- COVID – the pandemic had a significant impact on participation in physical activity across the life course both locally and nationally.

Children and Young People

- 2 in 5 children and young people (38%) aged 5-16 years in Birmingham are less active (completing less than 30 minutes of activity a day), compared to the national rate of 30%. Within the less active group, one fifth are taking part in no physical activity at all.
- More children living in the most deprived decile are classified as being less active (37%) than those from the least deprived decile (28%).
- The pandemic had a significant impact on levels of inactivity in children and young people living in the city. This is especially apparent in boys.
- More girls are classified as less active (33%) than boys (42%). Only 1 in 3 girls are meeting the recommended levels of activity each day.

Adults

- 1 in 2 (55%) people living in Birmingham are meeting the recommended levels of physical activity (an average of 150+ minutes a week), compared to 63% nationally. However, 33% of the Birmingham population are classified as inactive (completing less than 30 minutes of physical activity per week), and 1 in 4 (25%) are totally inactive (completing no physical activity at all).
- Analysis of levels of activity by IMD shows a clear correlation between deprivation and inactivity. The proportion of adults living in the most deprived decile who are inactive is double (38%) those living in the least deprived (19%).

Introduction

Physical activity plays an important role in our lives and society. However, not enough of us are meeting the recommended levels of physical activity each day. Physical inactivity is one of the top ten causes of disability and disease in England and is attributed to 6% of deaths globally. In the UK, inactivity causes 1 in 6 deaths and costs an estimated £7.4 billion a year.

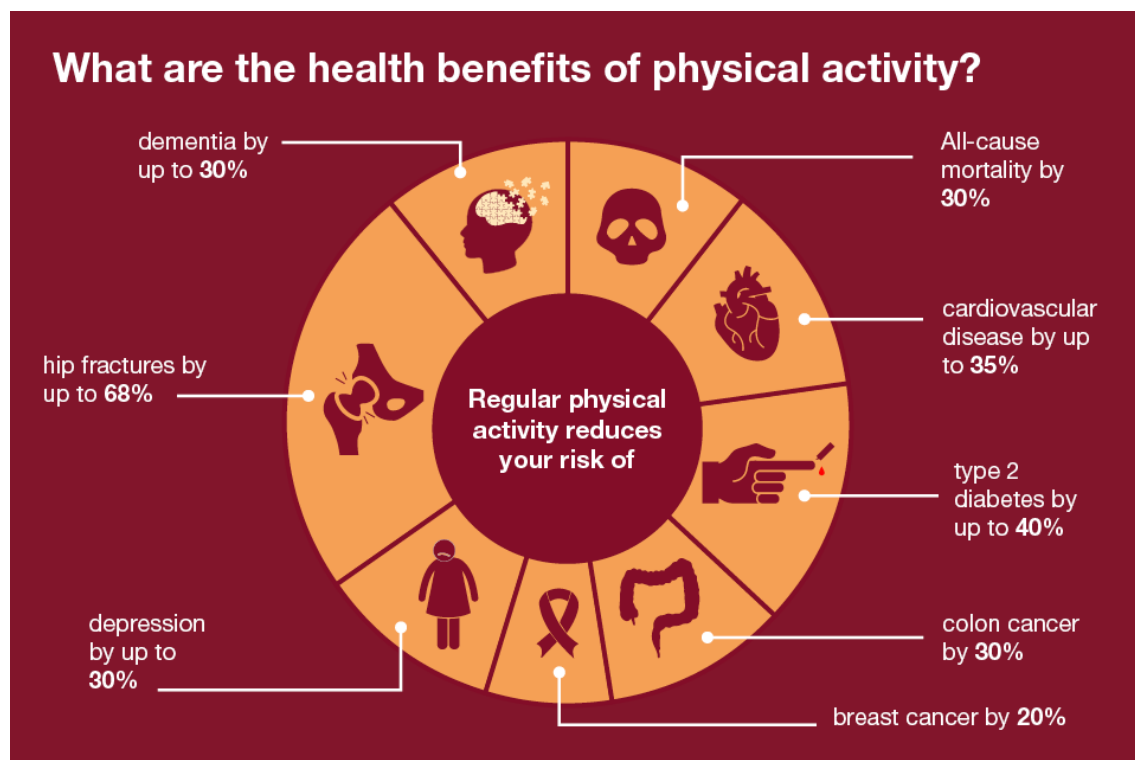
This Physical Activity Needs Assessment (PANA) forms part of a rapid review, providing a snapshot of physical activity levels in Birmingham to understand the needs of all citizens living in the city. It has been developed to provide an evidence base to inform the development of a coordinated and integrated strategy and delivery plans to address the physical activity needs within Birmingham.

The needs assessment takes a life course approach and seeks to understand the levels of physical activity and inactivity in children, young people, adults, and older people living in Birmingham. The needs assessment draws on multiple sources of evidence and data including national and local policies and strategies, scientific literature, national and local data sources and qualitative evidence gathered from stakeholders and residents.

Background

Physical inactivity is one of the leading risk factors for the development of diseases such as cancer, heart disease, stroke and diabetes. It is thought to increase the risk of these conditions by 20–30%. The World Health Organisation estimates that four to five million deaths per year could be averted if the global population was more active.

Figure 1: Diagram show the health benefits of physical activity



The UK analysis of the Global Burden of Disease, Injuries and Risk Factors Study found physical inactivity and low physical activity to be the fourth most important risk factor in the UK for premature death from any cause. In the UK, it causes one in ten premature deaths from coronary heart disease and one in six deaths overall.¹

Nationally it is estimated that 1 in 3 adults, 1 in 2 children and young people are not doing enough physical activity. There are several inequalities that exist with women and girls, older adults and people living with disabilities less likely to be active leading to them missing out on the wide-ranging benefits that physical activity brings and having a negative impact on their health.

In addition, physical inactivity brings wider issues for society. It has a significant financial burden on the NHS and leads to loss of productivity for the country. There is an estimated UK annual cost of £7.4 billion attributed to physical inactivity, with an estimated direct cost to the NHS of between £0.9 and £1.2 billion¹

Definitions

Physical Activity refers to all movement. Popular ways to be active include walking, cycling, wheeling, sports, active recreation, dancing, and play, and can be done at any level of skill and for enjoyment by everybody.

Moderate and Vigorous Activity can be differentiated by the 'talk test': being able to talk but not sing indicates moderate intensity activity, while having difficulty talking without pausing is a sign of vigorous activity.

Muscle and Bone Strength and Balance underpin physical function, particularly in later life. It is important to work all major muscle groups during muscle strengthening activities. Bone strengthening involves moderate and high impact activities to stimulate bone growth and repair. Balance training involves a combination of movements that challenge balance and reduce the likelihood of falling.

Sedentary Behaviour refers to individual behaviours in which energy expenditure is very low with sitting and lying being the dominant mode of posture.

Purpose

The purpose of the PANA is to:

- Determine the scale of physical activity and inactivity in Birmingham
- Gather local intelligence relating to physical activity needs and to the current provision for physical activity
- Identify inequalities and improve outcomes by supporting a targeted approach
- Identify and prioritise the most effective support for those in the greatest need to inform planning and delivery
- Inform the development of the physical activity strategy and delivery plans.

Approach

The figure 2 below sets out the process that has been undertaken to bring together the PANA. This process ensures:

- there is an evidence base provided for the development of local strategies and plans
- the evidence base has been informed by the most up to date data, intelligence, evidence and insight in relation to physical activity^{1,2}.

Figure 2: Process steps taken to carry out the Physical Activity Needs Assessment



Review of existing evidence, policies and guidance

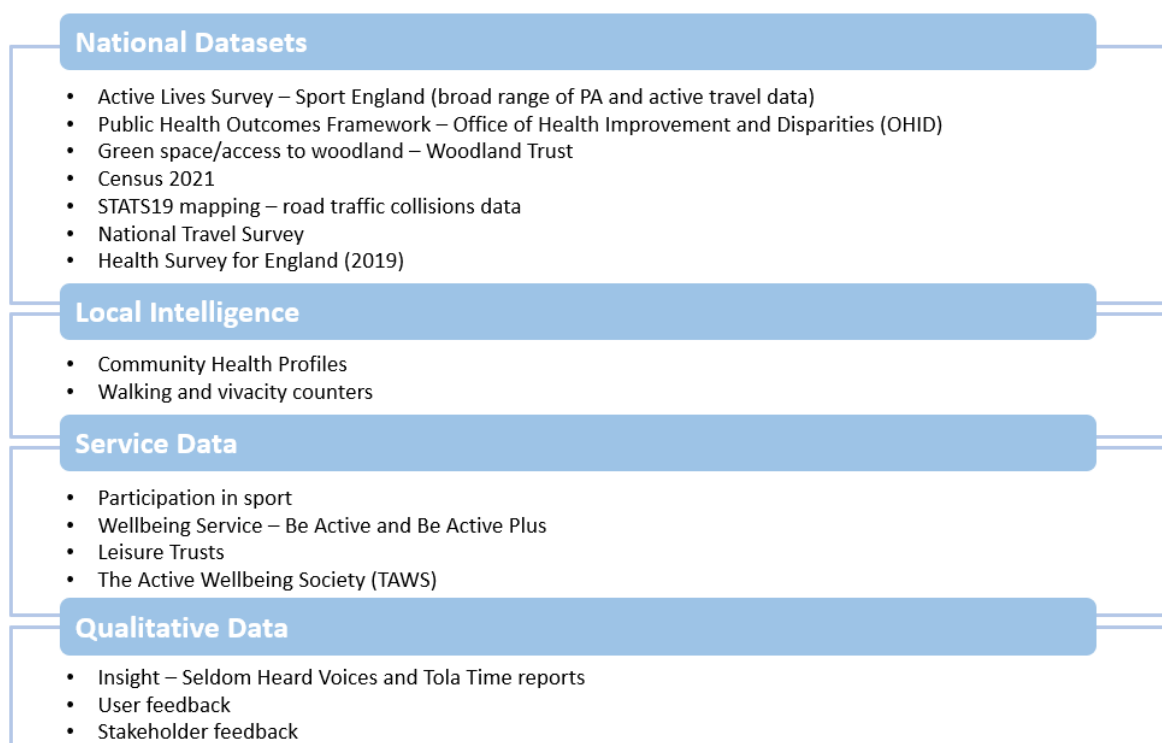
The following evidence, national and local strategies, policies, and guidance have been reviewed to provide an understanding in relation to the current evidence base and best practice.

- Physical activity evidence review
- Global and national policies
 - Global Action Plan on Physical Activity 2018-2030 More active people for a Healthier World
 - Everybody Active, Every Day - An evidence-based approach to physical activity (Public Health England)
- Regional and local strategies and assessments
 - Creating a Bolder Healthier Birmingham 2022-2030
 - Joint Strategic Needs Assessment
 - Birmingham Sports Strategy and Transport Strategy
 - Commonwealth Games Legacy Plan
- Guidance
 - UK Chief Medical Officers' Physical Activity Guidelines
 - NICE Guidance e.g., NG90 Physical Activity and the Environment, PH84 Quality Standard: Physical activity; encouraging activity in all people in contact with the NHS

Analysis of existing datasets

As part of the data analysis a range of data and evidence has been considered. Figure 2 outlines the data and evidence sources that have been drawn upon.

Figure 3: Data sources reviewed for the Physical Activity Needs Assessment



The data has been analysed to provide the physical activity profile by:

- *Life course*: Children and young people; Working Age Adults; Older People
- *Geography and overall demographics*
- *Key health needs related to physical activity*

Where appropriate comparisons have been made with England, West Midland region and Nearest Neighbours to provide benchmarking information

Evidence Base

Physical activity evidence reviewⁱ

In July 2022, the UK Health Security Agency (UKHSA) worked with the Public Health Team to complete a search across three databases for the following questions:

- Which interventions show highest levels of physical activity increases?
- Which interventions work best for certain demographic groups?

A review of the results identified three major intervention types. These were exercise referral schemes (ERS), digital interventions, and place-based interventions. With these themes identified, further searches were completed to identify recent papers and relevant guidelines on these three topics. The findings from the review are summarised below.

Place-based interventions

Place-based initiatives can be described as “any intervention, policy, programme or action that aims to improve health and reduce health inequalities and is delivered at a local or regional level, excluding interventions at a national level”.

Place-based approaches enable resources to be targeted towards the most disadvantaged areas and communities, supporting people to make healthier choices and have better health outcomes. Whilst place-based interventions have the potential to increase levels of PA in the population, evidence of effectiveness is limited, and systematic reviews present mixed results with mostly positive, albeit small increases in PA.

Place-based interventions fall into three overlapping categories:

- Improving the physical built environment
- Improving the social environment
- Improving the economic environment

Key findings include:

- Environmental factors act as both enablers and barriers to PA in all age groups.
- Modifying the built environment can contribute to increased levels of PA for all ages.
- Interventions to promote walking and cycling as active transport deliver positive results on PA outcomes.
- Closer proximity to the intervention is associated with better outcomes.
- Transport links impact levels of activity – providing opportunities for active travel helps people incorporate PA into everyday life.
- Park-based interventions increase park use and subsequent PA behaviours and are most effective when promotion and marketing is implemented alongside physical change.
- Engaging with communities to tailor interventions increases positive effects.
- Green space interventions can integrate with social prescribing and ERS.
- Environmental approaches generate a wide range of co-benefits, improving many aspects of environment and health.
- Multiple systems need to be addressed together to improve levels of PA.

ⁱ See Appendix 1

Exercise Referral Schemes (ERS)

ERS are well-established and popular health interventions which aim to encourage sedentary individuals to increase their PA by providing supervised exercise over a set period, typically 10-12 weeks alongside behaviour change techniques. Participants receive specialist advice and support alongside personalised, supervised exercise. Referral route is via GPs or other health professionals following brief advice in primary care.

Key findings include:

- ERS can be effective in the short term, but data on long-term effects is limited.
- ERS can positively influence a range of physical health outcomes as well as mental wellbeing and perceptions of health.
- Interventions should be person-centred and offer a choice of activities – participants are more likely to commit to an individually tailored programme.
- Adherence is often poor - social support, group activities, and involvement of PA specialists may aid adherence.
- Multicomponent interventions, early consideration of barriers to PA, and lower expectations of change are also associated with increased adherence.
- NICE guidelines recommend exercise referral for sedentary or inactive people who have a health condition or other health risk factors.
- Public Health Scotland recently published guidance to enhance service quality and build the evidence base. To be used in support of NICE guidelines, the six standards inform design, delivery, and commissioning of PA referral services:
 - Partnership working
 - Local delivery models
 - Learning and workforce development
 - Data systems
 - Monitoring and evaluation
 - Sharing learning and good practice

Digital interventions

Digital interventions (also referred to as technology-enhanced interventions; e-health; mHealth) are increasingly used as behaviour change interventions to promote PA. Technologies include websites, wearables and mobile applications. Digital approaches can deliver bespoke interventions using nudge techniques and have the capacity to engage otherwise hard to reach populations. However, evidence suggests they are strongest as part of a wider intervention rather than standalone intervention.

Key findings include:

- Multiple reviews suggest digital interventions can be effective to reduce sedentary behaviour and increase physical activity.
- Digital interventions are as effective as conventional methods for PA promotion and can be used in all age groups.
- NICE recommend they could be considered as optional adjunct to existing services although their effectiveness can be variable. Effectiveness is enhanced when combined with other delivery methods, such as face-to-face contact.
- Interventions may not be equivalently effective for people of high and low socioeconomic status, with no evidence of efficacy in low socioeconomic groups – further research is required to meet the needs of these populations.

- High attrition is common in studies, and likely to be even higher in real life settings, strategies are required sustain usage.
- For evaluation, the objective measures utilised by digital interventions can capture effects more accurately than self-reporting.

Which interventions work best for demographic groups?

There is a general lack of evidence with regards to targeted interventions, for the purpose of reducing health inequalities. Further review is required, particularly post-Covid as for some of these groups, access to physical activity clubs and organisations was severely impacted by the pandemic and has not recovered to pre-pandemic levels. In a study to understand inequalities across and within protected characteristic groups, Public Health England identified three major themes to consider³. The themes are as follows:

1. Enablers, barriers and identifying opportunity
2. Community consultation, engagement, and partnership
3. Holistic approach for protected characteristics and intersectionality

PHE recommended the following be considered when designing services or creating opportunities to increase physical activity in protected characteristic groups:

- Appropriate engagement
- Knowledge of the local community
- Meaningful consultation
- Community role models
- Flexible client-centred approach
- Providing a diverse choice
- A holistic approach
- Measuring impact
- Partnership working

Global and National Policy, Strategy and Guidance

[Global Action Plan on Physical Activity 2018-2030 More active people for a Healthier World](#) - The World Health Organisation Global Action Plan on Physical Activity contains 4 strategic objectives and 20 policy actions that are universally applicable across countries to improve physical activity uptake ⁴.

The plan recognises that each country is at a different starting point in their efforts to reduce levels of physical inactivity and sedentary behaviour and responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels ⁴. It also responds to requests for global leadership and stronger regional and national coordination, and the need for a whole-of society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course ⁴. The action plan was developed through a worldwide consultation process involving governments and key stakeholders across multiple sectors including health, sports, transport, urban design, civil society, academia and the private sector ⁴⁵.

