CITY & HACKNEY
PUBLIC HEALTH

Understanding physical activity in City and Hackney

2026

CITY OF LONDON AND HACKNEY
PHIT

Purpose of the briefings

Purpose
The briefings bring together key information about physical activity in the City of London and Hackney in a single, easily accessible format.

Whether you are a health partner, a community group, a Council or Corporation service or team, a sport and physical activity provider or a resident, these briefings are built for you.

The briefings can be used to help design programmes and services, develop funding bids, support joint working, and guide local decisions about where action is most needed.

Themes in the briefings

- Why physical activity matters
- What we know about physical activity in the City of London and Hackney
- What works in helping people to become more active
- What's available locally to help people be active
- What helps, and hinders, people from being active locally

Recommendations
The recommendations are directly informed by the five briefings above. They set out practical actions to support the planning, commissioning and delivery of physical activity across the City of London and Hackney.

Populations the factsheets covers
Residents in the City of London or London Borough of Hackney.

City and Hackney Public Health Intelligence Team (PHIT) phit@hackney.gov.uk | July 2026

How do I use the briefings?

Health and care partners

If you work within the NHS or wider health and care system (including ICBs, Trusts, primary care and community services), use these briefings to understand the role of physical activity in prevention, treatment and recovery. They can support strategic planning, service design and partnership working, as well as helping clinicians and frontline staff to promote physical activity, identify suitable support and signpost people to local opportunities.

Local government partners

If you are a Hackney Council or City of London Corporation officer working in areas such as transport, planning, parks and green spaces, environment or regeneration, use the briefings to understand how the built and natural environment influences physical activity, and identify opportunities to embed physical activity and health considerations into local policies and service delivery.

Physical activity providers

If you are an individual or local organisation delivering physical activity programmes, such as leisure providers, community groups or social enterprises, use the briefings to understand what works, identify priority populations and align services with local needs and evidence-based approaches.

Residents

Residents can use the briefings to understand why physical activity matters, what types of activity can support their health and wellbeing, and where to find information about local services, spaces and opportunities to be active.

VCSE partners

If you are a VCS organisation supporting residents' health and wellbeing, use the briefings to identify priority groups to reduce inequalities, understand barriers to participation or strengthen funding bids using local data, evidence and Public Health priorities.

Contents

Why physical activity matters

Being physically active is one of the most important things people can do for their health.

This is reflected in Sport England's *Uniting the Movement*, which focuses on tackling inequalities so more people can benefit from active lives.

The UK Chief Medical Officer's (CMO) guidelines recommend different levels of physical activity at different ages. Adults should aim for at least 150 minutes of moderate-intensity activity each week, while children and young people should aim for at least 60 minutes every day. For children under five, the focus is on being active for at least 180 minutes each day through play and movement[1].

Across all ages, ***any activity is better than none, and more is better still***[2], and even small increases in movement can help people stay well, feel better and live healthier lives.

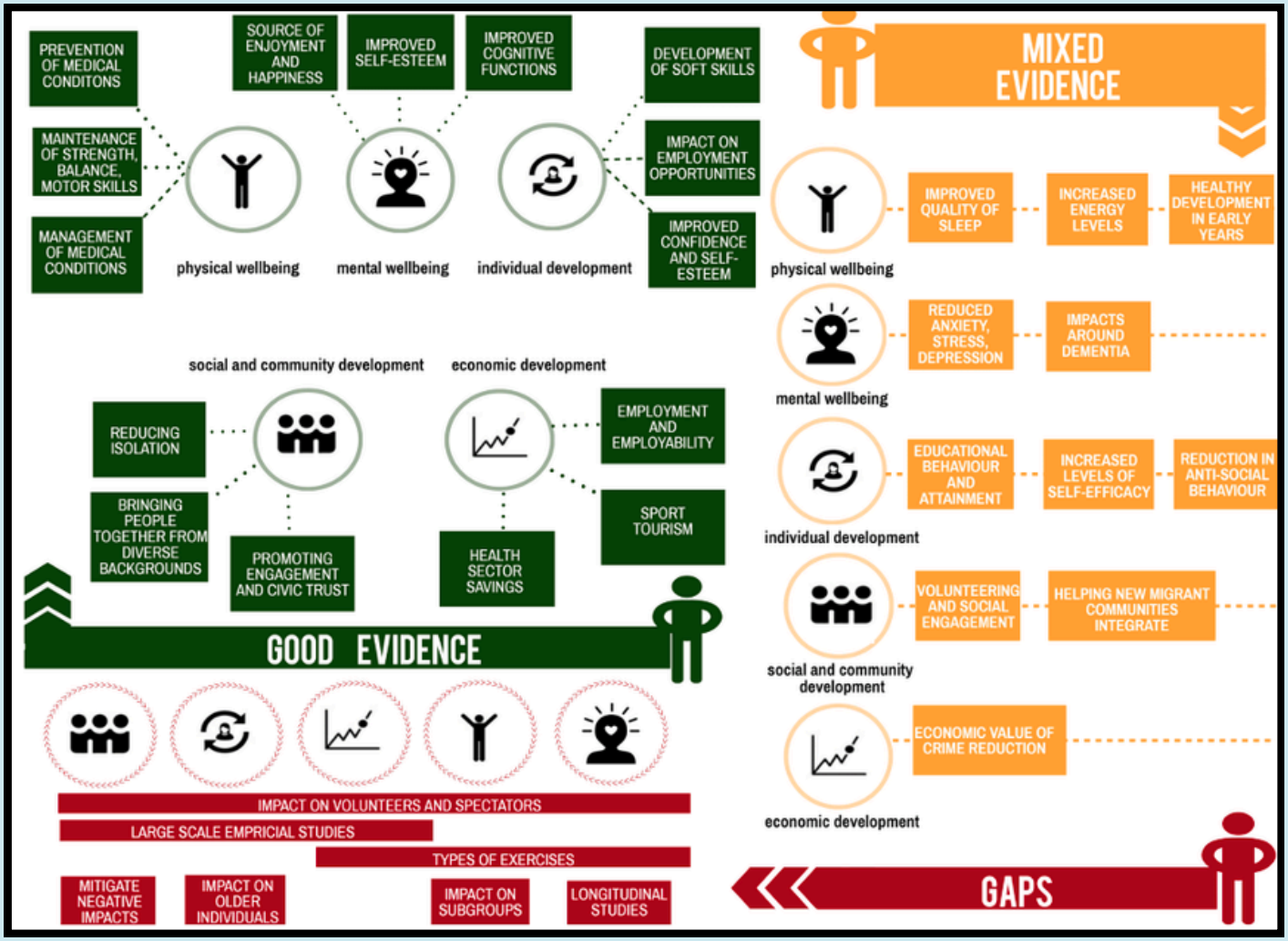
Being active does not mean only doing sport or going to the gym; it's about building movement into everyday routines - including walking, cycling, play, active travel, gardening, dancing and cleaning.

Regular physical activity helps prevent and manage heart disease, stroke, type 2 diabetes, hypertension and several cancers[3]. Physical activity also helps people to achieve and maintain a healthy weight. It improves muscle strength, balance, mobility and bone health - helping people stay independent and reducing the risk of illness and falls as they get older.

Being physically fit helps children and young adults to enjoy time with friends, playing and exploring the world around them. It is also vital for their overall development, including supporting healthy growth, motor skills and social development[4]. Physical activity helps children and young people to maintain their general health and wellbeing, both now and in their adult lives[5].

Image 1 below, produced by Sport England, shows the individual and societal health and wellbeing benefits of physical activity[6].

Image 1: the overall impact of sport and physical activity on individual and societal health and wellbeing



Physical activity benefits for children and young people[7].

Improved sleep; Building relationships and social skills; Brain development and learning; Improved health, fitness and maintaining healthy weight; Developing muscles and bones; Developing movement and coordination; Building confidence; Reducing risk of depression; Improving concentration and learning.

The flip side is that inactivity is harmful. When people are inactive, the risk of poor physical and mental health is higher and, over time, this contributes to avoidable poor health and a lower quality of life.

This is why physical activity appears so often in health guidance. Physical activity, exercise or community rehabilitation is recommended in 98 NICE clinical guidelines and quality standards, covering areas such as cardiovascular disease, musculoskeletal conditions, mental health, cancer, falls and maternity care. NICE also recommends that physical activity advice is built into how care and support is provided for conditions such as cardiovascular disease, type 2 diabetes, stroke and mental health[8].

When physical activity is part of routine health and care services it can help prevent and manage long-term conditions and reduce pressure on services over time. Sport England estimates that current levels of adult sport and physical activity already generate £10.5 billion in annual NHS and social care savings in England, with most savings linked to people who meet the CMO guidelines for physical activity[9].

Physical activity and inequality

Not everyone has the same opportunity to be active. Across City and Hackney (as nationally), how active people are is strongly related to age, ethnicity, income and where they live, reported in the 'What we know about physical activity in the City of London and Hackney' briefing.

Locally, adults aged 65 and over in Hackney have similar levels of physical activity compared with the London average. However residents in the City of London within this age range are far less likely to be active than younger age groups, and the gap is wider here than the London average[10].

Adults from black and Asian communities are less likely to be active than people from white communities, with black residents more than twice as likely to be inactive[11]. Adult residents living in the most deprived areas are also significantly less likely to meet recommended activity levels compared to those living in the least deprived areas.

Inequalities are also seen among children and young people in London. Active Lives data, also shared in the 'What we know about physical activity in the City of London and Hackney briefing', shows that boys in London are more likely to be active than girls, with approximately half of boys meeting the recommended activity levels, compared with slightly less than half of all girls.

London data shows that children's activity levels vary across school year groups, with a noticeable dip in Years 3-4 (aged 7-9) . Activity levels then improve from Years 5-6 (aged 9-11) onwards, while the proportion who are less active begins to fall.

At a London level, variation is also seen across different ethnic groups. Children and young people of mixed ethnicity are most likely to be active, while black children and young people are currently least likely to be active.

These differences reflect real structural barriers to being active; they are not simply about "lack of motivation", as reported in the 'What helps and hinders people from being active locally' briefing. Racism and discrimination can also act as structural barriers to physical activity.

Evidence suggests that people from marginalised and Global Majority communities may be excluded from sport and physical activity through experiences of discrimination, lack of representation, activities being a poor cultural fit, and spaces that do not feel safe, welcoming or designed with them in mind[12,13]. This reinforces the need for local opportunities to be co-designed with communities and delivered in ways that build trust, belonging and inclusion.

These inequalities matter because physical activity helps protect people's physical and mental health across the course of their lives[14]. When some groups face greater barriers to being active, they are less able to benefit from this protection. This can widen existing health inequalities for communities already more likely to experience conditions such as high blood pressure, type 2 diabetes and depression.

Inactivity and poor health reinforce each other, making it harder for some people to gain the physical and mental benefits from being active. This is particularly important for people with a disability or long-term physical or mental health condition. In London, these residents are almost twice as likely to be inactive, compared to those who live disability free[15].

Making it easier for everyone to be active, especially those who face the greatest barriers, is one of the most important things we can do to improve health and reduce health inequalities across City and Hackney.

Physical activity as a local priority

These inequalities mean that increasing physical activity is not only a health issue, but also a wider social and community issue. This is why increasing physical activity levels is a clear local priority and is reflected across several local strategies[16,17,18,19,20],including the Hackney Local Plan and the City of London Local Plan - important strategic documents that shape the local area and influence how active people are able to be within their communities.

Together, these strategies and policies recognise that being active helps prevent ill health, supports mental wellbeing, strengthens mobility and independence, and builds social connection. Physical activity is therefore not only a public health issue, but also an important part of creating healthier, fairer and more connected places.

We know being active supports us to stay well for longer. It also helps people to stay in education, work and to enjoy a higher quality of life. Sport England estimates the indirect benefits of current physical activity levels, including increased national productivity and broader social value, to be over £107 billion each year[20].

What we know about physical activity in the City of London and Hackney

This briefing provides an overview of the current picture of physical activity in the City of London and Hackney, including comparisons with other areas, trends over time, inequalities and related health outcomes.

The City of London and Hackney have very different populations, but both are relatively young and diverse places. Hackney has a particularly young population, with 55% of residents under the age of 35. The City of London also has a younger age profile than the national average. Both areas are ethnically and culturally diverse, with people from many different backgrounds, ethnicities and faiths, and many residents were born outside the UK. A wide range of languages are spoken locally, which reflects the richness and diversity of the communities. These population differences are important because they shape people's daily lives, experiences and needs, and help explain why opportunities to be physically active may not be the same for everyone.

Hackney is one of the most densely populated parts of the country and many residents face challenges linked to poverty, housing costs and overcrowding. These pressures can affect health and wellbeing and may make it harder for some people to be active in their everyday lives. The City of London has a smaller, yet relatively affluent, resident population but not without pockets of deprivation, for example in the ward of Portsoken. There is also a large number of people who travel in for work each day. This creates a unique picture of how people move around and use local spaces in the City.

Locally, this means that physical activity in City and Hackney needs to be understood in the context of a young and diverse population, but also against a backdrop of very different living conditions, local environments and inequalities.

Physical activity for adults is defined as follows.

- **Active**: 150+ minutes of moderate-to-vigorous physical activity a week
- **Fairly active**: 30-149 minutes of moderate-to-vigorous physical activity a week
- **Inactive**: less than 30 minutes of moderate-to-vigorous physical activity a week.

An overview of population data

The City of London
8600 residents
614,500 workers
Millions of visitors each year

Hackney
260,000 residents
Over ½ of residents under the age of 35
47% black, Asian, mixed, or 'other' ethnicity

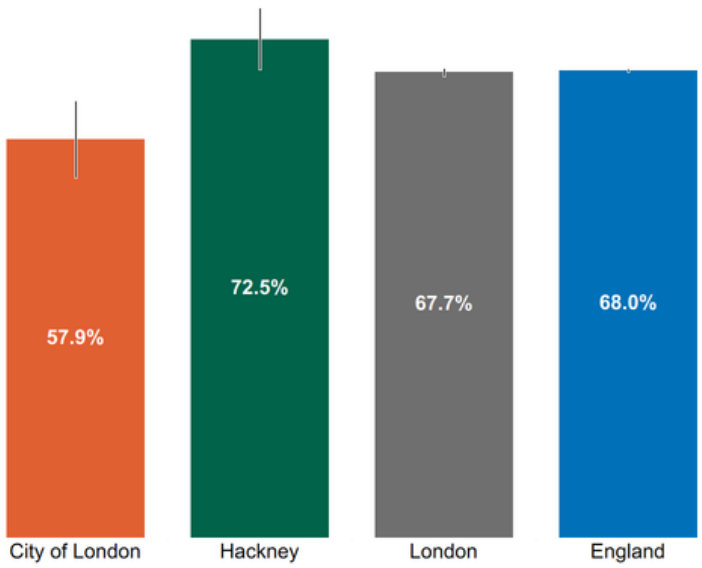
Population infographics available to view, here.

Prevalence of physical activity

This section starts by showing the overall proportion of adults who are physically active, meaning they report doing at least 150 minutes of moderate-intensity physical activity each week. This provides a broad starting point for understanding local activity levels before looking in more detail at differences by age, sex, ethnicity, disability, deprivation and place.

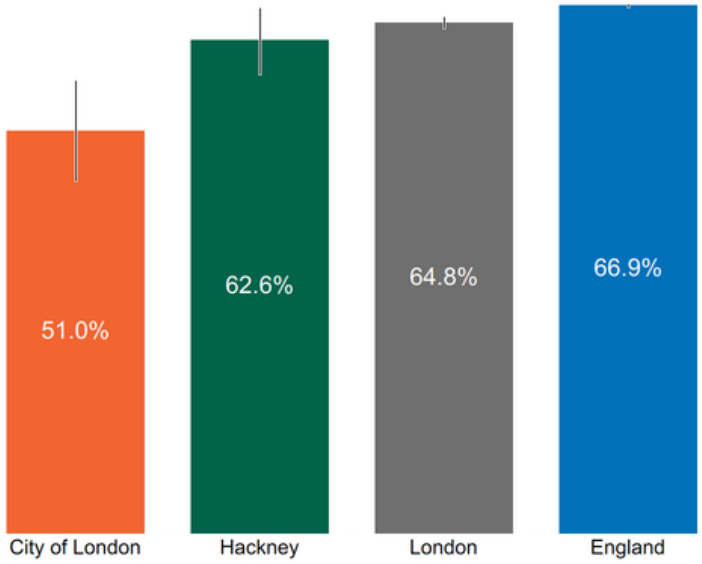
Overall, Hackney appears to have a higher proportion of physically active adults than London and England, suggesting relatively strong levels of activity locally, shown in Chart 1. In contrast, the City of London appears to have lower physical activity levels than the regional and national average. However, the City estimate should be interpreted with caution because the confidence interval is wider, reflecting greater uncertainty due to smaller survey sample sizes[1].

Chart 1: % of adult residents aged 19+ who are active in City of London, Hackney, Greater London and England (2024/25)[2]



Due to the City of London and Hackney both having generally younger populations, observed physical activity prevalence is likely to be higher than in other areas that have older populations, as physical activity tends to decline with age (see chart 2, right). Once the data is adjusted for the population age profile ('age standardised'), physical activity levels in the City fall further below the averages seen in London and England, with Hackney being broadly comparable to London and national rates.

Chart 2: Age-standardised % of adult residents aged 16+ who are active in City of London, Hackney, London and England (2022/23)[3]



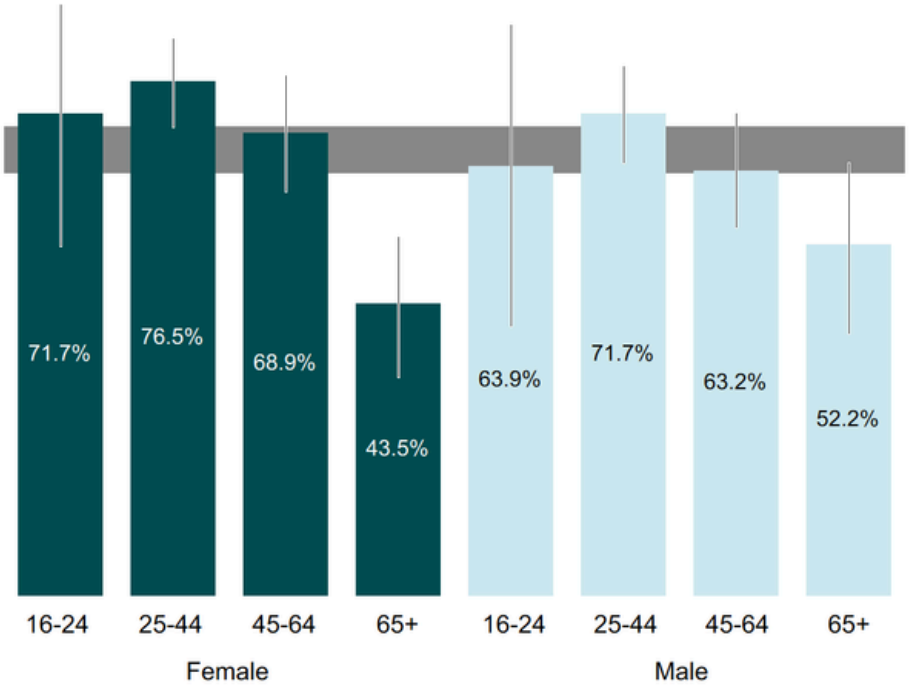
Across most age groups, the proportion of active adults in City and Hackney combined is broadly similar to the London average[4]. However, activity levels are much lower among adults aged 65 and over locally, with 46.7% active compared with 57.3% across London. This highlights older adults as an important priority group for increasing physical activity.

Chart 3: % of adult residents who are active by age group in City & Hackney and London (2022/23)[5]

Chart 4 below shows how recommended physical activity levels vary when age and sex are considered together. The figures reveal a similar age distribution for women and men, with recommended levels of physical activity particularly low among older women aged 65+ (fewer than half are meeting recommended activity levels).

