

**LONDON
SPORT**

FIT FOR THE FUTURE: MAKING PHYSICAL ACTIVITY ROUTINE IN LONDON'S HEALTHCARE SYSTEM



IN PARTNERSHIP WITH



What people think,
feel and do



EXECUTIVE SUMMARY

Londoners are ready to follow advice about physical activity, but the health system does not yet help everyone to take part in a fair and consistent way.

This report presents evidence and insight on the role of healthcare professionals in promoting physical activity in London, the public's readiness to act, and the system-level changes needed to embed activity consistently and equitably.

Key findings:

- Londoners are more likely than the national average to receive advice and are highly willing to act on it.
- Advice is effective, but delivery is inconsistent and often concentrated among a narrow set of professionals.
- System gaps – across policy, workforce, partnerships, communications, monitoring and evaluation, technology, and data – limit the ability to convert public intent into sustained, equitable behaviour change.
- There is a clear opportunity for London to scale what already works, aligning the system to create sustainable and equitable physical activity pathways.

Recommendations focus on three practical shifts: make it routine, make it supported, and make it shared, ensuring activity becomes a core, consistent, and sustainable part of London's healthcare system.



Londoners are more likely than the national average to receive advice and are highly willing to act on it.



ABOUT LONDON SPORT

London Sport is a not-for-profit organisation, part of a national network.

We are a strategic leader, working to remove barriers to physical activity by facilitating policy, funding and delivery.

Why we exist

Physical inactivity significantly increases the risk of developing serious, life-shortening health conditions like heart disease, type-2 diabetes, and some cancers. In some areas, people live 12 years longer in good health than others.

Those in our most deprived communities face the greatest inequalities and barriers to leading an active life. If we can help people be active, we can improve mental health, tackle obesity, boost children's academic performance, reduce pressure on the NHS, and unlock an estimated £10 billion in economic and social value for the city.



INTRODUCTION

This report aims to provide context and insight from a recent system review and public poll, highlighting how physical activity can be embedded in London's healthcare system. It brings together evidence on current practice, public readiness, and system enablers to inform strategic action.



London is facing a physical inactivity crisis.



Regular physical activity can:

Prevent or improve many health conditions.

Reduce the risk of serious long-term illness.

Support mental wellbeing.

WHY THIS MATTERS NOW

In July 2025, the Government published *'Fit for the Future: 10-Year Health Plan'* for England. The plan sets out a long-term vision for an NHS that is prevention-focused, person-centred, and digitally enabled.

To achieve this, the NHS is making three major shifts:

- From treatment to prevention: keeping people healthy before they become ill.
- From hospitals to the community: providing more healthcare closer to home.
- From paper to digital: using technology and data to improve services and patient experience.

Across London, health inequalities remain large and persistent. Life expectancy, quality of life, and access to services vary greatly depending on where people live.

Opportunities to be physically active are also uneven. Where someone grows up and their family income have a significant impact on their chances of being active:

- Adults in the most deprived areas are twice as likely to be inactive as those in the least deprived.
- Children in the most deprived areas are more likely to be inactive.

In short, London is facing a physical inactivity crisis.

Regular physical activity can:

1. Prevent or improve many health conditions.
2. Reduce the risk of serious long-term illness.
3. Support mental wellbeing.

Addressing inactivity in London would:

- Prevent long-term health problems and keep people healthier for longer.
- Reduce pressure on NHS staff and services.
- Align with Integrated Care Systems (ICS), Integrated Care Boards (ICB), and wider prevention agendas.
- Save money through cost-effective interventions, freeing NHS resources for issues of highest priority.

Physical activity is central to this vision. London Sport, in partnership with NHS England – London, is working to make this ambition a reality across the capital.



