



Public Health
England



Department
of Health

Everybody active, every day

The case for taking action now

A resource for MPs

This document provides a briefing on:

- the urgent need to increase physical activity levels in the UK
- the unique position MPs have in helping convince their constituents to change lifestyle and be more active
- examples of promising local interventions and initiatives

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Inactivity

The toll it is taking on our health

Since the 1960s people in the UK have become less and less active. We are around 20% less active today, and estimates suggest that by 2030 we will be 35% less active.¹ Half of women and a third of men in England today are not active enough to stay healthy.

As Public Health England's (PHE) new report makes clear, those of us who aren't active enough risk developing a series of conditions – depression, dementia, obesity, heart disease, cancer and more. Yet around one in four people in the UK are currently classed as 'inactive': they do less than 30 minutes activity a week.²

This is one of the country's most urgent challenges. Without action, the burden on health and social care will destabilise services and reduce the quality of life for individuals, their families and communities.

Negatives:

1. Health – inactivity is the fourth greatest cause of our ill-health burden³ and responsible for one in six deaths⁴ (equal to smoking)⁵
2. International competitiveness – the UK is more inactive than comparative countries, worse than the USA, Australia or France

Positives – fix inactivity and we will:

1. Economics – save the estimated £7.4bn a year in costs to the NHS and wider society^{6,7}
2. Social – reduce the frailty and associated reliance on health and services that is a consequence of inactivity rather than an inevitable part of ageing
3. Employment – active workplaces reduce sickness absence and increase productivity and staff wellbeing
4. Environment – more walking and cycling would reduce the effects of the 265,000 life-years lost each year to air pollution alone

There is a solution: everybody active, every day. We need a cultural turnaround in attitudes to physical activity, which is why we are appealing to MPs to use their influence, wherever they possibly can, to help turn the tide of inactivity.



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Tackling the problem needs critical mass

The good news is that we can change this situation. Once the world record holder for heart disease, Finland began a mass campaign 40 years ago to get what was then the world's most inactive nation back on its feet. Today, it is a country transformed and has moved itself up to mid-point in a chart of similar nations' levels of inactivity.⁸

Increasing physical activity is one of the most effective ways to improve individual and community health and wellbeing. Momentum for action is already building across the board:

- national government – the cross-government 'Moving more, living more' commitment to a physical activity legacy of the 2012 games, and departmental-specific policies and a range of initiatives (eg, the Public Health Responsibility Deal's physical activity network, the Primary Schools Sports Premium, School Games and Change4life clubs, etc)
- across the party politics – the All-Party Commission on Physical Activity's 'Tackling physical activity' is a coordinated approach
- local government – have prioritised the agenda across their functions (including culture, leisure and public health)
- private sector – Nike has driven the Designed to Move coalition that instigated and supported the All-Party Commission, and Coca-Cola is providing £20m to local authorities through its Parklives programme
- voluntary sector – the Richmond Group of leading health charities, led by Breakthrough Breast Cancer and Macmillan, has prioritised physical activity as a focus for preventing and managing conditions



At a local level, key partners include:

- local authority departments – eg, public health, sports and leisure services, planning, etc
- local enterprise partnerships – through their key role in transport and infrastructure decision-making
- health and wellbeing boards – they have strategic influence over commissioning decisions across health, public health and social care
- county sports partnerships – networks of local agencies working together to increase participation in physical activity
- NHS clinical commissioning groups – decision makers on health services

Responding to the challenge

PHE has spent 2014 working with over 1,000 individuals and organisations to co-produce 'Everybody active, every day – an evidence-based approach to physical activity'. The report builds on international and national evidence of what works at national, local and community levels.

This vision of 'Everybody active every day' is underpinned by four key areas for national and local action: active society; moving professionals; active lives; and moving at scale. The document is supported by a practical 'what works' guide, which details promising local practice initiatives that have already have strong evidence of success in increasing activity in local areas.⁹

Active society: creating a social movement

Physical activity has been designed out of people's lives. The international experience in Finland and elsewhere shows that there is no quick fix: we need a long-term promotion of physical activity.