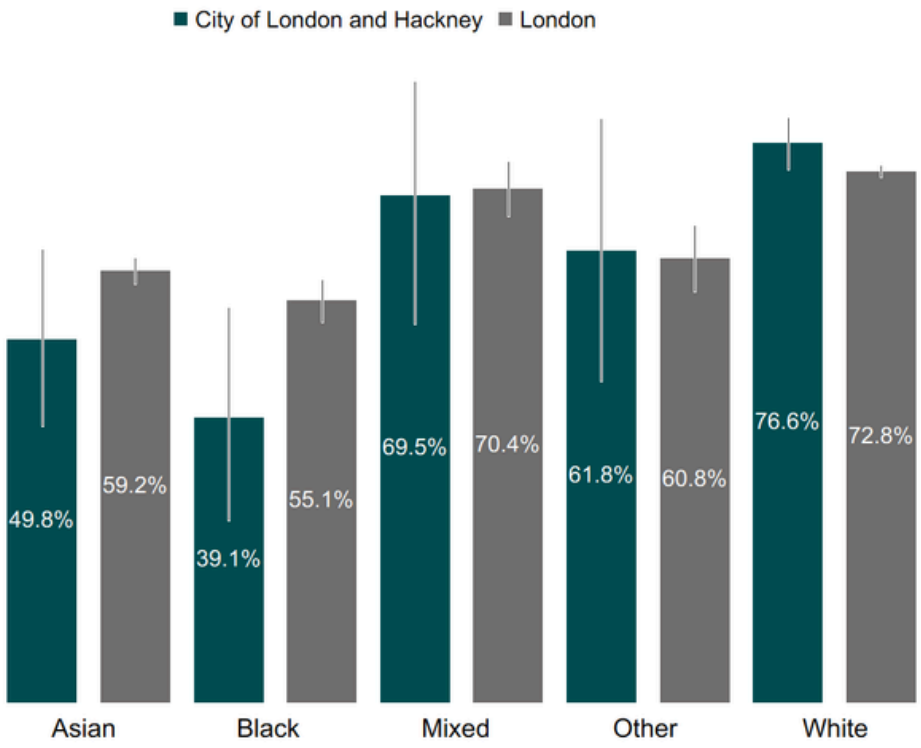
However, the wide and overlapping confidence intervals mean that the findings should be interpreted cautiously and used to indicate patterns rather than precise differences between every age and sex group.

Chart 4: % of adult residents who are active by age group and sex combined for City & Hackney and London (2022/23)[6]



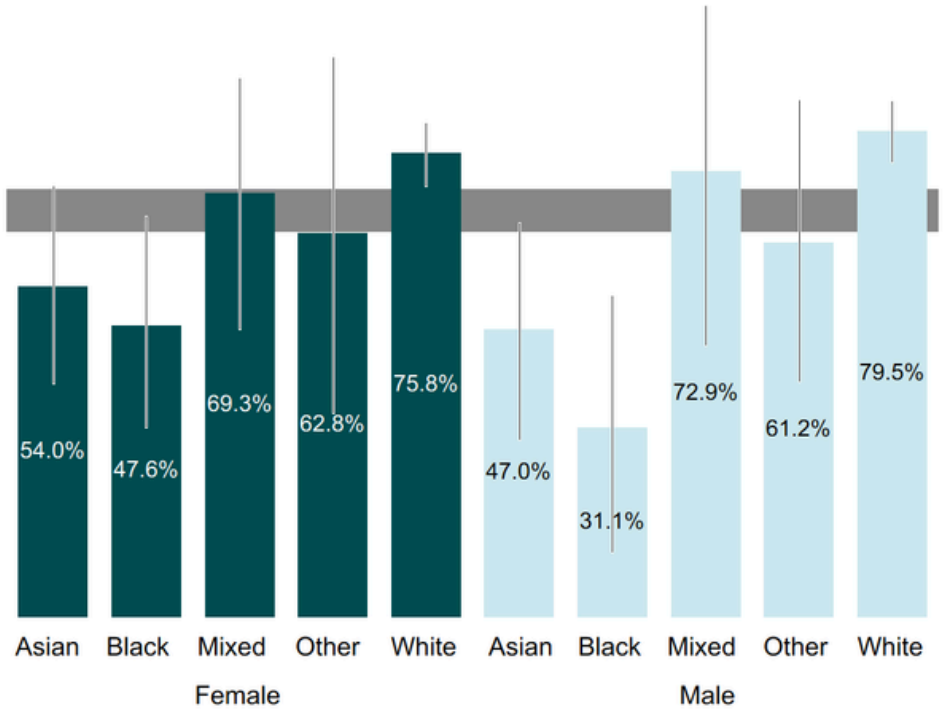
There are noticeable inequalities in physical activity levels between ethnic groups. People of Asian and black ethnicities are currently less physically active, both locally and across London, especially compared to those from a white background.

Chart 5: % of adult residents aged 16+ who are active by ethnic group for City & Hackney and London (2022/23)[7,8]



In the City of London and Hackney, adults from black ethnic groups are more than twice as likely, on average, to be *inactive* compared to those from white groups. These findings are broadly consistent for both women and men (Chart X)[9].

Chart 6: % of adult residents aged 16+ who are active by ethnic group and sex combined for City of London and Hackney (2022/23)[10,11]



Most charts in this briefing focus on the proportion of adults who are physically active. Chart X, included below, shows the other side of the picture: the proportion of adults who are inactive - doing less than 30-minutes of physical activity each week.

While Hackney has relatively high levels of active adults overall, 18.2% of adults are still inactive, meaning almost one in five residents are not doing enough activity to gain basic health benefits. Inactivity is higher in the City of London at 29.6%, although this should be interpreted with caution due to wider confidence intervals and smaller survey sample sizes. Reducing inactivity remains important because the greatest health gains are often made by supporting the least active residents to move a little more.

Chart 7: % of adult residents aged 16+ who are inactive for City of London, Hackney, London and England (2024/25[12]

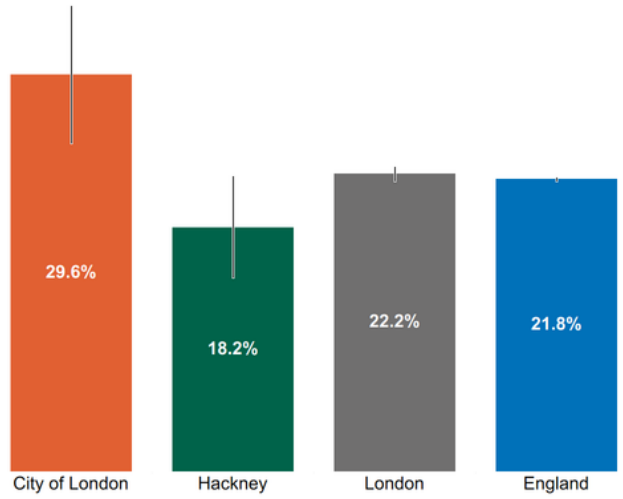
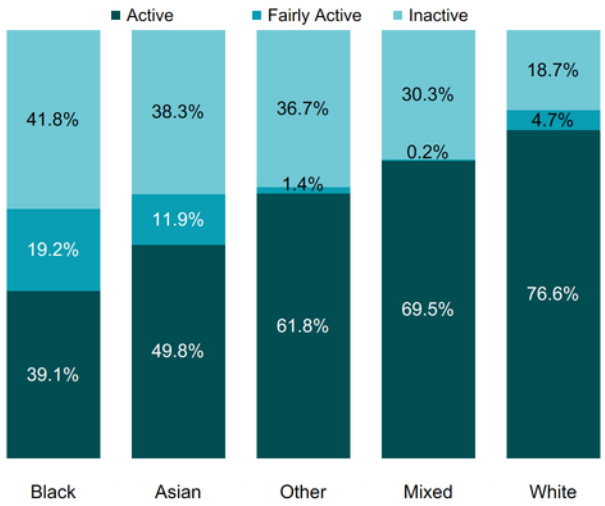


Chart 8: % of adult residents aged 16+ who are active, fairly active and inactive by ethnic group in City & Hackney (2022/23)[13]



In City and Hackney, females and males have broadly similar activity levels, with overlapping confidence intervals suggesting no statistically significant differences. This differs slightly from the wider London pattern, where males appear more active than females. Inequalities by sex should still be monitored, particularly alongside other factors such as age, ethnicity and disability.

Chart 9: % of adult residents aged 16+ who are active by sex in City & Hackney and London (2022/23)[14]

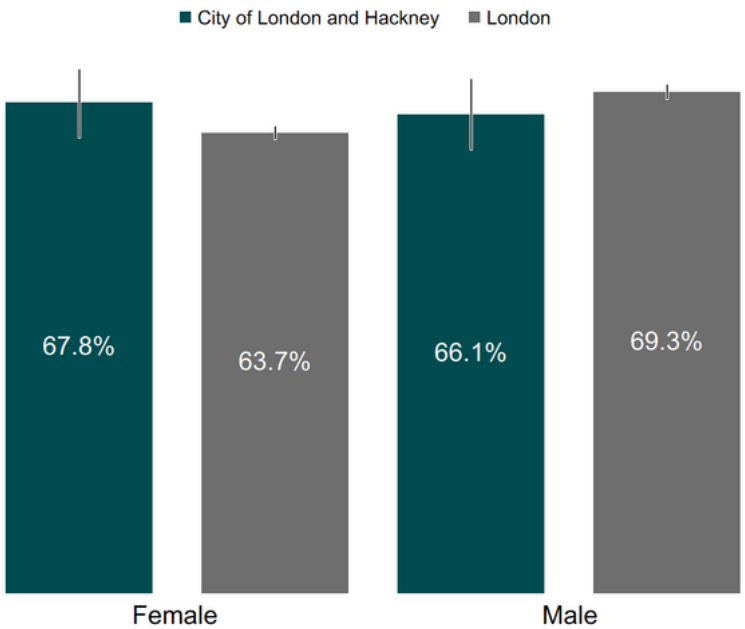
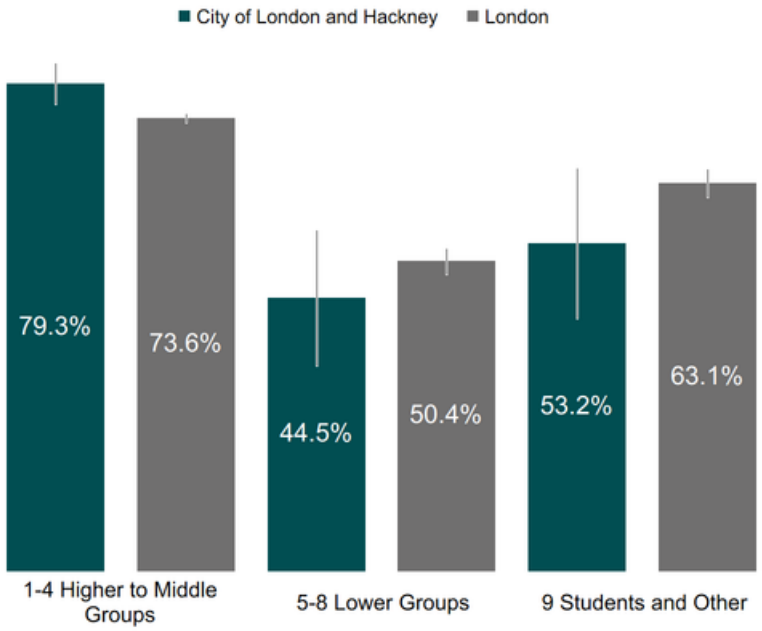


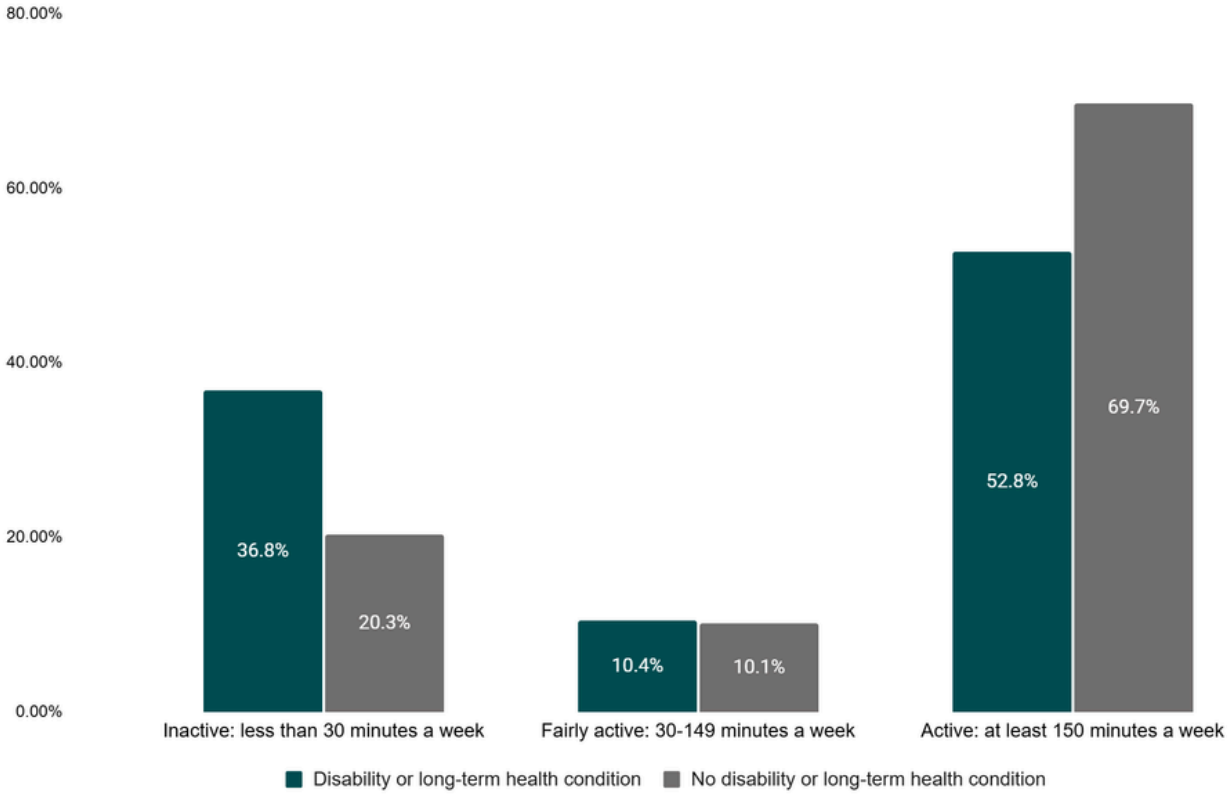
Chart 10 below reports inequality in physical activity across the dimensions of socio-economic occupation type (NS-SEC). There is a clear difference in activity levels between adults in higher to middle socio-economic groups and those in lower socio-economic groups, both locally and across London.

Chart 10: % of adult residents aged 16+ who are active by socio-economic classification (NS-SEC) in City & Hackney and London (2022/23)[15]



Across London as a whole, just over half of adults with a disability or long-term health condition are meeting recommended physical activity levels. However, adults with a disability or long-term health condition are still much more likely to be inactive than those without, as shown in Chart 11 below.

Chart 11: % of adult residents with a disability or long-term health condition who are inactive, fairly active or active in London , compared to adults without disability or long-term health condition (2024/25)



Children and young people

The Active Lives Children and Young People Survey measures sport and physical activity among children aged five to 16 across England by sampling schools in each local authority area.

The last available data for City and Hackney are for 2017/18 and, therefore, are unlikely to reflect the current reality. According to these data, only two in five City and Hackney children and young people (42%) met the CMO's recommended physical activity guidelines for this age group[16]. This was similar to the London and England average (43% for both) at the same time point.

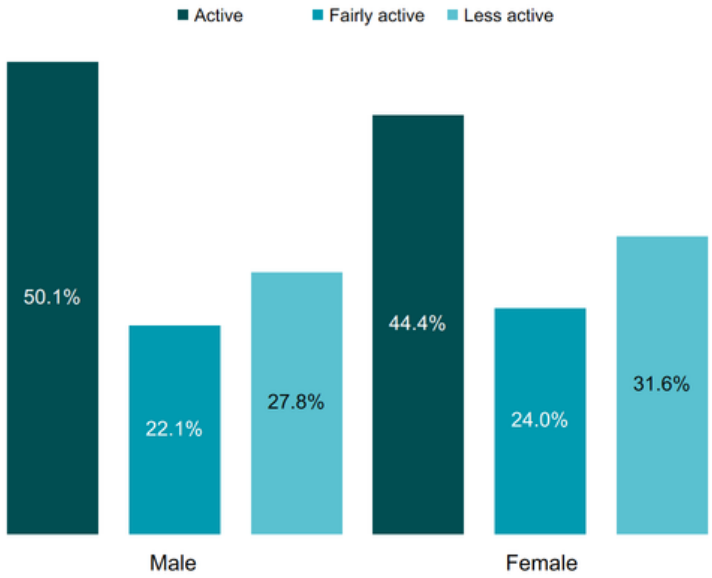
Due to the limited recent data available at a local level, the following charts are based on data from the Active Lives Online Tool for survey results of children and young people (aged 5-16) from London and England. City and Hackney Public Health will be working closely with London Sport in the 2026-27 academic year to encourage schools and young people and their families to complete the Active Lives Survey.

Activity levels for children and young people are defined as follows.

- **Active**: an average of 60+ minutes of moderate-to-vigorous physical activity a day
- **Fairly active**: an average of 30-59 minutes of moderate-to-vigorous physical activity a day
- **Less active**: less than 30 minutes of moderate-to-vigorous physical activity a day

London follows the national pattern of boys being more active than girls. In London, 50.1% of boys are active compared with 44.4% of girls. Nationally, the gap is similar: 52% of boys are active compared with 46% of girls[17]. This highlights the importance of supporting girls be active from an early age and to stay active as they move through adolescence.

Chart 12: % of children and young people aged 5-16 who are active, fairly active and less active by sex in London region (2024/25)[18]

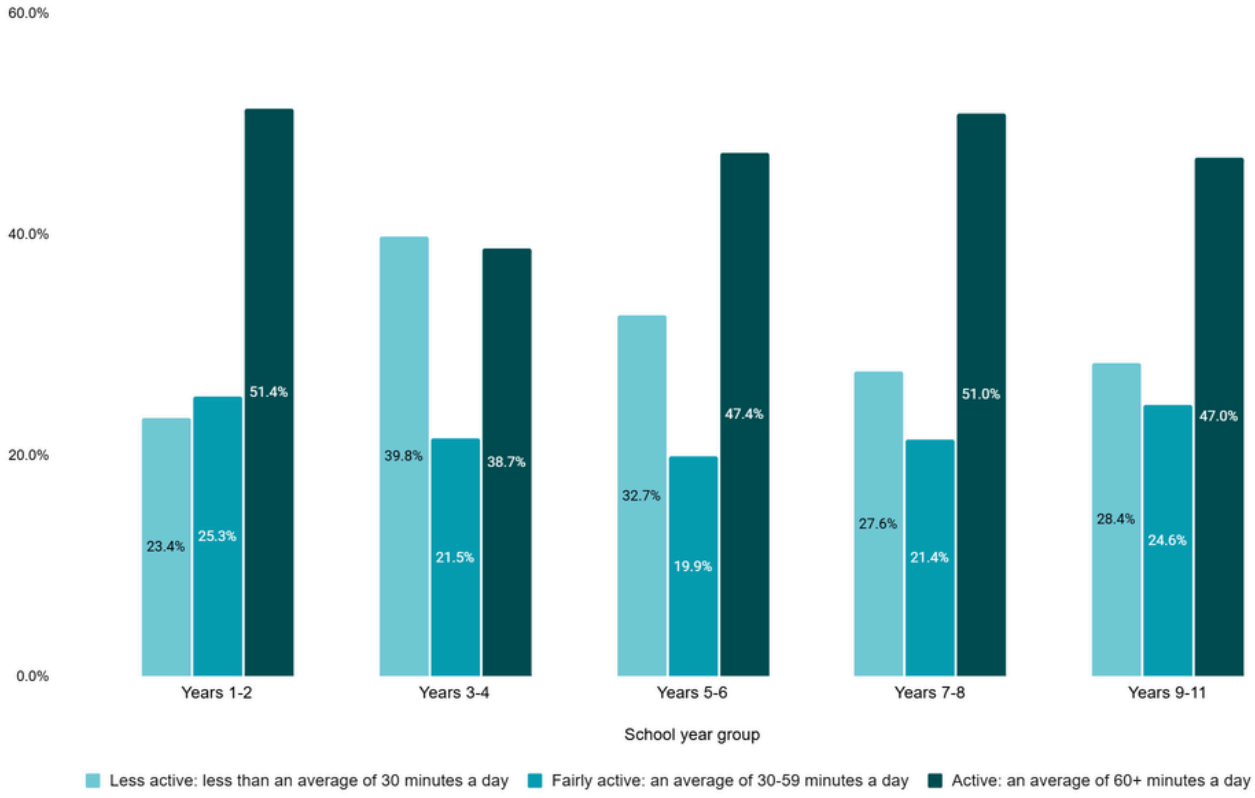


Whilst we see variation in physical activity between sex, London-level data shows that activity levels also vary across school year groups. Around half of children in Years 1-2 (aged 5-7) are active, but this falls in Years 3-4 (aged 7-9), where 38.7% meet the recommended average of 60-minutes a day.

