

UKACTIVE'S BLUEPRINT FOR AN ACTIVE BRITAIN

More people, more active, more often.

Fig 1.



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More people, more active, more often.

ukactive would like to thank the following people and organisations for their consultation and support in developing this document:

Age UK	The British Heart Foundation	The Royal Society for Public Health
Dame Carol Black	The English Federation of Disability Sport	The Richmond Group of Charities
Diabetes UK	The Design Council	The Outdoor Industries Association
Fred Turok, former Chair of ukactive	The Faculty of Sport and Exercise Medicine	The Parent Teacher Association
Get Britain Standing	The Royal College of General Practitioners	ukactive Scientific Advisory Board
Living Streets	The Royal Institute of British Architects	
Mental Health Foundation		
Mind		
Professor the Lord Darzi		

FOREWORD

BARONESS TANNI GREY-THOMPSON

Chair of the Board, ukactive

The national cost of physical inactivity now stands at £20 billion per year.¹

Although this is comparable to many of the great public health challenges facing the UK today, including smoking, alcohol harm and poor diet, physical inactivity is the last of these factors to receive a long-term, dedicated, resource-backed strategy.

Studies published in the Lancet have shown that inactivity is as dangerous to an individual's health as smoking, and a recent study of 334,000 European men found that nearly twice as many premature deaths can be attributed to physical inactivity as to obesity.²

79% OF MPS
FEEL THAT
PHYSICAL
INACTIVITY
SHOULD BE
A HIGHER
PRIORITY FOR
GOVERNMENT.

ukactive's *Blueprint for an Active Britain* calls for a single-minded focusing of resources, energy and policy to turn the tide of physical inactivity. It is one of the UK's greatest-ever social challenges. At its heart, the ukactive *Blueprint* lays the foundations for a stakeholder-supported government-led review of how and where physical activity can play a part in improving the nation's wellbeing, with practical policy recommendations across a range of areas.

It reveals fresh data citing that 57 per cent of MPs believe physical inactivity is one of the top two health issues facing the UK right now and that 79 per cent of MPs feel that physical inactivity should be a higher priority for government.³

For the first time, this document brings together the highest profile voices to address core themes in physical activity promotion, and sets out an ambitious forward course for policy development at this critical juncture.

¹ Designed to Move, (2013), Designed to Move: A physical activity agenda, <http://www.designedtomove.org/>

² U Ekelund et al, "Physical activity and all-cause mortality across levels of overall and abdominal adiposity in European men and women: the European Prospective Investigation into Cancer and Nutrition Study (EPIC)", American Journal of Clinical Nutrition, (Jan 2015), pp.1 - 9

³ Dods MP Polling on behalf of ukactive, (2015), Parliamentary Perception of ukactive: MP Poll September 2015



We set out ten fundamental truths as the starting point of a turbo-charged government focus on the issues which will lead to greater cohesion between stakeholders, government and the physical activity sector in re-embedding activity back into our daily lives.

1 To turn the tide of inactivity, getting people moving must be considered a top-tier, stand alone health issue, and embedding activity into all aspects of daily life must be of the highest priority for government.

2 Physical activity must become a crucial part of the delivery mechanisms of the National Health Service (NHS), with the development of a comprehensive, evidence-based physical activity service available to everyone who needs it integral to future healthcare planning in Britain.

3 When it comes to activity provision, one size does not fit all. Regardless of age, gender, disability or background, there should be a range of physical activity opportunities that cater for all audiences. These should be delivered in a range of settings with the support of government, local authorities, the activity sector and a range of public and private stakeholders; there should be a constant process of innovation and new product development actively supported by government; and the programmes, initiatives and projects that are shown to have an impact should be embedded in local frameworks.

4 The exclusive system of sports funding, overly-reliant on a single strand of delivery via the previous 'default' mechanism of National Governing Bodies, should be modernised and made more open. Funding should be awarded to any organisation that can deliver much-needed impetus to tackling inequalities in participation and improving health, irrespective of whether they are from the public, private or third sector. This should accompany a fundamental and conclusive shift from talking about the counterproductive language of sport, to the inclusive language of activity.

5 Where we live and work and how we travel, are fundamental to creating active habits and lifestyles; Town planners, architects and technology providers are now central to this discussion and their professional skills, harnessed in the right way, will bring about industrial-scale shifts in our relationship with activity.

6 Private enterprise and brands have an enormous role to play in the promotion of physical activity through innovative cross-sector partnerships and support via brands' unique ability to create and sustain movements. It's vital that the dialogue between government and business in this area continues to grow via an independent and refreshed Physical Activity Network that brings major consumer brands together with activity providers to catalyse innovation and partnerships.

7 Activity professionals and the wellbeing workforce have a titanic role to play in health promotion. Government should support the long-term development of the activity sector workforce so that it can support the NHS to deliver proactive wellbeing and preventative healthcare in a range of settings. In close working partnership with the existing community of medical professionals, the role of Chartered Activity Professional should be created to make this possible.

8 Research, evaluation and the proper use of technology are central to the success of health policy so government should support the widespread investment in modern technology. This will enable the tracking and monitoring of activity levels nationally. It's also vital to evaluate the impact of local programmes developed in partnership with activity providers and their current technical partners. Research and medical bodies such as NICE should prioritise research investment into real-world programmes delivered by the activity sector.



9 Obesity is a national priority which should primarily be tackled through product reformulation, reduced portion sizes, the promotion of a balanced diet and other such measures which are shown to have an independently-verifiable positive impact on reducing calorie consumption and increasing energy expenditure. This must be underpinned by community-based services that educate, support and motivate people to move more as part of the long-term solution. However, government should look beyond the national obsession with fat and focus not only on the size of our waists but the health of our hearts: physical activity has vast and far-reaching benefits beyond its impact on weight management, a fact that must be recognised in all current and future engagement with this topic by government. You can neither outrun a bad diet, nor clean-eat away the impact of sedentary feet. We have to get the nation moving too.

10 An active workforce is a healthy, productive and commercially successful workforce. With an increasing number of jobs in the UK defined as sedentary, businesses, as well as the healthcare sector, begin to feel the strain of an inactive workforce. It's essential that open dialogues between government, academics, private enterprise and the activity sector begin to share what works and support business, as well as the public sector, to introduce bold, ambitious plans for active workplaces. The promotion of physical activity by an employer has to become as important as the provision of an annual leave allowance, as employees increasingly assess the merits of one employer over another.

The ideas within this report present a system-wide approach to promoting physical activity for everyone, and a partnership approach to prevent the debilitating spread of physical inactivity. I look forward to working with all ukactive's members, partners and stakeholders over the coming year to realise the ambitions set out in this document.

INTRODUCTION

The ukactive Blueprint sets out clear and achievable recommendations to get the nation moving.

It builds on the current impetus shaped over several notable policy documents, frameworks and consultations in the past few years, to strengthen the government's engagement with this crucial area of health, social and business policy with a clear challenge to go further.

For the first time, *The ukactive Blueprint* brings into one place the latest in evidence-based policy discourse nationally and internationally on a range of areas into one place, creating a central platform from which this movement can continue to gather pace.

It is a collection of themes that have the potential to expand on the foundation (of what is now a universal consensus) that sitting still kills and movement saves lives.

It fuses the evidence-based practice of epidemiology and public health research with the ambition and entrepreneurial flair of new technology, programmes and partnerships to get Britain moving at home, at work, in the park, pool or gym and it unites experience from the public, private and third sectors of industry into one coherent voice to get more people, more active, more often.

This document is being launched at a seminal moment for physical activity and health policy in the United Kingdom.

The Department of Culture, Media and Sport is deep into its consultation on the future strategy for 'sport', which will no doubt have a tangible impact on the funding mechanisms for physical activity and establish it more deeply within the health landscape, as well as modernising its language and direction.

Public Health England, now well-established as a body that produces evidence-based public health best practice, has been operating effectively through its regional centres, and has recently hailed the one year anniversary of *Everybody Active, Every Day*, the UK's first government-led physical activity framework.⁴

This framework built upon ukactive's own work including the report *Turning the Tide of Inactivity*,⁵ together with a concerted investment in physical activity interventions, local authorities and the active leisure sector.

It has led to a doubling of activity budgets locally and to a notable increase in the confidence of Directors of Public Health and commissioners in the effectiveness of physical activity in practice, not least through the rapid development and dissemination of research and evaluation practice through ukactive's *Identifying what works for local physical inactivity interventions* report.⁶

»»» continued on next page

⁴ Public Health England, *Everybody Active, Every Day: An evidence-based approach to physical activity*, PHE Publications, 2014

⁵ ukactive, *Turning the Tide of Inactivity*, 2014, <http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf>

⁶ ukactive Research Institute, The National Centre of Sports and Exercise Medicine Sheffield & Public Health England, *Identifying what works for local physical inactivity interventions*, PHE Publications, 2014

LOOK TO THE FUTURE

Fig 2.



The commitment from local authorities has been wide-ranging and comprehensive. In addition to the £905 million invested through sport and recreation budgets, funding of activity from the Public Health Grant has risen from 2 per cent to 4 per cent and is expected to rise again this year, testament to the impact being seen at a local level despite significant funding cuts and challenges to maintaining existing services.⁷

Scotland and Wales have led the way with legislation and tangible policies to get communities moving more. In Wales, the Active Travel Act and national Exercise on Referral Programme have had a demonstrable impact on local outcomes. In Scotland, following the successful Commonwealth Games in Glasgow, the Scottish Executive has placed activity at the top table of health, and drew up a list of targets and definitive actions to achieve a more active Scotland. The Royal Academy of Medical Colleges in Scotland has pledged to fully integrate physical activity into its core mission. In England, this has been matched by the introduction of the spiral undergraduate programme for medical schools and the GP Clinical Champions Programme.

Physical activity and its benefits span a far wider reach than simply measures introduced by the public health or medical communities. The likes of Sustrans, Living Streets and The Outdoor Industries Association have ensured that active travel, walking, cycling and using the outdoors, with all the numerous physical, social and mental health benefits it brings, have been a primary focus for the government as part of the *Walking and Cycling Investment* programme and the *Outdoor Strategy*. Following international examples from Nordic and Northern European countries, active travel remains a core part of getting more people moving.

The Richmond Group of Charities has been increasingly active within the wider physical activity sector, providing much needed condition-specific physical activity platforms and training programmes, even joining the call for an activity-led National Plan for Health Improvement led by the Prime Minister in *What is preventing progress?*⁸ as well as individual charities such as MacMillan Cancer Support, Age UK and Mind creating and delivering effective physical activity interventions of their own alongside activity providers.

Brands and private corporations have also contributed to this agenda with much needed funding, resources and emphasis. There are examples of effective co-working both within the remit of the Department of Health's Responsibility Deal and in partnership with the state through innovative community-based programmes. During a period of tight public finances, the expertise, funding and support of major brands can be instrumental in getting new projects off the ground, especially when brands adopt a credible, evidence-based approach and have a genuine commitment to getting more people active. Harnessing a brands unique ability to galvanise new movements and engage communities also has an impact.

The physical activity sector is one of the success stories of British industry over the past decade. It has matured and grown as it continues to cater for many millions of people every day, providing essential access to health and wellbeing in every town and city in the UK.

The UK's law-making body, the Houses of Parliament, held its first debate on physical inactivity last year and the Health Select Committee's overriding message, following an inquiry into activity and diet, was 'Move more.'⁹

But although there have been positive movements, there are still areas that must be challenged and where rhetoric is yet to be matched with much-needed action. It could be said that the acceptance of the problem is still to manifest into the provision of solutions.

From the Government's *Sporting Future For All*¹⁰ through to *Moving More, Living More*¹¹ the United Kingdom has continued to experience spiralling levels of physical inactivity which are yet to level out, let alone decline in the same way as obesity, smoking and alcohol abuse.

As set out in ukactive's own *Turning the Tide of Inactivity* and *Steps to Solving Inactivity* almost one third of UK adults currently fail to meet even the minimum activity levels, causing undue pressure on all aspects of our society. Pressures which are only set to increase as the population ages and becomes increasingly at risk of non-communicable disease.