The four strategic objectives provide a universally applicable framework for the 20 multidimensional policy actions, each identified as an important and effective component of a population-based response to increasing physical activity and reducing sedentary behaviour. In combination, they capture the whole-of-system approach required to create a society that intrinsically values and prioritises policy investments in physical activity as a regular part of everyday life.

1. Active societies - Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.
2. Active environments - Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.
3. Active people - Create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.
4. Active systems - Create and strengthen leadership, governance, multisectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilisation and implementation of coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour.

[Everybody Active, Every Day: A Framework for Physical Activity](#)

Everybody Active, Every Day (EAED) is a national evidence-based approach to physical activity developed by Public Health England. The framework aims to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective, and 'normal' choice in every community in England ⁵. It aims to improve physical and mental health as well as reduce health inequalities by increasing physical activity levels across the population ⁵. Published in October 2014, the EAED framework called for action across four specific domains of:

1. Active society - creating a social movement.
2. Moving professionals - activating networks of expertise.
3. Active environments - creating the right spaces.
4. Moving at scale - interventions that make us active.

A two-year update was released in 2017, *Everybody active everyday: two years on*¹, which highlights the progress made against each of the four domains.

Guidelines for Physical Activity

Physical activity guidelines: UK Chief Medical Officers' report

The Chief Medical Officers in the UK have developed guidelines on the frequency, intensity and type of physical activity people should be doing to improve their health⁶. The document aims to help health professionals, policymakers and others working to promote physical activity, sport, and exercise for health benefits⁶. The guidelines are split into age groups from infants (less than 1 year) through to older adults (aged 65 and above).

Figure 4: Chief Medical Officer Physical Activity Guidelines for Children

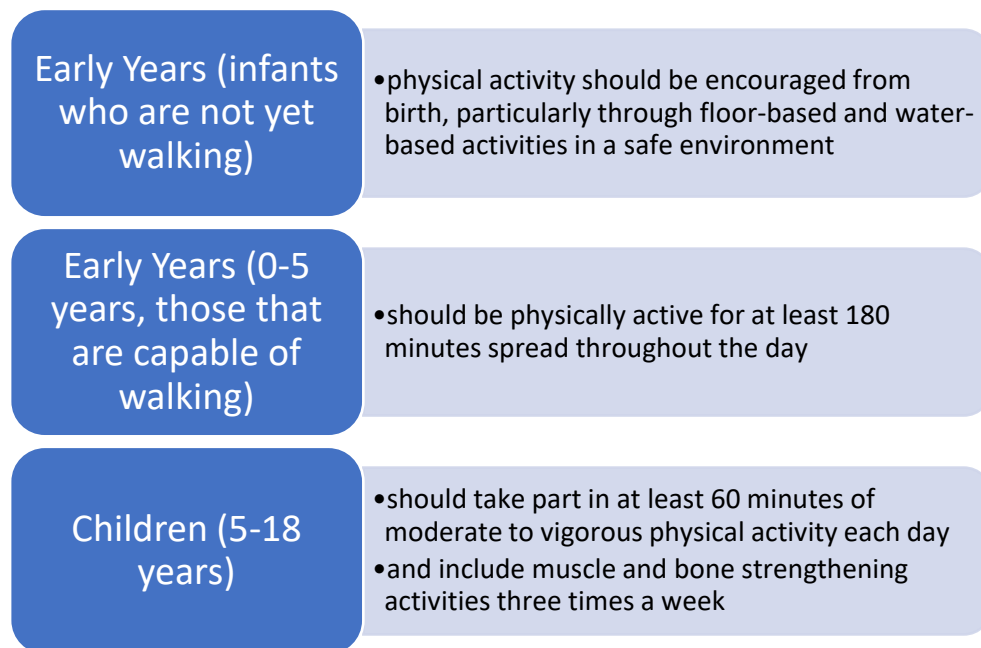
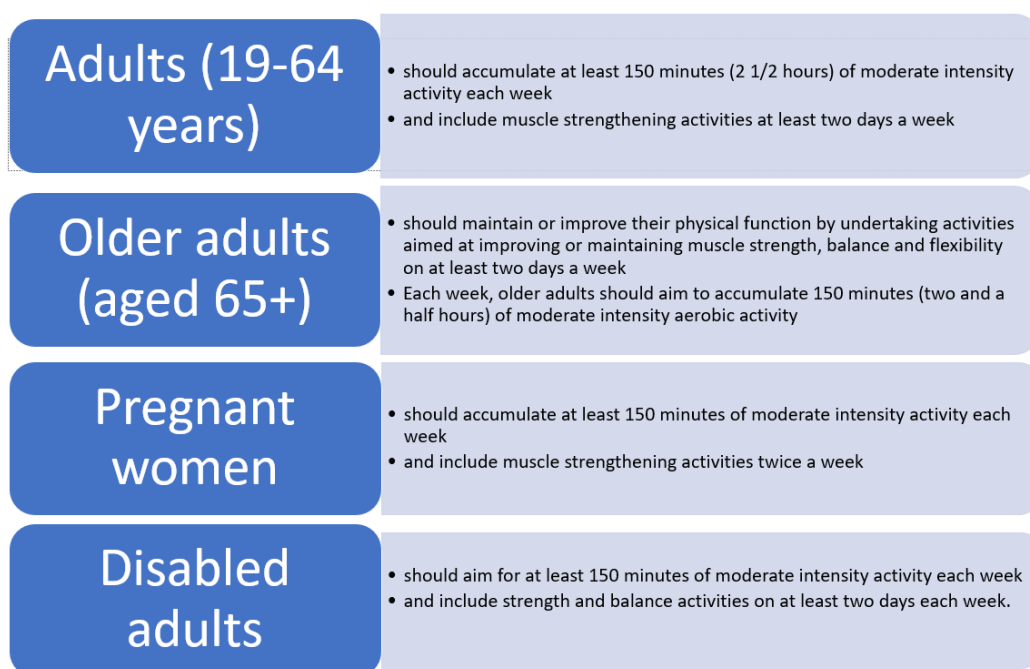


Figure 5: Chief Medical Officer Physical Activity Guidelines for Adults



In addition to the above guidelines the CMO guidelines recommend minimising sedentary behaviour.

NICE Guidelines

NICE have published several evidence-based documents relating to physical activity which have been developed by independent committees, including professionals and lay members, and consulted on by stakeholders and provide recommendations to guide decisions at a local level across a wide range of stakeholders.

Figure 6: Physical Activity NICE Guidelines

Nice Guideline Title	Nice Guideline Description
Promoting physical activity in the workplace (see footnote on page 17 for more details)	covers how to encourage employees to be physically active. The aim is to increase the working population’s physical activity levels
Promoting physical activity for children and young people (see footnote on page 17 for more details)	covers promoting physical activity for children and young people aged under 18 at home, preschool, school and in the community. It includes raising awareness of the benefits of physical activity, listening to what children and young people want, planning and providing spaces and facilities, and helping families build physical activity into their daily lives.
Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation (see footnote at page 19) ⁱⁱ	covers how to encourage people to increase the amount they walk or cycle for travel or recreation purposes.
Physical activity: brief advice for adults in primary care (see more details on footnote on page 19)	covers providing brief advice on physical activity to adults in primary care. It aims to improve health and wellbeing by raising

ⁱⁱ [Promoting physical activity in the workplace](#) ⁱⁱⁱ [Promoting physical activity for children and young people](#)

	awareness of the importance of physical activity and encouraging people to increase or maintain their activity level.
Exercise referral schemes to promote physical activity (see more details on footnote on page 19)	covers exercise referral schemes for people aged 19 and older, particular, in those who are inactive or sedentary. Quality Standard; Physical Activity: encouraging activity in all people in contact with the NHS PH84 (2015)
Physical activity and the environment (see more details on footnote on page 20)	covers how to improve the physical environment to encourage and support physical activity. It includes: Active Travel; Public Open Spaces; Buildings; Schools
Physical activity: encouraging activity in the community (see more details on footnote on page 20)	this quality standard covers how local strategy, policy and planning and improvements to the built and natural physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages and all abilities to be physically active and move more.

Local Strategies and Plans

Creating a Bolder Healthier Birmingham 2022-2030 – physical activity is one of five core themes to support the achievement of the vision to create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.

Birmingham Sports Strategy – a new strategy is currently in development and aims to create a shared vision for sport across the city with the ambition of getting more people physically active and participating in sport, providing opportunities from grassroots sports through to elite performance.

Birmingham Transport Strategy - The Birmingham Transport Plan 2031 describes what the city needs to do differently to meet the demands of the future. A key component of the plan is around prioritising active travel in local neighbourhoods and ensuring walking, cycling and active travel become the first choice for short journeys.

A Bolder, Healthier Future for the People of Birmingham and Solihull Strategy for Health and Care 2023 - 2033 - Birmingham and Solihull's Integrated Care Strategy outlines five clinical areas to focus on: Circulatory Disease; Cancer; Infant mortality; Mental health and Respiratory disease.

Birmingham 2022 Commonwealth Games Legacy Plan - Birmingham 2022 Commonwealth Games organisers and its partners developed a national Legacy Plan, which outlined a series of ambitions to

^{iiiiv}leave a lasting, positive impact on jobs, skills, education, culture, physical activity and investment across the West Midlands and the UK. The plan boosted investment across Birmingham and the West Midlands, to engage people who face multiple barriers and look to approach these challenges in new ways.

ⁱⁱⁱ [Physical activity: brief advice for adults in primary care](#)

^{iv} [Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation](#)

The picture in Birmingham

The population of Birmingham has grown over the last 10 years; the 2021 Census showed that there were 1,144,922 people living in the city compared to 1,073,045 in 2011 Census ⁷. This is a growth of approximately 6% over the last 10 years.

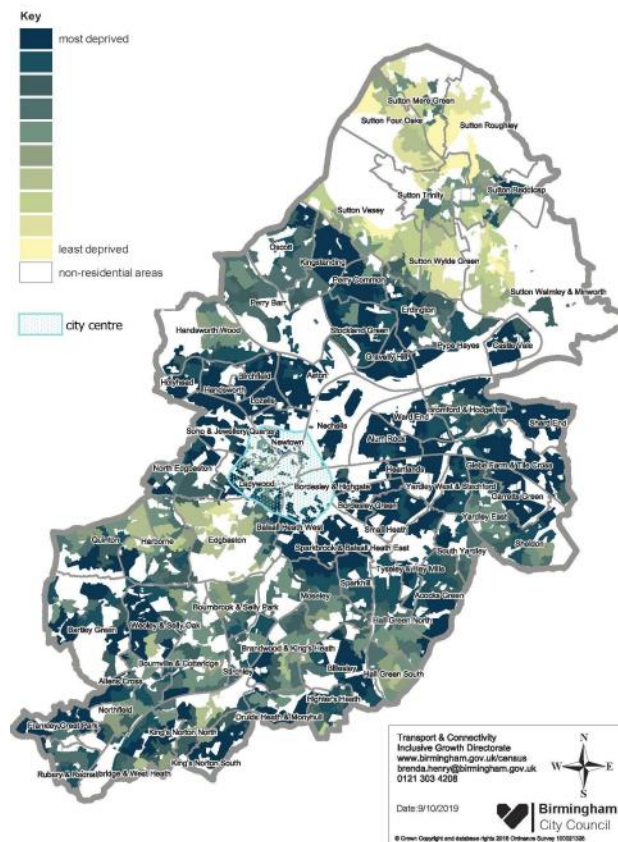
There are slightly more females living in the city (49% male compared to 51% female). Birmingham is a younger city with the largest age group for both genders being 20-24 years. The population under the age of 24 is 419,038, representing 37% of the population, compared to the over 65 population which represents 13% of the total population (147,488).

Birmingham is one of the UK's most diverse cities; figures from the 2021 census show that the city's ethnic minorities represent 51.4% of the population. Birmingham is one of the first 'super diverse' cities in the UK where citizens from ethnic minorities make up more than half the population.

Birmingham has high levels of deprivation and is the 7th most deprived Local Authority nationally. 43% of the population live in Lower Super Output Areas (LSOAs) in the 10% most deprived in England, with just over half of children (51%) under the age of 16 years living in the 10% most deprived areas.

The map below shows deprivation by LSOA in Birmingham. Two of Birmingham's LSOAs are in the 100 most deprived LSOAs in the country. There are 7 LSOAs in the city that are extremely deprived and ranked amongst the top 1% of deprived areas nationally.

Figure 7: 2019 English Index of Multiple Deprivation – Birmingham LSOAs²



Birmingham adults are less active than the England average (58.1% active compared to 67.3%) and less active than other core cities. Bristol (74.2%), Nottingham (67%) and Manchester (63%) all have higher numbers of active adults than Birmingham.

Figure 8: Percentage of physically active adults (16+yrs) in Birmingham compared to nearest neighbours

Source Fingertips Office for Health Improvement and Disparities 2021-2022

Percentage of physically active adults 2021/22

Proportion - %

Area	Value		95% Lower CI	95% Upper CI
England	67.3		67.1	67.5
Neighbours average	-		-	-
Bristol	74.2		72.2	76.1
Sheffield	71.7		69.7	73.7
Leeds	69.1		67.0	71.1
Newcastle upon Tyne	67.1		65.0	69.2
Nottingham	67.0		65.0	69.1
Liverpool	64.9		62.8	67.1
Manchester	63.6		61.5	65.7
Salford	63.1		60.1	66.1
Bolton	59.6		56.6	62.6
Bradford	58.9		54.5	63.4
Coventry	58.4		55.2	61.5
Birmingham	58.1		56.3	60.0
Walsall	57.2		53.5	61.0
Wolverhampton	57.2		53.4	61.1
Leicester	57.0		52.6	61.4
Sandwell	56.3		52.8	59.7

Birmingham children and young people are less active than the England average (41.6% active compared to 47.2%) and less active than several core cities. Salford (57.1%), Bristol (54.8%), and Nottingham (48.6%) all have higher numbers of active children and young people than Birmingham.

Figure 9: Percentage of physically active children and young people in Birmingham compared to nearest neighbours

Source Fingertips Office for Health Improvement and Disparities 2021-2022

Percentage of physically active children and young people 2021/22

Proportion - %

Area	Value	95% Lower CI	95% Upper CI
England	47.2	46.6	47.9
Neighbours average	-	-	-
Salford	57.1	50.2	63.6
Liverpool	55.2	48.3	62.0
Bristol	54.8	47.3	62.1
Bolton	51.2	39.1	63.1
Leeds	49.3	44.6	53.9
Nottingham	48.6	41.1	56.1
Leicester	48.5	40.3	56.8
Sandwell	45.5	41.4	49.7
Sheffield	41.8	36.9	46.8
Birmingham	41.6	36.8	46.5
Bradford	40.4	32.7	48.7
Newcastle upon Tyne	38.8	31.2	47.1
Wolverhampton	35.0	30.2	40.1
Walsall	33.7	28.0	40.0
Coventry	*	-	-
Manchester	*	-	-

Birmingham adults are more inactive than the England average (29.4 inactive compared to 22.3%) and more inactive than several core cities. Bristol (17%), Nottingham (23.3%) and Manchester (26.3) all have lower numbers of inactive adults than Birmingham.

Figure 10: Percentage of physically inactive adults (16+yrs) in Birmingham compared to nearest neighbours

Source Fingertips Office for Health Improvement and Disparities 2021-2022

Percentage of physically inactive adults 2021/22

Proportion - %

Area	Value	95% Lower CI	95% Upper CI
England	22.3	22.1	22.5
Neighbours average	-	-	-
Leicester	32.5	28.4	36.7
Bradford	31.2	26.9	35.3
Sandwell	31.0	27.7	34.2
Walsall	30.9	27.5	34.3
Wolverhampton	30.5	27.0	34.0
Birmingham	29.4	27.7	31.1
Coventry	28.1	25.3	30.9
Bolton	27.5	24.7	30.4
Salford	26.7	23.9	29.5
Manchester	26.3	24.4	28.3
Liverpool	24.8	22.9	26.7
Nottingham	23.3	21.3	25.1
Newcastle upon Tyne	22.4	20.6	24.3
Leeds	21.5	19.6	23.3
Sheffield	19.0	17.2	20.8
Bristol	17.0	15.4	18.7

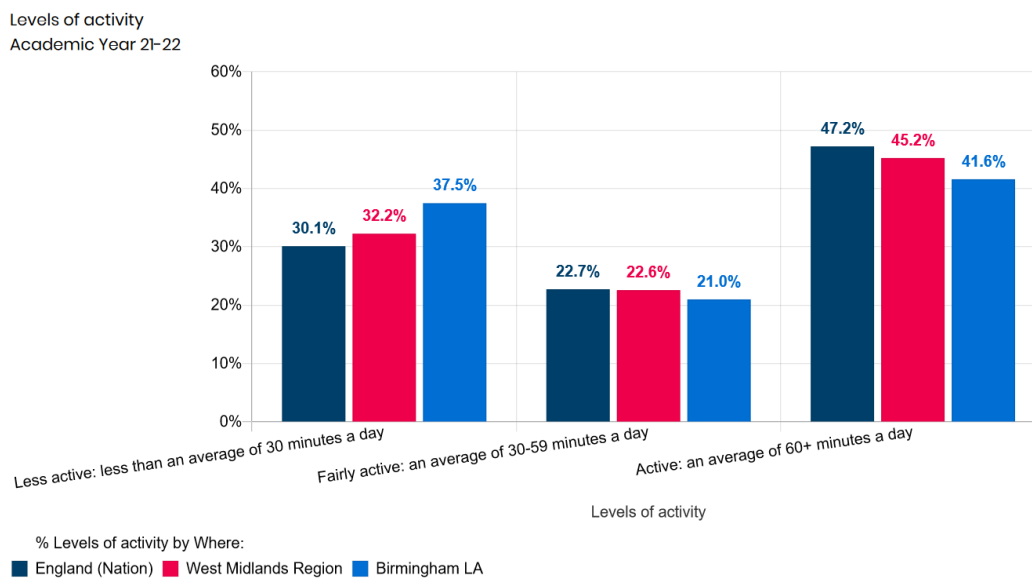
Physical Activity Across the Life Course

Physical Activity Levels in Children

Data from the Active Lives Survey 2023 shows 42% of children (ages 5-16) in Birmingham are physically active and meeting the recommended guidelines of 60+ minutes per day⁸. This is lower than both the West Midlands (45%) and England (47%) as a whole.