At the same time, the proportion who are less active increases sharply in Years 3-4, with almost four in ten children doing less than an average of 30-minutes a day.

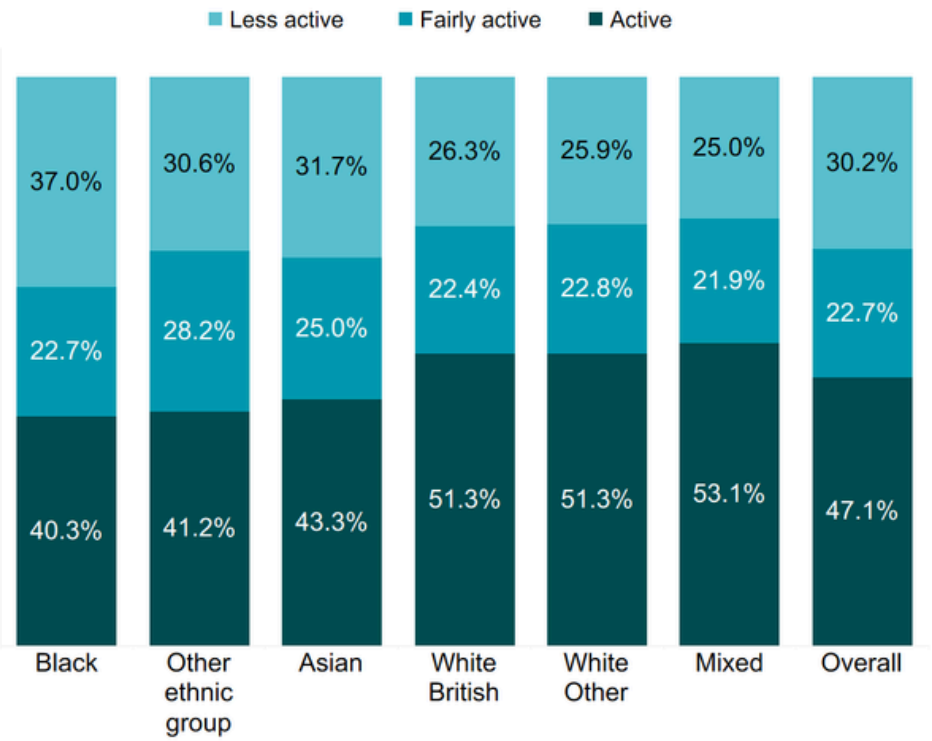
From Years 5-6 (aged 9-11) onwards, the pattern improves. The proportion of children who are active in this age group increases again, while the proportion who are less active declines. This suggests that support to build regular movement into the school day, active play, family routines and opportunities outside school is important throughout childhood, but may be particularly important in the earlier primary years where the drop in activity appears most pronounced.

Chart 13: % of children and young people active, fairly active or less active by school year group in London (2024/25)[19]



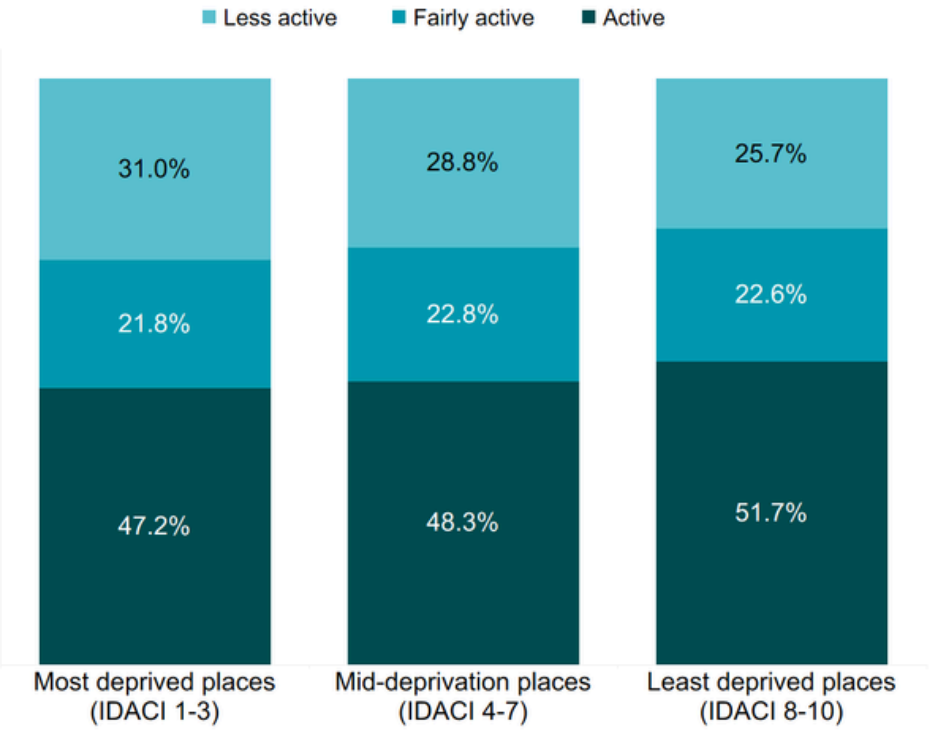
London data show clear differences in activity levels by ethnicity among children and young people. Children from white British, white 'other' and mixed ethnic backgrounds are more likely to be active than the London average, while children from black, Asian and 'other' ethnic groups are less likely to be active. As for adults, the proportion who are less active is highest among black children and young people (37%, compared with 30.2% overall).

Chart 14: % of children and young people aged 5-16 who are active, fairly active and less active by ethnicity in in London region (2024/25)[20]



When exploring inequalities in activity levels using the Income Deprivation Affecting Children Index (IDACI) measure, children and young people living in the least deprived places are more likely to be active (51.7%) than those living in the most deprived places (47.2%). The proportion who are less active is also higher in the most deprived areas, showing that income-related disadvantage is linked to lower activity levels.

Chart 15: % of children and young people aged 5-16 who are active, fairly active and less active by IDACI classification in England (2024/25)[21]



The data presented at a London level provides a good overall understanding of the trends and patterns in physical activity status amongst children and young people. However, improving the quality and consistency of local data collection through the Active Lives Children and Young People Survey will be important for understanding whether these patterns are reflected locally and for targeting support where it is most needed.

Comparisons

Adult physical activity levels vary across London, with some of the highest levels seen in parts of inner and south-west London. Hackney has comparatively high levels of recorded activity at 72.5%, placing it above the London and England averages. The City of London records lower levels of activity at 57.9%, however it is important to note that this data is not age-standardised.

When comparing local physical activity levels to Hackney's 'statistical neighbours' (local authorities with similar demographic, economic and social characteristics), the borough ranks in the top half of the table. Due to its unique context (very small resident population and large commercial economy), the City of London does not have any meaningful statistical neighbours, however City of London data is shown in chart X below to provide a comparison with Hackney, London and England.

Chart 16: % of adult residents aged 19+ who are active in City of London, Hackney, Hackney's statistical neighbours, London and England (2024/25[22]

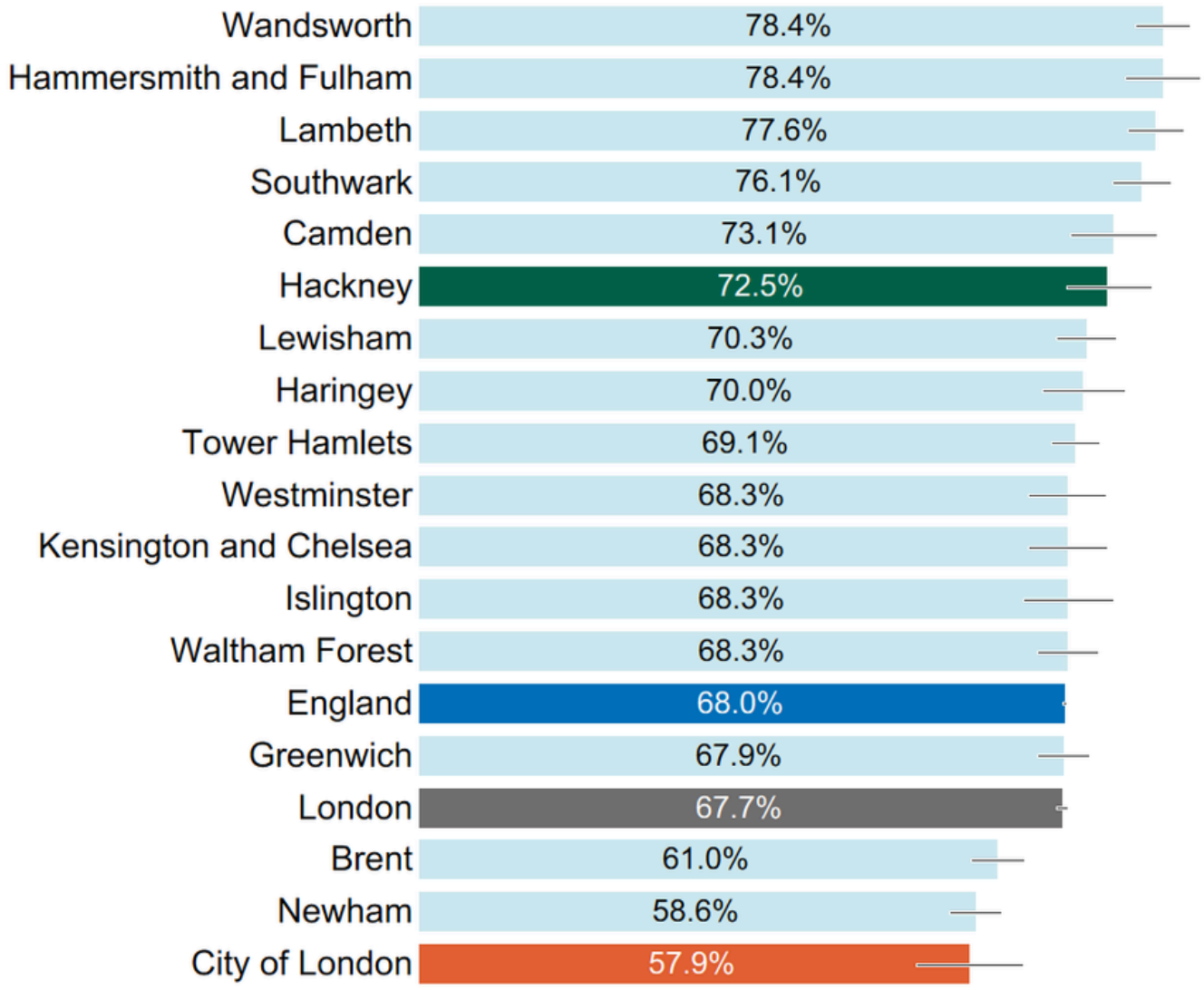
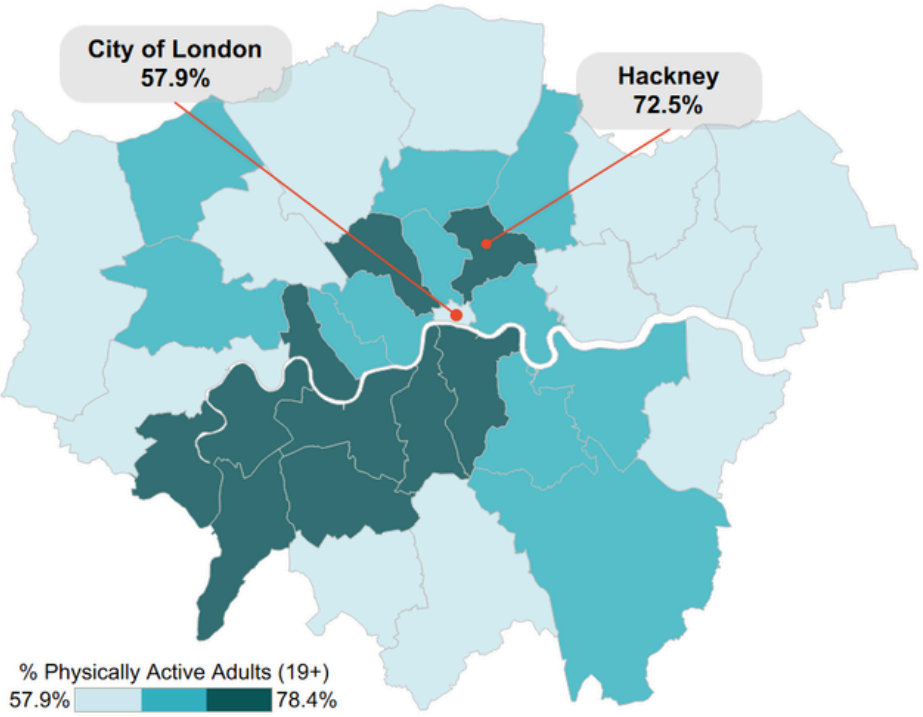


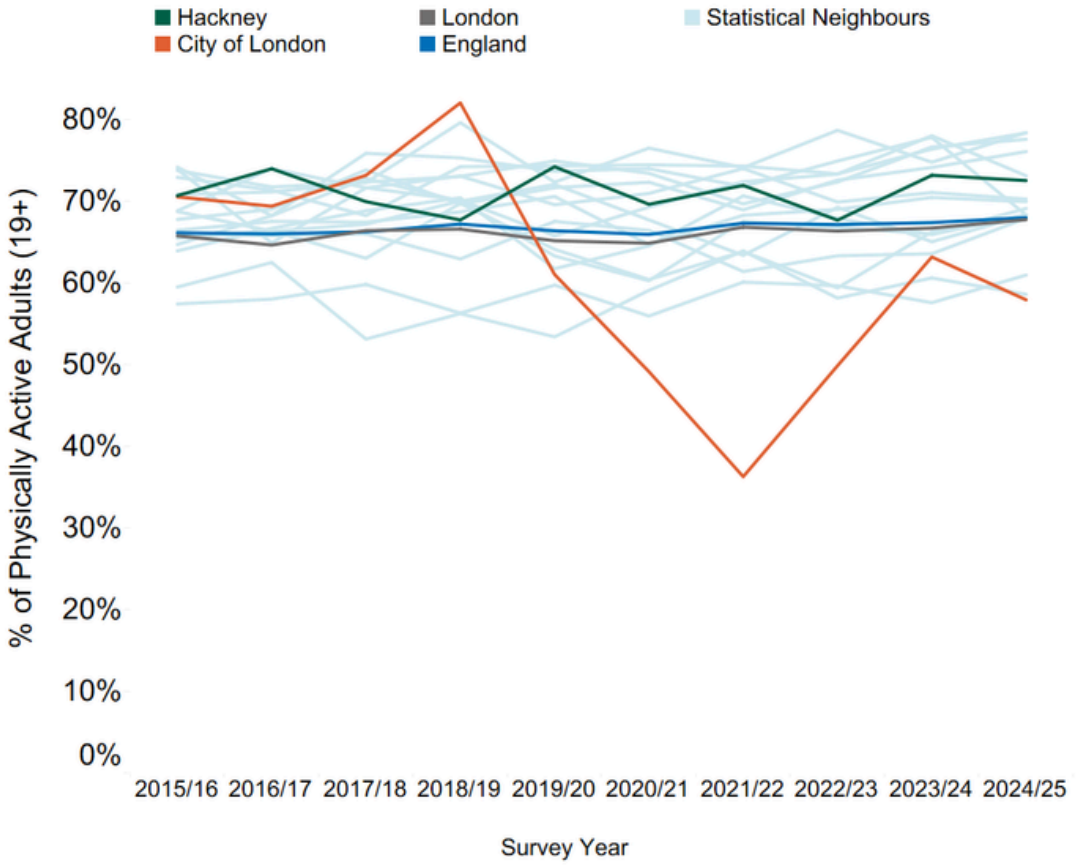
Chart 17: % of adult residents aged 19+ who are active in City of London, Hackney, Hackney's statistical neighbours, London and England (2024/25[23]



Physical activity trends over time

Between 2015/16 and 2024/25, the percentage of adults who were physically active in Hackney remained broadly stable and in line with its statistical neighbours. The City of London shows a marked temporary drop around the COVID-19 period, followed by signs of recovery in the latest data[24].

Chart 18: % of adult residents aged 19+ who are active in the City of London, Hackney, Hackney's statistical neighbours, London and England (2015/16 - 2024/250[25]



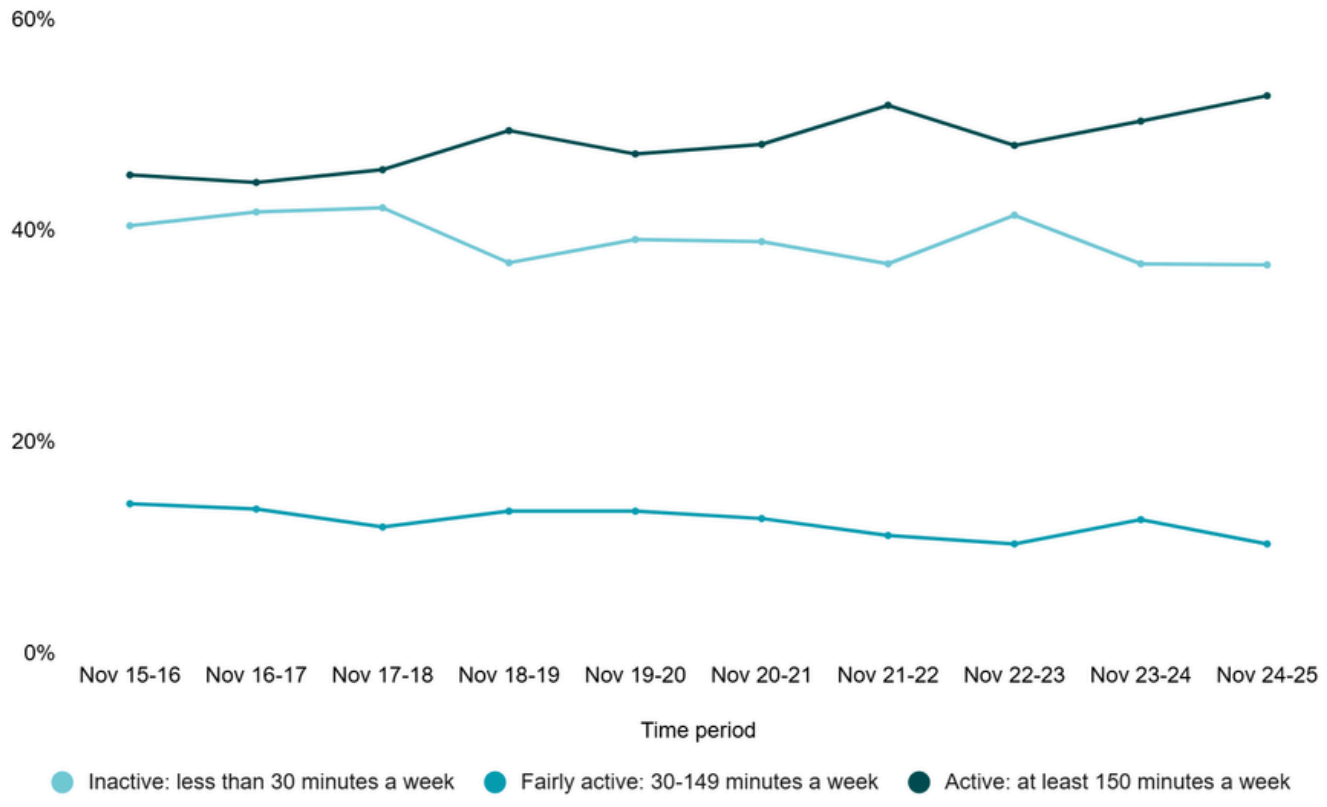
In Hackney, prevalence of inactivity has fluctuated over time but has generally remained below, or broadly similar to, London and England. In 2024/25, 18.2% of adults were inactive, meaning almost one in five residents were doing less than 30 minutes of physical activity a week[26].