The Department of Health is still to fully meet the challenge set by the inactivity pandemic with a costed strategy to turn the tide, and the ambitions set out within the *Five Year Forward View*, citing a 'radical upgrade in preventative and public health', have not taken enough clear steps toward implementation across all networks, despite the introduction of the ring-fenced Public Health Grant which cannot be relied upon to remain eternally in place.¹²

In setting out its annual priorities for Public Health England, the Public Health Minister does not name physical activity as a core area of focus. The language of obesity and the predominance of diet in government language and strategies – in spite of MP's desire for activity to become a bigger focus – continue to hold this movement back. The focus is still on the size of Britain's waistline rather than the health of hearts, minds and communities – all of which are impacted by inactive lifestyles.

The continuing association of activity with sport, and activity often being considered only as a feeder system to grow competitive sporting practice – especially within the education system and the interests that lie therein – is partly the reason why the health sector is yet to be convinced of the merits of physical activity as an effective solution for the nation's health. If the goal is improving the health of the nation, why should we care about the manner in which people move to achieve that goal?

NICE, the government body for accrediting and authenticating new medicines, has yet to be convinced that exercise prescription models can be effective in all settings, despite more than 30 years' development, and the academic community, including the National Institute for Health Research, still doesn't prioritise research into physical activity practices applicable in real-world settings.

Women and girls, older people, disabled people and ethnic minorities remain under-represented in physical activity statistics and people from a lower socio-economic background are still far more likely to live an inactive lifestyle.

The wellbeing workforce, and the colossal role that can be played by tens of thousands of activity professionals of all descriptions in keeping the nation active, is yet to realise its full potential and employers in the activity sector face more challenges when it comes to hiring and providing jobs and careers to young people across the UK.

The fact that there are so many strands to this debate renders it even more crucial to have a central platform and an encompassing movement outside of government where the views and analysis of stakeholders with a role to play in getting people active can be collected, considered and promoted.

The ukactive Blueprint brings together a collection of stakeholders speaking to the broadest spectrum of physical activity policy. It aims to support each of these individual voices to become louder in unison while retaining their individuality.

The purpose of this document is to support government, local authorities, business and activity providers of all types to collaborate in introducing ambitious new measures in a range of areas to turn the tide of inactivity. Most of all, ukactive's Blueprint speaks to the urgency that real action is taken in the short, medium and long-term to address the need to re-embed activity back into our daily lives.

THE PURPOSE OF THIS DOCUMENT
IS TO SUPPORT GOVERNMENT,
LOCAL AUTHORITIES, BUSINESS AND
ACTIVITY PROVIDERS TO RE-EMBED
ACTIVITY INTO DAILY LIFE.

⁷ ukactive, Steps to Solving Inactivity, 2014
⁸ The Richmond Group of Charities, *What is Preventing Progress?*, November 2014, < <http://www.richmondgroupofcharities.org.uk/sites/default/files/pdfs-what-is-preventing-progress-2014.pdf>>
⁹ Health Select Committee, "Impact of physical activity and diet on health", House of Commons, March 2015
¹⁰ UK Government, "A Sporting Future for All", 2000, <<http://www.lsera.org/modernisation/sportfutureforall.pdf>>,
¹¹ HM Government, *Moving More Living More*, 2014
¹² NHS, *Five Year Forward View*, 2014, < <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>>

PUBLIC AND PREVENTATIVE HEALTH

PROFESSOR THE LORD DARZI

Author of the NHS report 'High Quality Care For All', former Health Minister and former Chair of the London Health Commission

"The *ukactive Blueprint* echoes the findings from the London Health Commission about the alarming reality of the current state of inactivity in our population. As a cancer surgeon I'm fully aware of the risks linked to unhealthy lifestyle choices and I believe we are facing a public health emergency unless action is taken. We should all take responsibility to do more to help people make healthier choices. Major health benefits come from increasing physical activity and I agree that national and local governments need to work more closely with health services, business and other partners to ensure people take more responsibility for their health and wellbeing."



PREVENTION IS BETTER THAN CURE

To turn the tide of inactivity, getting people moving must be considered a top-tier, standalone health issue.

Fig 3.

PUBLIC HEALTH ENGLAND'S ANNUAL REMIT SHOULD INCLUDE PHYSICAL ACTIVITY AS A CORE AREA OF FOCUS.

INTRODUCTION

We are currently faced with the most inactive generation of all time: in England, nearly one in three adults fail to meet the Chief Medical Officer's Guidelines on Physical Activity as of 2014.¹³

As the NHS faces the pressures of an ageing and ailing population, against a backdrop of substantial cost-cutting and efficiency savings, the impetus is now on the public health system to prevent and manage non-communicable diseases. Activity is the most powerful preventative measure at our disposal in this challenge.

With the arrival of Public Health England's *Everybody Active, Every Day*, local deliverers and commissioners now have an improved set of tools, resources and guidance to monitor and improve local activity levels as well as create effective local partnerships. Perhaps more importantly, it set out an evidenced-base framework for action.

But in order to make sure that physical activity is championed across all levels of government and woven into every aspect of the preventative health system, national leadership must be shown to support this existing local action.

Public and preventative health play a pivotal role in the nation's wellbeing and, when we consider the impact of smoking cessation policy in recent decades, significant and meaningful government action, backed by support from the private and third sector, can and will have the ability to get more people moving.

¹³ ukactive, *Steps to Solving Inactivity*, London: November 2014

SHIRLEY
CRAMER
CBE

Chief Executive of the Royal
Society of Public Health

“Being physically active underpins so much of our health and wellbeing – from tackling obesity to enhancing our mental wellbeing and it is this capacity to make a positive contribution on so many fronts that makes it such a critical component in supporting the public's health. Despite this our society is sedentary on an unprecedented level. Getting people moving is one of the great public health challenges of our time. *ukactive's Blueprint for an Active Britain* provides us with a clear roadmap of how we can achieve this and reap the benefits of a more active society.”



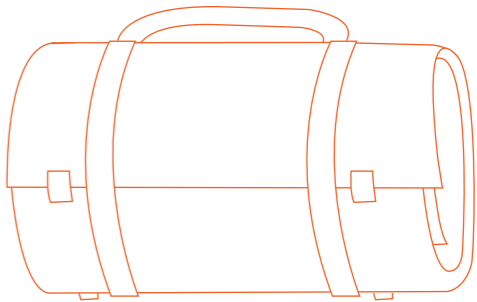
POLICY RECOMMENDATIONS

1 To turn the tide of inactivity, getting people moving must be considered a top-tier, standalone health issue, and embedding activity into all aspects of daily life must be a priority for government.

- » Government should produce a cross-departmental Physical Activity Strategy led by the Cabinet Office, setting out long-term, ambitious targets and committing significant resources both in funding, focus and research, to drastically reduce levels of inactivity. It should draw together existing work from Public Health England, the Department of Culture, Media and Sport, the academic community, international examples and the Government's own Smoking Kills (1997) white paper, to ensure that this necessary document is backed up with deliverable action.
- » The letter setting out Public Health England's annual remit, sent by the Public Health Minister to the Chief Executive of Public Health England, should include physical activity as a top-tier, standalone public health issue and recognise that a singular and strong focus on inactivity is now required, backed up by specific action at a national and local level.
- » Government should immediately expand the scope of social marketing practices, specifically around physical activity within target populations, scaling up those messages which are proven to have an impact on levels of activity at a local level. Government should commit funding and resources at a national level – along with the support and networks of the physical activity sector and the private sector – to maintain and expand headline campaigns such as *This Girl Can* and *Change4Life* to encourage physical activity and raise awareness of the Chief Medical Officer's guidelines for activity levels. The activity sector should take these national frameworks and align their own marketing budgets and resources to expand their reach.



GOVERNMENT SHOULD
SUPPORT CROSS-SECTOR
PARTNERSHIPS THAT
DELIVER EFFECTIVE
PHYSICAL ACTIVITY
OPPORTUNITIES.





2 Government should reaffirm its commitment to public health as a crucial area of health policy.

- >> In line with the *Securing our Future Health* (2002) report to the Treasury, the Prime Minister should commission a fresh independent review of public health policy and practice in the UK, with a specific focus on how government can champion lifestyle and behavioural change to prevent the onset of non-communicable disease, drawing on successful international examples and promising local projects. This review should include an evaluation of the effectiveness of current funding structures, with a particular focus on under-represented groups such as women and girls and disabled people, and create clear recommendations for relevant departments as to how a preventative approach to health can be maximised as well as developing a stronger understanding and benchmarking of the scale of public health issues.
- >> Through whichever department or method government funding structures deem fit, government should champion the maintenance, protection and annual growth of a fund for local authorities to improve the wellbeing and health of local populations in line with priorities set out in the Joint Strategic Needs Assessments (JSNAs). The fund's crucial role in determining local health outcomes should be recognised within the wider health budget. This should be supported by an increasing role for the NHS via local Clinical Commissioning Groups (CCGs) who must now realise the long held ambition to make physical activity a core business of the NHS.

3 The private sector, with its unique networks and global reach, should be considered a crucial partner in the development of a physical activity strategy and its resources utilised in the promotion of active lifestyles.

- >> Government should support local authorities and the physical activity sector to work with the private sector in cross-sector partnerships that deliver effective physical activity opportunities Partnerships with private enterprise that can have a demonstrable impact on more inactive groups, such as women and girls, should be supported and encouraged to scale up.
- >> The Department of Health should commit to the on-going engagement of business through a refresh of the Physical Activity Network, and oversee the development of a new, independent network to help employers contribute to activity policy and best practice. It should engage with and support this network in a shared vision of getting more people, more active, more often.
- >> To utilise new technology's huge potential to engage people in physical activity, government-backed technology investment funds, delivered through sector-led investment incubators such as the London Co-Investment Fund, should be expanded. The specific goal should be to support the creation and development of start-up companies, including technology platforms, which have the potential to engage inactive groups and support local delivery, and match these start-ups with proven entrepreneurial mentors and support to access the market via bodies such as ukactive.

THE PRIME MINISTER SHOULD COMMISSION AN INDEPENDENT REVIEW OF PUBLIC HEALTH POLICY AND HOW GOVERNMENT CAN CHAMPION LIFESTYLE AND BEHAVIOURAL CHANGE.

THE ROLE OF THE NATIONAL HEALTH SERVICE

PROFESSOR MIKE PRINGLE

President of the Royal College
of General Practitioners

"Physical activity is recognised to be essential to physical and mental wellbeing and inactivity as a major cause of ill health. The Royal College of GPs welcomes the initiatives of ukactive in highlighting the effects of physical activity and inactivity and promoting the use of interventions in physical activity in the prevention and management of long-term conditions. Primary care is where most NHS prevention and long-term condition management takes place. The promotion of physical activity in primary care, with support from Royal Colleges and local authorities, can only benefit the health of the whole community."



Fig 4.

ACTIVITY = NHS CORE BUSINESS

A comprehensive, evidence-based physical activity service should be available to everyone and integral to the future planning of all Healthcare.

INTRODUCTION

Physical inactivity contributes to the onset of over twenty non-communicable diseases. In the UK, nearly 20 per cent of breast cancers, 13 per cent of cases of type 2 diabetes and nearly one in five of all premature deaths are caused by an inactive lifestyle.¹⁴ Up to 70 per cent of all of the NHS's costs are connected with the treatment of long-term conditions. Inactivity itself places a huge burden on the health service, with inactive adults likely to spend 38 per cent more time in hospital and visit their doctor far more regularly.

The Academy of Royal Medical Colleges describes activity as a 'miracle cure'.¹⁵ Yet, despite the numerous and varied effects of physical activity, activity-based behaviour change interventions have yet to be utilised to their full reach and undoubted potential. In the current system, they suffer from a lack of exposure and a lack of consistent regulation and quality.