LONDON SPORT'S HEALTH POLL RESULTS

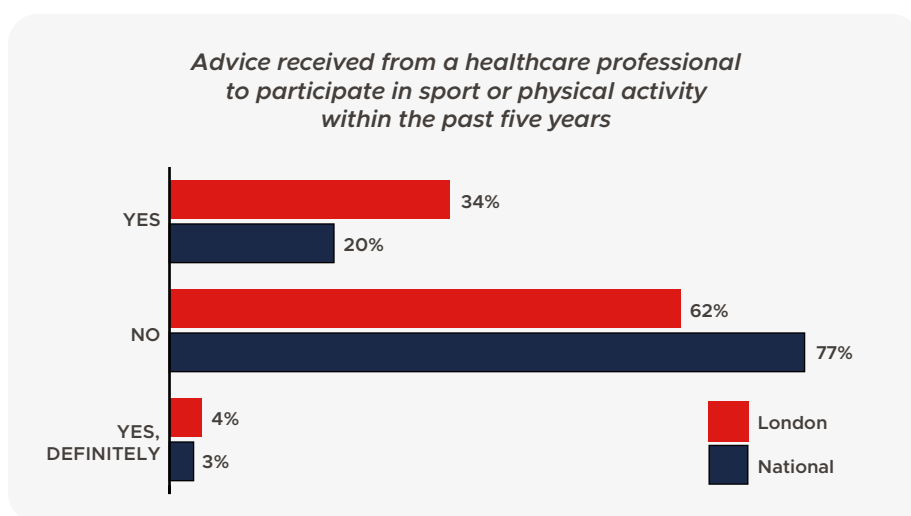
In partnership with Opinium, a market research and insight agency, London Sport conducted an omnibus poll of adults across London and the UK between 6th and 16th June 2025.

The poll captured the opinions and perceptions of:

- 2,000 adults across the UK
- 500 adults living in London

It explored public attitudes towards physical activity, health, and access to opportunities for being active.

LONDONERS ARE MORE LIKELY TO RECEIVE PHYSICAL ACTIVITY ADVICE



London Sport x Opinium online survey Q16. Have you ever been advised by a healthcare professional to take part in sport or physical activity in the past five years? (n = 500 LDN adults; n = 2,000 UK adults).

Londoners are more likely than the national average to receive advice about physical activity from healthcare professionals.

- 34% of Londoners reported receiving advice in the past five years, compared with 20% nationally.

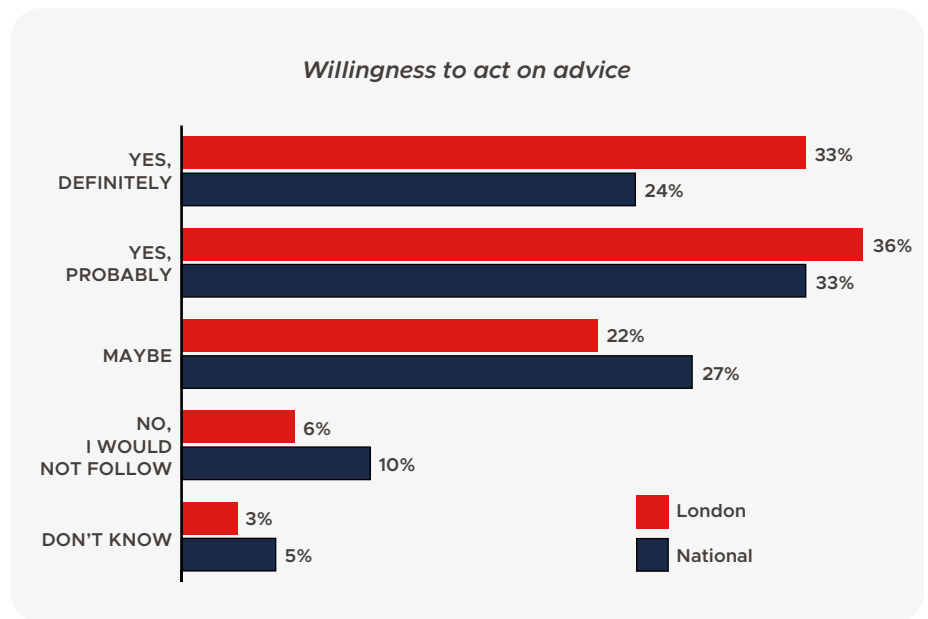
This pattern is consistent across different groups:

- **Gender:** In London, more males (37%) than females (32%) reported receiving advice. Nationally, the figures are lower at 23% for males and 17% for females.
- **Age:** Younger Londoners (18–34) are more likely to receive advice (45%) than the national average (35%).
- **Employment:** In London, 36% of working adults and 28% of non-working adults reported receiving advice – both higher than national levels.
- **Disability:** Disabled Londoners (42%) are more likely to receive advice than non-disabled Londoners (33%). This trend is also seen nationally (25% vs. 17%).
- **Activity levels:** In London, 34% of people who are active more than once a week and 35% of those active once a week report receiving physical activity advice from a healthcare professional – both higher than the national figures.

34% of Londoners reported receiving advice about physical activity from healthcare professionals in the past five years, compared with 20% nationally.



LONDONERS ARE WILLING TO ACT ON ADVICE



London Sport x Opinium online survey Q19. If you were recommended physical activity by a healthcare professional, would you follow their advice? (n = 311 LDN adults; n = 1,556 UK adults)

Londoners also show a strong willingness to follow advice from healthcare professionals.

- 69% of Londoners said they would follow advice to take up physical activity, compared with 57% nationally.
- Only 6% of Londoners said they would not follow advice (compared with 10% nationally).

Willingness varies across groups, but remains consistently high:

- **Gender:** Females in London (73%) are more likely than males (62%) to follow advice.
- **Age:** Younger adults (18–34) show the highest willingness (75%), followed by those aged 35–54 (68%) and 55+ (57%).
- **Employment:** Working Londoners (72%) are more likely to follow advice than non-working Londoners (57%).
- **Disability:** 72% of non-disabled Londoners would follow advice, compared with 62% of disabled Londoners.
- **Activity levels:** Those already active are the most receptive – 80% of those exercising more than once a week would follow advice.