In the City of London, inactivity appears to have increased sharply around the Covid-19 period before falling again in recent years. However, inactivity rates have not returned to pre-Covid-19 levels, and at 29.6% in 2024/25, inactivity remains higher than London and England[27]. This should be interpreted with caution due to smaller survey samples and wider confidence intervals, but it suggests inactivity remains a local concern.

Over time, London data shows a gradual increase in the proportion of adults with a disability or long-term health condition who are physically active (Chart 19). The proportion meeting recommended activity levels has increased from around 45% in 2015/16 to around 53% in 2024/25. This is a positive trend and suggests that more disabled adults and people with long-term health conditions are becoming active.

However, inactivity remains high. In 2024/25, around four in 10 adults with a disability or long-term health condition were inactive, compared with around one in five adults without a disability or long-term health condition. This shows that, despite improvement over time, disabled people and people with long-term health conditions continue to face greater barriers to being active and should remain a priority for inclusive physical activity support.

Chart 19: % of adult residents aged 16+ with a disability or long-term health condition who are inactive, fairly active or active in London (2015/16 - 2024/25)[28]



Physical activity related outcomes

Many of the most common health conditions in Hackney can be prevented or better managed by being physically active. Regular activity can help people stay well, reduce the risk of illness, and support long-term health.

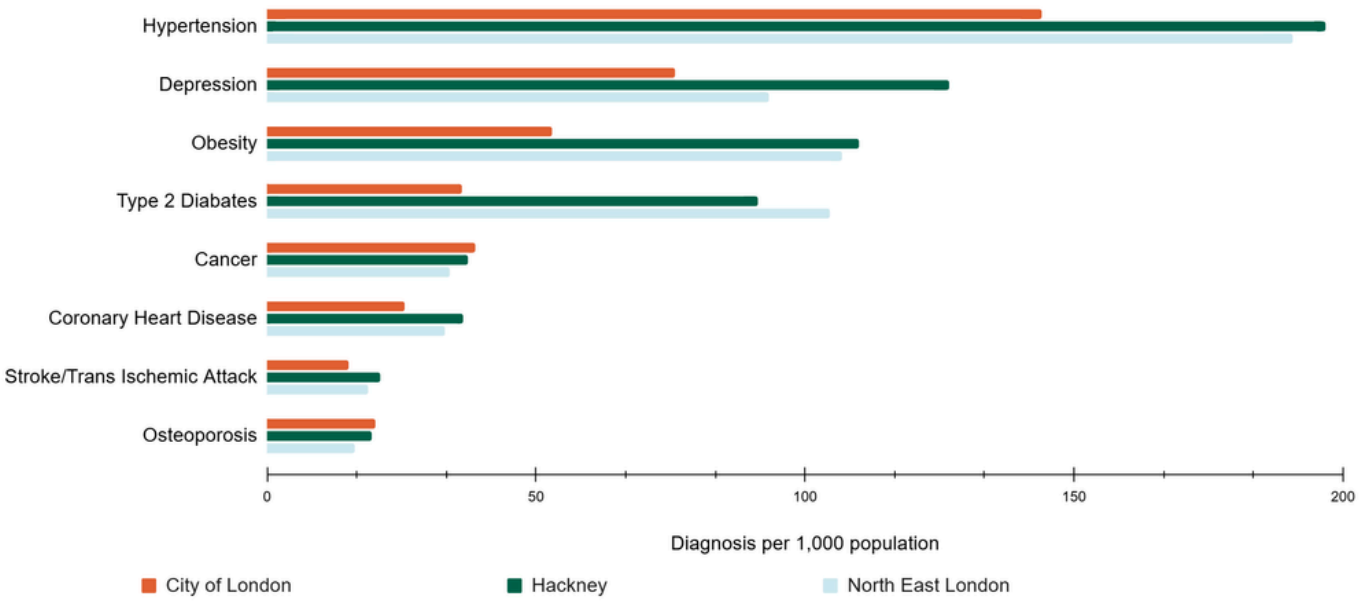
The chart 20 highlights the burden of key health conditions linked to physical inactivity across Hackney and the City of London, compared with North East London as the local Integrated Care Board (ICB) health and care footprint.

Compared with the North East London average, recorded prevalence in Hackney is broadly similar for most conditions linked to physical inactivity, including hypertension, obesity, type 2 diabetes and cardiovascular conditions. The clearest difference is depression, where Hackney shows a higher recorded prevalence than both North East London and the City of London, highlighting a potential local challenge around mental wellbeing. Although, it is important to note that the data is based on diagnosed conditions and may not represent the true underlying prevalence

The City of London generally shows lower recorded prevalence across most conditions, although this should be interpreted with caution due to its smaller resident population a portion of the resident community registered with a GP out of area.

Overall, the chart shows that physical activity has an important role to play in supporting prevention and long-term condition management across both Hackney and the City of London.

Chart 20: prevalence of health conditions across all ages related to physical inactivity in City of London, Hackney and North East London GP registered population (number of diagnoses per 1,000 population) (2025)[29,30]



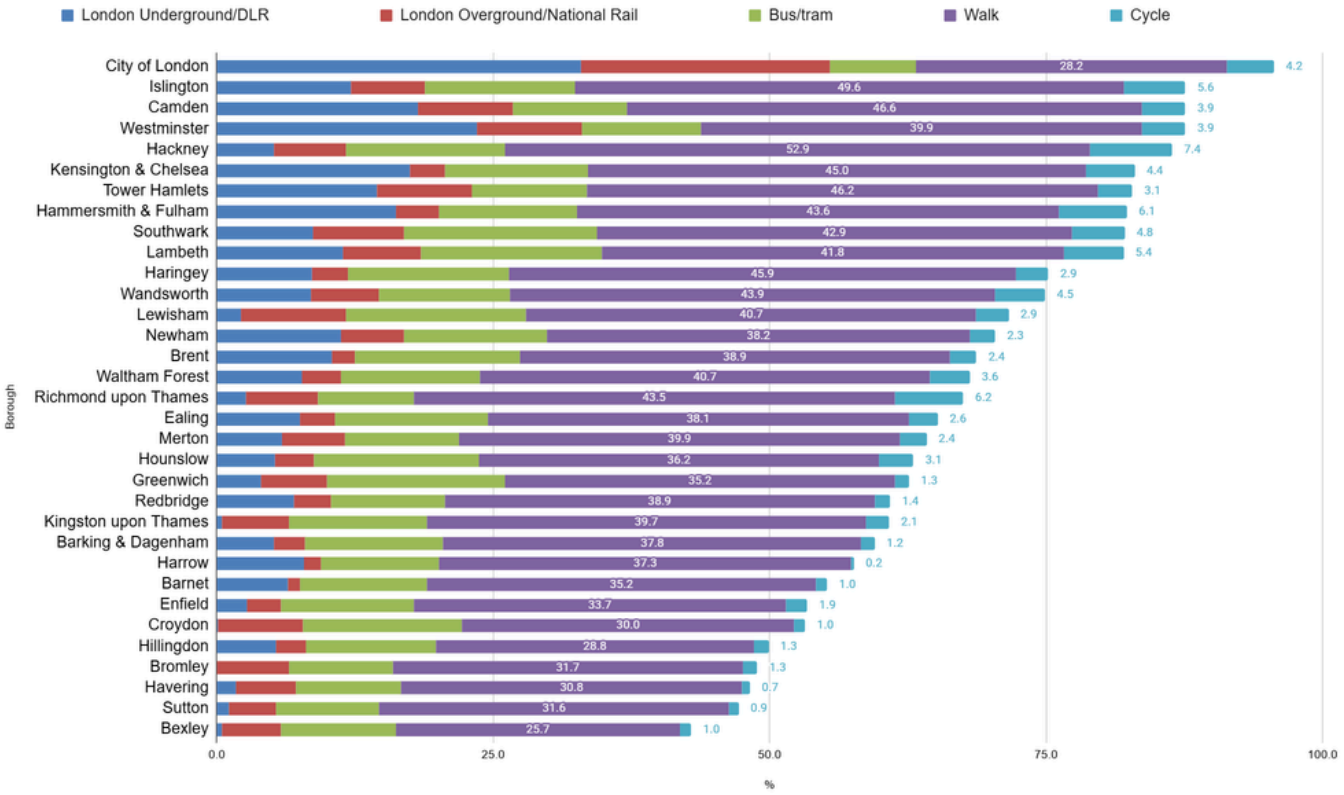
Further local data is available in the City and Hackney neighbourhood and ward profiles. These interactive profiles include breakdowns of diagnosed health conditions by area and demographic group, helping users explore local patterns in more detail than is possible in this briefing.

Active travel

Active travel is a simple way to build physical activity into everyday life. Sport England describes active travel as making everyday journeys in physically active ways, such as walking, wheeling (any wheeled mobility aid), cycling or scooting. This can include walking to school, cycling to work or choosing to walk part of a journey, rather than only being active through sport, exercise or leisure[31].

The chart 21 below, shows the percentage of adults taking journeys in London by different modes[32], based on data from Transport for London[33]. It breaks down the different modes of transport used for journeys, including public transport, walking and cycling, providing insight into travel patterns and the role of active travel in everyday movement. (Note, the horizontal axis showing the percentage mode will not add up to 100% due to not all modes of transport being included, e.g. car.)

Chart 21: % of journeys by mode (public transport and active travel) across London local authorities (2025)[34,34]



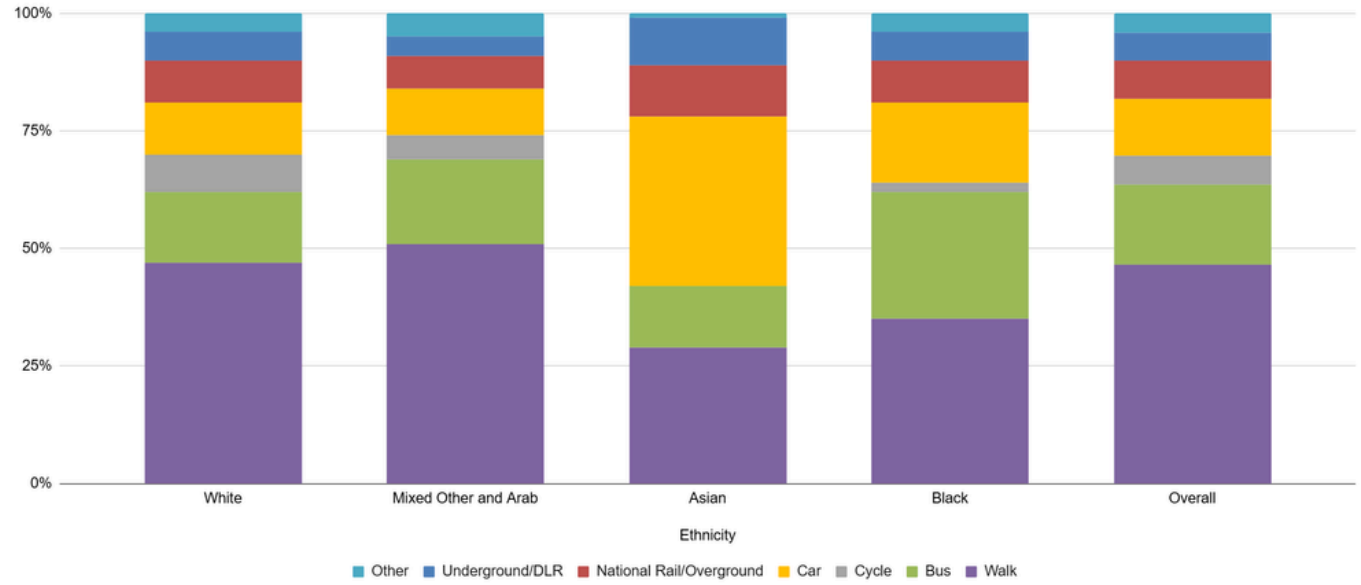
Walking is the most common form of active travel in both the City of London and Hackney, with Hackney showing particularly high levels compared to other London boroughs. Cycling is also more common locally, especially in Hackney. This is likely to reflect a combination of relatively low car ownership, investment in cycle routes and low-traffic streets, and a compact urban environment where cycling can be a practical alternative to driving.

In the City of London, there is a greater reliance on public transport (Underground and rail), which reduces the overall proportion of trips made by walking and cycling alone - largely due to the City hosting the U.K's financial centre and receiving a high number of commuters each day. In contrast, Hackney has a higher share of journeys made actively, indicating a stronger culture of walking and cycling as part of everyday travel within and to/from the borough.

While care ownership is relatively low in Hackney, still over 40,000 residents either own or have regular access to a car for personal transport. Switching from a reliance on personal vehicles to sustainable or active travel modes would drive a further increase in the amount of time spent being active each day as residents shift to active or sustainable travel.

While not relating to Hackney residents exclusively, when analysing the overall picture of the percentage of journeys by mode by Londoners with a destination in Hackney[36] (Chart 22 below), the proportion of trips made by car is higher than average among Asian groups, while walking is less common in both Asian and black ethnic groups. This suggests that efforts to increase active travel need to understand and respond to different travel patterns, including barriers such as journey purpose, safety, cost, confidence, accessibility and access to reliable alternatives to car use.

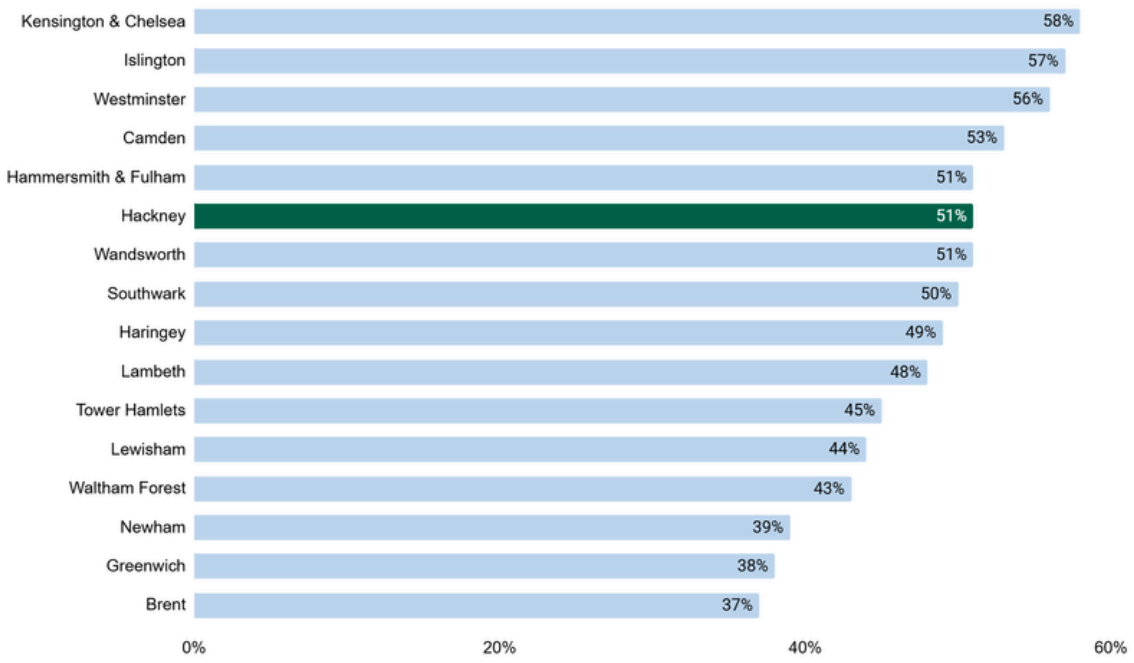
Chart 22: % of mode share of trips made by Londoners with a destination in Hackney by ethnicity (2022/23-2024/25)[37]



Data produced by TfL's Strategic Evaluation and Spatial Analysis shows that around half of all Hackney residents aged 20 and over achieve at least 20 minutes of physical activity each day through active travel alone[38] (data not available for the City). The Mayor of London and TfL aim to make walking, cycling, and public transport the way for 80% of all trips across the capital by 2041.

While Hackney performs well when compared to many of its nearest statistical neighbours, there is an opportunity to increase physical activity by switching more journeys to a more active mode of travel.

Chart 23: % of residents aged 20+ who achieve at least 20-minutes of active travel per day in Hackney and its statistical neighbours (2022/23 - 2024/25)[39]



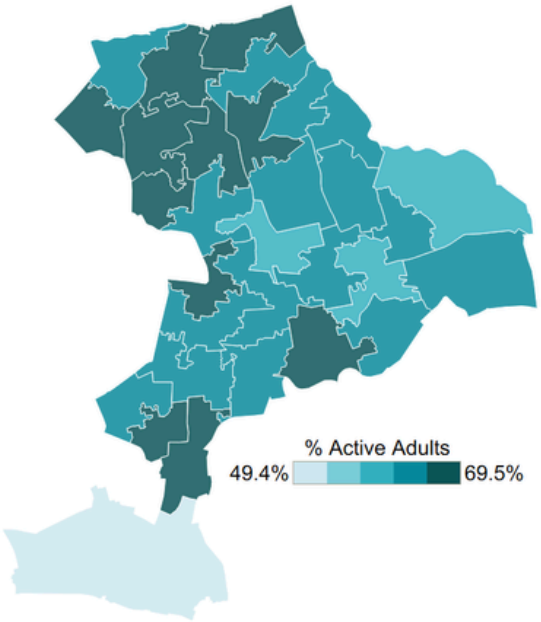
Where physical activity need is greatest

Activity levels vary across small area geographies ('middle layer super output areas', or MSOAs), with a noticeable cluster of higher activity levels (darker shaded areas) in the north west and south of Hackney.

This spatial pattern suggests that activity is not evenly distributed, with pockets of higher participation alongside more dispersed areas of relatively lower activity.

The MSOAs with the lowest percentage of adult residents who were active in 2022/23 are the City of London (49.4), Hackney Marshes (58.6), Homerton South (60.5) and Amhurst Road & Pembury Estate (60.9). It is important to note that there has been some recovery in physical activity levels in the City since these data were published, however, as described previously in this briefing.

Map 1: % of adult residents aged 16+ who are active by MSOA in the City of London and Hackney (2022/23)[40]



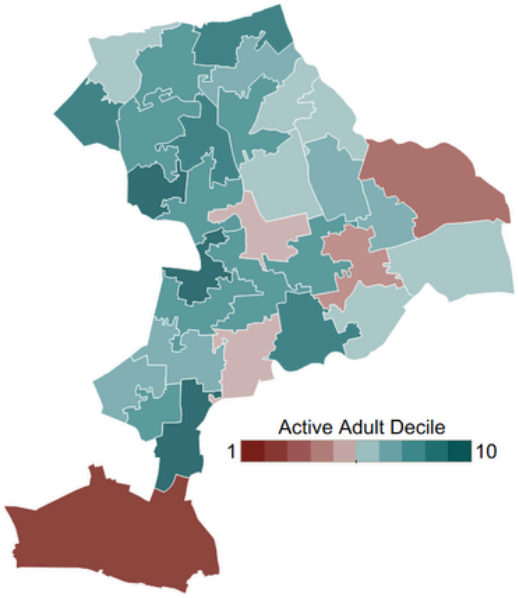
The map (2) below shows areas where investment in sport and physical activity is likely to have the greatest impact, based on Sport England's Place Need Classification. The classification considers both physical activity needs (where people are less active and inequalities in participation are higher) as well as wider social needs (such as poorer health, wellbeing and economic outcomes)[41].

Areas shown in darker brown are those with the highest level of need, while darker green areas have the lowest level of need. Higher levels of need in an area are an indication of opportunities for sport and physical activity investment to have the greatest social benefit.