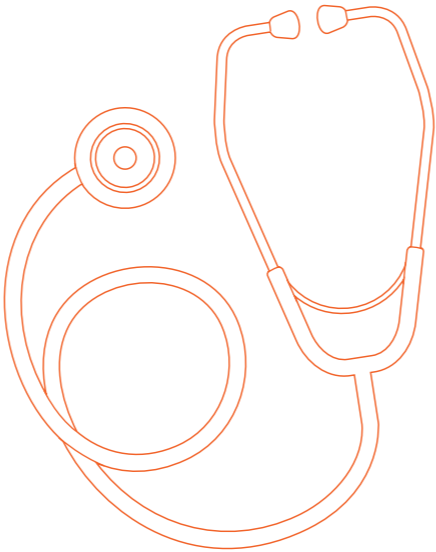
With the *Five Year Forward View* and the appetite of primary care and CCGs to focus attention on a preventative approach for long-term sustainability, there comes an opportunity to embed activity within the core of health delivery and make a meaningful impact on local services. Steps have been made through the Moving Professionals strand of *Everybody Active, Every Day* to start this process in earnest.

Although the support and funding of preventative methods by CCGs is crucial, a wider focus from the NHS, to include the development of healthcare professionals and the need for a strategy to improve the health of the NHS's workforce will be key in kick-starting the culture shift that is needed.

¹⁴ BHF National Centre on Physical Activity and Health. "Economic Costs of Physical Activity: Evidence Brief", (March 2013), < <http://www.bhfactive.org.uk/userfiles/Documents/economiccosts.pdf> > , [accessed 15/09/15]

¹⁵ Royal College of Physicians. *Exercise for life: physical activity in health and disease*. (2012), London: RCP

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BEHAVIOURAL
INTERVENTION.



POLICY RECOMMENDATIONS

1 Physical activity must become a crucial part of the delivery mechanisms of the NHS, with the development of a comprehensive evidence-based systematic integration of physical activity into clinical care.

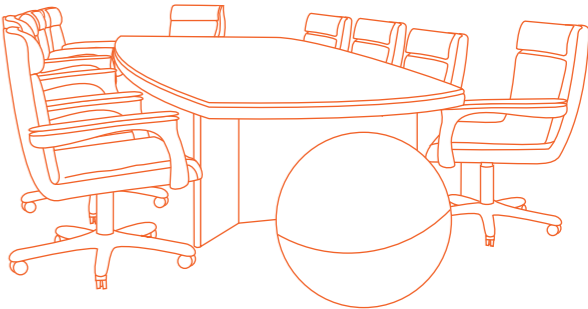
- >> Under the expert guidance of the medical community, including key stakeholders such as the Faculty of Sport and Exercise Medicine and The Richmond Group of Charities, physical activity should be immediately integrated into all care pathways of specific conditions where there is an irrefutable evidence base for its effectiveness and mechanisms for its provision firmly established.
- >> To embed activity into the core business of the NHS and meet its mandate to effect 'improvement of the physical and mental health of the people' set out within the NHS Creation Act (1945), the National Health Service, along with NICE and the Department of Health, should commit to developing a long-term plan to introduce a national physical activity behavioural intervention service. It should be based on existing effective models both nationally and abroad and delivered through a range of community, health and physical activity settings. It should be underpinned by commitment from the medical community, and investments made into both the evaluation of its impact and the workforce that delivers the service.

- >> Every GP surgery should have access to a trained physical-activity professional, equipped to deliver an evidence-based physical activity behavioural intervention. Their implementation should be supported by local authorities and CCGs to build bridges and become a recognised part of local delivery services both within primary care and beyond.
- >> CCGs should expand the practice of joining up commissioning budgets with local authorities to invest in evidence-based physical activity initiatives and support local voluntary sector organisations to deliver existing programmes for targeted populations, in relation to condition-specific pathways, which will have a long-term positive impact on various local services and CCG Outcome Indicators. NHS England should take a leading role in supporting and encouraging CCGs with the most forward thinking approaches and strategic visions to preventative health in line with the recommendations in the *Five Year Forward View*.



- 2 In order to maximise the impact of community activity schemes, innovative private sector partnerships that incentivise physical activity should be explored, and effective models expanded.**
- >> Lessons should be learned from successful international and UK-based health insurance models which have proven that incentivising physical activity is cost-effective in terms of reducing medical costs. Examples from Switzerland and South Africa have entered the UK via the private health insurance market but could be expanded substantially in both the public and private sector of healthcare provision.
 - >> Research should examine the most effective ways that local authorities, CCGs and activity providers can achieve sustained behaviour change by using incentive-based models, as has been trialled in other areas of public health provision and exists within the private health sector.
 - >> A sitting member of every local Health and Wellbeing Board should be appointed as a Local Activity Champion, who is easily contactable by the public and local private businesses, to facilitate introductions and connections between people, businesses, leisure providers and other bodies to create more physical activity opportunities in their area, with a particular focus made around how to address health inequalities and target under-represented groups.

A SITTING
MEMBER OF
EVERY LOCAL
HEALTH AND
WELLBEING
BOARD SHOULD
BE APPOINTED
AS A LOCAL
ACTIVITY
CHAMPION.



NHS ENGLAND'S BOARD OF DIRECTORS SHOULD APPOINT A PHYSICAL ACTIVITY CHAMPION TO LEAD THE NHS'S ENGAGEMENT WITH PHYSICAL ACTIVITY.

- 3 Health practitioners have a pivotal role to play in developing and maintaining active communities. It is essential that every provider of healthcare and wellbeing is aware of and able to effectively communicate the benefits of regular activity.**
- >> NHS England's Board of Directors should appoint a Physical Activity Champion to lead the NHS's engagement with physical activity, with a remit to integrate physical activity within relevant care pathways, to improve knowledge and sign-posting for NHS staff, and improve activity levels within the NHS itself.
 - >> To ensure that the English Academy of Royal Medical Colleges is meeting the most ambitious of national standards, it should produce a position statement equivalent to The Scottish Academy of Royal Medical Colleges and Faculties' The Role of Health and Social Care in Increasing Physical Activity and set out specific steps the medical community can take to support tackling physical inactivity.

- >> Additional requirements should be included within the education and training of primary care professionals on the specific mental and physiological benefits of physical activity within the treatment, prevention and management of certain chronic conditions. This should include additional modules integrated within existing training and development pathways for new professionals, as well as the introduction of specialist resources and tools.
- >> The NHS should invest in its own organisational physical activity strategy in line with effective practice from private enterprise. Doctors and nurses are cited in research from Dame Carol Black's *Working for a Healthier Tomorrow*¹⁶ review as some of the unhealthiest public sector professionals. The NHS must take a leadership role in pioneering workplace health to ensure activity is central to the experience of healthcare professionals as well as patients, with a particular focus on encouraging and supporting inactive groups.

¹⁶ Dame Carol Black, Working for a Healthier Tomorrow, 2008, < https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf >

ACTIVE WORKPLACES

DAME CAROL BLACK

President of the Nuffield Trust,
Author of "Working for a
Healthier Tomorrow" and "Health
at Work: An independent review
of sickness absence", former
President of the Royal College
Physicians and Academy Royal
Medical Colleges and new Non-
Executive Director, ukactive

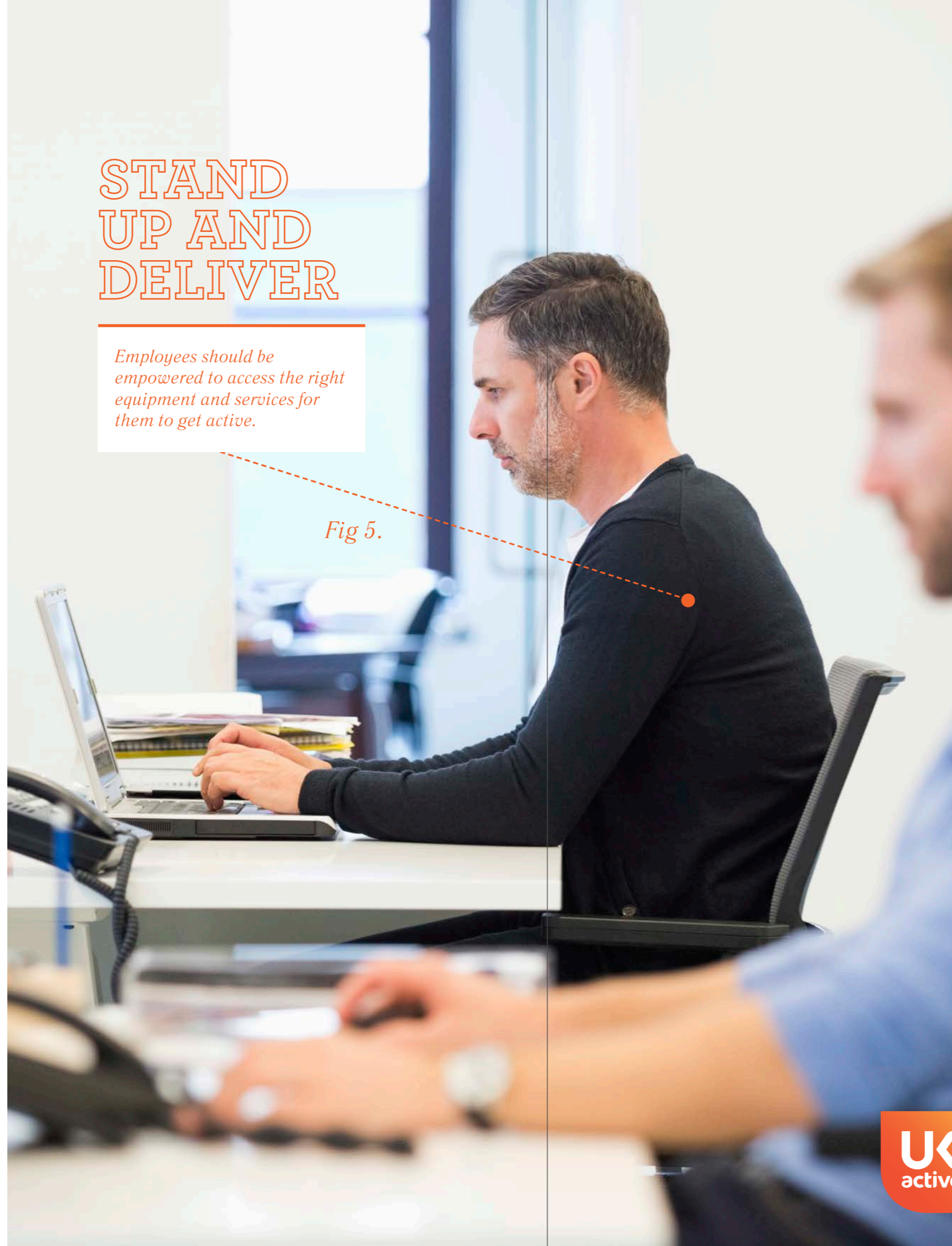
"It is well known that being physically active is good for health – both physical health and mental health. Today many jobs are sedentary, offering very little physical activity. We now know that this is harmful. People who are less active and less fit have a greater risk of developing high blood pressure and coronary heart disease. We must now take seriously the need to restore physical activity into the workplace and to support employers and employees to move more and sit less, to safeguard their health. I therefore welcome *The ukactive Blueprint* and join them in calling for a more active workforce."



STAND UP AND DELIVER

Employees should be empowered to access the right equipment and services for them to get active.

Fig 5.



INTRODUCTION

Every day, British people spend 60 per cent of their waking hours sitting down – and as much as 75 per cent for people who work in offices.¹⁷ The severe and harmful effects prolonged inactivity – regardless of exercise habits elsewhere – include an increased risk of Type 2 Diabetes, cancer, heart disease and premature death^{18 19} – has led to sitting being referred to as 'the new smoking.'

Inactivity is now recognised as an independent risk factor for poor health. This means no amount of exercise can offset the damage done by spending a substantial portion of the day sedentary.²⁰

Workplace inactivity is therefore one of the most pressing public health issues and, unless addressed, will place a crippling, unmanageable burden on the NHS.