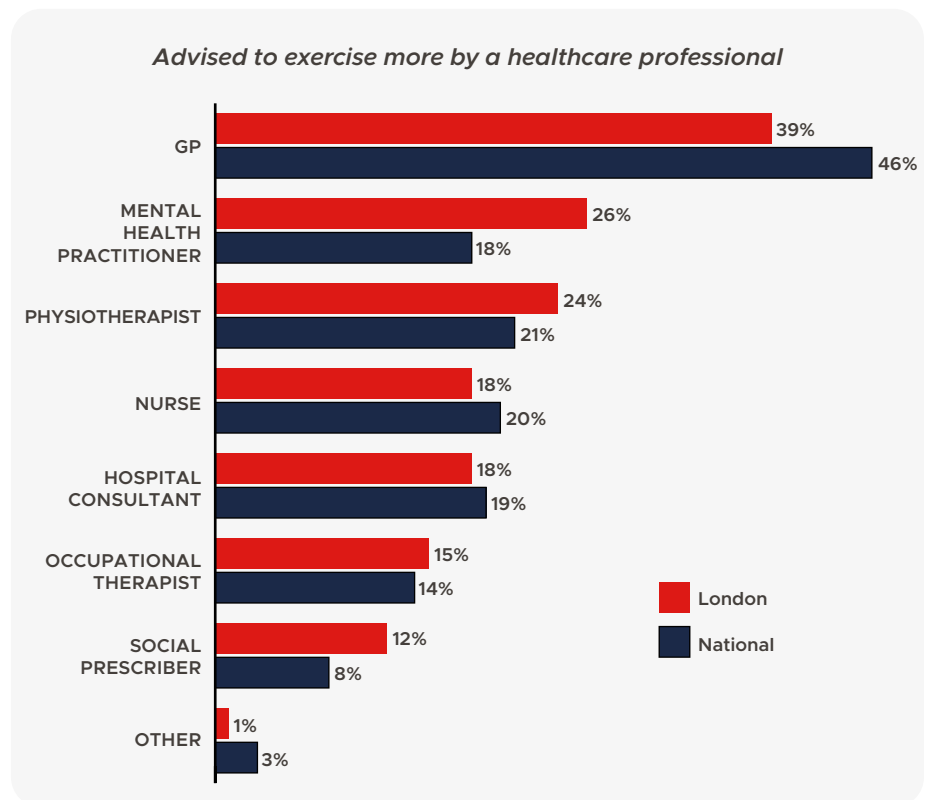


69% of Londoners said they would follow advice to take up physical activity, compared with 57% nationally.





HEALTHCARE PROFESSIONALS PLAY A KEY ROLE



London Sport x Opinium online survey Q17. You mentioned that you have been advised to exercise more by a healthcare professional. Who suggested it? (n = 170 LDN adults; n= 385 UK adults)

Healthcare professionals are a trusted and influential source of advice on physical activity.

In London, advice most commonly comes from:

- General Practitioners (GPs) – 39%
- Mental health practitioners – 26%
- Physiotherapists – 24%

Nationally, GPs remain the main source (46%), followed by physiotherapists (21%) and nurses (20%).

There are some notable differences between groups:

- **Gender:**
 - In London, females are more likely to receive advice from GPs (45%) than males (32%).
 - Males are more likely to receive advice from nurses (25%) and hospital consultants (21%).
- **Disability:**
 - Disabled Londoners are more likely to receive advice across multiple settings, including:
 - Mental health practitioners (48%)
 - GPs (44%)
 - Physiotherapists (35%)
 - Hospital consultants (21%)
 - An almost similar pattern is seen nationally.



THE LONDON FIT FOR THE FUTURE FRAMEWORK AND SYSTEM REVIEW TOOL

DEVELOPMENT AND APPROACH

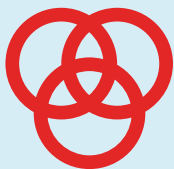
The *London Fit for the Future Framework* brings together current thinking on how physical activity can be routinely embedded across healthcare in London.

Its aim is for physical activity to be an integral part of prevention, treatment, and recovery, rather than a separate initiative.

The framework was developed by London Sport through a co-design process with partners across London's healthcare, physical activity, voluntary, academic, and technology sectors. This process included two co-development workshops in July and October 2025, bringing together NHS colleagues, local authority public health and leisure teams, and wider system partners.

The initiative also drew on NHS England's '*Four Ways Forward*' and incorporated learning from '*Moving Together*', a national project funded by Sport England through the Active Partnerships National Organisation, which focuses on physical activity within health pathways. In total, over 550 stakeholders, both regionally and nationally, contributed to its development.

Across the process, there was strong consensus that a cultural shift is needed, moving physical activity from the margins to the core of healthcare.



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SEVEN SYSTEM-WIDE COMPONENTS

Seven system-wide components were identified as the foundation of the framework:

1. **Policy** – embedding physical activity in strategic priorities and governance.
2. **Decision-making** – including physical activity in service delivery plans, including pooled funding to support sustainability.
3. **Partnerships** – strengthening collaboration across healthcare, and community organisations.
4. **Workforce** – ensuring staff are trained and supported to promote physical activity.
5. **Monitoring and evaluation** – tracking progress and outcomes.
6. **Communications** – raising awareness and promoting physical activity consistently.
7. **Technology** – using digital tools to support access, engagement, and data sharing.

SYSTEM REVIEW TOOL

The System Review Tool was produced to help London boroughs assess how the framework's components are currently implemented locally.

This provides insight into what is working well, where gaps exist, and where future development could have the greatest impact.