There are five areas shown in the map where investment in sport and physical activity is likely to have the greatest impact, based on data from 2022/23:

1. City of London
2. Hackney Marshes
3. Homerton South
4. Amhurst Road and Pembury Estate
5. Haggerston East.

Map 2: Physical activity need by MSOA where physical activity investment could have the greatest impact in the City of London and Hackney (2022/23)[42]



The maps presented here show that physical activity needs are not evenly spread across City and Hackney. Some areas have lower activity levels, while others are also affected by wider social and health challenges that may make it harder for residents to be active. This suggests that future investment should be targeted towards the places where activity levels are lower and where sport and physical activity could have the greatest wider benefit.

Key considerations

Overall, self-reported physical activity levels in Hackney appear relatively high compared to London and England; however, this is strongly influenced by the borough's younger population. When adjusting for age, activity levels are broadly similar to regional and national averages, indicating that underlying participation is lower than it first appears. In the City of London, small population size and survey sample limitations make trends less reliable, reinforcing the need for cautious interpretation of local data.

Excluding the short-lived variation seen in the City in recent years, there has been little change in physical activity levels over time, suggesting that existing approaches may not be sufficient to drive population-level improvement. At the same time, there are clear and persistent inequalities. Older adults (65+) are significantly less active than the London average, and there are substantial disparities by ethnicity and socio-economic status. People from black and Asian communities, those in lower socio-economic groups, and people with disabilities and long-term health conditions are more likely to be inactive, with some groups more than twice as likely to be inactive compared to others.

There are also important gaps in local data on children and young people's physical activity. The most recent City and Hackney data are from 2017/18 and are unlikely to reflect current behaviours or trends. This limits the ability to fully understand levels of activity and inequalities among children and young people, and to target support effectively.

Geographical inequalities are also evident. A small number of neighbourhoods, including the City of London as a whole, Hackney Marshes, Homerton South, Amhurst Road & Pembury Estate, and Haggerston East, have both the lowest activity levels and the highest levels of socio-economic and health inequality. This concentration of need highlights opportunities for targeted investment and intervention.

Active travel plays an important role locally, particularly in Hackney, where walking and cycling already contribute meaningfully to daily physical activity. However, high overall levels of active travel can mask inequalities. A relatively small proportion of residents may account for a large share of walking and cycling trips, while others remain more reliant on cars or public transport. Local transport data also suggests differences by ethnicity, with Asian and black residents making a higher proportion of trips to Hackney by car. This means the local challenge is not only to increase active travel overall, but to widen participation by understanding who is less likely to walk, cycle or wheel, and what would make active travel safer, easier and more realistic for them.

Overall, the data show that action on physical activity needs to be both broad and targeted. Everyone should have better opportunities to be active, because the health benefits are significant across the whole population. However, greater focus is needed for the people and places facing the biggest barriers, where inactivity and poor health are more likely to reinforce each other. This means improving everyday opportunities for all residents, while directing additional support and investment towards the groups and neighbourhoods where need is greatest.

Data sources

Active Lives Survey

Source: Active Lives Adults Survey

Data extracted from UK Data Services as of 07/01/2026. Based on Active Lives and Active People Surveys for Adults.

Sport England and the Office for Health Improvement & Disparities (OHID) Fingertips tool use a slightly different definition and age range for their physical activity levels. These briefings use a blended approach as shown under 'City & Hackney PH' below. In this context, a blended approach means using a combination of both Sport England and OHID definitions which happens to be the most broad and includes the greatest number of respondents.

Table 1: Overview of activity inclusion criteria and age ranges on datasets included in the analysis

	Sport England	OHID (Fingertips)	City & Hackney PH
Activities	Excludes gardening	Includes gardening	Includes gardening
Age range	16+	19+	16+

Source: Active Lives Children and Young People Survey

Data is extracted directly from the Active Lives Online tool for survey results of Children and Young People (aged 5-16) for the most recent year available.

Notes on Active Lives Statistics

1. The current confidence interval methodology is based on the simulated method as described in the Fingertips indicator definition. Prior to this change in May 2022, the Wilson score method was used which is the standard for proportions in public health statistics.
2. Active Lives survey applies a weighting to responses to adjust for biases. Weighting is required to reduce the bias in survey estimates and weights are produced to make the weighted achieved sample match the population as closely as possible. For the Active Lives survey the weights correct for the unequal selection of addresses across local authorities and for the selection of adults and youths within households. In addition, the sample is weighted to match ONS mid-year population estimates and national estimates derived from the Annual Population Survey.
3. Age standardisation has been performed using the European Standard Population 2013. A rebased population has been used to adjust for the survey starting with the 16-19 age band
4. Actual data collected within this survey is self-reported at a single point in time and therefore may not be an accurate reflection of actual levels of physical activity in the local population

Active travel

Source: TfL - Travel in London Reports

The active travel related data in the briefings is produced by Transport for London and is available here.

The key datasets used from Transport for London are:

- London travel demand survey
- strategic evaluation and spatial analysis

Sport England's Place Needs Classification

Source: Sport England - Place Needs Classification

The Place Needs Classification was created by Sport England to identify the places where investment in sport and physical activity can have the greatest impact.

It combines physical activity data from our Active Lives Surveys, as well as wider social data including the index of multiple deprivation (IMD), community need and health inequalities data to help understand the needs of an area.

This classification considers two key types of need:

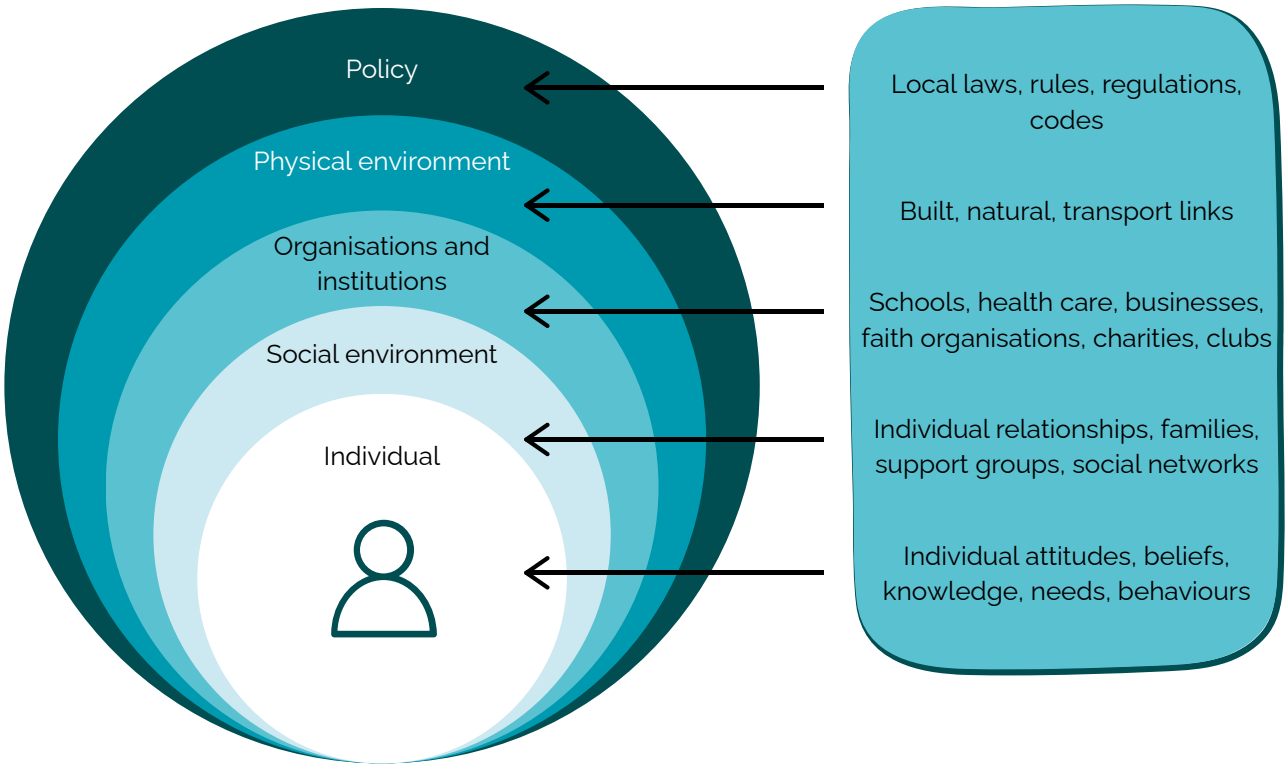
- sport and physical activity need - areas where people are less active and inequalities in participation are high.
- social need - areas where health, wellbeing, and economic outcomes are poorer, meaning that increased activity could have the greatest benefits.

What works in helping people to become more active

Evidence from national guidance, research and local learning about effective ways to increase physical activity, especially for priority groups.

Physical activity is often talked about as an individual choice, but this is an over-simplification and fails to consider the significant structural factors at play. People are more likely to be active when the right conditions are in place to make it easy, safe, affordable and enjoyable to do so. The Sport England socio-ecological model of physical activity illustrates how these different layers of influence, from individual knowledge, confidence and motivation, through to social networks, organisations, local environments and wider policy.

figure 1: Sport England socio-ecological model of physical activity[1]

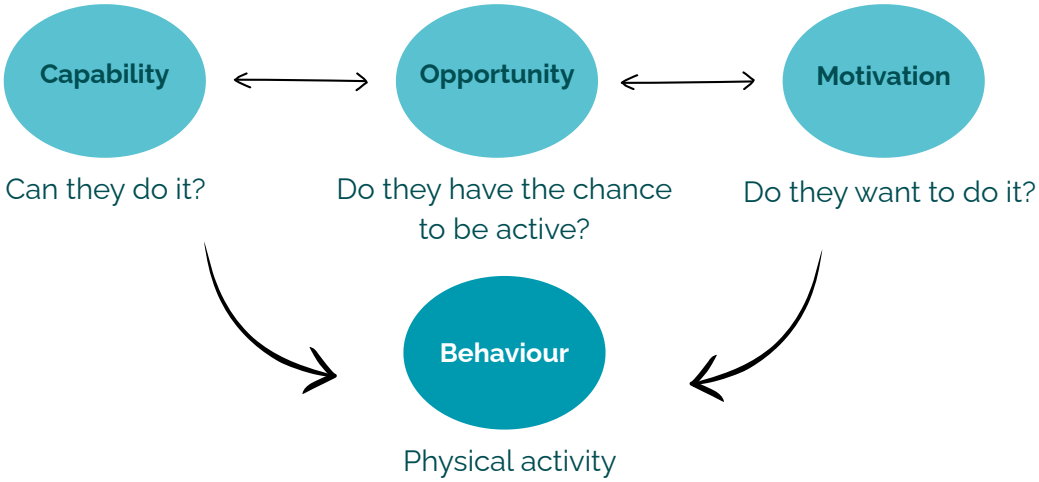


This briefing summarises the evidence on what works to increase physical activity and reduce inequalities, including active streets and public spaces, health and care support, community-led activity, and approaches across the life course[2]. A separate briefing, "What helps, and hinders, people from being active locally" complements this evidence with insights from local people and community partners.

Changing behaviour to increase physical activity

The COM-B model provides a simple way to understand why people may, or may not, be physically active. It shifts the focus from simply telling people to move more, to understanding whether they have the capability, opportunity and motivation to do so.

Figure 2: COM-B model of behaviour change[1]



The COM-B (Capability + Opportunity + Motivation = Behaviour) model[3], shown above, is useful because it helps identify whether an intervention needs to build confidence and skills, remove practical barriers, strengthen social support, and/or make activity feel more relevant to everyday life. This aligns with NICE guidance, which highlights the importance of tackling environmental, social, financial, and personal barriers to physical activity, alongside behaviour change techniques such as goal-setting, feedback and social support[4].

In practice, this means designing activities that address all three aspects of behaviour change, as follows.

Capability
Build people's skills, confidence and knowledge through beginner-friendly sessions, coaching, adapted activities, clear information, and support to start small and progress gradually. This reflects the UK CMO guidance that some activity is better than none, and that people should build up activity gradually over time[5]. It also links with physical literacy approaches, which focus on confidence, motivation, physical competence, knowledge and understanding.

Opportunity
Make physical activity easier to access through safe streets, walkable neighbourhoods, affordable local sessions, inclusive facilities, trusted community venues, childcare-friendly options and culturally relevant provision. Opportunity also increases when there is a shift in social norms. People are more likely to take part when physical activity feels normal, accepted and supported by peers[6]. NICE guidance on walking and cycling highlights that active travel requires action across environmental, social, financial and personal factors, not just individual motivation[7].

Motivation
Make activity feel enjoyable, social and worthwhile by using peer support, group activity, goal-setting, feedback, positive messaging and activities linked to people's own priorities, such as independence, mental wellbeing, family time or social connection. NICE behaviour change guidance identifies goals and planning, feedback and monitoring, and social support as important behaviour change techniques[8].

The key message is that physical activity interventions are more likely to work when they do not rely on motivation alone. They should build confidence and skills, remove practical barriers, and create positive experiences that help people stay active over time. This aligns with Sport England's focus on tackling inequalities[9], and Public Health England (now known as Office for Health Improvement and Disparities) guidance on understanding and addressing the barriers, enablers and opportunities that shape physical activity participation across different groups.

Local learning from place-based delivery

The Hackney Place Partnership, formerly King's Park Moving Together (KPMT), is supporting the growth of community-based and informal physical activity across the borough by working with local organisations, residents and delivery partners to create more opportunities to be active in everyday settings.

Learning from KPMT shows that increasing physical activity in communities with higher levels of inactivity takes time, trust and local relationships. The programme found that meaningful change did not come from simply adding more sessions, but from listening to residents, working with trusted community organisations, and building the local conditions that make activity feel safe, familiar and relevant.

The programme also showed that local spaces need people, partnerships and regular activity to bring them to life. Parks, libraries, estates and community venues are more likely to support physical activity when they are activated through local programming, clear communication and community ownership, rather than relying on facilities or infrastructure alone.

The KPMT programme provides local evidence for continuing and expanding place-based, community-led approaches to physical activity. The principles of building trusted relationships, working with grassroots organisations, using familiar local spaces, and testing and learning over time have proven to be effective in Hackney. This learning should now inform how the approach can support more residents to be active in ways that reflect their lives and the places where they live.

Embedding physical activity in health and care pathways

Physical activity supports two key priorities in the national 10 Year Health Plan: shifting from sickness to prevention, and from hospital to community-based care.

The built and natural environment interventions and community-based approaches, including targeted support at key life stages (described elsewhere in this briefing), all play a key role in prevention of inactivity-related poor health

Primary prevention
Identifies inactivity early and supports people to build activity into daily life before illness develops.

In support of primary prevention, health and care professionals can encourage people to become more active through very brief advice[10]. Making Every Contact Count (MECC)[11] is one way of doing this, using short opportunistic conversations as part of routine care to support positive health behaviour change, including physical activity. Such approaches are valuable across the prevention pathway, not only in support of primary prevention.

Social prescribing can also support prevention by connecting people to local, non-clinical support, including walking groups, community activities, green space opportunities and other ways to be active. This can be particularly useful where inactivity is linked to social isolation, low confidence, poor mental wellbeing, financial pressures or other wider issues that affect health[12]. Evidence suggests that social prescribing can help some people become more active[13], but it works best when link workers and referring professionals understand local opportunities, take a person-centred approach, and have the training and support to make physical activity a realistic option[14]. Social prescribing can also support secondary prevention.

NICE recommends brief advice for people who are inactive, particularly where physical activity can help prevent conditions such as cardiovascular disease, type 2 diabetes, stroke and poor mental health[15]. This means routine appointments can be used to identify people who may benefit from being more active, provide simple advice, and connect them to appropriate support through routes such as MECC, social prescribing or local community-based opportunities before health needs become more complex.

Secondary prevention
Involves early intervention for people with existing risk factors or non-complex health conditions (e.g. overweight or obesity, pre-diabetes, mild/moderation hypertension, low level anxiety) to help them become more active to stop their health from getting worse.

In secondary prevention, health and care professionals can support people with existing risk factors or early disease through exercise referral programmes, for example. NICE recommends exercise referral schemes for people who are inactive and already have health conditions or risk factors (although this guidance has not been updated since 2014)[16]. In a local review of published research and grey literature, exercise referral schemes were found to have mixed evidence for long-term effectiveness[17]. Such schemes are more effective when they include behaviour change techniques, motivational interviewing approaches, and personalised support to address social and financial barriers to participation[18].

Sport England's Moving Healthcare Professionals Programme

Sport England supports health and care professionals to promote physical activity as part of routine care. The programme provides evidence-based training, tools and resources to improve professionals' awareness, knowledge, skills and confidence to have brief conversations about physical activity with patients.

This includes the Physical Activity Clinical Champions programme, where trained clinicians support other health and care professionals to understand the benefits of physical activity, use brief advice, and signpost people to appropriate support. Evaluation of the programme has shown promising evidence of increasing practitioners' knowledge, skills and confidence to deliver brief physical activity interventions.

This is relevant locally because it shows how workforce training can help make physical activity a more routine part of health and care conversations, rather than relying only on specialist referral pathways or separate exercise programmes.

Tertiary prevention
Uses rehabilitation and ongoing support to manage an existing illness, reduce complications and lower the risk of developing additional conditions and early death.

In tertiary prevention, physical activity becomes part of treatment, recovery and long-term management. The strongest examples are cardiac rehabilitation, pulmonary rehabilitation, cancer rehabilitation, and activity-based recovery after injury or a fall. For example, NHS England reports that pulmonary rehabilitation improves exercise capacity, quality of life, symptoms, anxiety and depression, and that 90% of patients who complete a programme have higher activity levels and improved quality of life[19].

Promoting physical activity through community-based and community-led approaches

Community-based and community-led approaches can increase physical activity by reducing barriers such as cost, confidence, isolation and lack of culturally relevant opportunities. Evidence is strongest when programmes are local, inclusive, social and easy to join[21,22,23].

For some residents, particularly those who have experienced trauma or poor mental health, feeling safe and in control is also essential. Mind's work on trauma-informed physical activity highlights the importance of choice, safety, trust, routine and social connection when designing and delivering activity. Community-led programmes should not only be accessible, but should also avoid making people feel pressured, exposed or unwelcome.

Effective approaches

- Walking groups are perceived as safe and can improve key health indicators such as blood pressure[20].
- Peer-led activity, for example people from the same community leading or supporting activities for others, has been shown to increase motivation and lead to longer-lasting benefits[21].

- Activity programmes that reflect people's backgrounds, cultures, languages and preferences are more likely to feel welcoming and relevant, and thus encourage participation. This is important for creating fairer health outcomes, as not everyone has the same opportunities to be active[22].
- Participation in community sport and recreation is linked with increased activity levels, better mental wellbeing and social connection, particularly in team sports[23].
- Programmes combining social connection and physical activity show strong evidence for improvements in self-esteem, general mental wellbeing and social support[24].

Activating spaces in the built and natural environment

The places where we live, work and play shape how easy it is to be active.

The strongest evidence shows that supportive environments, such as walkable neighbourhoods, safe cycling routes and safe, accessible and welcoming streets, help us to build more physical activity into everyday life[25].

Walkable neighbourhood design

Research from the U.S has shown that people who moved to much more walkable cities increased their activity by about 1,100 extra steps per day, equivalent to roughly 11 extra minutes of walking each day[26]. This same study also found that places with higher levels of accessible infrastructure, including step-free access and protected walking routes, were commonly linked with increased activity levels.

In the U.K, a recent Department for Transport walking and wheeling evidence review[27] found that walking increased after a range of public realm changes were implemented. Improving safe pedestrian infrastructure, including wider pavements, new crosswalks, benches, lighting and greenery can contribute to a more walkable neighbourhood design to encourage increased physical activity.

Protected cycling routes

In a review of evidence, NICE found that if walking and cycling routes connect residential and commercial areas and other destinations, such as schools, then the number of people using them increases - as do their activity levels. We also know that the use of a bicycle to travel to work or school more than doubles when residents have access to high-quality protected bike lanes[29].

Low Traffic (Liveable) Neighbourhoods & school streets

Low Traffic Neighbourhoods, now referred to as Liveable Neighbourhoods, change the routes vehicles can take through an area by using traffic filters, such as bus gates, planters and camera enforcement, to reduce traffic in neighbourhoods, improve air quality and encourage active travel.