The message is that physical activity is not just fulfilling and fun, but can also be an easy choice. It needs to be woven into the policies, commissioning and planning decisions that we all make every day across the country. A shared vision is to get everybody active every day, leading to a radical shift in the take-up of physical activity on a national scale.



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Unique opportunities for MPs

1. Be a role model – be seen walking, cycling and supporting and participating in community physical activity.
2. Keep the issue current – encourage debate and key awareness of physical activity within the House and with national and local partners.

Examples of promising local practice

1. Project ACE (active, connected, engaged neighbourhoods). In the south west retired volunteers promote physical activity among older adults by helping them to get out and about in their communities. It has helped participants feel more autonomous, positive and connected to their local communities, and has increasing their levels of physical activity to the point of improving their functional ability.
2. Girls are worrying less active than boys – a process that begins in puberty. A nationwide programme, Girls Active uses leadership and innovative marketing to develop positive role models to 'sell' physical activity and school sport to girls. Results showed improved attitudes and double the number of girls who looked forward to PE.

Moving professionals: using networks

We encourage MPs to think about promoting the 'everybody active' message across all the professional and business groups they deal with. All workplaces can play a role – all workers can help bring about this radical change. Professionals in spatial planning, social care, psychology, sport and leisure, the media, trade unions, education and business can help us bring about radical change.

We already have the ideal information network: the hundreds of thousands of professionals and volunteers who work directly with the public every day and push to 'make every contact count'.¹⁰ Their understanding of people's need to become active every day is key to getting the nation moving.

Unique opportunities for MPs

1. Use your influence
 - talk to local businesses, organisations and education providers about creating long-term local initiatives
 - speak to the local clinical commissioning group and acute trust to see how they are including physical activity into post-graduate teaching

and development for health care professionals

- discuss how local authority and sports and leisure providers are using apprenticeships and other opportunities to create better, longer-term careers in physical activity, encouraging the good practitioners to stay put
- talk to local care homes about how they are supporting care assistants and social care staff to help older people remain active

Examples of promising local practice

1. Live Well Suffolk 'Get Into Sport' programme. This is helping people in deprived communities to increase their physical activity – over 50% of people become more active after six months.
2. Well@Work is a national programme to help workplaces encourage staff to increase physical activity, eat healthily and stop smoking. Interventions have resulted in significant improvements, including higher levels of active travel. Additional benefits include weight loss among employees, improved staff morale, better working environments and more interaction between employees and managers.

Active lives: creating the right environments

A clear link exists between where we live and public health. A wealth of evidence points to people's need for green space and makes an overwhelming argument for the benefits of incidental activity, such as cycling or walking to work. New partnerships – for example, architects and urban planners working directly with professionals in health and leisure – can help us find new ways to reverse the downward trends in activity levels. We need to turn existing spaces back into active environments. Evidence shows that having the right access to green space matters; many surveys also say it's the quality, not just the number, of parks and public spaces that make walking, cycling or playing outdoors attractive.

Unique opportunities for MPs

1. Campaign for innovative local practice
 - ask local authority and local economic partnerships to prioritise active travel (cycling, walking and public transport) when it comes to infrastructure and capital development plans
 - talk to local developers about creating more 'active' buildings and spaces
 - promote healthy workplaces to local businesses, enabling staff to commute to work by foot, bicycle or public transport rather than cars

Examples of promising local practice

1. Cycling cities and towns – DfT, Cycling England and DH invested in one cycling city and eleven cycling towns. Alongside matched funding from the participating local authorities, the investment looked to deliver a step change in cycling facilities for travel and leisure. The scheme's wider impacts came in areas such as health, decongestion and accessibility.
2. Sustrans personalised travel planning. Sustrans has worked across the south west, north east, east and London with communities, policy



makers and partner organisations to help people choose sustainable travel journeys and enjoy better, safer spaces where they live. Projects have demonstrated a 7.6:1 cost-benefit ratio, an 11% reduction in car trips, a 15% increase in walking, and a 33% increase in cycling among various environmental benefits.