Almost 2 in 5 children (38%) are classified as less active, higher than the proportions across the West Midlands (32%) and nationally (30%)⁸.

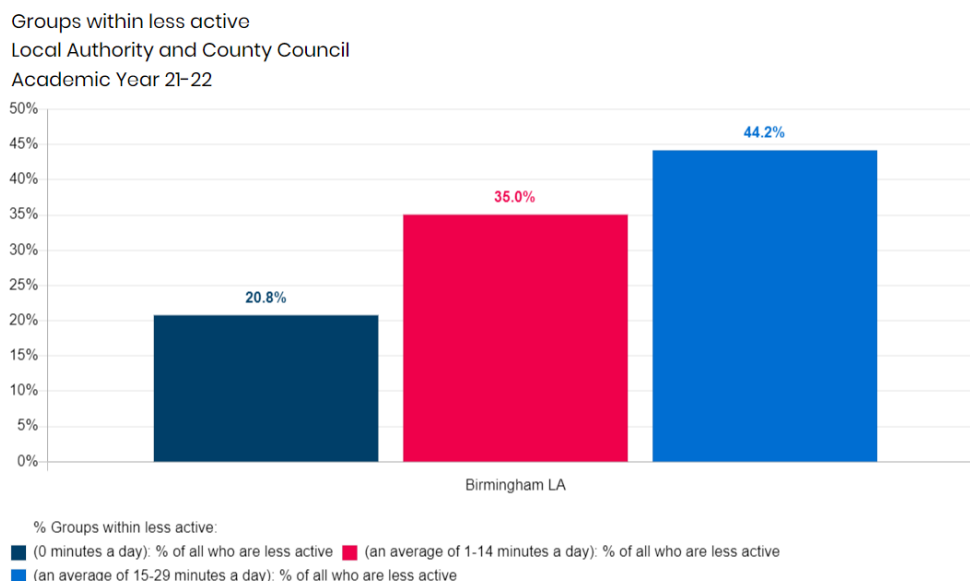
Figure 11: Levels of Physical Activity in Birmingham Children compared to England Average and West Midlands Average 2021-2022



Source Active Lives Data

Further analysis of the less active group of children in Birmingham shows a fifth of this group (21%) were totally inactive, completing no physical activity at all.

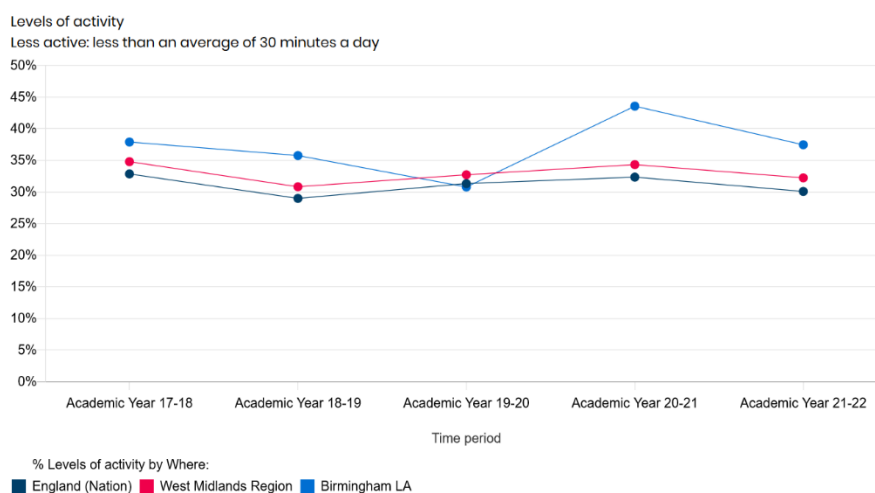
Figure 12:



Analysis of trends over time shows in the 7-year period 2015-2022, the level of physical inactivity in Birmingham children was falling, however, this trend did not continue. Instead, the proportion of children classified as less active increased significantly during the pandemic, from 31% to 44%. This jump in less active children was much greater in Birmingham compared to the slight increases observed across the West Midlands or England.

The proportion of children in Birmingham classified as less active has now reduced and has returned to the same level as it was in 2017 (38%). There is still a gap between Birmingham and the rest of the region and nationally, with Birmingham’s levels of less active children post-pandemic being higher than the West Midlands (32%) and England (30%).

Figure 13:

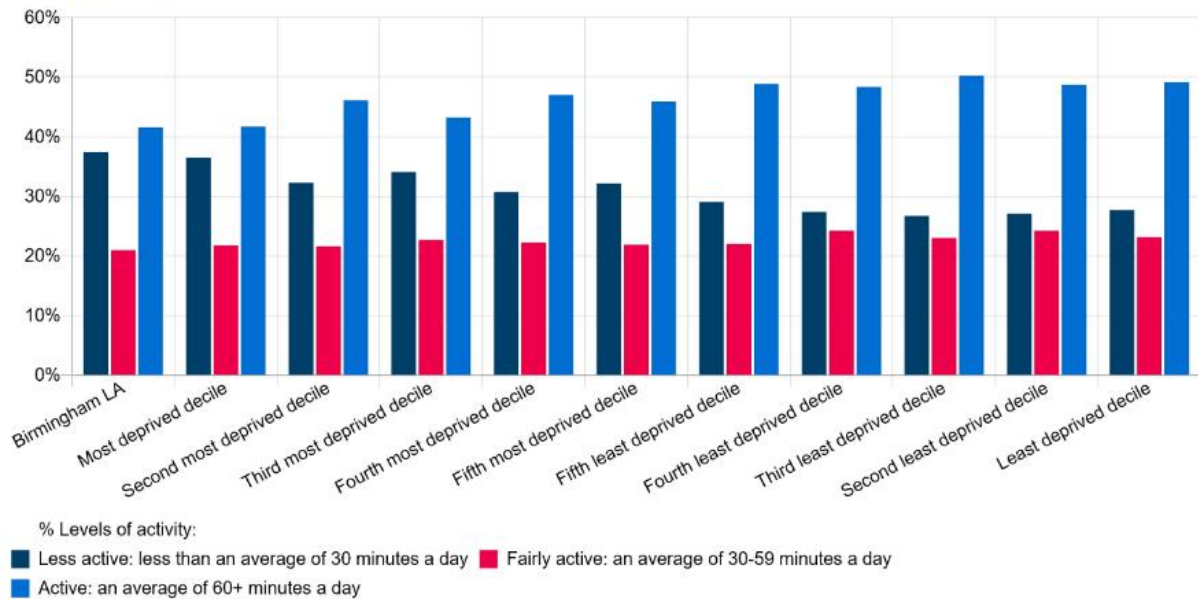


Income Deprivation

Results from the Active Lives Survey using the Income Deprivation affecting Children Index shows a correlation between deprivation and inactivity. The chart below shows children living in the most deprived decile are more inactive (37%) than those from the least deprived decile (28%). This mirrors national evidence which indicates that children from lower socio-economic groups have lower rates of physical activity participation.

Figure 14:

Levels of activity
Academic Year 21-22

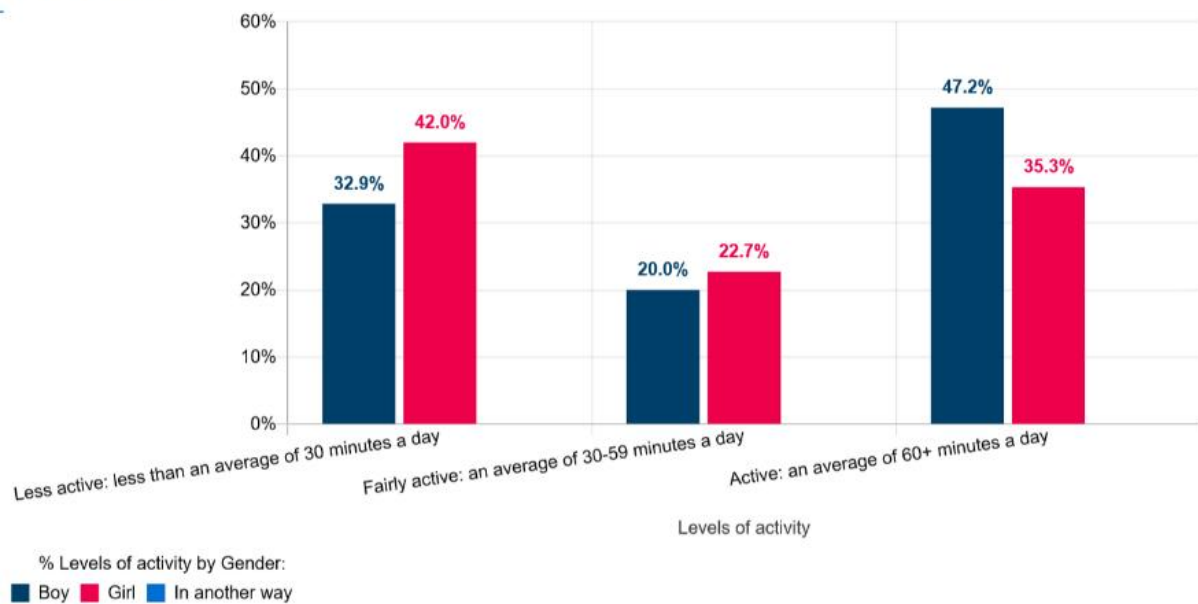


Gender

Results from the Active Lives Survey shows that in children only 1 in 3 (35%) of girls met the recommended amount of physical activity each day. This picture improved for boys with nearly half (47%) of all boys aged 5-16 years taking part in at least 60 minutes of physical activity each day. On the other hand, Birmingham girls are more likely to be less active (42%) compared to boys (33%).

Figure 15:

Levels of activity - Birmingham LA
Gender
Academic Year 21-22



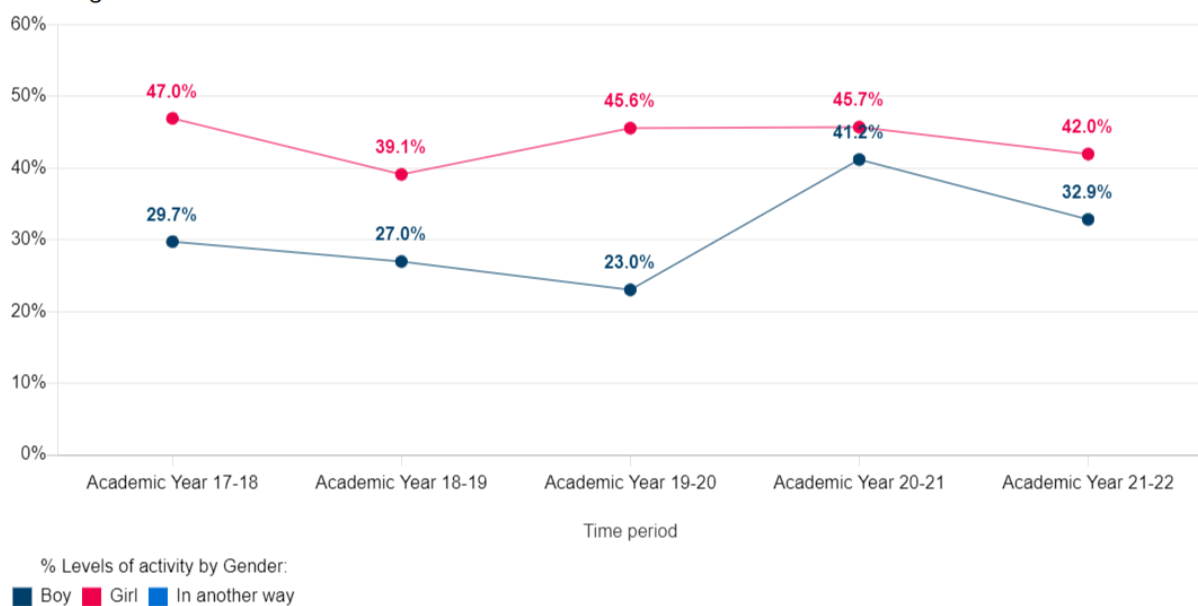
When looking at the trends over time by gender we can see that in the academic year 19-20, the proportion of less active girls (46%) was double that of boys (23%). This gap has now narrowed largely due to the impact the pandemic had on the activity levels in boys living within the city. The prevalence of less active boys had been decreasing year on year up until the pandemic, when it rose sharply from 23% to 41%. In 2021-22 levels of less active children have fallen but have not recovered to pre-pandemic levels.

In comparison, the proportion of less active girls remained static over the pandemic period and were similar to the levels observed in 2019-20. Levels have fallen again in the academic year 2021-22, however there is still a 10% gap between the genders.

Figure 16:

Levels of activity : Less active: less than an average of 30 minutes a day - Local Authority and County Council - Gender

Birmingham LA



PE lessons at school are only once a week and some of the girls don't even get changed into sports clothes, they just hang around and watch people play football.

15-year-old boy

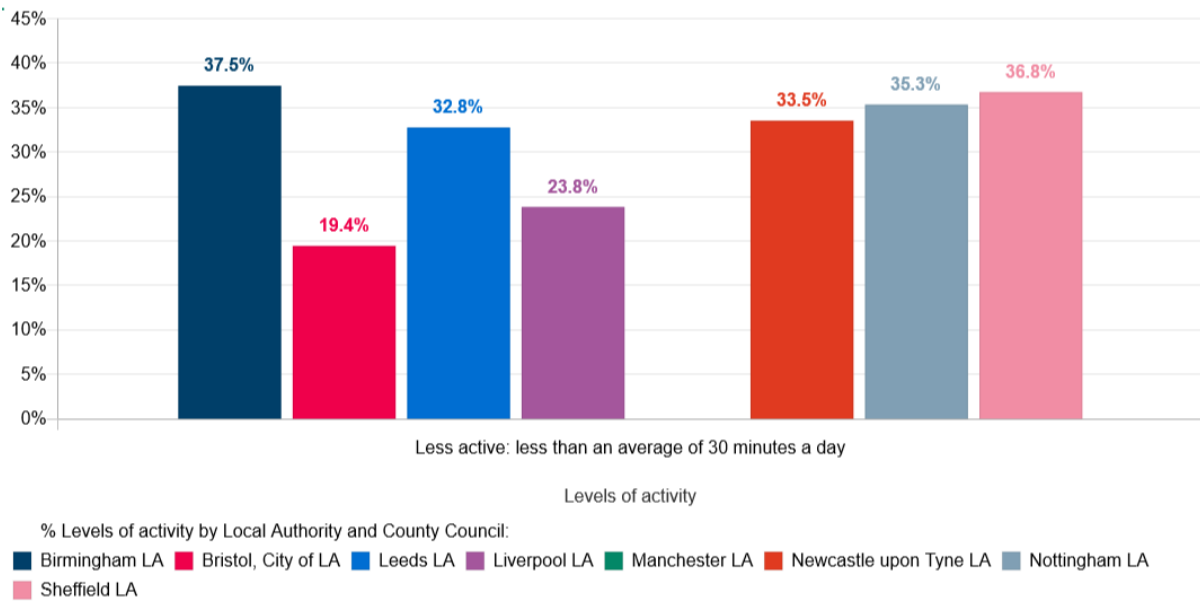
Comparison to similar Local Authority areas

Benchmarked against the Core Cities, data from the 2021-22 academic year shows that Birmingham has the highest level of less active children.