Across London, LTNs are encouraging people to switch to active travel[30,31]. Locally, data from a poll of 800 residents collected, published in 2022, shows around a quarter of local people report being encouraged to increase the amount of walking, running and cycling they do as a result of the LTNs. In the London Fields LTN, data was collected from traffic counts carried out during the LTN implementation. The data shows the number of people cycling through the area increased by between 11% and 57% on Richmond Road and Middleton Road, demonstrating the potential for active travel behaviour change.

However, LTN's can affect residents differently. Evidence summaries[32] show that boundary-road traffic can increase in some schemes, even where average changes are small, and that disabled people can experience both positive and negative impacts from changes to streets. This means LTNs should be designed, monitored and evaluated with local communities to help ensure they support active travel without widening inequalities.

School Streets complement the LTN approach by restricting motor traffic outside schools at drop-off and pick-up times, creating safer environments for walking, cycling and wheeling (as well as reducing air pollution). Evidence from School Streets in London shows that nearly one in five parents say they drove their children to school less as a result, opting for more active or sustainable modes of transport[33].

Replacing short car trips with walking and cycling can deliver substantial health improvement while also improving air quality, road safety and carbon emissions[34,35].

Access to green space

In highly urbanised areas like the City of London and Hackney, access to green spaces is shown to not only improve physical activity participation, but also improve mental wellbeing and increase opportunities for social interaction. Evidence suggests that creating new (or maintaining) high-quality and inclusive green space will positively and disproportionately benefit people in lower socioeconomic groups and is an important tool in reducing inactivity-related inequalities[36].

Establishing and maintaining active habits in childhood

Being active from the earliest stages of life is important for healthy growth and development. Positive early experiences of movement are important for building confidence, motivation and physical skills, which can support children and young people to develop a lifelong relationship with physical activity[37].

Why are some children and young people less active?

Low activity levels in children and young people are shaped by a wide range of influences. Screen time, family routines, safety concerns, cost, school pressures and the wider environment can all get in the way of children moving more.

School routines are an important influence on children's physical activity. National evidence shows that opportunities for play and movement during the school day have declined over time, with break times reducing significantly between 1995 and 2021, particularly in primary schools. This reduction has not been evenly distributed, with schools in more deprived areas and those with higher proportions of children eligible for free school meals typically offering less break time[38]. This reinforces the importance of whole-school approaches that prioritise opportunities for movement throughout the school day.

Children at Key Stage 1 now have 23 minutes a day less breaktime, on average, than in 1995.

Evidence suggests that protecting time and space for movement during the school day can increase children's physical activity, particularly when supported by whole-school approaches such as active lessons, active break times, playground equipment, structured play opportunities and active travel[39].

What works to increase physical activity in children and young people

There is strong evidence that the most effective approaches are those that are fun, inclusive and embedded into everyday life, rather than relying solely on structured sport.

For babies and young children, unstructured play and opportunities to move freely are critical. Activities such as tummy time, crawling, climbing and active play support motor skill development and build confidence in movement[40].

Whole-school approaches: schools play a central role in supporting physical activity. Evidence shows that approaches which integrate activity throughout the school day are most effective. This could include active lessons, increasing break and play opportunities, active travel to and from school (enabled by School Streets) and inclusive physical education or extracurricular activities[41].

Encouraging walking, cycling and scooting to school is an effective way to build activity into daily routines. Interventions such as the Daily Mile are a practical way to build activity into the school day. Evidence suggests that short, regular school-based running or walking programmes can increase moderate-to-vigorous physical activity and improve physical fitness, as well as improved concentration and classroom behaviour, particularly when delivered consistently and made inclusive for all pupils[42].

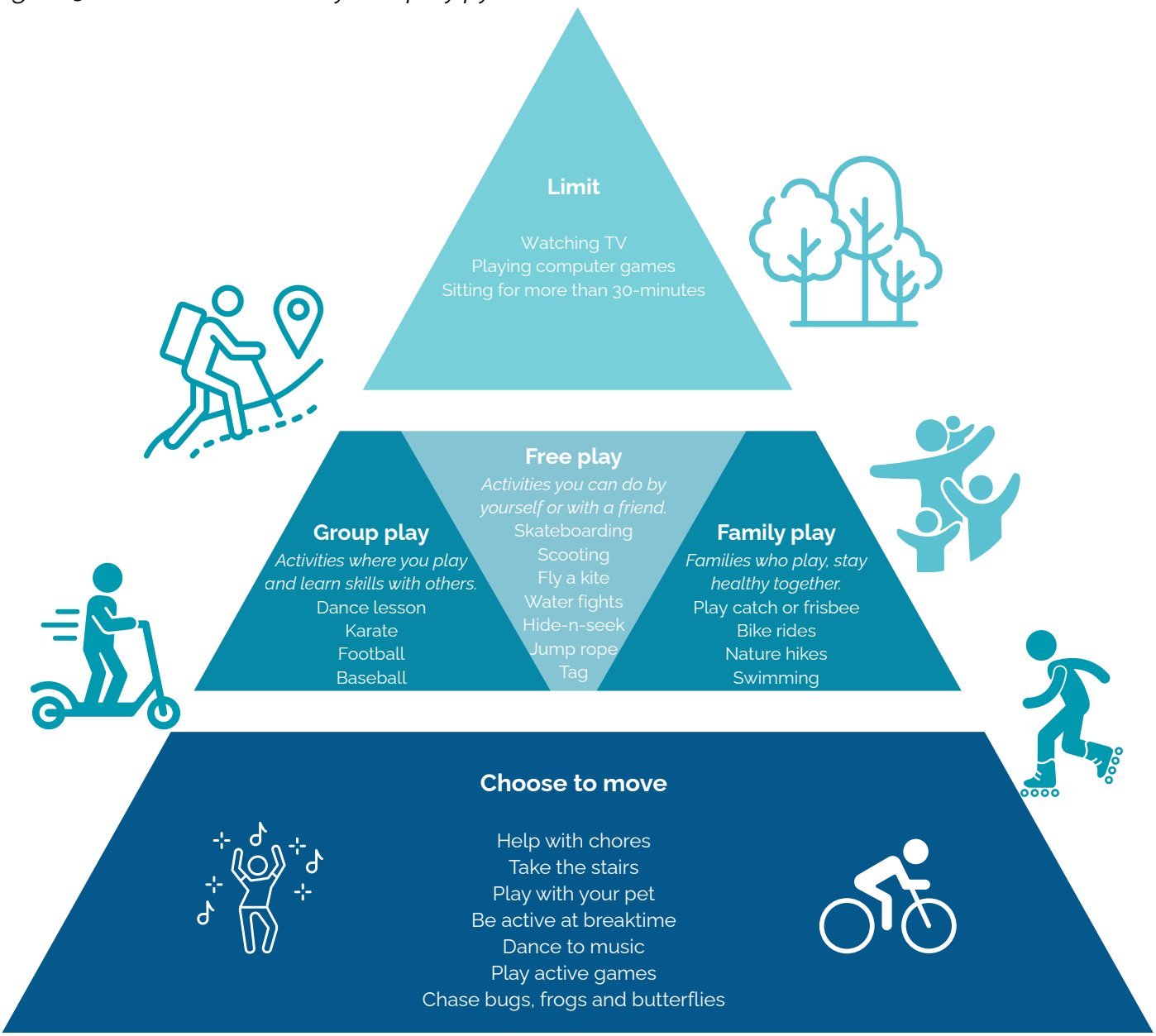
When increasing the opportunities to be active outside of school, in community and informal settings, activity is more likely to be sustained when it is social and enjoyable. Similarly, family involvement supports participation, especially in young children[43].

Some children and young people face greater barriers to being active, including those with disabilities, long-term health conditions, or from underrepresented or disadvantaged backgrounds. Targeted support, such as adapted activities and inclusive environments, has been shown to improve participation and engagement among vulnerable groups[44].

For children who are inactive, the advice is that **any increase in physical activity or any reduction in sedentary time is likely to provide health benefits and should be encouraged**. The benefits of children and young people being physically active are described in the 'Why physical activity matters' briefing.

Building activity into everyday life for children and young people

Figure 3: The children's activity and play pyramid



The childrens' activity and play pyramid (figure X) shows that children can be active in many ways, not just through organised sport. Free play, group activities, family time, walking, cycling and outdoor play can all support confidence, skills and long-term participation.

Across all ages, the evidence shows that activity should be enjoyable, inclusive and appropriate to a child or young person's age, ability and interests[45,46]. For those who are less active, the focus should be on starting small and building up gradually over time, with a mix of different activities that support confidence, skill development and long-term participation.

Supporting and empowering older people to stay active

Physical activity tends to decline as we age and this problem is particularly acute in City and Hackney. Locally, the proportion of physically active older adults (aged 65+) is lower than the London average, as described in the 'What we know about physical activity' section. This is of concern as staying active in later life is essential for maintaining independence, preventing falls and supporting mental wellbeing. The CMO guidelines for older people state that **any physical activity is better than none: even light activity brings some health benefits compared to being sedentary**.

Tailored and accessible activities are most effective. Older adults are more likely to be active when opportunities are designed around their needs, preferences and capabilities. This includes offering a range of activities, with a focus on strength and balance to support bone health and reduce risk of falls, delivered at an appropriate pace and intensity[47].

Social connection drives participation. For many older adults, the social aspect is as important as the physical activity itself, helping to reduce loneliness and improve wellbeing[48].

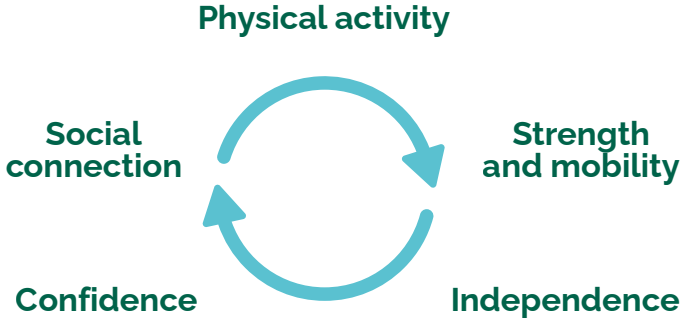
Local, community settings for physical activity. Older adults are more likely to take part when activities are locally accessible, socially supportive and delivered in familiar community settings. This is particularly important for those with mobility challenges, lower confidence or who may be at risk of loneliness and social isolation[49].

The importance of maintaining good strength and balance. Multi-component training that includes aerobic, strength and balance activities are essential in later life to prevent falls and support independent living[50]. Strength and balance can be under-emphasised components of physical activity but should form a core part of any activity offer for older people[51].

Joined up support alongside healthcare. Linking physical activity to health and care services, such as social prescribing, rehabilitation and falls prevention pathways, can increase uptake and help people stay active over time[52].

Cycle of benefits of physical activity in older age

This diagram illustrates how physical activity supports strength, independence, confidence and social connection, which in turn reinforce ongoing participation. This reflects established evidence that physical, mental and social benefits of activity are interconnected and mutually reinforcing.



Key considerations

There is consistent evidence that increasing physical activity improves health, wellbeing and independence across the life course. However, inactivity is not simply a matter of individual choice, it is shaped by a complex interaction of personal, social, environmental and system-level factors, including whether people have the capability, opportunity and motivation to be active.

This means that approaches to increasing physical activity are more likely to be effective when they do not rely on motivation alone. Programmes and policies should build people's confidence and skills, remove structural and practical barriers (such as cost, access, inclusion and safety) and create positive, enjoyable experiences that help people stay active over time.

The strongest public health opportunities are multi-component and place-based, combining improvements to the built environment, community delivery and health system integration. Evidence shows that creating walkable neighbourhoods, safe cycling infrastructure and accessible green space can significantly increase everyday physical activity at population level. In urban areas such as Hackney and the City of London, these environmental changes are particularly important in enabling routine activity through daily life.

Community-based and socially supported approaches also play a critical role in engaging those who are least active. Group-based activity, peer support and culturally appropriate programmes are consistently associated with higher participation, improved wellbeing and sustained behaviour change. These approaches are particularly effective for populations facing the greatest barriers, including those affected by deprivation, ethnicity-related inequalities and social isolation.

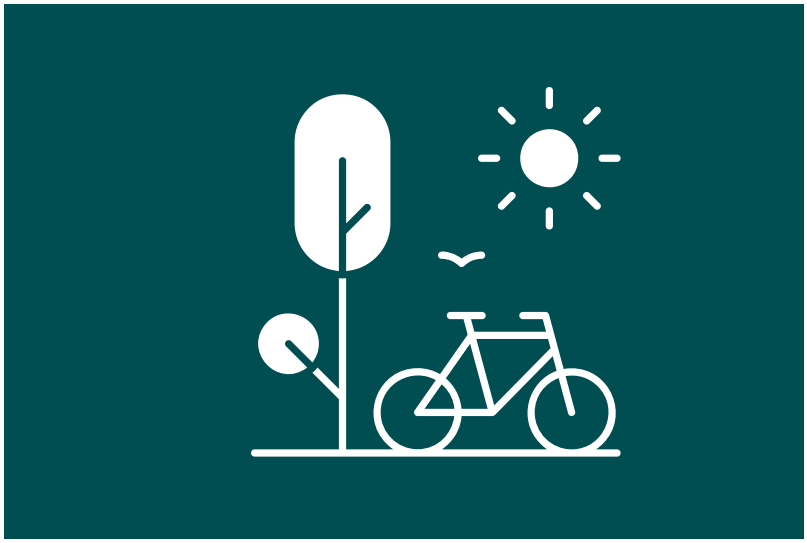
The evidence also highlights the importance of embedding physical activity within health and care pathways, particularly through prevention, early intervention and rehabilitation services. Brief advice, social prescribing and exercise referral schemes can support behaviour change, especially when combined with personalised support and interventions that address wider barriers such as cost and access. Locally, physical activity should continue to be built into clinical pathways where evidence shows it can support treatment, recovery and long-term condition management.

Across the life course, different approaches are needed. For children and young people, early positive experiences, active play and active travel are critical in establishing lifelong habits. For older adults, maintaining strength, balance, social connection and independence should be central to the local offer that is available.

Overall, increasing physical activity at scale requires coordinated action across systems, with a focus on addressing structural inequalities, improving local environments, supporting behaviour change and embedding physical activity into everyday places, services and communities.

What's available locally to help people be active

Services, community projects and local spaces that support people to be physically active.



Summary

City of London and Hackney benefit from a wide and diverse physical activity offer (including leisure centres, other community-based and community-led programmes, and private sports facilities), as well as high quality supportive infrastructure (including parks, green spaces, school streets and neighbourhood spaces). Together, these assets create multiple ways for residents to be active, whether through organised sessions, informal activity, active travel or other everyday movement.

Leisure centres provide a foundation for structured activity, offering accessible facilities and programmes that support health, wellbeing and prevention pathways. Alongside this, a strong network of community organisations, local providers and services (including VCSE organisations, early-years settings and schools, and health settings) deliver locally tailored opportunities that reflect the needs and identities of Hackney's diverse communities.

In the City of London, there is a good range of local spaces and opportunities for physical activity, however residents shared how these opportunities are not always experienced evenly. In the east of the City, particularly in Portsoken where inactivity-related health outcomes are poorest, residents highlighted concerns about limited access to green space, leisure facilities and suitable places for young people and families to be active. Responding to this resident insight is important to ensure the local offer helps to reduce, rather than reinforce, existing physical activity-related health inequalities.

The built environment plays a central role in enabling everyday activity. Parks, green spaces, active travel infrastructure and neighbourhood spaces, such as Multi-Use Games Areas (MUGAs), provide free and accessible opportunities for movement as part of daily life. These spaces are particularly important in supporting informal activity, social connection and reducing barriers to participation.

Together, these services, spaces and community activities show that physical activity is supported in many different ways across the City and Hackney. However, ensuring that these opportunities are accessible, visible and equitably distributed remains critical to maximising their impact

Embedding physical activity in health and care pathways

Physical activity is a part of many local treatment and rehabilitation pathways. from early prevention and brief advice through to structured rehabilitation and condition-specific support.

Health and Wellbeing Coaches work across City and Hackney primary care, to support people with the knowledge, skills and confidence to take greater control of their health and wellbeing. As part of this, they can support people to become more active in ways that are realistic for their individual circumstances. MECC training has also been delivered within local healthcare pathways, including primary care, helping staff to have brief, opportunistic conversations about physical activity and wider health behaviours as part of routine contact with residents. More information about Health and Wellbeing Coaches and eligibility is available on the Shoreditch Trust website.

Some health programmes provide more structured, referral-based support for eligible residents as part of local health and care pathways, such as Healthier Together Hackney. This programme is based within leisure centres and provides a more structured route for adult residents who are inactive or living with, or at risk of, associated health conditions. A similar programme was run through the Golden Lane Leisure Centre in the City until its recent, temporary, closure.

Healthier Together Hackney

The Healthier Together Hackney programme offers both weight management and physical activity on referral and is delivered by a team of fully qualified exercise professionals. Across a single year (2025-26), over 2,650 people started a Healthier Together Hackney programme, with over 1,000 of those completing the physical activity pathway. 90% of all who completed the physical activity programme reported doing at least 30-minutes of moderate physical activity per week, with 66% of completers reported doing at least 150-minutes, by the end of the programme.

More information about the programme is available on the service website: Healthier Together Hackney

In a local project coordinated by the Sport England funded Hackney Place Partnership, Homerton Healthcare NHS Foundation Trust is working with Sport England to explore how physical activity can be integrated into the local NHS Talking Therapies service for people experiencing anxiety and depression. The local Mental Health Trailblazer project builds on Sport England's Moving Healthcare Professionals Programme and aims to support practitioners to have brief, supportive conversations about physical activity as part of routine mental health care.

The Mental Health Trailblazer model includes Physical Activity Clinical Champion training for practitioners and clearer links between NHS Talking Therapies and local community physical activity opportunities. While there is not yet evidence of local impact, this is an example of how physical activity is being built into a local NHS pathway to support mental wellbeing, recovery and longer-term self-management.

Physical activity is already part of local rehabilitation pathways. Homerton's Adult Physiotherapy service uses exercise therapy to improve strength, balance, control and flexibility, and also offers rehabilitation classes for some patients. The Musculoskeletal Physiotherapy service also provides access to the getUBetter app for people registered with a City and Hackney GP practice, offering guided exercises and advice to support recovery from musculoskeletal conditions.

Physical activity is also built into some specialist rehabilitation services. The Adult Cardio-Respiratory Rehabilitation Service, referred to as ACERS, provides pulmonary rehabilitation for people living with ongoing respiratory conditions, combining supervised exercise with education and self-management support. Homerton's Adult Community Rehabilitation Team also provides exercises and advice to support people with physical, respiratory or neurological symptoms, including support to improve walking, movement and independence.

Similarly, Fit4Health delivers a specialist physical activity programme within Homerton's stroke rehabilitation pathway. The programme is designed to meet the long-term effects of stroke and helps people to reduce cholesterol, blood pressure, body fat, low mood and anxiety, while supporting people to maintain independence and active lives. This is another example within City and Hackney of how physical activity can be linked to a condition-specific rehabilitation pathway alongside clinical care and wider community support.

There are also examples of physical activity being used in other condition-specific pathways. Homerton's cancer prehabilitation service includes supervised gym-based exercise and home-based activity advice for patients preparing for cancer treatment.

A key challenge is making sure that health and care services are well connected to the wide range of community-based and community-led physical activity already available locally. To help with this, a Physical Activity Resource Pack has been developed to support health and care professionals to signpost patients to relevant community activities.

In addition, a new physical activity community of practice, convened by the Hackney Place Partnership, helps bring this work together by creating a space for all partners to share learning, strengthen relationships, identify gaps and connect activity happening across different services, communities and places. This provides a useful foundation for making the local offer more joined-up, visible and responsive to residents' needs.

Promoting physical activity through community-based and community-led approaches

Leisure centres

Leisure centres and gyms form an important part of the local community's physical activity offer, providing spaces for structured activity, swimming, fitness classes, indoor and outdoor sport, health programmes and targeted sessions for priority groups.