3. Workplace wellbeing charter. When delivered, or commissioned, by local authorities this provides employers of all sizes and sectors with an easy way of improving workplace health. The charter includes a specific focus on physical activity in the workplace and this helps organisations to consider their specific settings and draw on best practice and resources.



We need a revolution in physical activity and health. We need to light the touch paper

Moving at scale: making us active everyday

We need a revolution in physical activity and health. Professionals in schools, the health sector, transportation, the sports, leisure and voluntary sectors can all be energised to achieve this common goal by working in partnership with local and national government. We need to light the touch paper.

Unique opportunities for MPs

1. Make waves at every level and in all policy-making
 - talk to people across your constituency to identify promising local practices and encourage it at a local and national level
 - ensure active living is the 'easy choice' and embedded within policy making across sectors (eg, education, health, etc)

Examples of promising local practice

- 'Lose weight, feel great', Wigan. This programme is tailored to people according to their differing health, fitness and body mass index (BMI) levels. Since January 2009 there have been over 20,000 starters and 35,000 calls to the access hub. The community weight management service alone has seen over 19,000 people lose more than 84,000kgs
- 'Start to move', Bupa. This is a teacher training programme geared towards developing the confidence and competence of children to be physically active for life. The programme has had 92,000 participants and shows promise of working on a large scale

Understanding your local situation

There are significant variations across the country, including a two-fold difference in levels of inactivity between the least and most prosperous areas.¹¹ Data sources that provide the context in your constituency include:

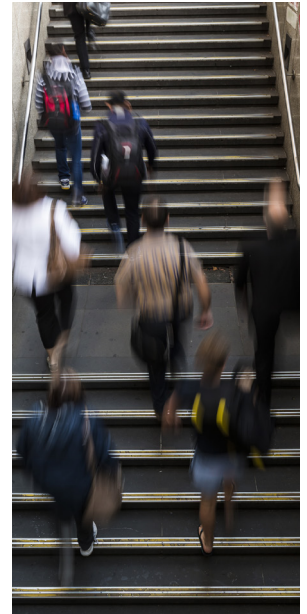
- local joint strategic needs assessment (JSNA) – a local authority-produced summary of the needs and assets of the local community
- **public health outcomes framework (PHOF)** – a PHE-published summary of key local outcomes (including comparisons with national and other areas), including the percentage of physically active and inactive people (outcomes 2.13i and 2.13ii)
- **local sport profiles** – Sport England produces annual local profiles of sports participation, facilities, health, economic and demographics

Summary

There are many other reasons to promote physical activity to your constituents and to those you meet and influence every day. Being active plays a key role in brain development in early childhood. It remains important to cardiovascular health throughout our lives, and helps to keep us dementia-free and independent into old age. It is also crucial for muscle and bone strength.

MPs are key influences, and are able to talk to people in all walks of life. The international evidence shows that positive change needs to happen at every level, which is why we are asking for your help. It has to be measurable and consistent, and needs to be thought-through over the long-term. Being active needs hardwiring into our national culture and consciousness.

Much of this is not about new investment: it's about maximizing our use of the many assets we already have – our parks, leisure facilities, community halls, and workspaces – and about thinking differently, so that being active is at the core of every day in the UK.



Annex

The chief medical officer's guidelines on physical activity

For early years (under fives)

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (three hours), spread throughout the day.
3. All under fives should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

These guidelines are relevant to all children under five, irrespective of gender, race or socio-economic status, but should be interpreted with consideration for individual physical and mental capabilities.

For children and young people (five to 18 years):

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Based on the evidence, the guidelines can be applied to disabled children and young people, emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health issues or risks.

For adults:

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Based on the evidence, the guidelines can be applied to disabled adults, emphasising that they need to be adjusted for each individual, based on that person's exercise capacity and any special health or risk issues.

For older adults (65-plus years):

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Based on the evidence, the guidelines can be applied to disabled older adults emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health or risk issues.



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