An inactive workplace not only impacts the public purse: businesses with an inactive workforce lose out hugely. Absenteeism has been joined by the phenomenon of 'presenteeism' (being present at work but unable to be productive) as a top concern of HR professionals and business owners of all sizes.

It is time to fundamentally change Britain's working culture so that the provision of support and inducements to get physically active are as essential to the contract between employer and employee as annual leave.

¹⁷ J P Buckley et al, "The sedentary office: a growing case for change towards better health and productivity. Expert statement commissioned by Public Health England and the Active Working Community Interest Company", British Journal of Sports Medicine, (June 2015),

¹⁸ D Schmid, M F Leitzmann, "Television Viewing and Time Spent Sedentary in Relation to Cancer Risk: A Meta-Analysis", Journal of the National Cancer Institute, (2014), Vol 106 No 7,

¹⁹ NHS Choices, "Why sitting too much is bad for your health", (October 2012), <<http://www.nhs.uk/news/2012/10/October/Pages/Having-desk-job-doubles-risk-of-heart-attack.aspx>>, [accessed 14/09/15]

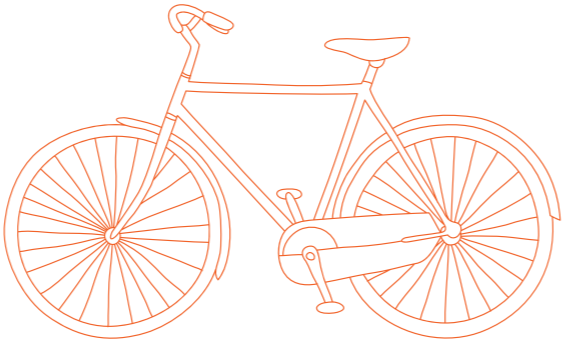
²⁰ A Biswas et al, "Sedentary Time and Its Association With Risk for Disease Incidence, Mortality, and Hospitalization in Adults: A Systematic Review and Meta-analysis", Annals of Internal Medicine, (2015), Vol 162 No 2, pp. 123 – 132.

POLICY RECOMMENDATIONS

1 Sedentary workplaces must undergo an activity revolution, with a broad, open approach which considers the unique needs of different sizes and types of employers to encourage physical activity at work.

- >> A partnership should be formed between employers, government and the activity sector to create a framework of incentives, invested in by all, to make it easier for employees to get active.
- >> On the basis that employers are willing to invest in the health of their employees and that the activity sector will match it with a contribution of its own through reduced charges, government should make its own contribution through the use of tax incentives to help employees promote their own workplace health, allowing them the freedom to tailor it towards their individual needs, co-building on the existing approach of the Fit4Work service.
- >> Government should build upon the successful Cycle to Work scheme, which allows employees to loan and purchase bikes tax-free through their employer via a salary sacrifice scheme. It should be expanded to include a much broader range of health accessories and Personalised Activity Plans. As a result of employer contributions and reduced rates from activity providers, these would then be available to purchase at below market-rate, allowing employees the chance to access the right equipment and services, and providing a personalised approach to help them get and stay active.
- >> Potentially branded as a new 'Workout from Work' scheme, the concept could have the same impact as the hugely successful provision of childcare vouchers and lead to a greater emphasis on physical activity promotion as part of a wider employee benefits and rewards programme.

THE SUCCESSFUL
CYCLE TO WORK
SCHEME SHOULD
BE EXPANDED TO
INCLUDE A MUCH
BROADER RANGE
OF HEALTH
ACCESSORIES AND
PERSONALISED
ACTIVITY PLANS.



2 Building upon recommendations in Public Health England's *Everybody Active, Every Day* framework, government should lead the way in championing employee health and wellbeing and ensure there are multiple opportunities to be active throughout the day, highlighting the numerous benefits which derive from a healthy workforce.

- >> Every Whitehall department and local authority should publish an employee wellness strategy, building upon best practice examples from the private sector. These should outline specific actions, such as internal incentive schemes; the introduction of new equipment or incorporation of active practices such as walking meetings to improve the health and wellbeing of staff; and set clear, achievable targets in relation to increases in physical activity among the inactive workforce. All strategies should have a focus on inclusivity, with targeted provisions to engage groups who are traditionally the least active – including women, older people and disabled people.
- >> The Department for Work and Pensions should conduct a review and develop a pilot scheme for a community physical activity referral programme for the long-term unemployed; delivery to be supported by large employers and the physical activity sector. This scheme has the potential to reinforce positive habits and capitalise on the link between physical activity and employment.

EVERY
WHITEHALL
DEPARTMENT
AND LOCAL
AUTHORITY
SHOULD PUBLISH
AN EMPLOYEE
WELLNESS
STRATEGY.

3 The financial resources and infrastructure needed to implement workplace wellbeing strategies are often prohibitive to small and medium-sized enterprises (SMEs) – who are also the least likely to recognise the importance of supporting employee health.²¹

- >> A review should be launched into how existing regulation can improve SME uptake of workplace health schemes and what practical steps can be taken to integrate wellbeing into all businesses regardless of size. This should be part of a new, independent Physical Activity Network and done in conjunction with leading charities, expert stakeholders and businesses of various sizes.
- >> Government should explore various options to ease the financial barriers faced by SMEs, who typically do not have sufficient funds to invest in employee health and wellbeing. Options might include the provision a low-interest loan to all companies who invest in evidence-based workplace physical activity interventions and broader employee health and wellbeing measures, and could include loans to cover adjustments to offices such as the installation of shower facilities and cycle storage areas.

4 Employers have a significant role to play in supporting employee wellness, which has a sizeable impact on employee wellbeing, retention and productivity. Employers should work with government, activity providers and the research community to provide effective employee wellness strategies for businesses of all sizes.

- >> A research programme should be undertaken by a new, independent Physical Activity Network, championed by the Chief Medical Officer, ukactive and a number of the nation's biggest employers. It should be co-funded by industry to establish the best possible practice for internal workplace wellness programmes and initiatives that have the most sizeable impact on productivity, and a series of resources and tools for businesses of all sizes should be produced to aid the development of new workplace wellness initiatives and improve existing ones.
- >> Employers, through the appropriate networks, should partner with the wider physical activity sector to supplement existing programmes with incentive schemes and mutually beneficial partnerships, building upon successful international examples such as the President's Challenge to American corporations, or the Disney partnership with Change4Life in the UK.

²¹ V Young and CBhaumik, "Health and wellbeing at work: a survey of employers", Department for Work and Pensions Research Report No 750, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214525/rrep750.pdf, [accessed 31/07/15]

RESEARCH AND EVALUATION

UKACTIVE SCIENTIFIC ADVISORY BOARD

Professor Greg Whyte OBE,
Professor Andy Lane,
Professor Alfonso Jimenez,
Professor Lynne Kennedy,
Dr Gavin Sandercock,
Dr Chris Beedie

"High-quality research and robust evidence are the cornerstones of effective policy, and while we know that physical activity is one of the most powerful medicines available to society, and we've proven that adding just small amounts of activity improves the health and wellbeing of almost everyone – all the resources and time spent investigating activity amounts to very little unless we know how to support more people, to be more active, more often.

The ukactive Blueprint highlights necessary steps to support the academic community and physical activity providers to put research at the heart of practice."



LOOKING AT THE FACTS

Fig 6.

Research councils and academic journals should reward and promote high-quality research into the health benefits of physical activity and effective behavioural interventions.



THE NIHR SHOULD COMMISSION A FULL-SCALE REVIEW WITH AN INDEPENDENT CHAIR, INTO THE HISTORICAL EFFECTIVENESS OF EXERCISE ON PRESCRIPTION.

INTRODUCTION

The findings of many academics and scientists, from the UK and abroad, have built a foundation of evidence against inactivity. A robust, comprehensive evidence base is vital for demonstrating the urgent need to encourage everyone to adopt an active lifestyle. It also helps us understand the most effective programmes, initiatives and interventions to support them.

The research community must continue to share insight and data that can support the decision-making of government. And we must now translate repeated lab-based research findings into real world services, with a clear two-way link between academia and frontline practice: one without the other is completely pointless. We need a constant process of refining the evidence to support practical interventions, which can be realistically implemented and scaled-up if shown to be effective.

>>> continued on next page

POLICY RECOMMENDATIONS

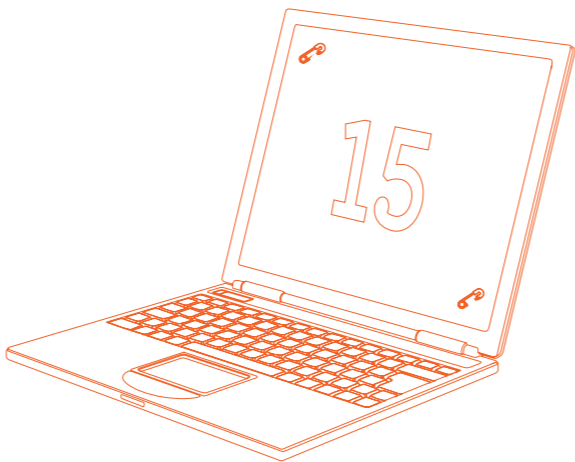
1 Powerful, robust research and high-quality evidence is the cornerstone of activity promotion. The first step of any behavioural intervention strategy must be obtaining a clear understanding of whether it will achieve its goal and whether it is the most effective way of doing so.

- >> To reward and promote more high-quality research into the health benefits of physical activity and effective behavioural interventions, research councils and academic journals should show a greater willingness to fund this research more regularly through dedicated funding programmes, placing an emphasis on research conducted in a real world as opposed to lab-based settings.
- >> All funded activity initiatives should include in their budget adequate funds for thorough, independent evaluation, in order to fully understand outcomes, efficacy and cost-effectiveness when compared with other programmes. Results should be published openly.
- >> The academic community should have to demonstrate the applicability to frontline practice of every piece of funded research conducted as part of any fundraising process.

2 Government is in a unique position to collate and analyse data collected across the entire UK, and should do so to gain a broader understanding of various trends and effective interventions.

- >> An independent research body or network should be established to collate, synthesise and disseminate data submitted from research studies across the nation. This independent body can also share noteworthy data with government and senior stakeholders.

POWERFUL,
ROBUST
RESEARCH AND
HIGH-QUALITY
EVIDENCE IS THE
CORNERSTONE
OF ACTIVITY
PROMOTION.



3 Like medical treatments, effective public health policy requires an evidence-based approach to understand what works and make constant improvements as new information becomes available. The National Institute for Health Research (NIHR) and other research funding bodies should collaborate to invest in real-world, practical research with a feedback mechanism that makes sure it informs frontline practice.

- >> The NIHR should commission a full review into all existing literature on the effectiveness of physical activity interventions, as well as all current spending on physical activity research and commit to increasing the scope of research in this area through dedicated funding programmes.
- >> Under the guidance of the Chief Medical Officer, The National Institute for Health and Care Excellence, in partnership with the NIHR, should commission a full-scale review with an independent Chair, into the historical effectiveness of exercise on prescription. The review should highlight areas that need more research and funding; developments that can be made in practice; and clear recommendations as to how the 'miracle cure' of physical activity can be effectively delivered for the prevention, treatment and management of long-term conditions.
- >> It should be recognised that existing attempts to evaluate real-world physical activity services have relied on underqualified and poorly supported frontline staff, who lack dedicated expertise in research and evaluation processes. The importance of accurate data collection has suffered as a result of this lack of support, competency and resource. Any future strategy must address the need to invest in support for frontline teams to increase their ability to play fundamental roles in research studies, as well as their understanding of why such data collection processes are fundamental to the future improvement of services.

THE PHYSICAL ACTIVITY SECTOR

FRED TUROK

Chair of the Physical Activity
Network and immediate past
Chair, ukactive

"The ukactive Blueprint can and will unleash the physical activity sector to reach its vast and fullest potential in getting the nation active. Gyms, leisure facilities and fitness professionals are the people keeping the country moving – playing an indispensable role in safeguarding the health of the nation. Only by working in full partnership with government will it be possible to mobilise the resources we need to finally deliver an active life to everyone."