Children taking part in less than 30 minutes of physical activity a week – comparison with Core Cities

Figure 17:

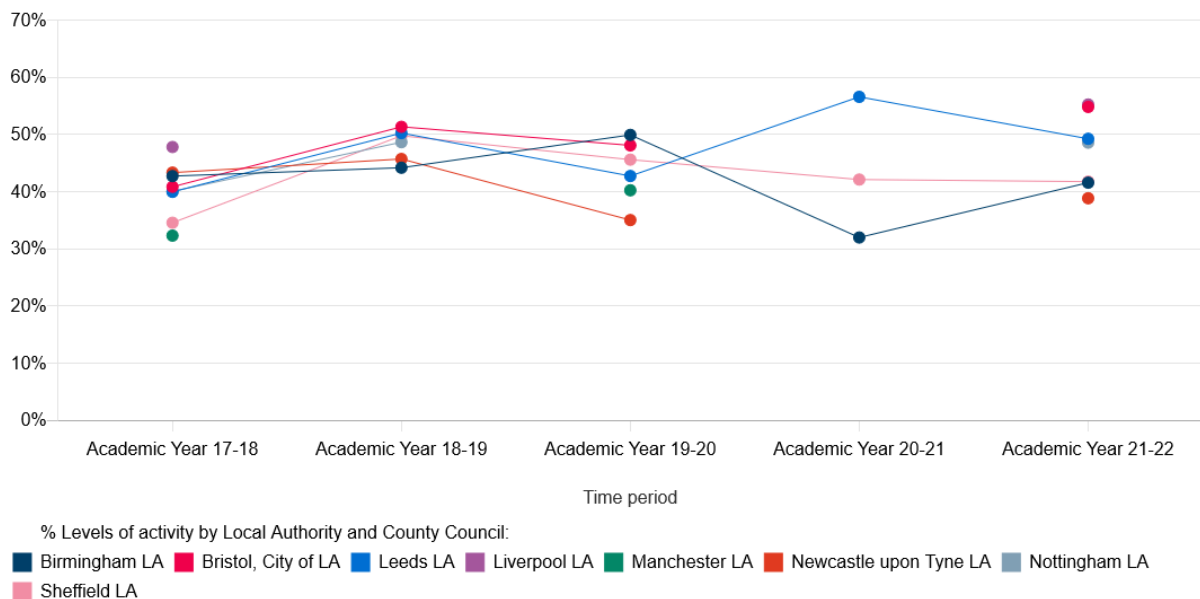
Levels of activity
Local Authority and County Council
Academic Year 21-22



Analysis of trends over time also show that the pandemic had the largest impact on Birmingham’s physical activity levels when compared to the Core Cities. Between 2017-2020, the proportion of active children was steadily increasing, however the impact of the pandemic was most striking in Birmingham with levels falling to the worst performing Core City. The most recent data shows signs of post-pandemic recovery.

Figure 18:

Levels of activity - Local Authority and County Council
Active: an average of 60+ minutes a day

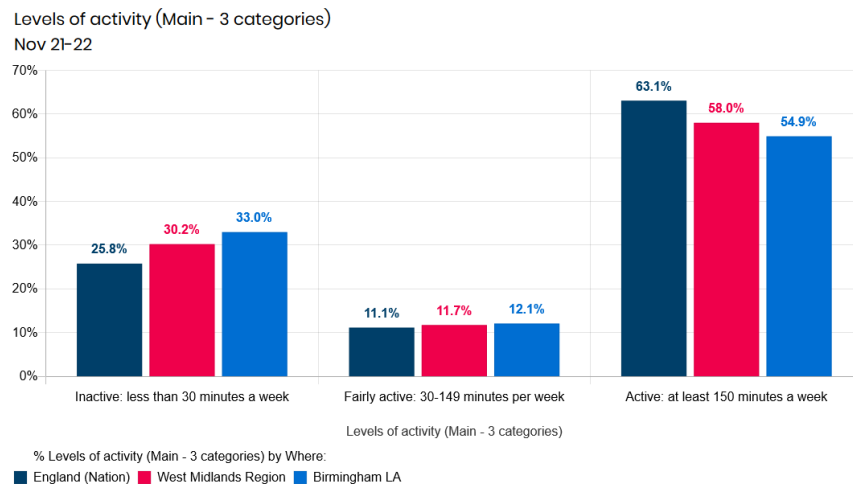


Physical Activity Levels in Adults

55% of the adult (aged 16+) population in Birmingham were physically active compared to 58% of adults in the West Midlands and 63% in England as a whole ^{8,9}.

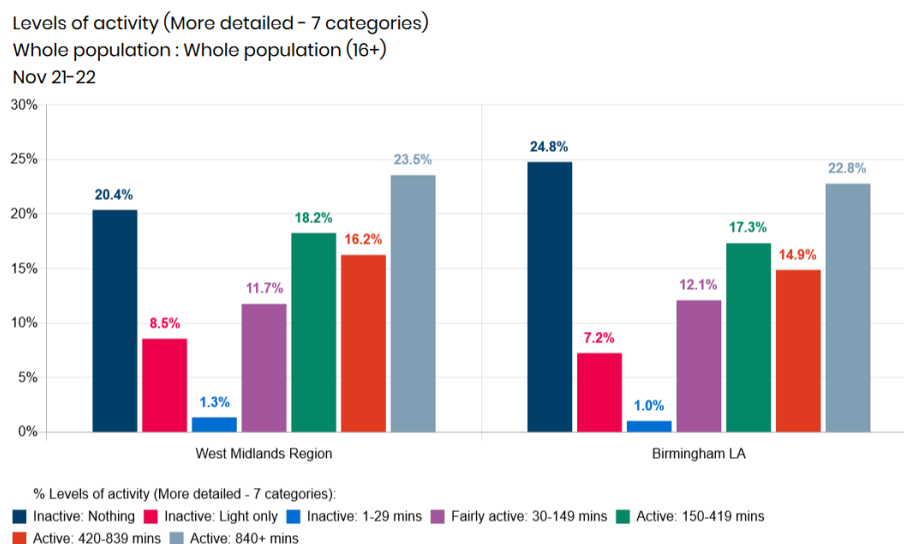
A third of adults were classified as inactive, higher than the proportions across the West Midlands (30%) and nationally (26%).

Figure 19:



More detailed analysis of activity in 7 categories shows almost a 1 in 4 (25%) of the Birmingham population are totally inactive, completing no physical activity at all. This is compared to around 1 in 5 (20%) of the West Midlands population.

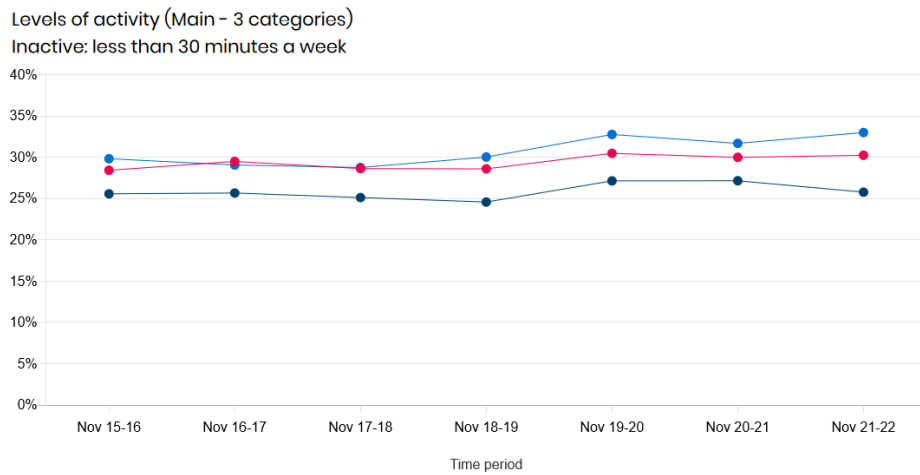
Figure 20:



Analysis of trends over time shows in the 7-year period 2015-2022, the level of physical inactivity in Birmingham increased over this time from 30% to 33%. The gap between Birmingham's inactivity levels and regional and national figures narrowed during the pandemic, however this has widened

again and is most prominent between Birmingham and the rest of the country where there is a 7% difference.

Figure 21:



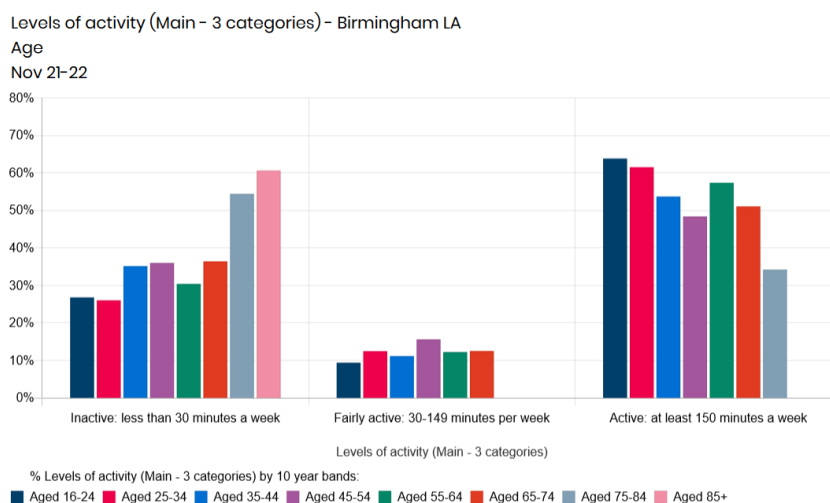
% Levels of activity (Main - 3 categories) by Where:

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
England	25.6%	25.7%	25.1%	24.6%	27.1%	27.2%	25.8%
West Midlands	28.4%	29.5%	28.6%	28.6%	30.5%	30.0%	30.2%
Birmingham LA	29.8%	29.1%	28.8%	30.0%	32.8%	31.7%	33.0%

Age

Inactivity increases with age; around 1 in 4 people aged 16-34 are inactive, rising to 1 in 2 aged 75-84 and nearly 2 in 3 aged 85+. In a variation from the general pattern, inactivity also appears to increase between the age of 35-54 age groups before falling again in the 55-74 age groups. People in midlife having multiple roles therefore this reduction in activity could be due to a range of factors including working arrangements and caring responsibilities for both children and/or older relatives.

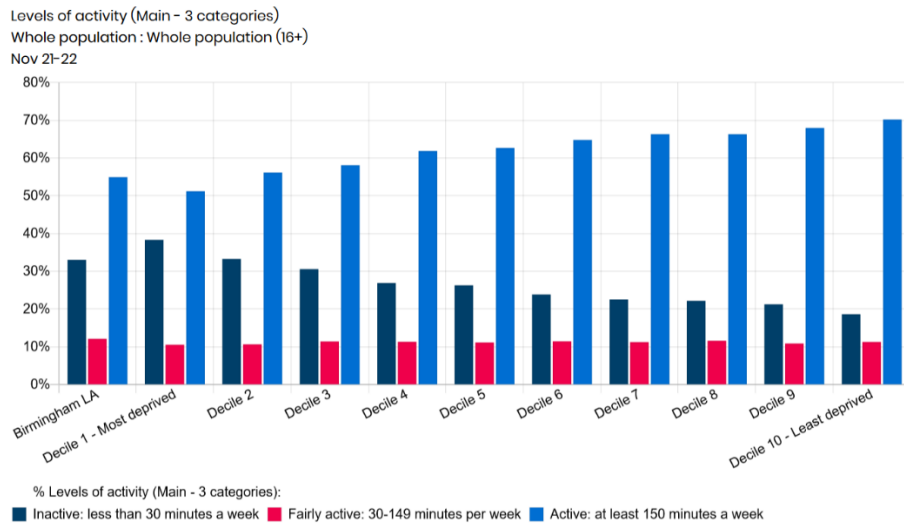
Figure 22:



Deprivation

Analysis of levels of activity by IMD shows a clear correlation between deprivation and inactivity. Adults living in the most deprived deciles are the most inactive within the city, compared to those living in the least deprived IMD deciles who are more physically active. The proportion of adults living in IMD 1 who are inactive is double (38%) those living in IMD 10 (19%). Fairly active remains constant across all IMD deciles.

Figure 23:

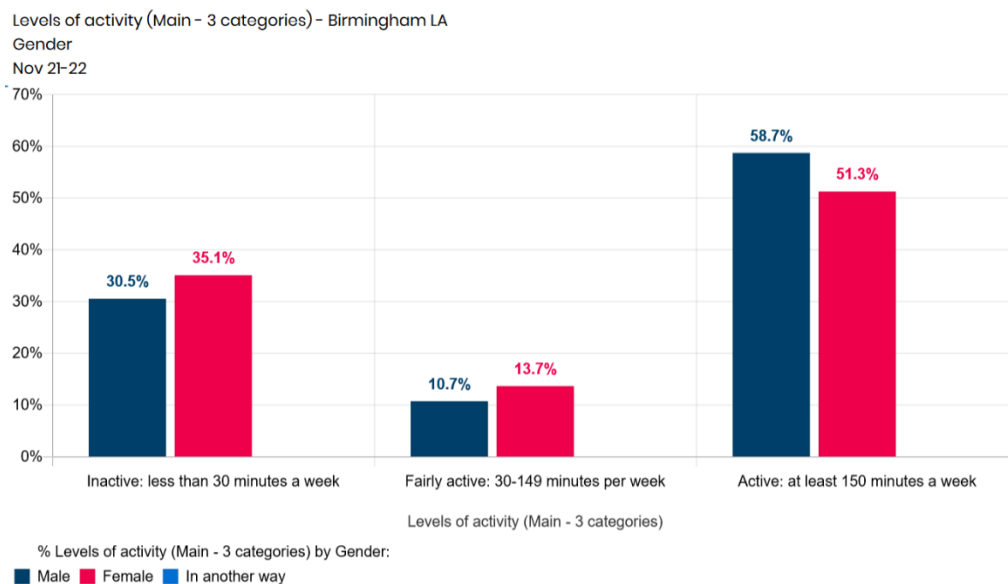


Gender

The Active Lives Survey shows that 51% of women and 59% of men meet the recommendations for levels of physical activity each week.

Females are less physically active than men with more than one third (35%) inactive, compared to around 31% of male respondents.

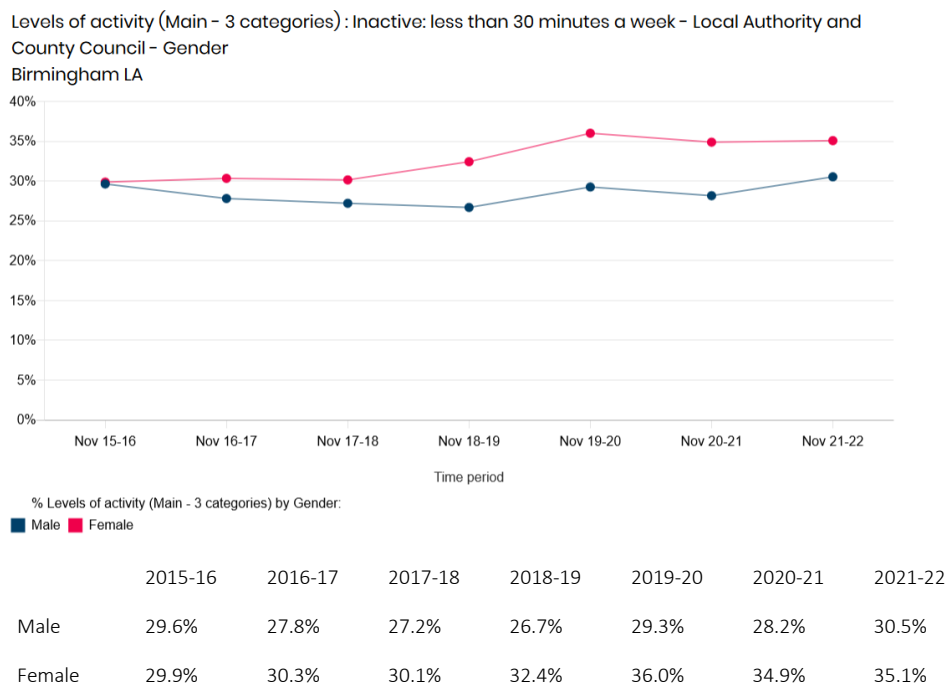
Figure 24:



Inactivity has increased in both genders over the past 7 years. However, it is worth noting that at the beginning of this period the percentage of inactive males started to decrease until around the time of the pandemic, at which point it began to increase. For females, there has been a steady increase over the 7-year period.

At the start of the 7-year period, the prevalence of males and females who were inactive was the same (30%) however over the last 7 years, the gender gap has widened, with currently 4% more females inactive compared to males.

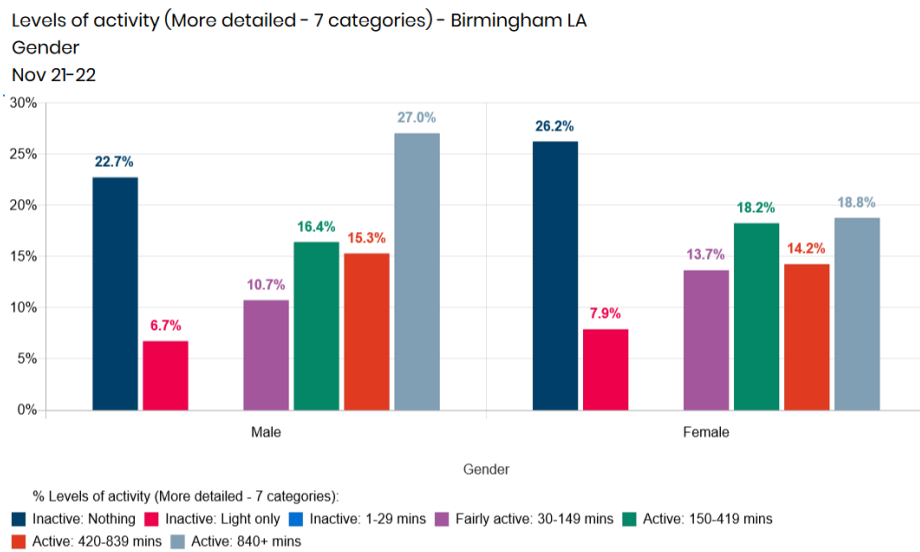
Figure 25:



ore detailed analysis of 7 activity categories shows this gender difference is more marked, with more than a quarter of females being completely inactive. The highest levels of activity (active more than 840 minutes per week) are reported in males (27%), with just 19% of females achieving this level of activity^v.