In the City of London, Golden Lane Leisure Centre is an important community hub for physical activity and social connection. Following its temporary closure, alternative access has been secured at nearby facilities including Finsbury Leisure Centre and Ironmonger Row Baths, helping maintain access to swimming, fitness classes and targeted sessions while Golden Lane closed. Refurbishment of the centre is set to begin in December 2026 and take around a year to complete.

In Hackney, leisure centres are operated in partnership with BETTER and form a key part of the borough's physical activity infrastructure. The full list of leisure centres, gyms and pools in Hackney is available here. Alongside public leisure centres, there is also a wider network of private gyms, fitness facilities and specialist providers across the City and Hackney.

Research by London Sport shows sports facility mapping across London, with Hackney (including the City of London) as the 5th best performing area in London for residents per 'health and fitness gym facility'. This suggests relatively strong access to this provision across City and Hackney. However, London Sport also highlights the importance of protecting and maintaining sport and physical activity facilities so that access remains sustainable as local populations grow.

Hackney Place Partnership (formerly King's Park Moving Together)

The partnership takes an asset-based approach, building on the strengths, skills and resources already present in local communities. It also invests in local capacity, partnerships and better access to spaces and opportunities for physical activity.

Networks and partnerships have been at the heart of the Hackney Place Partnership programme. In 2021, a delivery partner network (DPN) was established to enable connections between local organisations in the King's Park area.

As the programme developed, the focus shifted to creating a borough-wide Physical Activity Network (PAN). The PAN is now a forum to create sustainable change in Hackney and aims to:

- gather insights into the local barriers and enablers of physical activity
- scale up the DPN for stakeholders to meet and share information
- strengthen local relationships and the possibility of new collaborations
- offer more opportunities to broker a systems wide approach.

Hackney Place Partnership - the next phase in Hackney

Building on the original King's Park Moving Together programme, the next phase of Hackney's partnership with Sport England will widen the focus to other areas where inactivity and wider social need are highest. The aim is to take the learning from King's Park and apply it across a broader set of neighbourhoods, rather than starting again from scratch.

The partnership is focused on four themes:

1. strengthening links with services such as City and Hackney Talking Therapies
2. making better use of hyper-local spaces such as libraries and multi-use games areas (MUGAs)
3. investing in the capacity of community organisations in target areas
4. improving data and storytelling to support learning and change

Priority areas in Hackney include:

- Hackney Marshes
- Amhurst Road and Pembury Estate
- Homerton South
- Haggerston East
- Hackney Downs
- Woodberry Down and Manor House
- Stamford Hill South

The investment is targeted towards groups more likely to be less active, including older people, disabled people and people with long-term health conditions, women, and people from black and Global Majority communities.

Community partners

A significant proportion of local physical activity takes place in community settings and is delivered by the Voluntary, Community and Social Enterprise (VCSE) sector. To expand and strengthen community-led physical activity, the City and Hackney Public Health team have worked with VCSE partners to co-develop the Healthier Hackney Grants programme.

The goal of the Healthier Hackney Grants Programme is to fund locally-led initiatives that help inactive residents of Hackney form and sustain healthy movement habits.

Since the grants programme launched, over 13'000 Hackney residents have been supported to be physically active.

Visual presentation of the new 13 organisations delivering on HH Grants. Present by activity or place.

STUK CIC | community strength training and wellbeing for women

STUK CIC delivers community-based strength training and wellbeing programmes for women across Hackney. The programme is designed to address some of the practical, social and emotional barriers that can make physical activity difficult, including low confidence, poor mental health, long-term conditions and feeling uncomfortable in traditional fitness settings.

Since launching in 2022, STUK has grown into a community of more than 600 women. In its most recent programme, 64% of participants were not meeting recommended physical activity levels before joining, 75% had experienced a mental health condition in the previous 24 months, and 41% were living with at least one long-term health condition.

“The programme combines strength training, physical activity education, peer support and wellbeing approaches in safe, supportive and culturally relevant spaces” - Reyss Wheeler, Director of STUK CIC

Reported outcomes included increased weekly physical activity, improved fitness, greater confidence using weights and gym equipment, and improved mental wellbeing.

More information is available at STUK CIC

In the City of London, community-based activity is also supported through local organisations and grant funding, including the Stronger Communities Fund and Community Infrastructure Levy Neighbourhood Fund. These funds support projects that promote community health and wellbeing, strengthen neighbourhoods and help residents access local activities, including sport and physical activity opportunities.

The City of London Corporation's commitment to investment in accessible community activities is also articulated in its 2023-2030 Global City of Sport strategy[1].

New Age Games

New Age Games is a sport and physical activity programme for residents aged 50 and over, delivered by Hackney Council. New Age Games helps residents to increase and sustain exercise to recommended levels. Activities include tennis, swimming for beginners, aerobics/dance to music classes, chair-based activity classes, yoga and more.

Staying active in later life

Valney joined the New Age Games programme at the age of 70 to try tennis for the first time. With support from coaches and peers, he built his confidence and skills, going on to play regularly three times a week. Now aged 81, he credits the programme with improving his fitness, confidence and overall wellbeing, helping him stay active, socially connected and motivated in later life.

"*Being on court. Preparing myself. It has done a lot for my wellbeing. I need to stay active, if I don't I am finished. The instructors are very good and help my game. The programme is wonderful, it encourages the elderly into fitness and wellbeing.*" - Valney, local resident

Supporting older adults to be active | Pedro Club (KPMT)

Community-based exercise programmes supported through the King's Park Moving Together programme (now the Hackney Sport England Place Partnership) demonstrate how tailored, local approaches can support older adults to become more active. At the Pedro Club, weekly chair-based exercise sessions for older adults with long-term health conditions led to improvements in self-reported mobility, flexibility and endurance. Participants reported weight loss, reduced pain, improved breathing and increased confidence, as well as the ability to carry out everyday tasks more independently. The sessions also supported the development of social connections, with many participants forming relationships beyond the classes and reporting improved wellbeing.

Self-guided walking tours in the City and Hackney

The City of London and Hackney both have self-guided walking routes that support everyday walking and active travel. The City of London walking route map provides a pedestrian-friendly route through key streets, open spaces and points of interest. The Hackney walking route map links the City of London and Hackney, while Footways Hackney identifies quieter, more accessible and appealing walking routes between key local destinations, including Hackney Central. As well as self-guided walking tours, Hackney Council offer organised walking groups through the Walking Together programme.

Early years, children, young people and schools

There are several key local services and programmes that support children and young people to build healthy, active habits from an early age. These include family support, healthy weight services, school-based programmes and award schemes that help early years settings and schools create healthier environments.

HENRY in City and Hackney supports families with children aged 0–5, including through free programmes and workshops on healthy eating, family wellbeing and healthy lifestyles. This includes practical support for parents and carers to help children have a healthy start in life, including active play and everyday routines.

Power Up!, delivered by Homerton Healthcare NHS Foundation Trust, is a 12-week healthy lifestyle intervention for children and young people aged five to 19 (and up to 25 with SEND), who are above a healthy weight. The service supports children, young people and families to make positive changes, including around physical activity, with input from a multi-disciplinary team.

Early years settings and schools are also supported through the Healthy Early Years London and Healthy Schools London awards programmes by local coordinators. These programmes help settings and schools take a whole-setting approach to child health and wellbeing, including physical health, healthy eating, mental wellbeing and wider school culture.

Schools can build movement into the school day through approaches such as the Daily Mile. In Hackney, the Daily Mile is promoted as a simple, free and inclusive way for children to walk, jog or run for 15-minutes during the school day, helping make regular physical activity part of normal school routines.

Some local physical activity opportunities are designed to be more accessible for disabled people and those with special educational needs or disabilities (SEND). These activities help reduce barriers linked to confidence, transport, cost, accessibility and whether provision feels suitable for different needs.

For example, Hackney Marsh Adventure Playground is a free, open-access play space for children and young people aged six to 15, and up to 18 for young people with SEND. It supports active play, confidence, independence and social connection in an outdoor setting. More information is available on the website.

Activating spaces in the built and natural environment

Hackney's 58 parks and green spaces, totalling 282 hectares, alongside the City of London's 180 gardens, estates and green space sites, provide free and accessible places for everyday activity.

Together, the street network, parks, green spaces and the wider public realm create the foundation for everyday physical activity. Walking or cycling for short journeys, such as travelling to school, work, shops or local services, offers one of the greatest opportunities to increase activity levels as part of daily routines. These environments are free to use, accessible throughout the day and allow people to be active in their own way at their own pace.

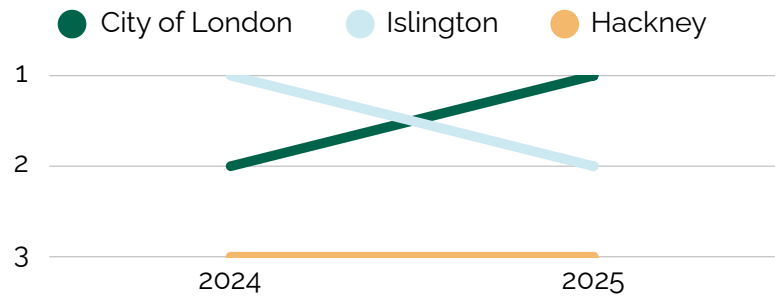
Hackney is particularly well suited to active travel as part of everyday movement: Low Traffic (Liveable) Neighbourhoods now cover over 50% of the borough, and School Streets have been introduced outside 50 primary schools, helping to create quieter, safer environments where walking and cycling are the easy choice. In the City of London, over 90% of commuter trips are already made by public transport, walking or cycling, reflecting the Square Mile's highly walkable street network and strong focus on pedestrian priority.

Local recognition of Healthy Streets

Investment in protected cycle routes, improved crossings and people-centred street design through the Healthy Streets approach helped position Hackney as the third highest-scoring borough in London in the 2025 Healthy Streets Scorecard, with the City of London excelling in first place.

The London Boroughs Healthy Streets Scorecard shows to what extent local areas are developing their built environment to improve air quality, reduce road danger and importantly to boost active lifestyles.

Chart 24: change in Healthy Streets Scorecard ranking, showing the top three London boroughs only



The built and natural environments created locally support not only physical health, but also mental wellbeing, social connection, air quality and climate goals. Modelling studies show that shifting even a proportion of short car journeys to walking and cycling can deliver health benefits comparable to major national prevention programmes[2].

Interactive tools, such as Hackney's local maps of parks, walking and cycling routes, provide an opportunity to help residents find accessible places to be active close to home. Developing similar digital information for both Hackney and the City of London would strengthen awareness and use of these everyday assets.

Hackney Downs

Hoxton West

London Fields

Images used with permission from lowtraffichackney.org

Daubeney Fields

The Daubeney Fields project aimed to increase physical activity by redesigning an under-used green space between two large estates. Led through a partnership between Hackney Council's Leisure, Parks and Green Spaces service, the King's Park Moving Together programme, and the adventure playground team, the project used community engagement to understand why some residents felt the park was not "for people like me". Residents highlighted the need for free activity, safer entrances, better play space and a park that helped connect the community.

The redesign focused on making the park more welcoming, inclusive and accessible. Improvements included safer entrances, easier paths for wheelchairs, scooters and pushchairs, benches, water fountains, improvements to play and skate areas, and a covered outdoor gym for year-round use.

Inclusion and accessibility underpinned the design. The project worked with Swing Fitness to reduce barriers to using the free outdoor gym equipment. Almost 300 local residents have registered to use the free weight boxes, with nearly 4,000 sessions recorded. Over 90% of users live in the lowest 30% of households by income, suggesting the project is reaching residents who may face greater barriers to being active. Community-led activities, including women's weightlifting and fun days, continue to support use of the park.

> "Who is using the park now? Everybody is using it. There are huge sections of people using the gym - there are classes there, groups of friends who meet and workout there, the Swing boxes are used, children are roller skating on the pathways, people have buggies and wheelchairs… even in winter older people are sitting on the benches, this is new." - Daubeney Fields ward Councillor

In 2025 Daubeney Fields achieved a green flag, marking it as an internationally recognised, well-managed, and high-quality green space and in 2026 it received a London Sport Active Environment award. The project shows how community engagement, council collaboration and investment in local assets can reduce barriers to physical activity such as cost, safety and accessibility.

The role of Multi-Use Games Areas (MUGAs) in supporting active lives and social connection

MUGAs are a key part of Hackney's local physical activity infrastructure, with over 60 sites across the borough providing free and accessible spaces for sport and informal activity. They play an important role in supporting active lifestyles, particularly for children, young people and residents living on estates.

MUGAs are also important social and cultural spaces, forming part of everyday life in many communities. They provide opportunities for informal play, social connection and community activity, and are often embedded within the identity and history of local estates.

MUGAs contribute to a range of wider outcomes, including community safety, early help for children and young people, and reducing health inequalities. However, their impact depends on them being safe, well-maintained and consistently accessible. Local evidence highlights that if any facilities are poorly maintained, locked or not activated, opportunities for physical activity can be significantly reduced. The Hackney MUGA Charter is available here.

Photographer Tara Darby's exhibition at Homerton Library is an ode to the Suffolk Estate football cage

Local resource packs

- A resource pack of local physical activity services and interventions developed to support health and care professional to refer and signpost in City and Hackney is available here
- A City of London Resident Services Directory is also available to support with accessing the community sport and physical activity offer.
- A wider range of services can be found using Find Support Services
- Young Hackney have a list of SEND-friendly activities
- The City of London's Family Information Service shows a range of options tailored to accommodate for disability or SEND

Gaps and challenges

Table 1. An overview of the gaps and challenges in what's available locally to help people be active

Awareness and navigation of the local offer	City and Hackney have a broad physical activity offer across leisure centres, health and care pathways, VCSE organisations, parks, active travel routes, schools, community spaces and informal opportunities. However, the breadth of provision can make it difficult for residents and professionals to understand what is available, who it is for, and how to access it. This may limit uptake, particularly among residents who need more support to become active.
Ensuring equity of access to physical activity	The local offer includes examples of inclusive and targeted provision, including activities for children and young people, older adults, women, disabled people, people with SEND, residents with long-term conditions and communities experiencing socioeconomic barriers. However, access may still be uneven depending on location, cost, confidence, safety, accessibility and whether opportunities feel welcoming. This should be treated as an equity consideration rather than evidence that all groups are reached by current provision.
Sustainability of community provision	A significant proportion of local physical activity is delivered through VCSE organisations, informal groups and grant-funded programmes. While this should be seen as a strength in partnership delivery and supports innovation, trust and local responsiveness, it can create challenges around long-term sustainability, staffing, consistent delivery, evaluation and the ability to scale successful approaches.
Quality, maintenance and access to local spaces	Public spaces, including MUGAs, provide important free opportunities for everyday activity. However, their contribution to physical activity depends on whether they are safe, well-maintained, accessible, welcoming and consistently available for use. Where spaces are locked, require maintenance, are underused or not activated, opportunities for informal activity and social connection are reduced.
Understanding reach, uptake and outcomes	There is a broad range of physical activity opportunities open to all in City and Hackney but there is not yet a comprehensive understanding of who is using the physical activity offer, which groups are not being reached, where gaps are greatest, and which interventions are leading to sustained increases in activity. Strengthening monitoring and evaluation would help target resources and demonstrate impact.

What helps, and hinders, people from being active locally

Insight into the barriers and enablers to being active, based on local engagement and lived experience.

The importance of co-design and community engagement

Physical activity is shaped by much more than individual motivation or access to exercise classes. Whether people are able to be, and stay, active is influenced by everyday realities such as time, money, confidence, health, caring responsibilities, safety, culture, social connection and whether local opportunities feel welcoming and relevant.

Co-design and community engagement are important because they help services understand these realities before activities are planned or delivered. These approaches help to reveal what gets in the way of people being active, what would make participation easier, and what kinds of support feel trusted, accessible and meaningful to different communities. This matters because barriers and opportunities are not shared equally across City and Hackney.

Local insight (from the Healthier Hackney grant-funded activity, the Sport England-funded King's Park Moving Together programme, the 2024 Healthy Weight Needs Assessment and wider resident engagement) shows that people are more likely to be active when opportunities reflect their daily lives. This means increasing physical activity is not only about providing more sessions, but about working with communities to create environments, relationships and activities where people feel able, confident and supported to participate.

What gets in the way of being active?

Local learning suggests that many residents want to be more active, but face a combination of practical, social and emotional barriers.

In the KPMT programme, a baseline household survey found that:

- over half (53%) of residents in the local area were inactive, i.e. adults doing less than 30 minutes of exercise a week on average, compared with 20% across Hackney as a whole
- two thirds (64%) said they wanted to do more exercise.

The most commonly cited barriers to being more active were:

- lack of time (40%)
- health problems (23%)
- lack of motivation (16%).

This survey also found low use of community halls and centres for exercise, and described the local community as fragmented, disconnected and isolated.

Resident engagement used to inform the Healthier Hackney grants programme identified a similar set of barriers. These included the cost of taking part, suitable provision, safe space to be active, time, transport, physical accessibility of venues and low confidence that can make some activities feel unfamiliar or not for "people like me".

Further learning from insight gathered as part of the 2024 Healthy Weight Needs Assessment again identified similar themes. Residents described how physical activity can feel difficult to prioritise alongside everyday pressures such as housing instability, finances, caring responsibilities and work. Some residents also spoke about feeling judged, unwelcome or out of place in mainstream exercise environments.

What helps people get active and stay active?

Across a range of local programmes and engagement activities, residents consistently described similar factors that help people become and stay active. People are more likely to participate when opportunities are:

affordable or free to access

close to home

easy to fit into daily life, including working around childcare and caring responsibilities

welcoming and socially supportive

delivered in trusted community spaces

culturally relevant

focused on enjoyment, wellbeing and connection, not just physical fitness

Learning from the Hackney Playbus project, funded through the Healthier Hackney Grants programme, showed the value of taking activity to where families already are. By delivering outreach in a homeless hostel, the project created a safe and familiar opportunity for a mother with two young children who did not have suitable space to be active. This shows that physical activity can become more accessible when it is offered close to where people live, rather than expecting people to travel to services or formal activity spaces.

Responding to the challenge: the health and care sector

Health and care services have an important role in helping people become more active, but this requires more than individual projects or referral pathways. To make physical activity a routine part of prevention, treatment and recovery, local partners need to understand how well the wider system is set up to support people in becoming more physically active.

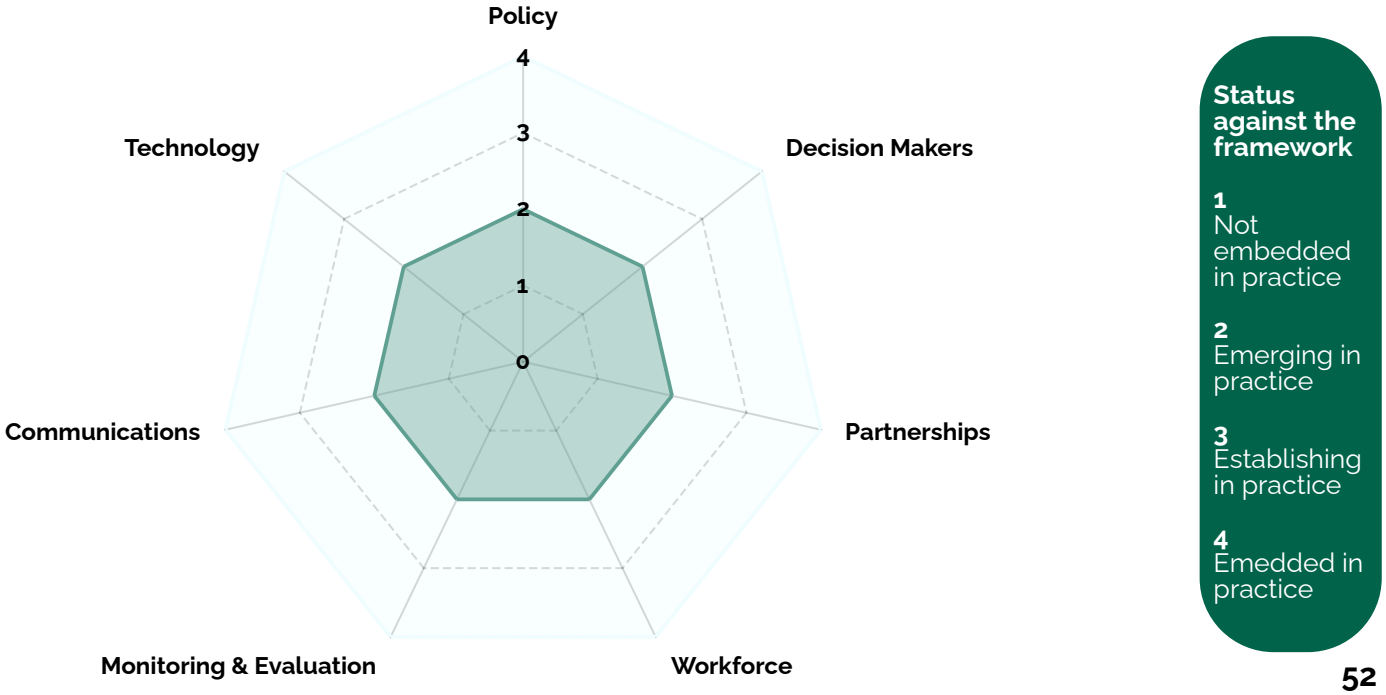
London Fit for the Future

London Fit for the Future is a framework and review tool developed by London Sport, in collaboration with partners including NHS England, London's Health and Care Partnership, and the Active Partnership National Organisation. It helps London boroughs understand how well physical activity is being built into local health and care services and pathways.