STRENGTH TO STRENGTH

Government should substantially scale-up its collaboration with the Sector to support its role as a key delivery partner in the promotion of active lifestyles and public health.

Fig 7.

INTRODUCTION

The physical activity sector is a driving force in the UK for positive physical and mental wellbeing. It harnesses capacity, expertise and motivation from public, private and third sector providers, and is united behind a common mission to get more people, more active, more often.

From corporate gyms and the local authority leisure centres which form integral community hubs, to sports providers, equipment suppliers, National Governing Bodies and local running clubs, the physical activity sector provides a crucial service to millions of people every day, largely without public funding. It is on its shoulders that the NHS is affordable today. It will be on its shoulders that the NHS is affordable in the future.

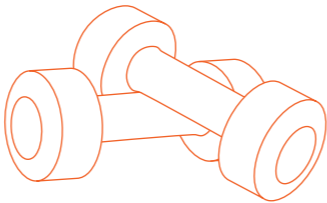
Over recent years, the physical activity sector has grown to incorporate a far wider array of delivery bodies. Traditional gym and leisure operators have fused with sports delivery bodies and the public health sector to create a broader industry united by its common goal of getting the nation moving.

In the same way as manufacturing or the service economy have a vital role to play in maintaining and growing the UK's economic infrastructure, the physical activity sector protects and improves the country's human health infrastructure, with an unrivalled reach and momentum to do so.

A healthy population is essential to a thriving productive economy that is competitive in the global race. The physical activity sector is the means of delivering this healthy nation, able to thrive on the challenges that we face.

To meet those challenges, however, requires an industrial-scale level of cooperation between the physical activity sector and a government that unites the support of a broad range of partners such as major charities and commercial brands. This grand 'Industrial Partnership' is needed to unite all parties behind their shared goal of getting more people, more active, more often.

It is not something that can be done to the sector, but something that the sector must create in partnership and co-design with government. This report sets out a number of steps that can be taken within a range of areas to get people more active.



GIVEN ITS IMPACT ON HEALTH AND WELLBEING TODAY, AND POTENTIAL IMPACT IN THE FUTURE, AN INDUSTRIAL STRATEGY SHOULD BE CREATED BETWEEN GOVERNMENT AND THE PHYSICAL ACTIVITY SECTOR.



POLICY RECOMMENDATIONS

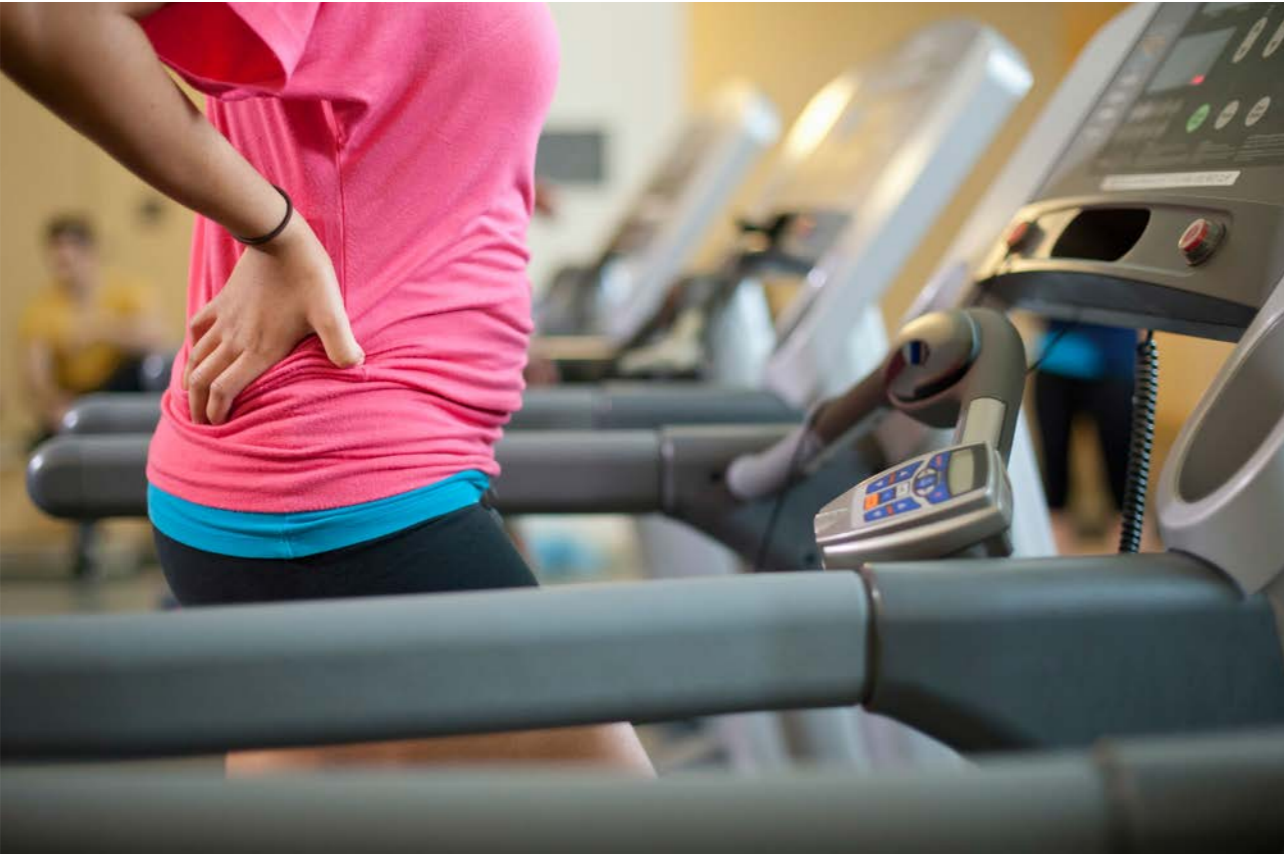
1 The physical activity sector is a vast and significant driver of the country's wellbeing, used by millions of people every day to get active. Government should substantially scale-up its collaboration with the sector to support its role as a key delivery partner in the promotion of active lifestyles and public health.

>> Government has a number of 'Industrial Partnerships' with sectors deemed vital to the nation's success. Given its impact on health and wellbeing today, and potential impact in the future, an Industrial Strategy should be created between government and the active leisure sector. This should outline regular and consistent government engagement; be underpinned by specific goals and investments; and fully explore how government's public health strategy can be supported and how both parties can take specific steps to ensure everyone has the opportunity and motivation to be active. Resource, capacity and focus commitments from the physical activity sector combined with government prioritising the sector would result in a long-term collaborative partnership for the benefit of the UK's health and wellbeing and chart a course of collaboration for the next ten years.

>> The Cutting Red Tape programme is a successful initiative encouraging business and government to identify and improve industry regulation. Without sacrificing standards, this programme should be applied in the active leisure sector. This would scale back excessive and unnecessary regulation and allow leisure providers the freedom and impetus to invest in new facilities and programmes.

>> Following on from the Department for Culture, Media and Sport's consultation on the issue of tax and financial regulation of physical activity and sport, the Treasury should produce a review on reducing the cost of trade for physical activity organisations and providers. This would reflect the unique nature of physical activity provision in the wellbeing economy and should consider longer-term measures such as the official reclassification of physical activity provision as healthcare provision, with consequential benefits to the way in which it is regulated and taxed.

>> Sport England and other national sports funding bodies should invest in a major review of the technological infrastructure which currently underpins the physical activity sector's delivery. This should be done in collaboration with the wider physical activity sector. It should be followed by a national investment programme – based on international examples and best practice from the private sector – to develop a modernised technical system across the sector to provide greater insight and understanding of behaviour patterns and the effectiveness of methods of delivery.



2 Led by the Department of Culture, Media and Sport's consultation, and as part of Sport England's new direction, all groups with the mission and vision to get more people, more active, more often, including National Governing Bodies, should have an equal opportunity to bid for and access funding, with the most effective and competitive models given priority.

- >> Whether it is a totally voluntary community group working in the most deprived community, or a major international consumer brand that wishes to put physical activity into the mainstream by launching a national advertising campaign, government and its agencies should be a supportive friend, enabling all parties to achieve more through collaboration.
- >> The current system of sports funding should be re-imagined so that anyone can easily and fairly access government support, regardless of definition or setting, if they have a role to play, or something to be gained from getting more people, more active, more often.
- >> Reforms should be made to Lottery funding criteria to make this possible and Sport England should get the support necessary to take a more investment-based approach enabling it to recoup its investment over time.

3 Local authorities, with their local leisure operators, have a unique role to play in safeguarding and improving the health of the nation. It is essential that local authorities, CCGs and the broader health community engage with and support the physical activity sector to support the protection of vital services.

- >> The Department for Communities and Local Government should work with CCGs and the wider health community to ensure that both the actual and potential future impact of leisure services is considered within all holistic local spending reviews, and that the impact of leisure providers is cited within all Joint Strategic Needs Assessments. Given the value that leisure, activity and sports services create for local communities, Government should explore establishing such services as mandatory, particularly for areas of deprivation for which other forms of provision may not be on offer.

THE CURRENT SYSTEM OF SPORTS FUNDING SHOULD BE RE-IMAGINED SO THAT ANYONE CAN EASILY AND FAIRLY ACCESS GOVERNMENT SUPPORT.

4 The physical activity sector is a champion of inclusivity and diversity within the vibrant communities it serves. Government and local authorities should work alongside the sector to identify opportunities to support traditionally inactive populations and deliver the wider ambition of an active lifestyle for everyone.

- >> The active leisure sector should be given support to improve, modernise and invest in its facilities with the ambition that every facility in the country complies with the English Federation of Disability Sport's *Inclusive Fitness Initiative*. Public Health England should join forces with ukactive and the Department for Work and Pensions to expand the award-winning *Instructability* programme led by Aspire and funded by Sport England, as well as supporting the growth of any employer-led programme of its type that demonstrates an impact. A clear message must be sent that the physical activity sector is one where everyone can feel like they belong, regardless of age, sex, disability or sexual orientation.

- >> More women and girls use gyms and swimming pools to get active than play sport.²² This should be celebrated and encouraged, and the pioneering 'This Girl Can' expanded so it can support more women to get active in all settings. This should include more collaboration with the physical activity sector to expand its reach.
- >> Other priority segments should be identified for the creation of national frameworks and campaigns that inspire local action. *Change4Life* and *This Girl Can* have shown that national campaigns can be adapted for local action by entrepreneurial and creative physical activity sector organisations. Other areas – such as older adults – should be considered for similar campaigns that can be harnessed locally to instigate new projects, products and outreach.