^v Sample sizes for missing category (inactive 1-29 minutes) did not meet the threshold for analysis.

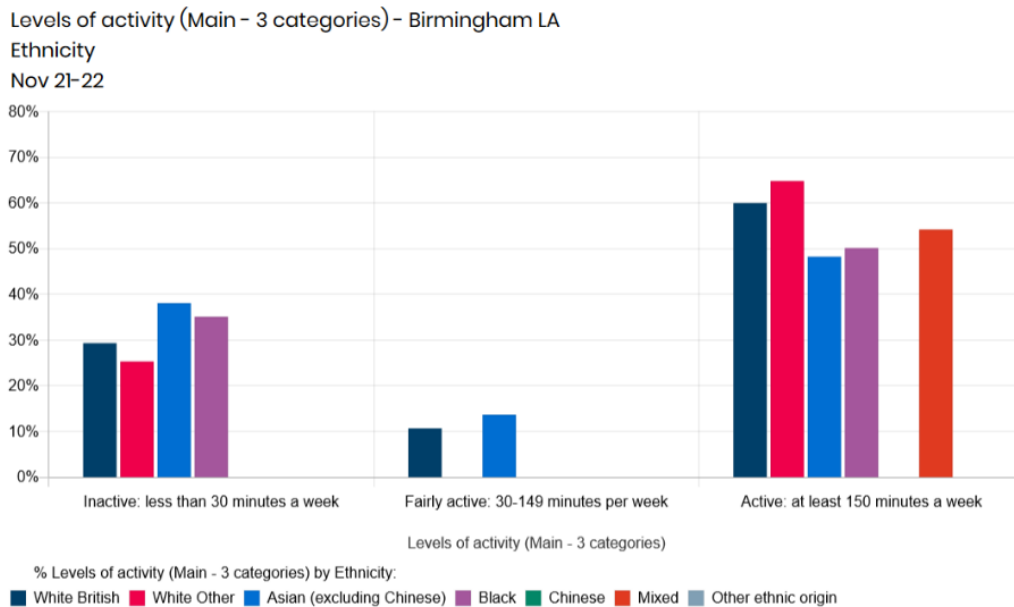
Figure 26:



Ethnicity

The data available for levels of activity in ethnic groups is limited, but UK evidence consistently shows that South Asian and Black ethnicities are least likely to be active. The data available from the Active Lives Survey for Birmingham shows higher levels of inactivity reported in Asian (38%) and Black ethnic groups (35%)^{vi}.

Figure 27:

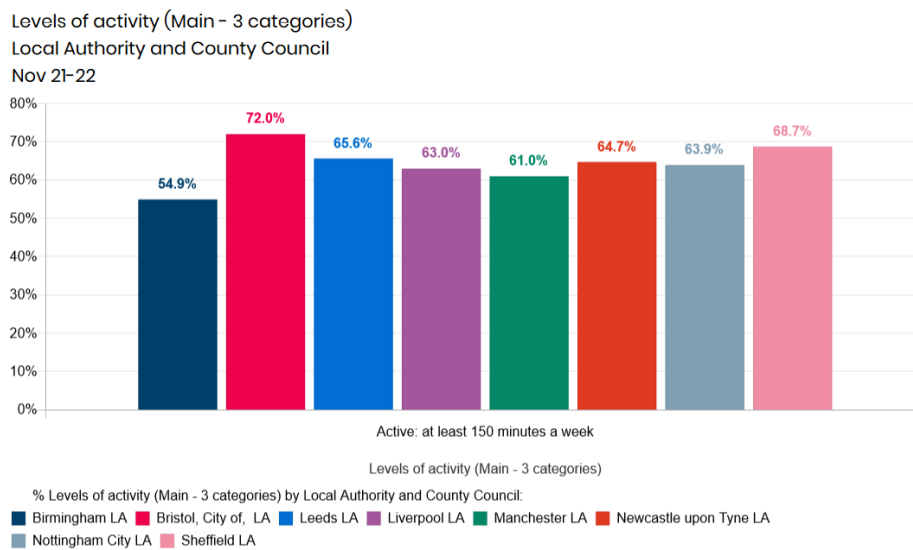


^{vi} Sample sizes for missing ethnic groups did not meet the threshold for analysis.

Comparison to Core Cities

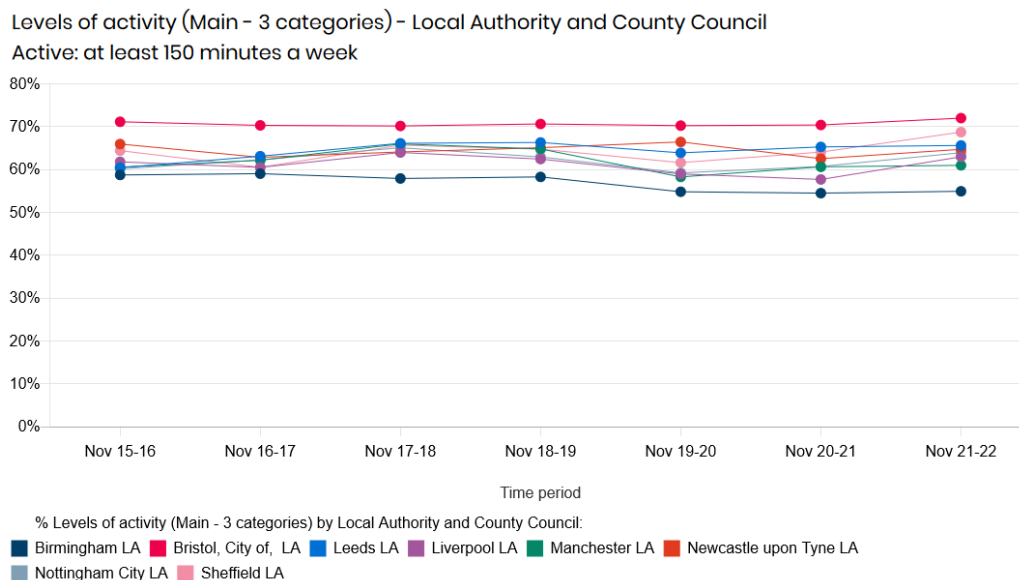
Birmingham has the lowest levels of adults meeting CMO guidelines compared to all Core Cities.

Figure 28:



Trends over time show that Birmingham consistently performs worst of all Core Cities. Since 2015/16, the proportion of active adults has been steadily falling and Birmingham is the only Core City showing a decrease during this period.

Figure 29:



	Nov 15-16	Nov 16-17	Nov 17-18	Nov 18-19	Nov 19-20	Nov 20-21	Nov 21-22
Birmingham LA	58.7%	59.0%	57.9%	58.3%	54.8%	54.5%	54.9%
Bristol, City of, LA	71.2%	70.3%	70.2%	70.6%	70.3%	70.4%	72.0%
Leeds LA	60.4%	63.1%	66.1%	66.3%	63.9%	65.3%	65.6%

Liverpool LA	61.8%	60.5%	64.0%	62.5%	59.0%	57.7%	63.0%
Manchester LA	60.6%	62.2%	66.0%	64.8%	58.3%	60.6%	61.0%
Newcastle upon Tyne LA	66.0%	62.9%	64.1%	65.1%	66.5%	62.5%	64.7%
Nottingham City LA	60.2%	62.2%	65.1%	62.9%	59.2%	60.7%	63.9%
Sheffield LA	64.4%	60.5%	65.7%	64.8%	61.6%	64.1%	68.7%

Birmingham has the highest proportion of inactive adults compared to all other Core Cities, and trends over time show this has been consistent since 2015-16.

Figure 30:

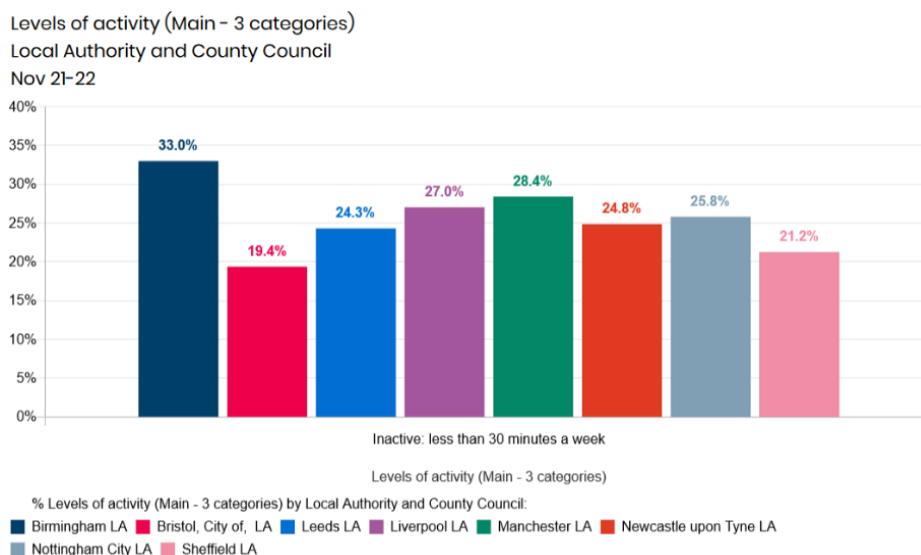
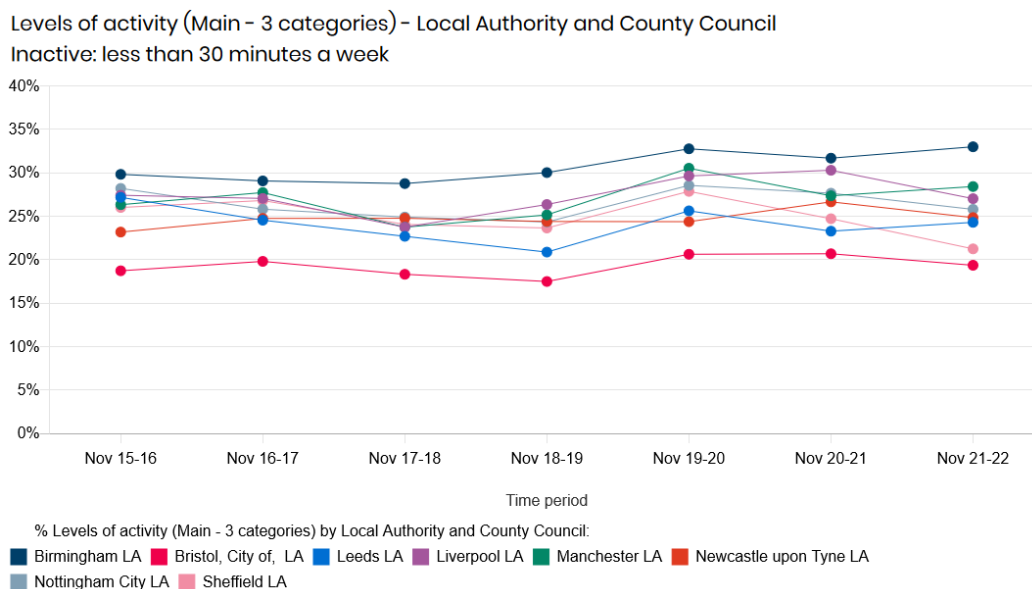


Figure 31:



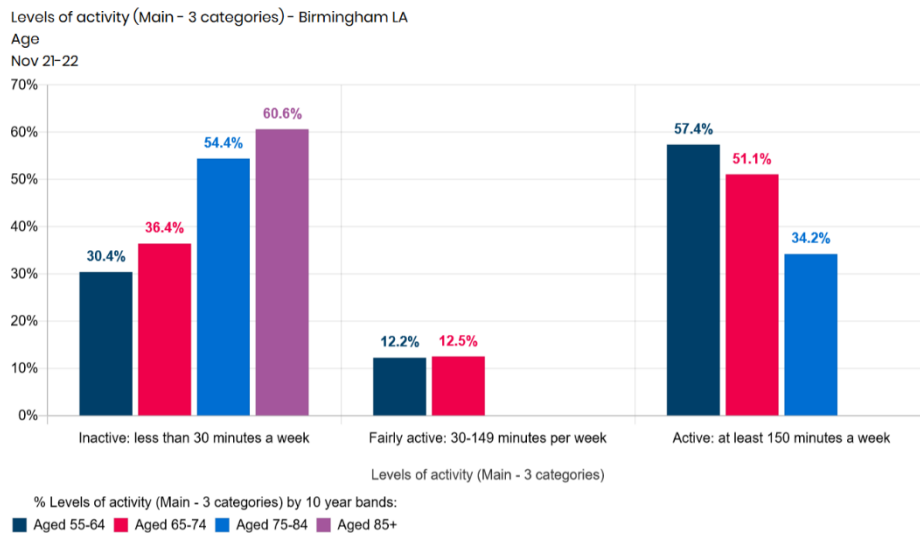
	Nov 15-16	Nov 16-17	Nov 17-18	Nov 18-19	Nov 19-20	Nov 20-21	Nov 21-22
Birmingham LA	29.8%	29.1%	28.8%	30.0%	32.8%	31.7%	33.0%
Bristol, City of, LA	18.7%	19.8%	18.3%	17.5%	20.6%	20.7%	19.4%

Leeds LA	27.2%	24.5%	22.7%	20.9%	25.6%	23.3%	24.3%
Liverpool LA	27.4%	27.1%	23.7%	26.4%	29.6%	30.3%	27.0%
Manchester LA	26.3%	27.7%	23.7%	25.2%	30.5%	27.4%	28.4%
Newcastle upon Tyne LA	23.2%	24.8%	24.8%	24.4%	24.4%	26.7%	24.8%
Nottingham City LA	28.2%	25.8%	24.9%	24.3%	28.6%	27.7%	25.8%
Sheffield LA	26.0%	26.8%	24.1%	23.6%	27.9%	24.7%	21.2%

Older People

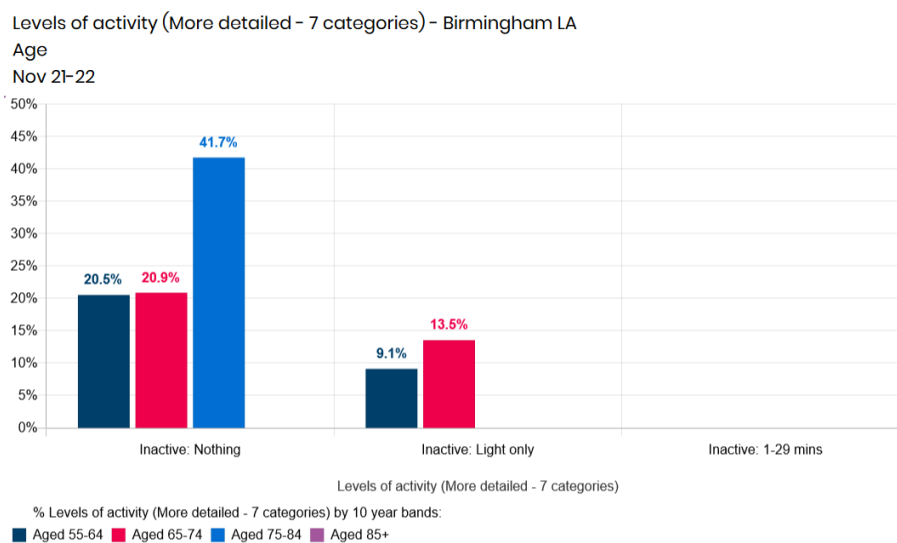
Levels of activity decrease with age, 57.4% of 55–64-year-olds are active at least 150 mins a week this drops to 51.4% in the 65- to 74-year-old age group and 34.2 % in the 75-84 age group.

Figure 32:



Inactivity increases the older people get and 60.6% of over 85years are active less than 30 mins a week.

Figure 33:



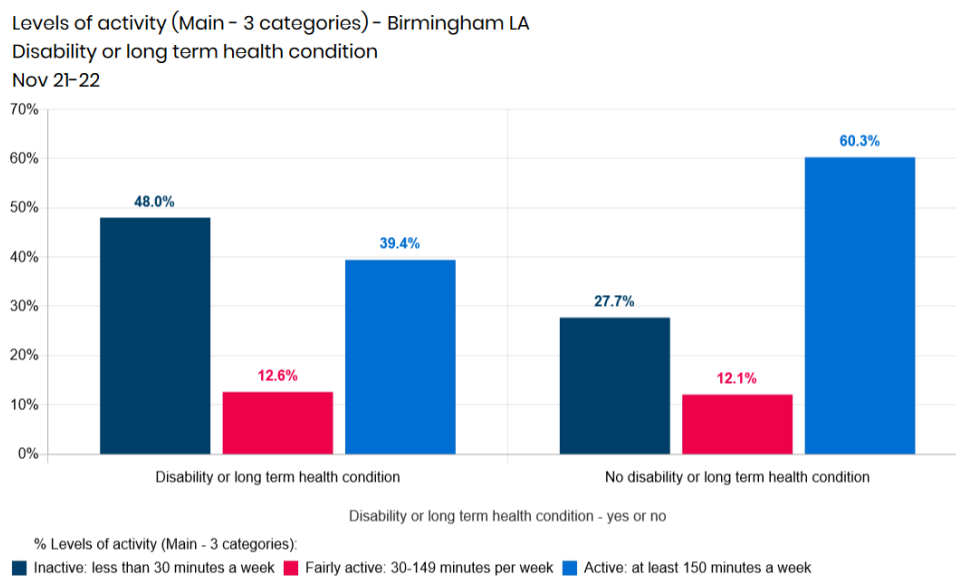
More detailed analysis of the inactive group shows a significant proportion of people in older age groups do no physical activity at all – around 1 in 5 in (21%) the 55-74 age groups, doubling to 2 in 5 (42%) in the 75-84 age group.