The tool measures four levels of maturity to show how well physical activity is integrated into local healthcare services:

- Not embedded in practice
- Emerging in practice
- Establishing in practice
- Embedded in practice

The overall goal of the framework is to embed physical activity as a core, equitable, and sustainable part of the healthcare system, supporting prevention, management of long-term conditions, and reducing health inequalities.



HOW THE FRAMEWORK WORKS

The framework identifies seven components that together create the conditions for physical activity to be embedded across healthcare.

SEVEN COMPONENTS	SYSTEM REVIEW TOOL SCORE			
	Not embedded in practice	Emerging in practice	Establishing in practice	Embedded in practice
Policy	Note referenced or only referenced	→		Routine use of evidence to drive action
Decision Makers	Isolated strategies, delivery plans, funding	→		Strategic, long-term investment
Partnerships	Siloed or unaligned working	→		Working as one system
Workforce	Limited awareness and confidence without support	→		Confidence and capability, and credible lived leadership
Monitoring and Evaluation	No or limited reporting	→		Robust systems enable learning and improvement
Communications	Uncoordinated inconsistent messaging	→		Coordinated, integrated messaging
Technology	Fragmented tools inconsistently used	→		Seamless enablers of delivery and learning



Policy focuses on how physical activity is prioritised and supported by evidence. The shift here is from occasional references in policy to using evidence routinely to drive action.

Decision makers focus on leadership, governance, and funding. The change is from short-term, isolated projects to strategic, long-term investment.

Partnerships look at how organisations work together to deliver impact. The shift is from working alongside each other to working as one integrated system.

Workforce focuses on how confident, capable, and representative staff are, and how the system supports its own workforce to be active. The shift is from awareness to confidence and capability, and from unsupported expectations to credible, lived leadership.

Monitoring and evaluation looks at how data and insights are collected and used. The shift is from simply reporting activity to using data to learn and improve.

Communications focuses on how physical activity is promoted and normalised. The change is from broadcasting information to shaping norms and supporting action.

Technology looks at how digital tools enable delivery, access, and improvement. The shift is from fragmented tools to seamless enablers of delivery and learning.

It is important to note that embedding physical activity is a system-wide challenge, not something that can be achieved through a single component.

Success depends on all seven components developing together. If even one component lags, there is a risk that initiatives may remain fragile, fragmented, and overly reliant on individual champions.



BRINGING THE TWO TOGETHER – WHAT THE EVIDENCE IS TELLING US

Based on the poll results, the system is generating intent but is not yet consistently converting this into sustained, equitable behaviour change.

Physical activity advice is taking place and is effective, and people are willing to act on it. However, the system is not yet sufficiently mature to deliver this consistently, equitably, or at scale.

Physical activity has not yet reached the point where it is a standard, consistently delivered as part of healthcare pathways, regardless of setting or practitioner. While the system is creating motivation, it is not reliably translating this into long-term behaviour change.

Without aligned communications, workforce capability, and community partnerships, advice alone risks reinforcing existing inequalities rather than reducing them.

In addition, physical activity promotion has not yet developed into a shared responsibility across the system, supported by consistent training and clear role expectations.

Although advice is being given, the infrastructure required to support individuals, track outcomes, and enable learning is not yet fully embedded.





GAPS IDENTIFIED

The gaps identified were framed as the structural disconnect between strong public response (from the poll) and system capability (from the system review tool). They were deliberately positioned as system-level weaknesses rather than isolated issues.

In essence, five core gaps were highlighted:

1. Advice and support from healthcare professionals works, but is not yet routine or consistent.

Healthcare support works, but must go beyond advice – physical activity guidance is effective when given, yet not routine across all settings; the most effective support helps individuals make their own plan, addressing barriers such as social circumstances, confidence, capability, and motivation.

2. High willingness exposes a missed opportunity.

There is strong public readiness to act, but the system is not consistently converting that intent into sustained behaviour change at scale.