²² H Jones et al, "Adult Participation in Sport", Department for Culture, Media and Sport, (August 2011), <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137986/tp-adult-participation-sport-analysis.pdf>, [accessed 25/09/15]

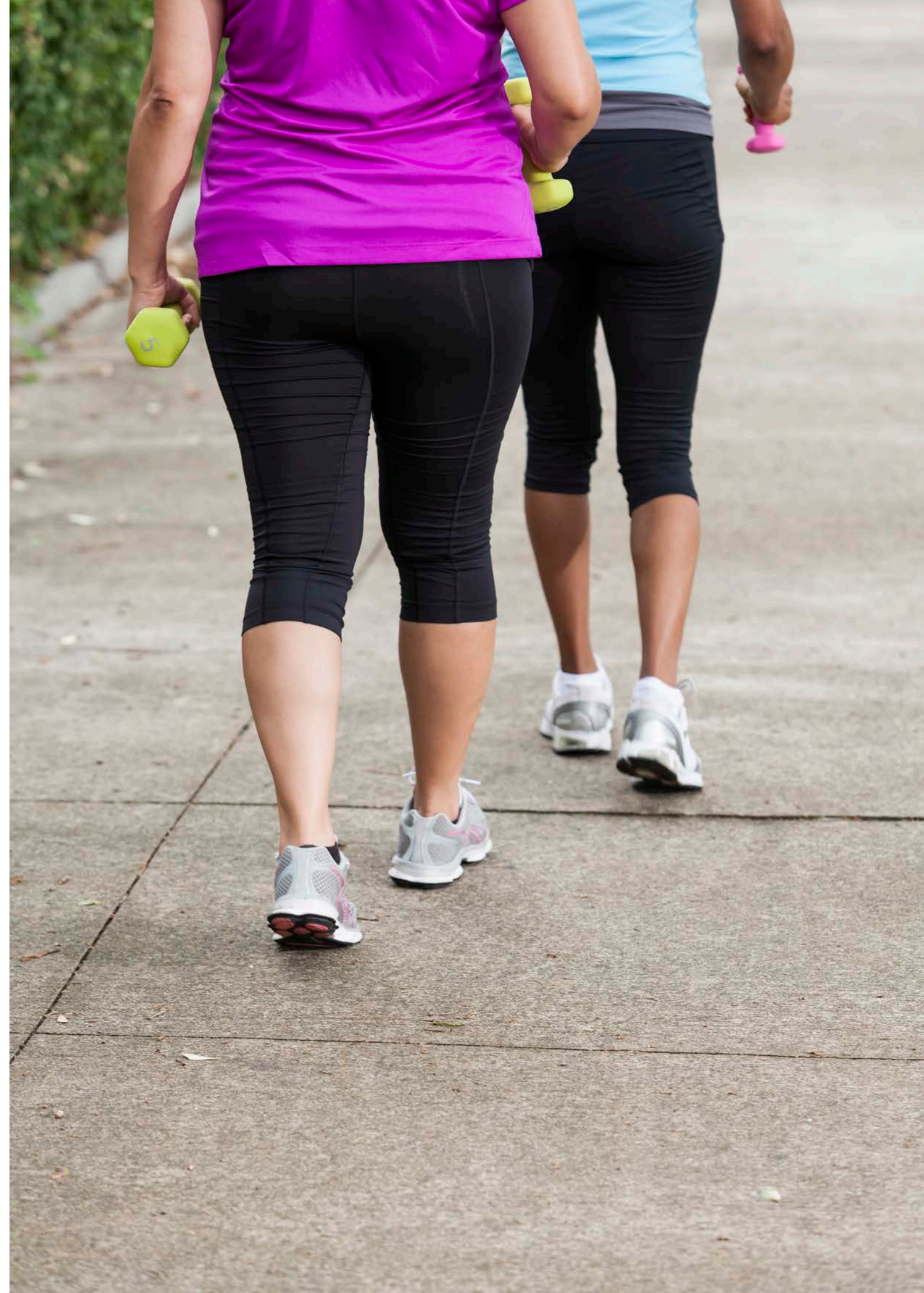
5 The image and resources of trusted brands can play a huge role in inspiring more people to take part in physical activity programmes. The physical activity sector should fully explore the contribution private companies can make to getting more people, more active, more often.

>> As part of a new, independent Physical Activity Network championed by Public Health England and ukactive, a series of initiatives should be created to identify large corporate brands that have the potential and reach to partner with or support the development of local physical activity opportunities. The reach and presence of big brands should be utilised to get more people active. The Physical Activity Network should broker partnerships and collaborations that have the potential to develop an impact.

>> Sponsors of corporate sporting events such as the Olympic and Paralympic Games or the Rugby World Cup should be encouraged, as part of their agreements, to make specific commitments around investment in local activity opportunities, particularly those that target inactive or under-represented groups.

>> Major consumer brands should have access to the latest evidence of what physical activity works to ensure that their programmes and campaigns are evidence based, well targeted and end up as more than a PR or CSR exercise for corporate or commercial purposes. If brands are invited to the table, they must approach the issue from an informed and credible perspective, rather than simply pursue cynical marketing approaches to achieve their own objectives.

>> Bodies such as the Premier League, which has already demonstrated considerable commitment to improving health and wellbeing by getting more people active, should be connected to the wider physical activity sector to ensure that its programmes are of high quality, utilise the latest evidence of what works and are supported to maximise their reach.



DISABILITY PARTICIPATION

BARRY HORNE

Chief Executive of the
English Federation
of Disability Sport

"Building on London 2012 Paralympic Games' success, we have taken great strides in supporting more disabled people to be physically active. To support this, EFDS has brought new insight and evidence about what is needed to get more disabled people active for life. However, there is significantly more to do. *The ukactive Blueprint* adds new momentum to show how much further we can go. As EFDS's Chief Executive, I fully endorse ukactive's calls and share their goal of supporting everyone, disabled and non-disabled people, to make activity a central part of their life."



CHANGING PERCEPTIONS

Local facilities should be supported to undertake a comprehensive modernisation programme to ensure all their facilities are inclusive and accessible to everyone.

Fig 8.

INTRODUCTION

Disabled people can face a vast number of psychological, logistical and physical barriers to getting physically active. Perceptions of feeling unable to take part in sport or exercise, insufficient transport links and inaccessible facilities all currently contribute toward disabled people being some of the most isolated and inactive people in the country. Disability may not always be visible – physical activity can help support people living with lifelong conditions or struggling with mental health issues.

Urgent action can and should be taken to ensure disabled people have the same opportunity to choose to be active in the widest range of activities – whether that be in their home, their community, or their local gym.

There is the potential for activity to become a central part of any support programme, embedded within personal care plans and seen more widely as a path to empowerment, independence and progression. In addition to this, it's crucial for considerations around accessibility of active environments and active travel to be included.

The 2012 Paralympic Games showed that having an impairment doesn't preclude being active. The activity sector has disabled customers training and progressing every single day – and seven in ten disabled people still want to do more.²³ The time is ripe to now make inclusion of disabled people a mainstream non-negotiable, as opposed to an area of standalone consideration.

²³ E Spring, "EFDS Report: Disabled People's Lifestyle Survey, September 2013", English Federation of Disability Sport, (Sept 2013), <http://www.efds.co.uk/assets/0000/7297/Disabled_People_s_Lifestyle_Survey_Report_Sept_2013.pdf>, [accessed 16/10/15]

POLICY RECOMMENDATIONS

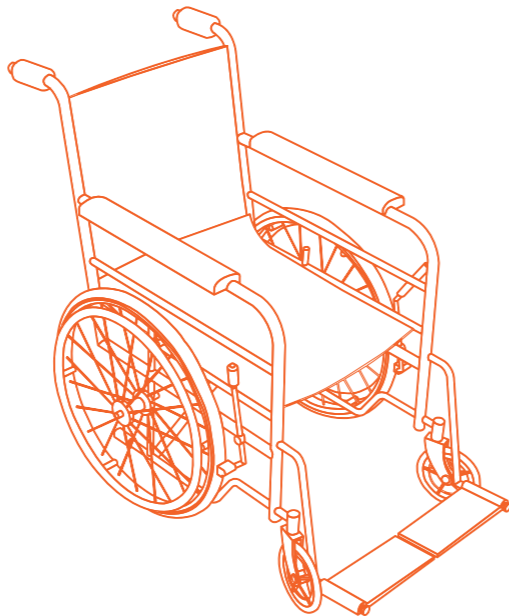
1 Everyone living with a disability must have the opportunity and the motivation to be regularly physically active. Proactively ensuring that this happens will be a vital component in any overall strategy to get more people, more active, more often.

>> All disabled people should have access to a named physical activity behaviour change intervention at their local GP surgery, utilising evidence-based techniques like motivational interviewing, and involving disabled people as peer mentors and role models in its design and delivery. All community exercise professionals running and overseeing such schemes should have specific knowledge of the benefits physical activity can offer to disabled people, what activity is appropriate for people with different disabilities and impairments and what local opportunities are available to get active.

>> As part of any broader marketing campaign designed to encourage more people to be more active, specific and adequate resources should be allocated to target the most inactive and marginalised groups, including disabled people. This has the potential to have a wide ranging impact on the inclusion of disabled people in wider society.

>> The spirit of the London 2012 Paralympic Games and major initiatives such as Invictus should be harnessed to challenge both the positive and negative stereotypes of disability and impairment. Role models must also be created from every day disabled people and inspirational people with a disability who train within the facilities of the active leisure sector every day.

SPECIFIC AND
ADEQUATE
RESOURCES
SHOULD BE
ALLOCATED
TO TARGET
THE MOST
INACTIVE AND
MARGINALISED
GROUPS.



2 The physical activity sector, supported by government and local authorities across the country, should utilise its vast resources to ensure there are ample opportunities for disabled people to get active.

>> With government support, local authorities and other agencies should help local activity and fitness facilities undertake a comprehensive modernisation programme. The aim will be to ensure that all facilities are inclusive and accessible to everyone, based on the successful *Inclusive Fitness Initiative* criteria.

>> Training on the specific needs of disabled people should be incorporated into the national standards for activity professionals so that everyone leaving a training course has a basic underpinning knowledge of how to support people with a disability.

>> Every fitness and activity facility should nominate a member of staff as an 'Inclusivity Champion', and include in their responsibilities the requirement to continually work to recommend and implement measures to make their facility more accessible and appropriate for disabled people.

>> A clear message of inclusion should be sent through the scaling-up of the multi-award winning *Instructability* programme led by Aspire and funded by Sport England. This programme has placed more than 200 disabled people into work in the physical activity sector, with disabled people supported in their onward career progression in the sector including to senior levels of executive leadership and management. This programme, and others that deliver the same outcome, should be expanded nationwide.

>> The physical activity sector should work closely with CCGs to determine the exact requirements of disabled people in their local area and offer free or subsidised targeted physical activity sessions in both peak and off-peak hours as part of a strategy of growing participation.

CHILDREN AND FAMILIES

EMMA
WILLIAMS

Executive Director of the
Parent Teacher Association

“As a mother, yoga teacher and a leader whose mission is to promote successful home school relationships, I wholeheartedly support *ukactive's Blueprint for an Active Britain*. At PTA UK, through encouraging positive home school relationships we are doing our bit: through supporting programmes such as Living Streets and Change4Life we encourage PTAs to work closely with their school to develop walking schemes and fun activities; our members raise more than £120m a year to provide playgrounds, PE equipment and even swimming pools in schools and our parent volunteers are the ones that often make possible the extracurricular activities that improve the quality of school life.”



FITNESS IS CHILD'S PLAY

Government should commission further evidence into a standardised baseline measure for children's fitness, and extend the National Child Measurement Programme to measure it.

Fig 9.

THE PRIMARY
'PE & SPORT
PREMIUM' SHOULD
BE REBRANDED
AS THE PRIMARY
'PHYSICAL
ACTIVITY AND
PE PREMIUM'.

INTRODUCTION

Today's children are the least active generation in history: only half of all children in the UK achieve the sixty minutes of moderate to vigorous physical activity recommended by the Chief Medical Officer. Earlier this year, ukactive released a policy report that warned of creating 'Generation Inactive.' An entirely preventable lack of activity means Generation Inactive are at a higher risk of experiencing physical, mental and social health issues throughout their lives.

Until now, the debate on childhood inactivity has focused on tackling obesity through the promotion of childhood sport and PE – an approach dangerously narrow in scope and doomed to failure. We have been trying to solve the wrong problem with the wrong solution. A double negative that does not balance out and it simply leaves us no closer to getting young people moving.

Regular activity offers health benefits far beyond weight management, including improved physical and mental health and higher academic attainment.

A more radical and comprehensive approach is now needed: both to understand the extent of childhood inactivity and build basic activity back into children's lives. Movement and play should be an integral part of every child's life; from their first months children and parents must be supported by the health, education and physical activity sectors to instil this vital habit at the earliest stage. Work needs to be done to create a greater understanding between teachers, parents, the health sector, children's activity and sport providers and children themselves, as to what works in getting children moving again.