A recent study, informed by a systematic review and meta-analysis of all published frailty interventions in primary care, showed that a simple, low-cost, home-based intervention can reverse frailty and significantly improve muscle strength, bone mass, activity levels, and slowness in three months. The intervention included twenty minutes of daily activity at home, alongside consumption of sufficient protein (1.2g/kg bodyweight) in a normal daily diet. The authors believe this approach could yield substantial benefits if rolled out across the community ¹⁰.

Disability

Almost half (48%) of people with a disability or long-term health condition report as inactive, compared to 28% of people without. Only 1 in 5 (39%) people with a disability meet recommended levels of physical activity.

Figure 34:



Levels of inactivity in people with a disability or long-term health condition increases with age, with more than 1 in 5 (44%) of 16–64-year-olds reporting inactivity, increasing to 3 in 5 (60%) of those aged 65+. The inverse is true for people with a disability or long-term health condition meeting recommended levels, with 45% of ages 16-64 completing at least 150 minutes of physical activity a week, falling to just 27% of over 65s.

Figure 35:

Levels of activity (Main - 3 categories) - Birmingham LA
 Age and Disability or long term health condition
 Nov 21-22

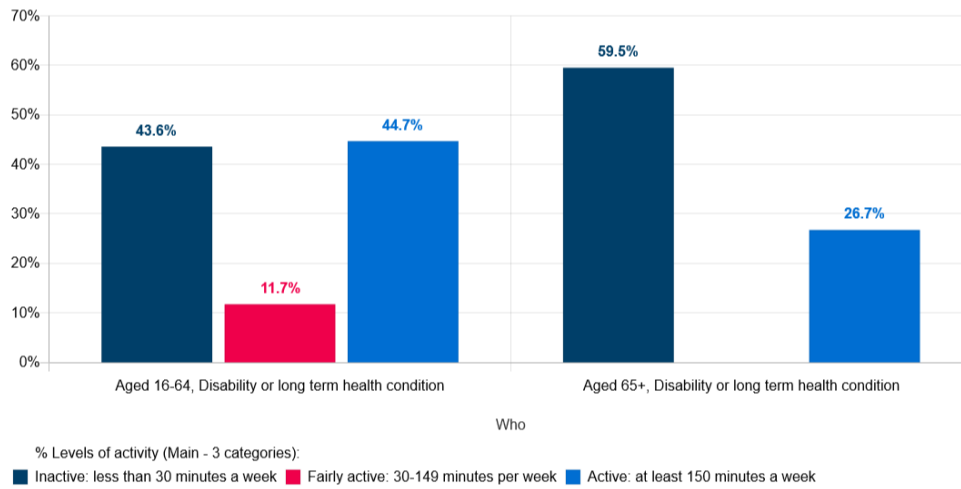


Figure 36:

Levels of activity (Main - 3 categories): Inactive: less than 30 minutes a week
 Local Authority and County Council - Disability or long term health condition
 Nov 21-22

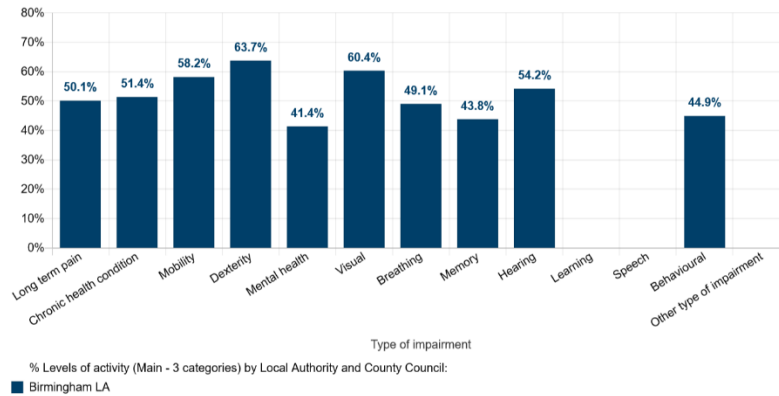
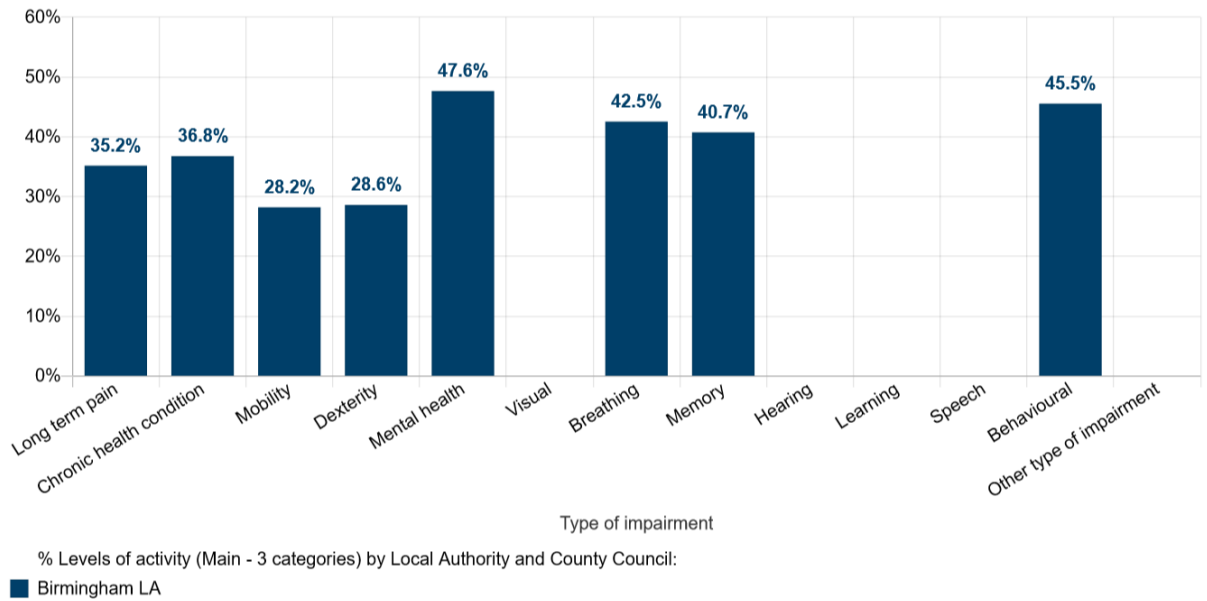


Figure 37:

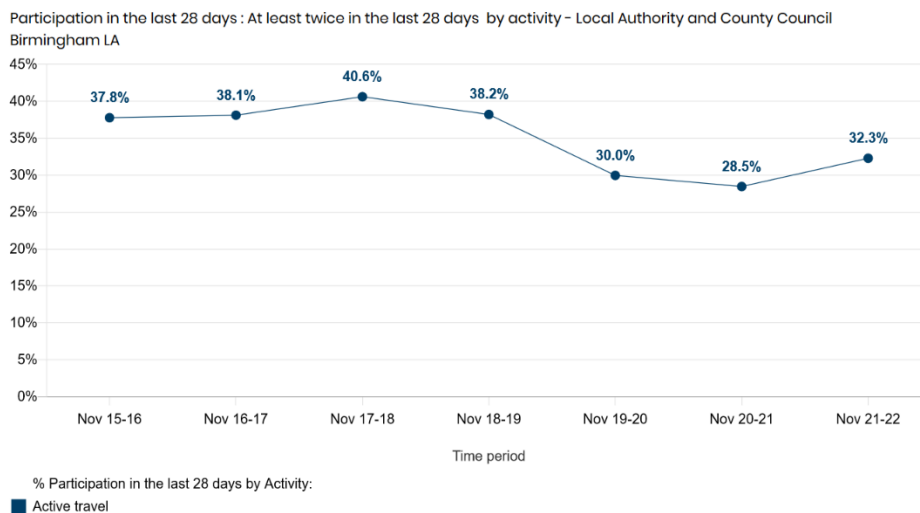
Levels of activity (Main - 3 categories) : Active: at least 150 minutes a week
 Local Authority and County Council - Disability or long term health condition
 Nov 21-22



Active Travel

Participation in active travel has decreased over the period 2015-2022 but is showing some signs of recovery since the pandemic.

Figure 38:



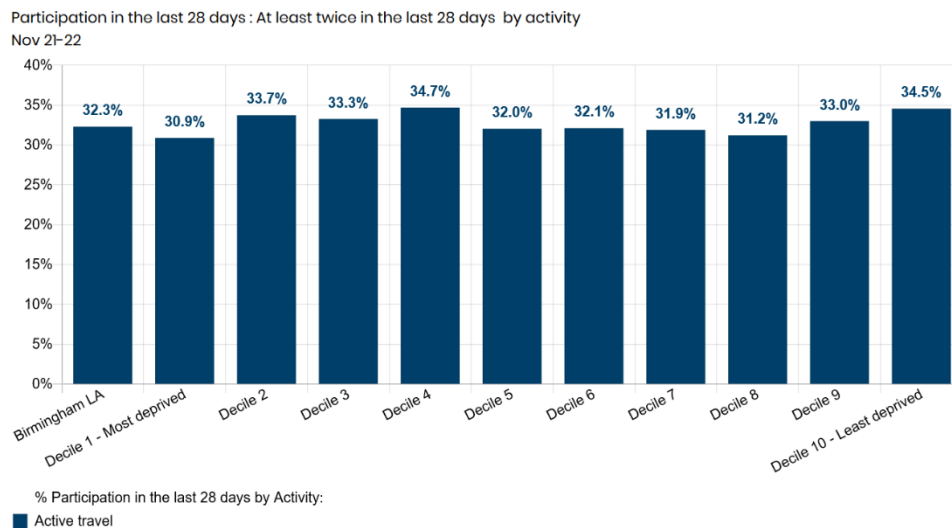
Data from the Census 2021 shows 7% of the Birmingham population travel to work on foot, and 1% by bike. Active travel to work has increased since the 2011 Census, when around 6% were travelling on foot, and close to 1% by bike.

Figure 39:

Method of travel to workplace	2021	
Total: All usual residents aged 16 years and over in employment the week before the census	442,418	
Work mainly at or from home	114,058	25.8%
Underground, metro, light rail, tram	977	0.2%
Train	9,220	2.1%
Bus, minibus or coach	43,123	9.7%
Taxi	6,673	1.5%
Motorcycle, scooter or moped	1,118	0.3%
Driving a car or van	202,963	45.9%
Passenger in a car or van	21,557	4.9%
Bicycle	5,741	1.3%
On foot	31,483	7.1%
Other method of travel to work	5,505	1.2%

Participation in active travel is lowest in decile 1, the most deprived area, but there is little variation across all deciles.

Figure 40:



[Sustrans Walking and Cycling Data](#)

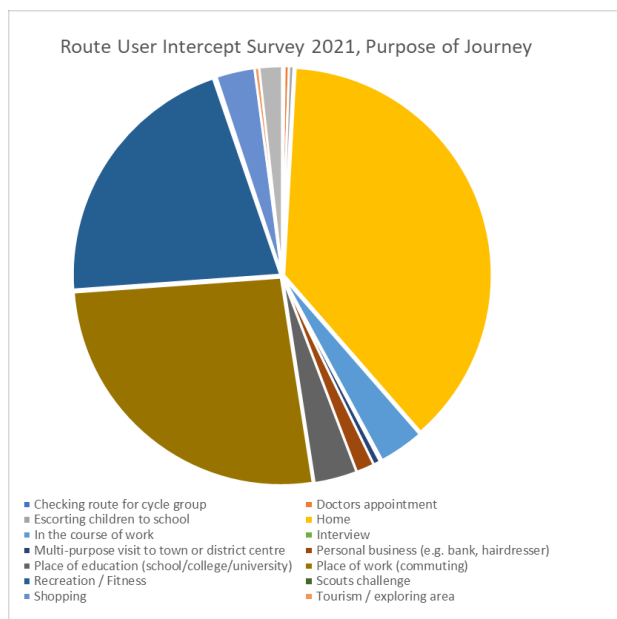
[Cycling in Birmingham](#)

The 2021 Route User Intercept Survey questioned 571 cyclists on their travel behaviour at 16 sites across the city. The majority of participants (83%) were white, followed by 9% Asian, 5% black, 3% Mixed and less than 1% other. Most participants were male (72%), with 26% being female and just under 1% identifying as other. Participant age breakdown was 25% aged 45-54, 22% aged 35-44, 18% aged 25-34, 14% aged 55-64, 12% aged 18-24 and 7% aged 65+. 14-15- and 16-17-year-olds accounted for less than 1% of survey participants each. Most survey participants were in full-time employment (64%), with 13% working part-time, 11% full time students, 7% retired and 4% unemployed.

If not cycling, participants reported other modes of transport to complete the journey may have been bus (29%), car or van (24%), rail (15%), walk or run (9%), taxi (2.9%) or e-scooter (1%). 19% stated they would not have made the journey if not by cycle. The presence of a cycle route did not increase use of the route for 65% of participants, with 21% reporting it had in part, and 14% reporting yes, totally.

The purpose of the participants' journeys is shown in the chart below.

Figure 41:



Road Traffic Collisions in Birmingham

Data on road traffic collisions is published annually by the Travel Planning team, and as the impact of the Physical Activity Strategy progresses, these indicators may decrease. The most recent data is in the appendix and can be used as a baseline to measure improvement.

Key health needs related to physical activity

Service and Place Based Provision in Birmingham

Birmingham has a well-established and varied physical activity landscape including a wealth of community groups, clubs and facilities, physical activity providers, community organisations and venues.

This section of the PANA provides a snapshot summary of the current physical activity service and place-based provision that is available in the city. The list is not intended to be a complete picture but to give an overview of the types and variety of activity there is within the city.

To support the development of this section a:

- Survey was shared with partners to identify the range of services, initiatives and place-based physical activity opportunities that are available across the city.
- Framework was developed to help identify the themes in provision across the city. This framework was used to capture the wide range of opportunities and identify any gaps in provision.

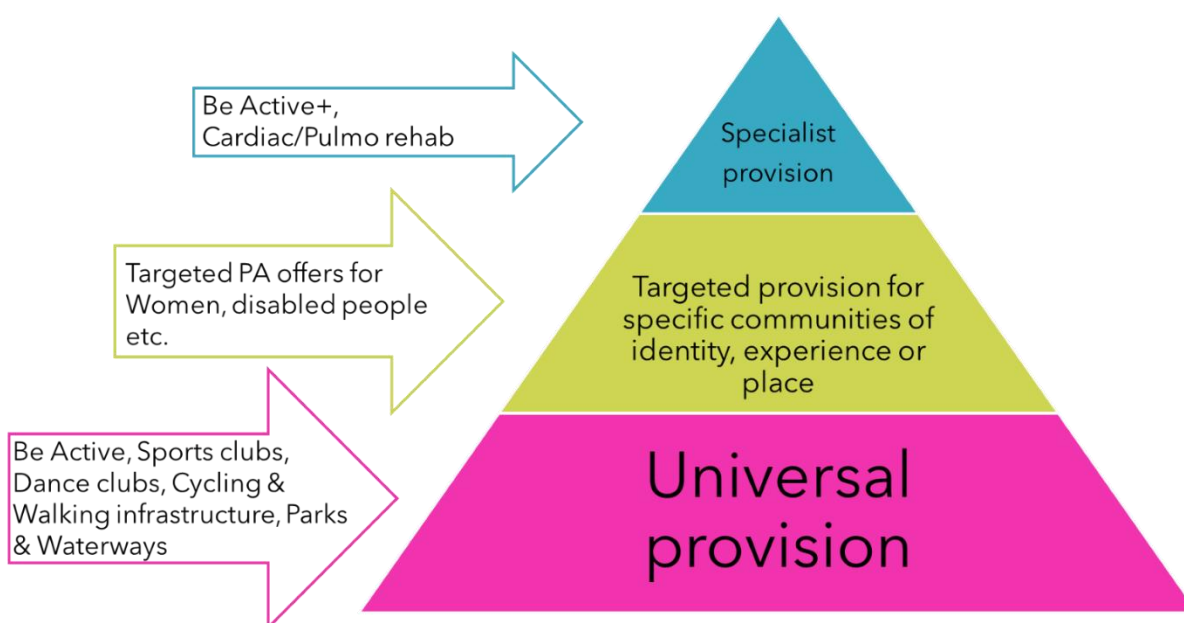


Figure 42: Service mapping themes for physical activity provision

Universal Provision

Green and blue spaces

Green and blue spaces are important for both the physical and mental health benefits that they bring. Spending time in the natural environment encourages physical activity and improves mental health and wellbeing.

Birmingham is one of the greenest cities in Europe with over 600 publicly accessible blue and green spaces across the city. Connecting these spaces are 160 miles (257km) of canals and 400km of urban brook courses.