3. Unequal reach across population groups.

Delivery is uneven. Without alignment across workforce, communications, and partnerships, there is a risk that existing inequalities are reinforced rather than reduced.

4. Reliance on a narrow set of professionals.

Advice is concentrated among a limited group (for example, some GPs and specific specialists), rather than being owned and delivered across the wider system.

5. Weak connection between advice and the wider system.

Advice is happening, but it is not well connected to pathways, data, technology, and follow-up support. This limits the system's ability to sustain behaviour change and learn over time.

The important message running through all five gaps is that the challenge lies not in public willingness or the effectiveness of advice, but in the maturity, consistency, and integration of the system.

We are currently engaging with system stakeholders to prioritise the gaps identified above and to build consensus on where collective effort can be aligned for greatest impact.





IMPLICATIONS FOR LONDON

The implications for London were framed in two balanced parts: a clear opportunity and a credible risk if the system does not act.

Opportunity

London is in a strong position to lead. The poll shows that advice is already happening and is effective, and that Londoners are willing to act on it. This provides a solid foundation to build from.

The implication is that London does not need to prove the concept. Instead, it needs to scale and systemise what already works.

By aligning policy, decision makers, workforce capability, communications, technology, partnerships, and data, London can move from fragmented delivery to a coherent system that converts intent into sustained and equitable physical activity.

There is also a practical implication that consistent use of the System Review Tool across boroughs and partners will be essential to reduce variation and support this shift.

Risk of inaction

If this opportunity is not taken, the consequences are predictable and compounding.

London is likely to see:

- Persistent and widening inequalities, as uneven delivery continues.
- Increased pressure from long-term conditions, where prevention opportunities are missed.
- Rising system costs, driven by avoidable demand.
- Ongoing reliance on individual champions, rather than resilient system design.

The overall implication is straightforward in that London has both the evidence and the conditions to act. The risk is not a lack of insight, but a failure to embed it consistently across the system.





WHAT NEEDS TO HAPPEN – THREE PRACTICAL RECOMMENDATIONS FOR THE HEALTH AND PHYSICAL ACTIVITY SECTORS

The poll results show that advice from healthcare professionals can be effective in encouraging people to take up physical activity.

However, relying on advice alone is not enough. On its own, it risks reinforcing existing inequalities, as those facing the greatest barriers are the least likely to act on advice without additional support.

The greatest impact for London will come from strengthening support, systems, and pathways.

This requires a shift away from isolated interventions and towards integration and enablement – creating the conditions needed to turn intent into consistent, equitable participation at scale.

A suite of resources and examples, available on the [NHS England website](#), could inspire a range of approaches to drive forward system-level change.

The following recommendations set out a system-led response. They translate the evidence and identified gaps into three clear and practical shifts.



The greatest impact for London will come from strengthening support, systems, and pathways.

1. Make it routine

Physical activity advice should become a standard, expected part of healthcare, rather than something that depends on individual interest or discretion.

This means embedding physical activity within clinical pathways, professional roles, and accountability structures across the system.

2. Make it supported

The system needs to move beyond advice alone and provide clear, supported pathways into activity.

Alongside this, data should be used to track outcomes, support learning, and strengthen the case for sustained investment.

3. Make it shared

Responsibility for promoting and enabling physical activity should be distributed across the wider system, rather than concentrated within a small group of professionals. This includes:

- Building workforce confidence and capability.
- Prioritising inclusive and accessible approaches.
- Investing in the system enablers – such as partnerships, technology, communications, infrastructure – that make sustained behaviour change possible.

Together, these shifts would help London move from fragmented activity promotion to a coherent system that enables more people to be active, more often.



The logo for London Sport, featuring the words "LONDON" and "SPORT" stacked vertically in a bold, white, sans-serif font. The text is centered within a white shield-shaped background that has a pointed bottom and rounded top corners.

**LONDON
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