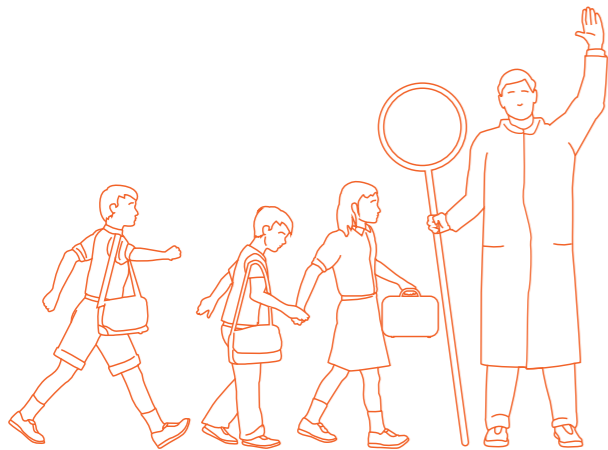
POLICY RECOMMENDATIONS

1 There is currently no standardised, comprehensive measurement of children's fitness. Government and the academic community must understand the extent of the inactivity crisis in children and young people today if we are to turn the tide effectively on Generation Inactive.

- >> Government should commission further evidence into a standardised baseline measure for children's fitness and their achievement of the CMO's guidelines for physical activity, as is currently being investigated in several Local Authority areas, with the view to eventually extend the National Child Measurement Programme to measure fitness.
- >> A full-scale review should be commissioned to investigate levels of inactivity during childhood and provide a detailed programme of reform to ingrain activity back into children's daily lives, with particular focus on tackling inactivity. The review to include consultation with parents, teachers and children's activity providers.

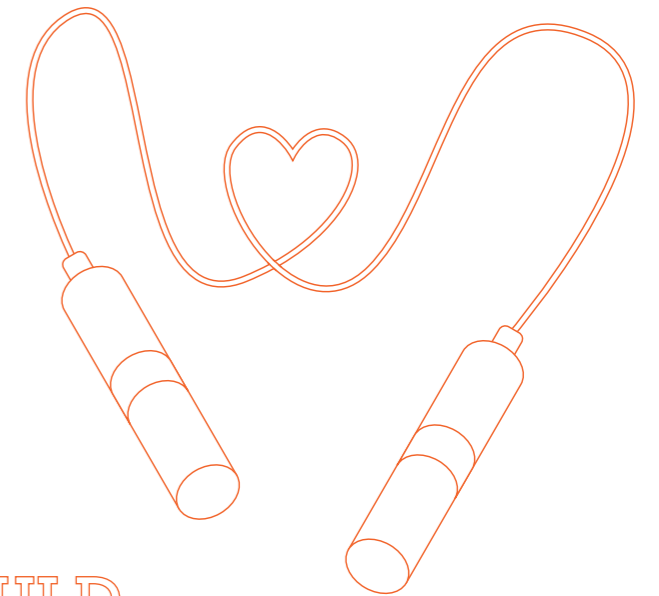
2 Activity and movement should once again become the norm for children and young people at school and beyond.

- >> The primary 'PE & Sport Premium' should be rebranded as the primary 'Physical Activity and PE Premium' to address the core issue of inactivity and the notion that there are plenty of fun and efficient ways that children can be active throughout the day.
- >> Head teachers should be supported to understand how the school can create environments conducive to activity throughout the school, adopting a whole school, whole-day approach to physical activity and ensuring appropriate support is given to children who require it the most.
- >> Parents and schools should collaborate to ensure walking to school becomes the norm for the majority of children, exploring the possibility and implementation of car-free zones and walking buses.
- >> Local authorities should work with high schools and academies, initially in pilot areas, to provide a long-term motivational behavioural change intervention scheme in partnership with activity providers, to engage the most inactive children and signpost to activity opportunities tailored to individual needs.
- >> Schools should be encouraged to engage the support of high quality external providers to help raise the capabilities of teachers, provide additional capacity or deliver a broader range of activity services for young people.
- >> Parents should be supported to make sure that children have plenty of active choices during weekend and holiday periods, with the provision of children's activities and opportunities to play included within Personalised Activity Plans promoted within the wider 'Workout from Work' policy.



>>> continued on next page





NEW PARENTS SHOULD
BE SUPPORTED WITH USABLE
GUIDANCE REGARDING THE
IMPORTANCE OF AN ACTIVE
START TO LIFE IN THE
EARLY YEARS.

3 Parents and families should be supported to develop active lifestyles, to ensure children develop the lifelong habit of regular physical activity from the earliest age.

- » New parents should be supported with usable guidance during pregnancy and post-natal care regarding the importance of an active start to life in the early years. This should include signposting to accessible physical activity opportunities in the local area. Parents should have access to on-going support and guidance throughout the first five years of parenthood.
- » The forthcoming Childcare Bill, guaranteeing 30 hours of free childcare a week for children aged 3–4, should include a statutory requirement for a dedicated allocation of time for play and physical activity, with effective models of delivery of Motivational Interviewing already under way with the National Childbirth Trust scaled up.

4 There is a perception, rightly so in some cases, that technology has contributed to the increasingly sedentary lifestyles of children. However as recent developments in active software and hardware have shown, rapidly emerging technology can also present a huge opportunity for, rather than just a barrier to, activity.

- » To fully grasp the potential of new and emerging technology to inspire and support children to get active, the technology sector should be encouraged to develop inspiring, innovative and evidence-based platforms and applications targeted at children, and build upon high-potential models. The sector should also spread the message to parents that new technology can embed active habits as much as it can increase sedentary time. Parents should be encouraged to limit their children's screen time to 120 minutes for children under five and 60 minutes for children under five.

ACTIVE TRAVEL

JOE
IRVIN

Chief Executive
of Living Streets

"Walking is one of the best ways to keep active. It's free, accessible to all and can be easily slotted into daily lives as part of journeys to school, work and the shops. It benefits our mental health and can prevent chronic illnesses like heart disease and diabetes. When we walk it's good for us, our environment and our local economy. When we don't, our sedentary lifestyle creates isolation and an increasing strain on the NHS. It's great that this report is highlighting the vital role active travel plays in promoting physical activity."



Fig 10.

MOVING FORWARD

Local transport authorities should launch pilot schemes in collaboration with employers to establish an evidence-based points-based system to increase the take-up of active journeys.

INTRODUCTION

Over the past decade, the number of active trips has been steadily declining – contributing to the increasingly sedentary lifestyles that have developed for adults and children in Britain.²⁴

Active travel, for a great number of people, represents one of the easiest and most accessible ways of keeping an active lifestyle. Walking and cycling have the potential to reap huge benefits socially and in terms of healthcare outcomes, making it an essential part of any overarching activity strategy.

The Welsh Government has already pioneered the first Active Travel Act in Europe, emulating small-scale international examples from cities in Northern Europe that show putting walking and cycling at the heart of local transport decisions – and creating an environment that supports active travel – not only brings substantial socioeconomic benefits, but also impacts the broader wellbeing of society.²⁵

A small number of low-cost steps can improve the safety, accessibility and attractiveness of the local environment and engage even the most inactive groups – across income, age and gender – to incorporate activity into their everyday lives. Moreover, in places where more people walk and fewer people drive, there are improvements in air quality and reductions in social isolation – both of which bring additional health benefits.

²⁴ Department for Transport, National Travel Survey: England 2014, Office for National Statistics, 2 September 2015, <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457752/nts2014-01.pdf>, [accessed 04/09/2015]

²⁵ Cycling Embassy of Denmark, Copenhagen City of Cyclists: The Bicycle Account 2014, (May 2015), <<http://www.cycling-embassy.dk/wp-content/uploads/2015/05/Copenhagens-Bicycle-Account-2014.pdf>>, [accessed 23/09/15]

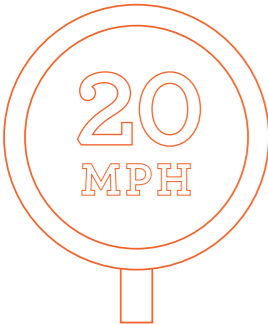
POLICY RECOMMENDATIONS

1 The government has committed for the first time to set out a long term plan for improving walking and cycling in a Cycling and Walking Investment Strategy (CWIS). The strategy provides a unique opportunity for government to make walking and cycling the natural choice for regular journeys, bringing with it huge benefits to the nations transport and health.

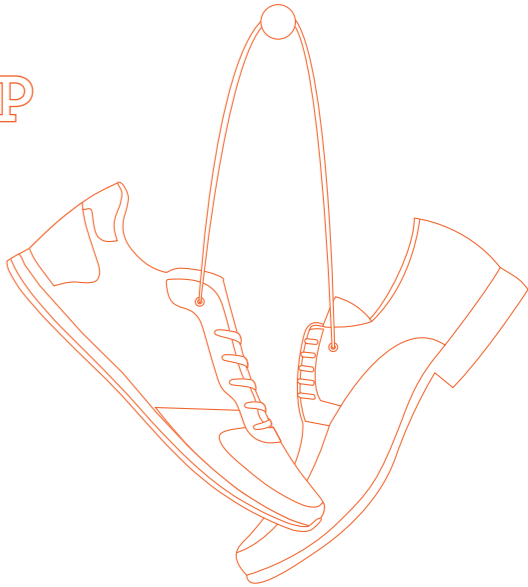
- >> Strategic, long term investment in walking and cycling is needed to meet existing policy commitments, in particular to double the number of journeys cycled and reverse the decline in children walking to school. The government must now ensure the necessary funds are available across the relevant government departments to fund an effective Cycling and Walking Investment Strategy. These funds should be used not only for infrastructure programmes but also for behaviour change interventions that provide support and motivation to inactive people, encouraging them to build activity into their everyday lives. Evidence has shown that motivational interviewing programmes lead to increased levels of walking so they should play an integral part in this strategy.

2 Making walking and cycling the natural choice for every day, short journeys can improve the health and wellbeing of entire communities and radically improve their social and health outcomes. Local authorities should continually identify areas and opportunities to encourage active travel and implement evidence-based solutions to promote it.

- >> In line with the recommendations from Public Health England's *Everybody Active, Every Day*, Government should examine all the factors and behaviours influencing active travel and, as part of a wider focus on physical activity promotion, resource local authorities to build new active travel infrastructures and improve existing ones.
- >> Joint Strategic Needs Assessments should analyse the opportunities and barriers to active travel in the local area and highlight improvements which can be made, as well as specific measures to engage the least active groups and those suffering the worst walking conditions. Building upon the pioneering Active Travel Act (Wales) 2013, local authorities should publish community active travel route maps every year with a variety of routes based on traffic usage to ensure cycling is accessible to everyone.
- >> Local authorities should support the growth programmes proven to be effective in encouraging active travel, including Living Streets' *Walk to School* programme and the Sustrans' *National Cycle Network* and seek to disseminate information on usage of these programmes via community outlets as well as sign-posting through public sector employees.
- >> Feeling safe in an environment is one of the single biggest factors influencing active travel. A 20mph speed limit should be introduced on streets where people live, work and shop to create an environment where people feel safe and confident to walk or cycle.



LOCAL TRANSPORT AUTHORITIES SHOULD LAUNCH PILOT SCHEMES IN COLLABORATION WITH EMPLOYERS TO INCREASE THE TAKE-UP OF ACTIVE JOURNEYS.



3 Government and local authorities should collaborate with schools, workplaces, the physical activity sector and technology providers to champion active commuting.

- >> To encourage children and parents to take up walking, the Department for Transport and local authorities should support and incentivise schools to implement and deliver walk to school programmes, as well as develop and adopt other evidence-based strategies, including the implementation of car-free zones.
- >> In line with recommendations from the London Health Commission, local transport authorities, such as Transport for London, should launch pilot schemes in collaboration with employers to establish an evidence-based points-based system to increase the take-up of active journeys.
- >> The active travel and health communities should work closely with existing innovative technology providers and new start-ups that have the potential to encourage more people to make active journeys, particularly through collaborating to share data on the most effective methods of engagement.
- >> Existing technology platforms should be used to track, measure and evaluate current active travel schemes.