The review is not a performance assessment. It is a way to understand what is working well, where there are gaps, and what needs to happen next to make physical activity a more routine part of prevention, treatment and recovery services. The framework is organised around seven 'system-enabling' components.

In City and Hackney, the review was completed by a multi-disciplinary group working across the local health and care system. This includes partners in Public Health, NHS services and community provision.

Chart 25: City and Hackney framework assessment of London Fit for the Future



The review, using the London Fit for the Future assessment tool illustrated above, found that City and Hackney has strong foundations to build on. Local data and resident insight are being used to develop new programmes, for example the Healthier Hackney Grants Programme. The review also found there are strong community partnerships particularly in Hackney though the Sport England Place Partnership, and physical activity is already being embedded in some health and care services. Examples include Homerton Healthcare NHS Foundation Trust Talking Therapies and rehabilitation services, where physical activity is being used to support mental wellbeing, recovery and long-term condition management.

The main opportunity is to build on these examples and make this approach more consistent across the system. This means local partners working towards shared goals, so physical activity is not only supported through individual projects or services, but becomes a more routine part of how residents are supported across health, care, community and leisure settings.

Table 2: Summary of the Fit for the Future framework review, highlighting local strengths and areas for improvement

Theme	Local strengths	Areas for improvement
Policy	Local data across a range of sources are used to inform local investment, planning and decision-making.	Physical activity should be more consistently and explicitly embedded into relevant local policies, delivery plans, service specifications and care pathways. This includes clearer practical guidance on how services can use physical activity to support prevention, recovery, long-term condition management and reducing inequalities.
Decision Makers	Physical activity is recognised in some relevant strategies and services.	trengthen senior ownership, governance and co-investment so physical activity is treated as a shared system priority with clear outcomes and longer-term funding that is aligned across partners.
Partnerships	Partners are working well together in most areas.	Align funding, priorities and delivery around shared physical activity goals.
Workforce	Some staff are confident talking about physical activity and signposting residents.	Build confidence more consistently across NHS services, primary care, social care, leisure and community settings.
Monitoring and evaluation	Local insight and evaluation are being used in some areas.	Continue to gather and share learning and agree more consistent ways to measure physical activity outcomes to identify gaps and improve programmes over time.
Communications	Information about local opportunities exists in different places.	Make information easier to find and make routes into support clearer for residents and professionals.

Overall, the review suggests that there is no need to 'prove' the case for investment in physical activity. Rather, a priority is to make it easier for partners to act on the existing evidence together, with clear roles, better signposting, stronger workforce confidence and a consistent approach to learning from what is delivered locally. This collaborative approach is a key condition for tackling inequalities in physical activity as part of a 'whole system' approach[1].

Strengthening local learning and evaluation

Local engagement and programme learning have provided valuable insight into what helps and hinders participation. However, there are still gaps in how physical activity impact is measured, compared and shared across local services and programmes.

The Healthier Hackney grants programme showed positive outcomes across many projects, including improved confidence, social connection and mental wellbeing. However, different organisations measured these outcomes in different ways. This makes it harder to compare impact, understand which approaches work best for different groups, and make the strongest case for future investment.

The Fit for the Future review shows a similar issue across the wider health and care system. City and Hackney uses local data and insight well in some areas, but physical activity and related outcomes are not measured consistently across services and programmes. This means that partners are not always using the same measures, such as changes in activity levels, confidence, wellbeing, social connection, attendance or referral outcomes. This makes it harder to build a shared picture of what is working, where gaps remain and where investment could have the greatest impact.

There is also more to learn about how to support people to stay active over time, and how to connect community-based opportunities more clearly with health and care services.

Addressing barriers and creating opportunities for everyone to be active

Local insight and the Fit for the Future review suggest that City and Hackney already have many of the building blocks needed to support more active lives. Residents are more likely to take part when opportunities are affordable, local, flexible, socially supportive, culturally relevant and shaped around everyday life. The main opportunity now is to ensure the local offer is consistent, coordinated and fair.

This means partners across Public Health, NHS services, primary care, community organisations, leisure and social care working with residents towards shared physical activity goals.

Overall, the review suggests that there is no need to 'prove' the case for investment in physical activity. Rather, a priority is to make it easier for partners to act on the existing evidence together, with clear roles, better signposting, stronger workforce confidence and a consistent approach to learning from what is delivered locally. This collaborative approach is a key condition for tackling inequalities in physical activity as part of a 'whole system' approach[1].

Proposed physical activity goals

1. Making referral and signposting routes clearer, so residents and professionals know what support is available and how to access it
2. Helping frontline staff feel more confident having positive conversations about physical activity
3. Improving shared communication about local opportunities, so information is easier to find and keep up to date
4. Sharing data and resident insight between partners, so the local offer is shaped around need and gaps can be identified
5. Strengthening links between community-based activities and health and care services, so residents can move more easily between clinical support and local opportunities

These shared goals would help City and Hackney move from strong examples of good practice towards a more joined-up local offer. This would make physical activity easier to promote, easier to access and more clearly connected to local priorities such as mental health, healthy ageing, long-term condition management and reducing inequalities.

Recommendations for action

The recommendations are directly informed by the briefings above. They set out the key priorities to support the planning, commissioning and delivery of physical activity across the City of London and Hackney.

Delivering these recommendations requires shared leadership across the City of London Corporation, Hackney Council, NHS partners, transport, planning, leisure, schools, community organisations and local residents as part of a whole system response. It will also require physical activity to be considered in wider strategies and service plans where it can support prevention, wellbeing, active travel, healthy places and reducing inequalities.

Recommendation one: Strengthen local action through a 'whole system' approach to tackling physical activity inequalities

There are many strong examples of good practice across the City and Hackney, but the local physical activity system is not yet as coordinated as it could be. Learning from Hackney's Place Partnership has highlighted the need to recognise the complexity of physical activity inequalities and work collaboratively across organisations and sectors to address them. The Fit for the Future review also identifies opportunities to strengthen collaboration, and its findings have informed these recommendations.

Local partners should use this learning to coordinate action on physical activity across the City and Hackney. This includes agreeing shared priorities and embedding physical activity within wider strategies, service plans and delivery across health and care, transport, planning, leisure, schools, community development and neighbourhoods. Neighbourhood Health Plans provide an opportunity to use resident insight and local data to shape action around local strengths, barriers and priorities, while embedding physical activity within wider neighbourhood priorities such as healthy ageing, mental wellbeing, long-term condition management and reducing health inequalities.

Recommendation two: Make everyday movement easier in our local spaces

The places people live, work and travel through have a major influence on how easy it is to be active. There are strong foundations in the City and Hackney, including high levels of walking and cycling, many high quality parks and green spaces, leisure centres, MUGAs, School Streets and Low Traffic Neighbourhoods.

Local partners should continue to protect access to, improve and activate these spaces so that walking, cycling, wheeling, play and informal activity become easier parts of everyday life for all - while also responding to feedback where spaces and schemes are not working for some sections of the community. This should include exploring which groups are less likely to walk, cycle or wheel, and designing active travel schemes that respond to barriers such as safety, confidence, disability, cost and access.

Recommendation three: Build on local strengths and create more community-led physical activity

Residents are more likely to take part when opportunities are local, affordable, socially supportive and delivered in familiar places. City and Hackney already have strong community assets, including trusted local organisations, physical activity networks, community venues, parks, estates and informal spaces that support people to be active.

Future delivery should build on what is already working well by creating more opportunities for communities to shape, lead and deliver physical activity. This means working with trusted local organisations and residents to design opportunities for physical activity that reflects people's confidence levels, health needs, cultures, interests and preferences for being active. Choice, safety, trust, routine and social connection should be included in the physical activity offer.

Recommendation four: Build physical activity more systematically into health and care pathways

Physical activity plays an important role in prevention, treatment, recovery and long-term condition management. Locally, steps are being taken to introduce physical activity alongside the existing treatment of some conditions, including Homerton's Adult Physiotherapy and Musculoskeletal service, Cardio Rehabilitation, Cancer Prehabilitation and the local Talking Therapies Service.

The next step for City and Hackney is to systematically embed physical activity as a routine part of all relevant health and care pathways. This is a relatively low-cost way to support prevention, recovery and better outcomes for residents.

What this means in practice is:

- supporting health and care professionals to have brief, positive conversations about physical activity
- strengthening referral and signposting routes into appropriate local opportunities
- building physical activity into more care and treatment plans where evidence shows it can help
- learning from local examples, such as Talking Therapies, and applying this more consistently across the health and care system.

Recommendation five: Improve awareness, signposting and access to local opportunities to be active

There is a wide range of physical activity provision locally, but it is not always easy for residents or professionals to find out what is available, who it is for, or how to access it. This can particularly affect people who are less confident in starting new physical activity, less connected to services, or who need more tailored support. A clearer and more coordinated approach is needed to help people find the right activity at the right time for residents.

What this means in practice:

- Producing an easily accessible, up-to-date 'directory' (in both digital and non-digital form) of local physical activity services and opportunities
- supporting frontline staff and community partners to confidently connect residents into suitable activities
- support professionals to effectively communicate the opportunities available via funded Physical Activity Champion Training or local Making Every Contact Count training.

Recommendation six: Take a stronger 'life-course' approach, from early years to healthy ageing

Physical activity matters at every stage of life, but the support people need changes over time. Children and young people need positive early experiences of movement, play, active travel and school-based activity. Older adults need accessible opportunities that support strength, balance, independence, confidence and social connection.

Nationally, opportunities for movement during the school day have reduced over time. Local partners should work with early years settings, schools and families to protect and increase time for children to be active in ways that are enjoyable, inclusive and appropriate to their age and ability. There are opportunities to do this locally by working with funded Healthy Early Years and Healthy Schools Coordinators.

This should include active play, active lessons, safe routes to school, inclusive PE and better participation in the Active Lives Children and Young People Survey, so local decisions are informed by high-quality data.

Recommendation seven: Strengthen data collection, insight gathering and shared learning

Local data and resident insight have helped identify who is less active, where need is greatest and what supports participation across the City and Hackney. However, gaps in the local evidence base remain.

Partners should develop a more consistent approach to measuring impact, gathering insight and sharing learning. This would help to build a clearer understanding of what works and in which communities it works. Priorities including improving data on children and young people, agreeing shared outcome measures across programmes and using resident insight to shape future action.

Recommendation eight: Make physical activity easier for everyone, with greater support where barriers are highest

Physical activity benefits everyone and should be promoted across the whole population. However, not everyone has the same opportunity to be active. Older adults, some Global Majority communities, disabled people and those living in more deprived areas/in specific neighbourhoods face greater barriers than others.

While local partners should continue to provide opportunities for everyone to be active, future investment should be proportionate to need, with greater priority given to the people and places where inactivity and health inequalities are greatest. This includes using local data, resident insight and Sport England's Place Need Classification to guide investment decisions

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What's available locally to help people be active

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2. www.healthystreetsscorecard.london/indicators_explained_2024/#IndicatorsActiveTravel [last accessed 20/07/2026]

What helps, and hinders, people from being active locally

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Glossary

Active environments - Places that make it easier and more inviting for people to move, walk, cycle, play or be active.

Active Lives Survey - A Sport England survey that measures physical activity levels in adults, children and young people.

Active travel - Making journeys in physically active ways, such as walking, wheeling, cycling or scootering.

Age-standardised rate - A rate adjusted to account for differences in age between populations, making comparisons fairer.

Anxiety - A mental health condition where someone regularly feels worried, nervous or fearful.

Cancer - A disease where abnormal cells grow and can spread to other parts of the body.

Cardiovascular disease (CVD) - is a general term for conditions affecting the heart or blood vessels.

Cardiac rehabilitation - Support after a heart problem to help people recover and improve their health, often including supervised exercise.

Cardiovascular disease (CVD) - A general term for conditions affecting the heart or blood vessels.

Chief Medical Officer (CMO) - A senior doctor who advises the government on health matters.

Chief Medical Officer's (CMO's) recommended physical activity guidelines:

- for children aged 5 to 16 - taking part in sport and physical activity for an average of 60 minutes or more every day
- for adults - taking part in sport and physical activity of moderate intensity for an average of 150 minutes or more every week
- for older adults (aged 65 and over) - taking part in sport and physical activity of moderate intensity for an average of 150 minutes or more every week, undertaking physical activity to improve muscle strength on at least two days a week.

Communicable disease - An illness that can spread from one person, animal or surface to another person.

Community rehabilitation - Support delivered in community settings to help people recover, manage conditions or regain independence.

Confidence interval - A range around a data estimate that shows how uncertain or reliable the estimate is.

Co-design - Designing services or activities together with the people who will use them.

Co-production - Working with residents or communities as equal partners to plan, design and improve services.

Comorbidity - When a person has more than one illness or health condition at the same time.

Coronary heart disease (CHD) - A condition where the blood supply to the heart is reduced, often due to narrowed arteries.

Culturally appropriate - Designed to reflect people's backgrounds, beliefs, languages and preferences so it feels welcoming and relevant.

Decile - One of ten equal groups used to rank areas or populations, often from highest to lowest need.

Deprivation - Disadvantage linked to factors such as income, employment, education, health, housing and access to services.

Deprivation quintile - One of five groups used to rank areas by deprivation, with each group containing 20% of the population.

Depression - A mental health condition that can cause persistent low mood, loss of interest and reduced energy.

Diabetes - A condition that causes a person's blood sugar level to become too high.

Exercise referral scheme - A programme where health professionals refer people to supervised physical activity support.

Falls prevention - Support or activities that help reduce the risk of people falling, especially older adults.

Fit for the Future - A London Sport review tool that helps areas understand how well physical activity is built into health and care systems.

Health inequalities - Unfair and avoidable differences in health between different groups of people.

Health and wellbeing - A person's overall physical, mental and social health.

Healthy ageing - Supporting people to stay well, active and independent as they get older.

Hypertension - High blood pressure, where the pressure in blood vessels is too high.

ICB (Integrated Care Board) - An NHS organisation responsible for planning and funding health services in a local area.

IMD (Index of Multiple Deprivation) - A national measure showing how deprived small areas are across several factors, including income, health, education and housing.

Inactive - Doing less than 30 minutes of moderate physical activity per week.

Inclusive provision - Activities or services designed so that people with different needs, abilities and backgrounds can take part.

King's Park Moving Together (KPMT) - A Hackney place-based programme funded by Sport England to reduce inequalities in physical activity.

Local Implementation Plan (LIP) - A local transport plan setting out how boroughs will deliver the Mayor of London's transport priorities.

Long-term condition - A health condition that lasts for a long time and often needs ongoing care or support.

Low Traffic Neighbourhood (LTN) - An area where through-traffic is reduced to make streets safer and more pleasant for walking, cycling and wheeling.

MECC (Making Every Contact Count) - A way for health and care staff to use everyday conversations to support people to make positive health changes.

Moderate-intensity activity - Activity that raises your heart rate and breathing but still allows you to talk.

MSOA (Middle Layer Super Output Area) - A small statistical area used to compare local data between neighbourhoods.

MUGA (Multi-Use Games Area) - An outdoor space that can be used for different sports and informal physical activity.

Musculoskeletal conditions - Conditions affecting bones, joints, muscles or connective tissues, such as arthritis or back pain.

NEL (North East London) - The wider local health and care area covering Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

NHS (National Health Service) - The publicly funded healthcare system in the UK.

NICE (National Institute for Health and Care Excellence) - The organisation that provides evidence-based guidance for health, public health and social care.

Non-communicable disease - A long-term condition that does not spread between people, such as cancer, diabetes or heart disease.

NS-SEC (The National Statistics Socio-economic Classification) - This groups people by occupation and employment status. In this briefing, higher to middle groups broadly include managerial, professional, intermediate and self-employed occupations. Lower groups include routine, semi-routine, technical or manual labour, as well as people who are unable to work or are long-term unemployed.

Obesity - A health condition where excess body fat may increase the risk of other health problems.

OHID (Office for Health Improvement and Disparities) - A national body that provides public health evidence, data and advice to support health improvement and reduce inequalities.

Osteoporosis - A condition that weakens bones and makes them more likely to break.

Physical activity (PA) - Any movement of the body that uses energy, including walking, cycling, play, sport, gardening, dancing and everyday movement.

Place-based approach - Working in a specific local area to understand local needs and build on local strengths.

Place Need Classification (PNC) - A Sport England tool that identifies areas where investment in sport and physical activity could have the greatest impact.

Prevalence - The proportion of people in a population who have a condition at a particular time.

Primary care - First-contact healthcare services, such as GP practices, pharmacies and community health services.

Primary prevention - Action taken to prevent illness before it starts.

Public health - Work that aims to improve health, prevent illness and reduce inequalities across whole populations.

Rehabilitation - Support that helps people recover or manage their health after illness, injury or treatment.

Secondary prevention - Action taken to stop an existing health problem or risk factor from getting worse.

SEND (Special Educational Needs and Disabilities) - A term used for children and young people who need extra support with learning, health or development.

Social prescribing - Connecting people to local non-medical support, such as community groups, activities or advice services.

Social value - The wider benefits of an activity or service, such as better wellbeing, stronger communities or reduced pressure on services.

Socio-economic status (SES) - A way of describing a person's social and economic position, often based on income, education and occupation.

Sport England - The national organisation that supports sport and physical activity in England.

Statistical neighbours - A local authority area that has similar characteristics to another area, such as population size, age profile, deprivation, ethnicity, health needs or other social factors. Statistical neighbours are used to make comparisons with places that are more similar than the national average, helping to show whether local outcomes are better, worse or broadly in line with comparable areas.

Strength and balance activity - Exercises that help build muscle strength, improve balance and reduce the risk of falls.

Stroke - A serious medical condition that happens when the blood supply to part of the brain is cut off.
Tertiary prevention - Support to manage an existing illness, reduce complications and improve quality of life.

TIA (Transient Ischaemic Attack) - A temporary blockage of blood flow to the brain, sometimes called a "mini-stroke".

TfL (Transport for London) - The organisation responsible for London's transport network.

Type 2 diabetes (T2DM) - A condition where the body cannot properly control blood sugar levels, often linked to insulin resistance.

VCSE (Voluntary, Community and Social Enterprise sector) - Organisations outside the public and private sectors that work to benefit communities.

Wellbeing - How people feel and function in their daily lives, including mental, physical and social health.

Wheeling - Moving using a wheelchair, mobility scooter or other mobility aid.

Whole-school approach - An approach where physical activity is supported across the whole school day, including lessons, play, travel and school culture.

Whole-system approach - Different organisations and services working together to address a shared issue.

Authors
This report was written by:

- Connor Melia | Senior Public Health Practitioner
- Tom Moore | Public Health Analyst
- Jayne Taylor | Consultant in Public Health
- Donna Doherty-Kelly | Principal Public Health Specialist

Report Approvers
This report was approved by:

- Jayne Taylor | Consultant in Public Health

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