Green and blue spaces owned by Birmingham City Council are managed through the work of the Parks Service, its partners, and an increasing number of volunteers. The Ranger Service also help engage the wider community through conservation land management, educational sessions and a wide range of events and activities.

It is estimated that over 58 million visits are made to Birmingham's parks and green spaces each year. Nearly six out of ten (59.9%) of Birmingham residents visit green spaces on a weekly basis, with a further 17.5% visiting at least monthly.

Birmingham's parks and green spaces are an incredibly important asset to engage and encourage the citizens of Birmingham to be more active. The most popular reasons for visiting green spaces in Birmingham are:

1. To walk or walk the dog (57.6%)
2. Peace and quiet and to relax (54.1%)
3. To experience nature and wildlife (48.0%)

Future Parks Accelerator

To maximise the potential of parks and green spaces the Future Parks Accelerator, a collaboration between the National Lottery Heritage Fund, the National Trust and the Department for Levelling Up, Housing and Communities (DLUHC) has been working with communities to build a sustainable future for the UK's urban parks and green spaces. One of the projects within the accelerator is Naturally Birmingham, which has been working to create a plan for the sustainable provision, maintenance and use of green and blue spaces in the city.

City of Nature Plan

In February 2022 a 25-year City of Nature Plan was approved by Cabinet which brings together all the work of the Naturally Birmingham Project and aims to change the way Birmingham treats its natural environment and how it thinks about the future of its parks and green spaces. The delivery plan sets out how the Birmingham Fair Parks Standard will be applied to all parks, ensuring all those falling below the thresholds are brought up to standard and ensuring all parks move from red to green by 2047 (see more details on footnote in page 47).

Play Space

Parks provide outdoor play space and facilities for children and young people within the city. Birmingham's parks host a range of opportunities for children and young people to be more physically active through play equipment, bike tracks, Multi-Use Games Area (MUGA) and skate parks. In 2018, the Parks Service held 256 public play facilities across the city.

The Outdoor Play Facilities Policy 2020 outlines several objectives to ensure new and existing play areas are inclusive, safe, meet community needs and provide for different ages. Where possible

^{vii}the policy states that a new play area provided by the City Council should aim to be a maximum walking distance of 800 meters from all households, aiming to improve the accessibility for children, young people and their families (see more details on the footnote on page 47).

Playing Pitches

There are a wide range of playing pitches across Birmingham available which provide access to high-quality facilities so everyone can play sport and be physically active. These include football, cricket, rugby, hockey, and lacrosse as well as other 3G and grass sports pitches.

A Playing Pitch Strategy is in place to protect and enhance the existing supply of sports playing pitches, as well as provide extra new sites wherever possible to promote sport at all levels. The strategy also outlines an aim to maximise community use of education facilities, improving quality and securing developer contributions for projects (see more details on the footnote on page 47).

Allotments

Birmingham has 113 allotment sites and nearly 7,000 plots, more than any other local authority in the UK. Over 90% of the sites are managed by independent Allotment Associations, the rest are managed by the Birmingham District Allotment Confederation. There are multiple benefits to having an allotment which extend beyond the physical activity involved in gardening and growing. People who have allotments are also more likely to eat fruit and vegetables and feel connected with nature.

In addition to formal allotments, there are a wealth of community-based initiatives such as Fruit and Nut Village, on the Rea Valley and in Druids Heath, which engage the local community in growing and promoting knowledge of growing and green open space.

Active Design

New guidance on how the design of our environments can help people to lead more physically active and healthy lives has been published by Sport England in partnership with Active Travel England (ATE) and the Office for Health Improvement and Disparities (OHID).

The third iteration of our Active Design guidance has been produced to help create ‘active environments’. The guidance seeks to help planners, designers and everyone involved in delivering and managing our places to create and maintain environments that encourage people to move more⁸.

A wide range of opportunities and initiatives have been or are being developed in Birmingham to ensure the design of the city enables communities to build more physical activity into their everyday lives including:

15-minute neighbourhoods

The aim of the 15-minute neighbourhoods project is to enable all residents with access to a good quality green environment and are able to access all the good services they need to live full, healthy, and happy lives, all within a short walk or public transport journey of their home. At the moment, this is a pilot scheme but if it is successful, it may be rolled out across the whole city. 15-minute neighbourhoods are mentioned as an aspiration in the Our Future City Plan and the developing local development plan review.

Walking and cycling infrastructure

The Birmingham Transport Plan 2031 describes what the city needs to do differently to meet the demands of the future. A key component of the plan is around prioritising active travel in local

^{vii} [City of Nature Plan](#) [Outdoor Play Facilities Policy 2020](#) [Active Design guidance](#) [Playing Pitch Strategy](#)

neighbourhoods and ensuring walking, cycling and active travel become the first choice for short journeys. The Walking & Cycling Strategy and Road Safety Strategy both contribute towards the delivery of this and provide further detail around what is required in these areas of work.

West Midlands Walking and Cycling Index 2021

The Walking and Cycling Index (formerly Bike Life) is the biggest assessment of walking and cycling in urban areas in the UK and Ireland. It is delivered by Sustrans in collaboration with 18 cities and urban areas. Each city reports on the progress made towards making both walking and cycling more attractive, everyday ways to travel. The Walking and Cycling Index reports every two years, and a second report has been published for the West Midlands produced in partnership with Transport for West Midlands.

BCC Commissioned services and activities

Birmingham City Council support physical activity provision and opportunities across the relevant functions including public health, sport, planning, transport, social care, and economic development.

The Council commissions several universal services including local sports and fitness provision and the provision of free physical activity programmes provided at leisure Centres across the city through opportunities such as Be Active. The Be Active scheme offers all Birmingham residents access to free swimming, group exercise classes and gym sessions.

Be Active Plus is a 12-week programme of support offered to any individual with a long-term condition and can be a follow-on intervention post NHS funded rehabilitation provision.

Public Health commissions some provision from The Active Wellbeing Service. Details about the work of this service are set out in the section of this report about targeted interventions.

The Council has huge potential to engage with local community groups to activate organisations and maximise opportunities to engage individuals and communities to become more physically active.

This could be through building on existing work:

- The Every Step Matters programme has expanded the Daily Mile concept outside of school settings, with one-mile tracks installed in eight Birmingham parks in wards with diverse communities and low levels of physical activity. Alongside community engagement and regular led walks, the one-mile tracks provide a supportive environment to help combat the negative effects of physical inactivity within these communities.
- Ward planning activities which could have a focus on maximising the use of community assets to enable easier access to physical activity opportunities within trusted venues in local communities.
- Training for front line staff – the Public Health Team has been working with clinical champions who are delivering free, peer-to-peer online training sessions to healthcare professionals. An opportunity exists to adopt a similar model and work across the Council to ensure front line staff are knowledgeable, skilled and confident to support physical activity across communities. The Council and its staff are in a unique position to reach into communities to support local residents to engage in more activity and where relevant, signpost to physical activity opportunities within their community.

Voluntary and Community Sector

The Active Wellbeing Society (TAWs)

The Active Wellbeing Society is a community benefit society and cooperative working to build healthy, happy communities living active and connected lives. They deliver a wide range of free activities and services aimed at improving wellbeing at an individual and community level including:

- Big Birmingham Bikes (Community cycling clubs) run in partnership with Cycling UK, Big Birmingham Bikes supports Community Cycle Clubs across the city with activities such as cycle training and led rides.
- Bikeability - cycling training programme for all levels of cycling on and off road for all levels of cyclists.
- Parkride Sessions - inclusive family cycling project that provides the whole family the opportunity to enjoy the great outdoors through cycling together.
- Active Parks - supports participants to engage in a wide range of physical activities to improve health and wellbeing whilst having a lot of fun. This includes walks, Zumba, Tai Chi and tennis.
- Active Streets - supports participants to engage in a wide range of physical activities on their street (after closing the road). This can improve health and wellbeing whilst having a lot of fun.
- Step Back out – a co-designed intervention with local communities to support people to come back out following Covid-19. Activities include one-to-one support in green spaces or joining walking, picnics and running groups.

Sports Clubs

A wide range of sport and physical activity opportunities are provided by sports clubs and community groups across Birmingham each week. Sport Birmingham have developed a database which has captured over 780 clubs and community groups running activities across the city.

Parkrun

Parkrun is a free volunteer led physical activity events held in parks. It is a weekly community event where anyone can participate in a walk, jog or run a 5k course in a range of parks across the city. Birmingham hosts six Park runs around the city. There are also 2 Junior Park runs in Birmingham, a 2k run dedicated to 4–14-year-olds and their families every week.

Birmingham 2022 Commonwealth Games Legacy

Birmingham 2022 Commonwealth Games organisers and its partners developed a national Legacy Plan, which outlined a series of ambitions to leave a lasting, positive impact on jobs, skills, education, culture, physical activity and investment across the West Midlands and the UK. The plan boosted investment across Birmingham and the West Midlands, to engage people who face multiple barriers and look to approach these challenges in new ways. This included projects like the 'Active Communities Local Delivery Pilot' in partnership with The Active Wellbeing Society. This project supports physical activity in deprived communities to help close the inequality gap, focusing on deprivation, age, and ethnicity. It will be part of this wider strategy that will work on culturally competent approaches to promote physical activity. The project includes a number of universal projects including:

- Workforce, Sport Birmingham - Workforce supports the new and existing workforce through training and development of our people and leaders, focusing on the skills needed to do whole systems change. Workforce's objectives are to develop the skills needed to create system change; to support organisational development to help community organisations

become more resilient; to embed key ways of working across workforce, projects, partners & stakeholders; to build core skills/competencies across workforce to enable them to be effective.

- Community Networker Project
 - Colebridge Trust receives funding to operate as a Community Networker with the Active Communities programme. Networkers reach into communities and build strong trusted relationships, bringing people together to deliver a range of activities which grow confidence and skills. Their objectives are to bring local people together to foster connections and co-create services with the community.
 - Witton Lodge Community Association also receives funding and a range of 'network' models have been tested within the programme. They are more actively connecting with Locally Trusted Organisations (LTOs) who have established trust and credibility within their local communities, leveraging their existing relationships and knowledge to achieve its goals.

Targeted Provision

Children and young people

Bring it on Brum! Holiday Activity and Food Programme

Bring it on Brum! is a programme funded by the Department for Education designed for families in Birmingham to help children, young people and their parents to have fulfilling, active, fun-filled and healthy school holidays. Part of the new Holiday Activities and Food programmes, Bring it on Brum! is the biggest scheme of its kind in the country, and has over 130 providers running physical activity provision through the holidays. The programme is aimed at young people aged between 4-16 years old who receive benefits-related free school meals. Benefits-related free school meals (FSM) are available to pupils if their parents are in receipt of one of the qualifying benefits and have a claim verified by their school or local authority.

Racketscubed

University of Birmingham in partnership with Racketscubed are providing squash and badminton sessions for underprivileged primary school children, whilst also providing extra tuition in STEM subjects and food.

Primary League Kicks

Birmingham City FC Community Trust provide sporting activities to 8–18-year-olds alongside routes into education, employment, and training.

Why Teens Podcast, Sutton Coldfield YMCA

The YMCA's podcast 'Why Teens' is produced by and for young carers. The podcast aims: to offer support and respite for young carers by creating a community to reach out to one another; to offer young carers opportunities to take ownership and gain additional skills through learning how to produce and host the podcast.

Podcasting with young people can foster a positive environment that promotes physical activity, providing motivation, guidance, and inspiration for them to lead active lifestyles.

The project is co-created by and with young people. This includes hosting all the podcasts, upskilling, new content creation and even reaching international audiences.

Role Models and Inspirational Stories: Podcasts can feature stories of young individuals who have achieved success or overcome challenges through physical activity. By sharing these inspiring

narratives, young listeners can be motivated to emulate their role models and engage in activities that promote physical fitness.

Educational Content: Podcasts targeting young people can provide educational content on the importance of physical activity, its benefits, and tips for staying active. By offering valuable information and insights, podcasters can motivate listeners to incorporate physical activity in their lives and adopt healthier habits.

Participation/Demonstration Episodes: Some podcasts may incorporate practical episodes where hosts or guests engage in physical activities while recording. This can include activities like going for a walk, exploring nature, visiting local sessions or trying out new activities. By sharing their experiences, podcasters can inspire young listeners to get involved in similar activities.

People living with physical and learning disabilities

Inclusive Cycling

The Active Wellbeing Society (TAWS) provide cycling services to people with disabilities and differing needs.

Fit for All

Fit for All is run by the Children's quarter, a cooperative alliance of community groups, schools, volunteers, and voluntary organisation working to make inclusive school holiday times for children with priority given to disabled and vulnerable children who are eligible for free school meals.

The Inclusive Sports Academy

The Inclusive Sports Academy is funded through the Active Communities Programme and aims to raise awareness and enhance the lives of children, young people, and adults with Special Education Needs and Disabilities (SEND). They deliver physical activity and wellbeing sessions to improve the wellbeing and health of participants, alongside volunteering opportunities to increase their civic activity. Their objectives are to use activity sessions to provide young SEND people with opportunities to prepare them for employment.

Beat it Percussion

This project, funded through the Active Communities Programme, aims to use sound, rhythm and movement to improve mental health and wellbeing and help those with disability become more active. Beat it Percussion's objectives are to work with residents in areas of high indices of multiple deprivation, including older adults with ageing-related conditions.

Drumming involves rhythmic movements that require coordination, strength, and endurance, making it a great form of exercise and introduction to movement, civic engagement and connecting people into wider networks and physical activity.

Delivery takes place in local community settings, inclusive to all, taster opportunities, skills sharing sessions, trust building and social connections that reduces loneliness and opens up opportunities of support and further participation with new friendships.

ATHAC Access to Heritage Art and Culture

ATHAC provides supported access to heritage, arts and culture in creative ways. Their objectives are to increase physical activity levels of participants, by incorporating movement incrementally through weekly sessions. In addition, they aim to work with sports sector organisations to understand the barriers faced by young disabled people, encouraging them to learn how to adapt their approaches; to include practical life skills into sessions to further prepare participants.

The project encourages alternative activity that is incorporated into art work and educational learning outside the traditional school setting. This has included everyday health changes such as water consumption, healthier snacks, table tennis and packed lunches and having a sport coach advise and support design and ideas for a more active environment that suits the needs of the groups, this has included food diaries and reflection on current physical activity to aspirational activity opportunities. On these journeys they have been creative in the use of photography and artwork. This has prompted visits to the art galleries, outdoor spaces and further afield to outdoor centres where the group have learnt about trees, planting and nature. These sessions have encouraged the group from what was a very sedentary lifestyle to a more engaging participatory delivery that enables more connection and increase in physical activity.

Sessions have included martial arts one-to-one sessions to lead the way for these young people to be included in some of the out of reach sessions previously due to costs or accessibility due to individual needs. Bikes has also been an area of development for ATHAC for adapted bikes to be accessible so the whole family can participate in bike sessions in the local park spaces. Partnership working to strengthen this opportunity across the city to enable more inclusive sessions that are reachable for all.

Women and girls

The International Working Group (IWG) on Women & Sport

The International Working Group (IWG) on Women & Sport is the world's largest network dedicated to advancing gender equity and equality in sport, physical education and physical activity. It is fully aligned to the 17 United Nations Sustainable Development Goals.

Established in 1994, the IWG advocates and runs programmes globally year-round. The IWG Secretariat & World Conference 2022 – 2026 quadrennial will be hosted by Birmingham and the West Midlands in the United Kingdom, with the IWG World Conference on Women & Sport to be held in Birmingham in 2026. On August 5, 2022, we opened a circle of leadership where the IWG UK took over Secretariat leadership globally.

A consortium with representation from IWG Women & Sport, Sport England, Sport Birmingham, NEC Birmingham, ICC Birmingham, University of Birmingham, Birmingham City Council and West Midlands Growth Company has been established to lead on the development of a Strategic Plan for IWG in the UK. This will aim to establish how to make the most of the unique opportunity that IWG presents for the region.

Sähëli Hub

The Sähëli Hub mainly offer a women-only environment for group fitness both indoor and outdoor. Sähëli is a Social Enterprise, most of the women who deliver the service are local, trained and mentored by Sähëli to offer a professional, happy experience for individuals starting out on their active journey. They offer a number of women-only activities including bell boating and kayaking, running groups and a cycling club, working in partnership with Big Birmingham Bikes, Cycling UK and Active Parks to deliver women-only cycling sessions in three parks.

This Girl can

Service designed to get more active and feeling confident doing so. Sessions are currently being run on zoom but may change to in-person. Activities include Zumba, Soca, Active Mums, Yoga, and menopause matters.

Older people

Active Club

The University of Birmingham Sport and Fitness provides sport activities for people over the age of 50. Gentle exercise and low impact sessions, tailored to suit all levels of fitness, Active Club sessions are tailored for older adults looking to get active in a sociable and supportive environment.

Age UK Birmingham

Age UK Birmingham offers services for older people and their carers across the whole of the Birmingham City Council Area. They offer a range of physical activity opportunities tailored to meet the needs of older people in the city. These include Walking Football programme, walking groups and pilates. The activities are designed to improve strength, balance and coordination as well as provide opportunities for social connection to reduce isolation among the older population.

Culturally Diverse Communities

The 'Beaming Brandwood' project

Our Scene aims to connect local neighbourhoods in Brandwood through activities in green spaces. The 'Beaming Brandwood' project's objectives are to promote physical and social activity through themed walks, collaborations with local schools, and seasonal craft projects; raise community spirit and morale; to generate movement and participation by people living outside the immediate neighbourhood; engaging south Asian communities.

Creating a series of new walking and fitness trails with a smiling-making twist, to help people get active, get social, have a laugh and enjoy our wonderful Brandwood green spaces and neighbourhoods together. All trails are being co-designed and tested with local residents and groups.

Specialist Provision

Be Active Plus

A support exercise programme for people with a variety of chronic conditions. The exercise referral scheme is commissioned by Birmingham Public Health. Participants are referred via their GP and receive specialist support to enable them to increase their physical activity and improve the management of their conditions.

Live Well Taking Control

Live Well Taking Control is a not-for-profit programme of the Health Exchange which provides the Diabetes Prevention Programme across Birmingham. It provides specialist support from health coach over 9 months via a smart phone app (Liva's App). The programme is for people living with pre-diabetes to help them to avoid developing Type-2 diabetes through simple diet, exercise and lifestyle changes.

Fitfans

Fit fans is a 12-week lifestyle change programme funded by the EFL Trust and run by the Birmingham City FC Community Trust. The programme is aimed at increasing physical activity, losing weight, and living a more active lifestyle for people aged between 35-65 years and with a BMI above 28.

Better: Healthwise

Healthwise is a physical activity referral scheme dedicated to keeping participants living with a health condition fit and healthy through physical activity support and guidance. They offer:

- Physical activity on referral - Health professionals can refer patients to low-cost programmes to help improve, manage, or prevent conditions like diabetes, hypertension, and depression.
- Cardiac rehab scheme – this scheme is designed for those people who may have had a cardiac event. Referral is made by their GP or from a Phase 3 team at the local hospital.
- Adult weight management course – a 12-week weight management programme designed to explore motivation, nutrition and techniques to change behaviour.
- Family weight management course – a 10-week weight management course for families to attend providing both nutritional and physical activity advice.
- Falls prevention classes – designed to help older people develop strength and balance to reduce the risk of falls and injury.
- COPD health and training – a programme designed for those people living with COPD.
- Cancer rehabilitation programme – for people that have survived cancer to encourage them to be more physically active.

Lived Experience

Birmingham Council commissioned focus groups as part of the Seldom Heard Voices project and Tola time project to generate insight to inform the development of the approach to creating an Active City in Birmingham. A series of targeted focus group conversations took place about physical activity, especially exploring beliefs and attitudes, with communities that are rarely heard.

The following summary reflects the participants' views on these themes and highlights where there are implications for the approach taken and opportunities for action.

Seldom Heard Voices Focus Groups		
Community	Insight	Implications for Approach/Action
d/Deaf and hard of hearing	Communication is a barrier. Taster classes and encouragement from friends seen as an enabler as was access to a parks or green spaces.	Walking opportunities especially if part of a d/Deaf group. Referral routes through trusted professionals or organisations such as Healthcare Professionals or BID.
Older People	Enjoyment is as important as health. Motivation was high to take part in activities outside/accessing green space. Information about location and cost was key. PA was seen as key to managing health conditions and maintaining independence.	Access to specific sessions aimed at older people especially activities utilising green space. Information and advice provided through trusted sources with a focus on where to access and cost . Social aspects of physical activity and the benefits to maintaining health and independence should be the focus of messages.
LGBTQ+	Mental health was cited as a key barrier to PA alongside other unique and substantial barriers such as homophobia, transphobia, exclusion, and discrimination.	Use of trusted sources of information and advice e.g., Birmingham LGBT network. Co-production of meaningful and practical solutions to eliminate discrimination and develop inclusive opportunities.
Long Term Conditions	Cost is a barrier. Medical professionals strongly inform beliefs around physical activity and are a trusted sources of advice about physical activity. Confidence about being physically active is low and additional support is needed.	Referral routes and support should be through trusted sources such as healthcare professionals. Specific groups for people with LTCs that GPs endorse and opportunities to 'buddy' with someone to offer additional support when starting to become more active. Access to free , local activities in their area is important.
Asylum seekers and refugees	Information about what activities are available and where free facilities can be found be found.	Information and advice about free opportunities. Planning of activities to consider the asylum/refugee journey and the specific needs associated with it and a PA workforce who understand this.
Young Women	Family, media and social media are influences on this group's view of physical activity. Barriers to participation include financial and lifestyle (work or education time	Already familiar with how to access physical activity opportunities. Information often sought through "new" technologies (social media, open to using fitness apps), but can be overwhelmed by information, so a focused

	<p>pressures, for example). Other activities can be a priority over considering physical activity opportunities. This group understands the benefits of being active on physical and mental health, however. Safety is a consideration for this group (some opportunities not taken up because they are considered not safe – using parks at night, for example). No continuity between physical activity from school age into adulthood. Body image is a consideration for this group and perceptions about what women should look like.</p>	<p>approach might be beneficial, with more targeted information sharing about what is available. Access to activities that are not necessarily gym or swim orientated – a wider variety of opportunities may make physical activity more appealing.</p>
<p>Adults of Working Age with Mental Health Conditions</p>	<p>Some members of this group understand physical activity can be beneficial to help their mental health needs, however some find their mental health condition affects their levels of motivation to engage with activity. This group is likely to engage mostly in active travel rather than more formal physical activity. Barriers include finance and cost being prohibitive factors to formal activity. This group can feel other people’s perception can be a barrier to them engaging in activity, particularly formal activity. There is a feeling that activities are not targeted at this group and therefore “not for them”. There appears to be a lack of information accessible to this demographic.</p>	<p>Recommendations may include sharing of information across community support groups to connect resources and strengthen knowledge about availability of opportunities targeted to this group. Provision of information about free activities. Provision of accessible information about being active and what opportunities might be available. Consideration of providing opportunities that are targeted specifically at this group (gym, swim sessions in “relaxed” atmospheres, for example). Sustainable opportunities, such as walking groups, gardening, etc. to provide ongoing active lifestyles. Publicity around physical activity should focus on the mental health benefits as well as physical.</p>
<p>Teenagers</p>	<p>This group understands physical activity and what the benefits are. However, are less likely to be familiar with formal guidance and recommendations. This group may participate in formal exercise but are more likely to use active transport (although not seen as exercise).</p>	<p>Actions could include supporting students with maintaining physical activity to support mental health. Accessibility to opportunities giving young people the chance to try different activities that they may not normally have access to (other than traditional sports, for example). Information about activities should appropriately targeted to this age group, for example providing information about health benefits (physical and mental) and associated benefits of active travel (such as climate change). Consider reward-based initiatives to encourage physical activity - use of apps, for example with benefits such as discounts</p>

		etc. Having more events in parks and green spaces was also noted as a driver.
3 rd /4 th Generation Migrants	This demographic may adapt their physical activity to meet the needs of their families. Information about physical activity is gained through online resources. This group is aware of the benefits of physical activity and where to find information about it.	Time and lifestyle pressures may impact this demographic in accessing opportunities. Opportunities for active travel may be missed due to perceived time constraints, the commute of school run may be carried out by car, for example.
First Generation Migrants	This demographic's choices are influenced by family and friends and sometimes to a greater extent than managing their own health needs. Active travel (walking) is a main mode of transport, but not necessarily seen as exercise. Insights suggest this group has limited interest in cycling but may be interested in swimming. Appears to be some reluctance to accept some health advice/messaging (from healthcare professionals for example).	Members of this group have been informally advised by family, friends , etc. therefore, could be influential with key messages about the benefits of physical activity. Intergenerational and/or involvement of family members. There is some reluctance to engage with formal advice.
Unemployed	Barriers to participation for this demographic include safety, cost, time constraints and accessibility in terms of location. Some members of this group have other responsibilities (parenting and caring, for example), that may take priority over engaging in physical activity.	Targeting this demographic to increase awareness of physical activity and benefits to health and wellbeing, whilst taking barriers to participation into account. Provide messaging around the use of the technology (apps) to encourage physical activity and share.
Chinese, Vietnamese, Korean Migrants	This demographic has a lower-than-average rate of participation in physical activity. There is an understanding physical activity is important for health, but less likely to have engaged with formal messaging/guidelines. Due to tradition, this community may engage more with traditional therapy where others may have engaged with their GP. Barriers include safety, cost of equipment, weather.	Engagement maybe required with community therapists/groups to promote messaging. This group may engage/have greater trust with community therapists/groups than council/NHS messaging. Increasing awareness of opportunities and engaging with population in community languages.

Tola Time

Community	Insight	Implications for Approach/Action
African Caribbean	Highly engaged in walks focussing on discovering green spaces which had been co-designed with members and walks to learn about the African Caribbean heritage within the city.	Co-production approach to ensure ownership and meeting the communities' interests and needs. Asset-based approach designed around the assets within the communities.
Indian (Hindu and Sikh)	Uptake of physical activity was good. Participants were willing to engage with a wide range of other opportunities. Supporting elders within the community struck a chord across the community.	Intergenerational and/or involvement of elders
Pakistani and Kashmiri	Taking part in physical activity within their kinship groups is important, indicating that the community prefers to do activities with some privacy. This is especially so for women.	Engagement is amplified if other family members participate.
Somali	Physical activity sessions participated in, but they do not always feel completely welcome by other minority communities. In addition, opportunities provided by other communities do not always cater for their needs. Cross reference GAPP and EAED to develop further	A tailored approach aimed specifically at the Somali community may help to improve engagement and uptake
Young people	Young people are more likely to engage in physical activity if their friends or colleagues are participating.	The social element of physical activity is core to them engaging

Findings and opportunities for action

This section summarises the findings and recommendations of the PANA for Birmingham. It is important to recognise that this has been a rapid needs assessment process using current and readily available data. In addition, the volume of provision and activity across the system means that the mapping of current services and place-based provision is by no means fully comprehensive. Therefore, several of the recommendations highlight areas where further work can be carried out to build on the emerging evidence base that the PANA has developed.

The diagram below summarises the inequalities which exist in Birmingham.

What are the inequalities within Birmingham?

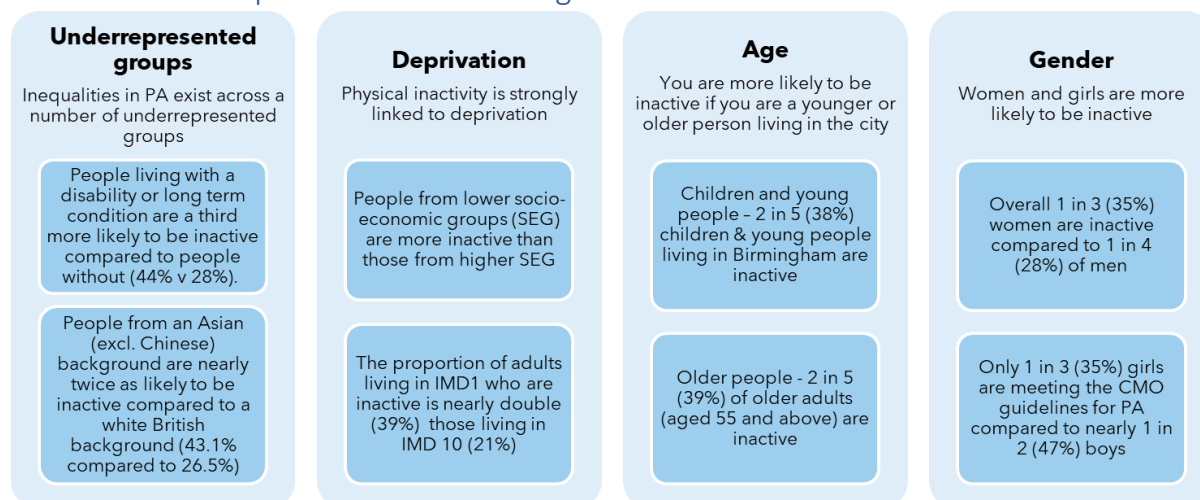


Figure 43: Inequalities in Birmingham

Insight from local communities

Insight gathered from these seldom heard communities suggests that the following should be considered when designing services or creating opportunities to increase physical activity in these groups:

- Develop knowledge and understanding of the local community to ensure needs are understood.
- Undertake appropriate engagement before developing provision and co-produce activities with communities to ensure they are tailored to meet their needs.
- Use trusted organisations and relationships to provide information and activities to increase engagement and maintain commitment.
- Provide a diverse choice, which takes a flexible, person-centred approach.
- Where appropriate targeting activities for specific communities so they can be tailored to meet their needs and maximise engagement.
- Making use of technology to provide easily accessible and clear information to inform and engage people in activity.

Recommendations

Recommendation One: Data

There were limitations to much of the physical activity data collected as part of this Needs Assessment. Availability of local data was hindered by the fact that many of the local services contacted collect data but were unable to extract it in ways that were helpful. National data is updated annually and some of the extracts were measurements from several years ago. Sample sizes for national data, Active Lives Survey for example are small and do not give the local nuance needed to measure locality-based change over time. The capacity to carry out the review was also time constrained and was not as thorough as it could have been.

The recommendation for data going forward requires the following actions:

- Review the data in this needs assessment within two years following local service data collection changes which are due to happen in 2024
- Identify other types of local data not considered due to time
- There is no data available for physical activity levels by ethnicity or disability for children though the Active Lives Survey. Consideration should be given to alternative data sources and ways of capturing this information to ensure a full understanding about activity levels is developed.
- Explore opportunities to increase sample size for national data sets.

Recommendation Two: Applying Physical Activity Policy at a Local Level

The review of policy and local practices relating to physical activity show evidence of silo working, lack of effective collaboration between partners and little to no benchmarking of service provision.

The recommendation for policy application going forward requires the following actions:

- Implement a whole system approach to physical activity by bringing partners together to develop an integrated and coordinated physical activity strategy for the city
- Audit current practice and interventions against policy and guidance e.g., the Sport England Active Design checklist to support the implementation of physical activity strategy delivery plans
- Investment prioritised and targeted to Physical Activity opportunities that meets needs and ensures progress is made to close the inactivity gap
- Physical Activity to be considered and embedded in all relevant policies and strategies.

Recommendation Three: Taking a Life Course Approach

Physical Activity is important at all stages of life and the UK Chief Medical Officer (CMO) guidelines vary for different age groups. The data review showed there are some key actions required for specific age groups.

The recommendation for taking a life course approach going forward requires the following actions:

- There should be a focus on children, young people and their families to ensure positive experiences and the right foundations for physical activity habits are built, and in ways that can last a lifetime

- The current and future health needs of the over 65's should be considered as a priority to ensure there is a focus on strength, balance and coordination as well as improving physical and mental wellbeing to support people to live independently for as long as possible.

Recommendation Four: Under-represented Groups

Some groups are much less active than the general population in Birmingham, showing a gap in activity and higher levels of inactivity. The data and evidence review showed there are some key actions required for specific groups.

The recommendation for under-represented groups going forward requires the following actions:

- There is no data available for physical activity levels by ethnicity or disability for children though the Active Lives Survey. Consideration should be given to alternative data sources and ways of capturing this information to ensure a full understanding about activity levels is developed
- Recommendations for engaging seldom heard communities made through this needs assessment should be shared and implemented to ensure opportunities are tailored to meet their needs
- Communities which require a tailored approach are; Children and Young People; women; South Asian and African communities, those with a disability; those with a serious mental health condition; LGBTQ+ and over 65-year-olds.

Recommendation Five: Communications and marketing

Lack of understanding about Chief Medical Officer guidelines in the population and in professionals is high and the need for a life course approach means that any approach to improving physical activity requires regular modification as people age. Communications and marketing will need to be a key tenant of any plan for change.

The recommendation for communications and marketing going forward requires the following actions:

- Develop our understanding about the barriers and enablers where insight currently is not available e.g., active play or for groups with unmet needs such as people living with disabilities
- Working in partnership, across a wide range of stakeholders and communities, to change our culture to one which values physical activity, sport, and movement
- Develop insight led communication messages and marketing campaigns to support a shift in attitudes and motivation.

Recommendation Six: Capacity Building

Ranging from specialist teams, whose role is focused on physical activity and sport, to mainstream services, there is a requirement for capacity building to get any scale to aspirations to increase physical activity in the city.

The recommendation for capacity building going forward requires the following actions:

- Share findings from the PANA widely to support improved understanding and to enable more targeted approaches
- Identify training needs and develop appropriate training opportunities for front line professionals.

Recommendation Seven: Monitoring and evaluation

Improving levels of physical activity in all populations in Birmingham will require several complicated actions and there is limited funding available to support change. Monitoring and evaluation of what is working will be key to timely success.

The recommendation for monitoring and evaluation going forward requires the following actions:

- Establish robust systems to monitor the reach and impact of the Creating an Active Birmingham strategy as it is implemented. This needs assessment shines a light on inequalities of physical activity between populations in the city. The impact of action on addressing the inequalities that exist across the city in relation to physical activity, requires attention as does universal actions on the whole population. Regular analysis and reporting on relevant public health indicators and routinely collected data, should be built into programmes of work.
- Ensure appropriate evaluation of any commissioned activities related to physical activity this includes monitoring residents use of facilities and uptake of opportunities, activities and programmes across the city.

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