THE WELLBEING WORKFORCE

RICH
MILLARD

Chair, Physical Activity
Trailblazer Group

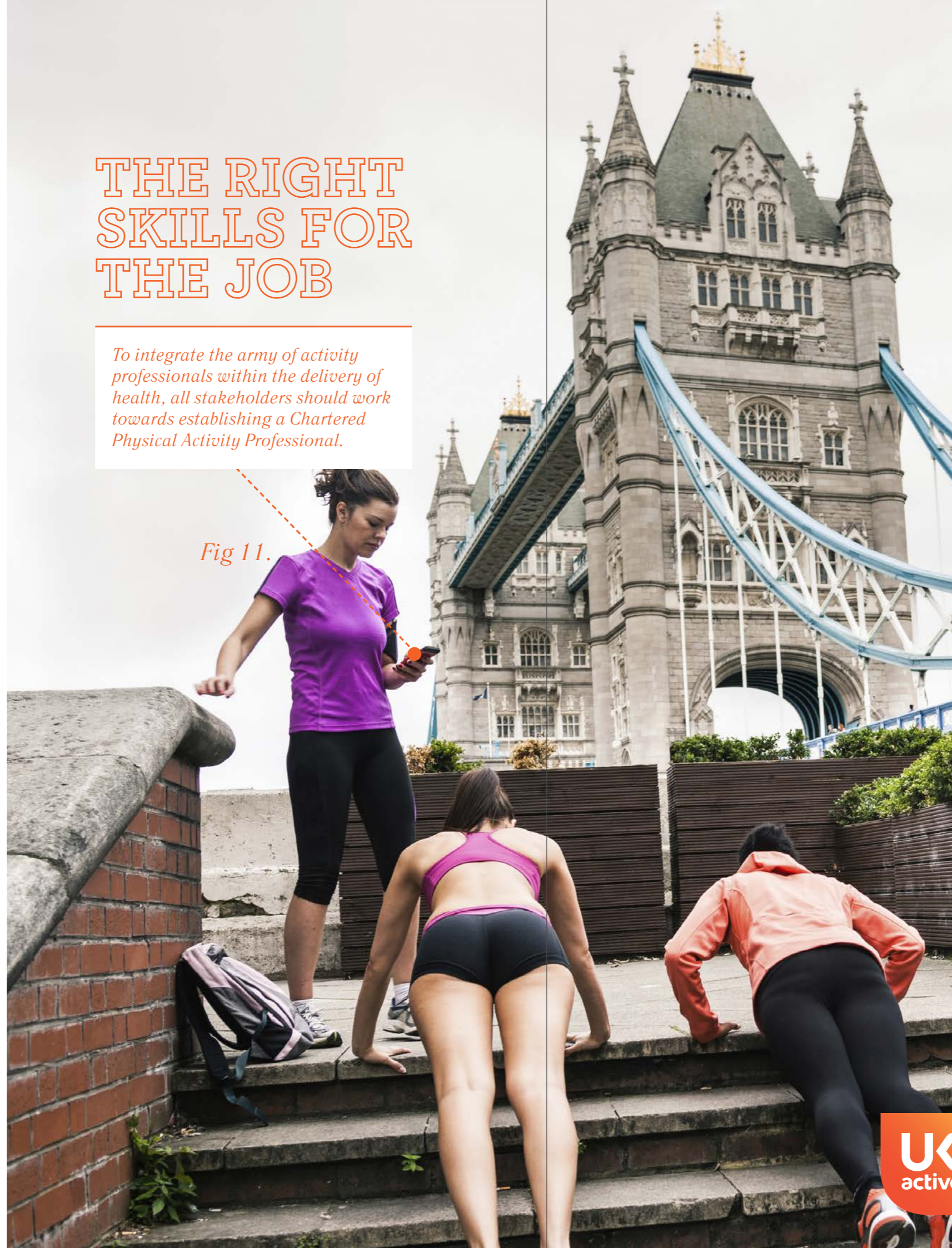
"ukactive's *Blueprint for an Active Britain* aims to put the physical activity sector at the heart of the government's approach to health; it's only through a workforce fit to deliver the mission of more people, more active, more often that this will become a reality. I welcome the fact that there is now so much work being done, both within the sector and in government, to make sure that the skills and training delivered meets the high standards we aspire to reach. The sector's uptake of the Trailblazer programme has shown the appetite that currently exists for this area of work, and we look forward to working to introduce some of the reforms set out in this document which will allow the sector to grow at a faster rate while continuing to serve the needs of consumers everyday."



THE RIGHT SKILLS FOR THE JOB

To integrate the army of activity professionals within the delivery of health, all stakeholders should work towards establishing a Chartered Physical Activity Professional.

Fig 11.



GOVERNMENT
SHOULD
CONTINUE
TO PLACE
THE FUTURE
WORKFORCE
STRATEGY FOR
THE ACTIVITY
SECTOR IN THE
HANDS OF
EMPLOYERS.

INTRODUCTION

The capability of the workforce – from shop-floor to boardroom – has an unrivalled impact on the ability of physical activity to become a core part of health delivery.

As the physical activity sector grows and adapts into new areas, it must also ensure that it brings the workforce with it, closing skills gaps where they are found, and providing clear, employer-led guidance to training providers and awarding bodies around what is needed to progress.

A skilled workforce, backed up by a strong regulatory framework, will be a great asset to the health delivery sector and a welcome addition to the delivery landscape. It is only through detailed reform, of both the sector's own workforce regulation procedure, as well as significant support and guidance from the Government, that the physical activity professional can begin to be seen for what it is; a front line deliverer of wellbeing.

POLICY RECOMMENDATIONS

1 Government should support the strategy for workforce development that has been articulated by leading employers within the physical activity sector.

>> Employers have called for a single unified skills development strategy under the leadership of employers, and informed by stakeholders, such as those in government and the medical community. This strategy must cover all job roles at all levels, providing a clear line of sight between entry to the workforce and the boardroom. It must have a single process for employer-led stakeholder-informed standards development, a single process for endorsement of training against it, a single process for assessing graduates' competencies and a single process for recognising professional competencies through professional registration that drives on-going Continuous Professional Development. This process should lead to the establishment of a Chartered Physical Activity Professional. Where exercise professionals are working with patients, from levels four and above, their process of registration should include independent regulation and a process of withdrawing their professional status in the event of malpractice.

2 The physical activity sector provides a huge number of jobs and apprenticeships for young people, with a low barrier to entry for people of all backgrounds, and opportunities for growth and development at all levels. In order to support the growth of apprenticeships within this sector, the government should work with the active leisure community to ensure funding arrangements fit with the operational landscape of business.

- >> The Department of Culture, Media and Sport should continue to follow the direction of travel it is currently taking in placing the future workforce strategy for the activity sector in the hands of employers.
- >> As part of a wider Industrial Strategy championed across government, the Department of Business, Innovation and Skills should commit to working alongside physical activity providers and the healthcare workforce to create a long-term strategic vision for the wellbeing workforce. This will upskill the workforce to meet the current needs of employers, as well as the long-term needs of the health sector.
- >> The Skills Funding Agency should make special concessions for employers within the physical activity sector when introducing new funding reforms. This will recognise the potentially harmful impact that the rapid introduction of employer contributions will have on many employers' ability to deliver their contribution to the overall target of three million more apprentices.

A COMPREHENSIVE
WORKFORCE STRATEGY MUST
BE CREATED THAT COVERS
ALL JOB ROLES AT ALL
LEVELS, FROM ENTERING THE
WORKFORCE, TO MANAGING
THE BOARDROOM.



3 Physical activity professionals must play an increasingly central role in the nation's health and wellbeing through existing practice, as well as developing its role further in the health and wellbeing sectors.

>> The Department of Health should commission a diagnostic review of the physical activity delivery landscape within the physical activity and public health sectors to establish where any skills gaps may lie, and what will be required from activity professionals in five, 10 and 20 years' time. This should be done in partnership with employers and in conjunction with ukactive and the UK Commission on Employment and Skills.

- >> Local authorities should increasingly commission physical activity training for the wider workforce, both those working in a leisure delivery capacity or as part of wider public health delivery.
- >> Under the guidance of Sport England, and to meet the availability of jobs provided by employers in the sector, National Governing Bodies of Sport should scale back the training of sport-specific coaches, focusing instead on a more blended, multi-sport approach to allow for flexibility in delivering a range of physical activity sessions and programmes for all ages and backgrounds.

ACTIVE
AGEING

TOM
WRIGHT CBE

Chief Executive, Age UK

" At Age UK we encourage anything that keeps older people healthy and socially engaged and recognise that physical activity can play a key part in making this possible. We encourage leisure facilities and physical activity clubs to be inclusive of older people and to offer adapted sports and equipment where possible. Many of our local Age UKs are working with older people and organisations across the country to help older people to be as healthy and active as they can."



Fig 12.

YOUNG
AT HEART

Underused space and resources in the daytime should be utilised to provide regular free or subsidised activity sessions targeted at older people.





INTRODUCTION

Remaining active throughout life is a vital part of ageing well. All types of physical activity – from walking and gardening, to dedicated exercise classes – can improve mobility, protect against ill-health, enhance mental wellbeing and lower the risk of cognitive decline, as well as keep individuals more independent for longer.

The *Five Year Forward View*, a roadmap outlining how the NHS can remain sustainable while still providing for an ageing population, highlighted the need to encourage healthy lifestyles in people of all ages, to prevent the development of lifestyle related non-communicable diseases. Ensuring older people have opportunities and the motivation to be active is therefore paramount to securing the future of the NHS.

Local authorities, health practitioners and fitness operators all have a role to play in supporting people to be active well into old age: from broad measures ensuring the local community is easily accessible by foot, to providing specifically targeted activity opportunities for older people in collaboration with the active leisure sector.

ALL CARE HOMES IN THE
UK SHOULD INTRODUCE AN
EVIDENCE-BASED PHYSICAL
ACTIVITY BEHAVIOURAL
INTERVENTION.



POLICY RECOMMENDATIONS

1 Regular activity offers many physical and mental health benefits and contributes toward a long, healthy and independent life. Encouraging and enabling older people to be active in their community should therefore be a priority for government, local authorities and the activity sector.

- >> An activity analysis should be carried out within the physical activity sections of the Joint Strategic Needs Assessments and Health and Wellbeing Strategies. The analysis should focus on the local area's accessibility and suitability for older people, with specific recommendations and actions around building local partnerships to cater for the individual needs of older residents.
- >> Local authorities, leisure operators and local community groups should work together to utilise underused space and resources in the daytime to provide regular free or subsidised activity sessions targeted at older people, with evidence-based programmes underpinned by staff and facilitators with appropriate skills and training.

- >> Sport England, sports funding bodies and the wider active leisure sector, in partnership with community groups, should establish at a national level the ability to foster local partnerships. Campaigns such as *Change4Life* and *This Girl Can* have provided national direction that inspires local action. Similar efforts would be welcomed to promote activity in later years, underpinned by programmes to develop and train volunteers to lead and inspire physical activity programmes and initiatives among older adults at a local level.
- >> To reduce the usage of social care services, all care homes in the UK should introduce an evidenced-based physical activity behavioural intervention, in partnership with the physical activity sector and local health groups. Care homes should be supported with a specific 'what works' programme to raise the understanding of the equipment and programmes that have the strongest impact in relation to activity levels and increased independence.

MENTAL WELLBEING

PAUL FARMER

Chief Executive of Mind

"Regular physical activity has the potential to have a significant impact on the prevention, treatment and management of a range of mental health problems. Having a mental health problem should never be barrier to being physically active so it's essential that those of us with a mental health problem have the opportunity to access appropriate, effective local services that can support the development of active lifestyles available for everyone. This report highlights the need for physical activity policy to go beyond speaking purely about physical health, and raises some practical measures that can impact on people's mental wellbeing."



Fig 13.

POSITIVE STEPS

Every person who has a mental health diagnosis should have access to an evidence-based physical activity intervention, and be central to its design and implementation.



INTRODUCTION

More than a million antidepressants are now dispensed in the UK every week – an increase of nearly 60 per cent in the last decade.²⁶ The UK is developing an expensive over-reliance on medication, despite the increasingly powerful evidence-base demonstrating the powerful, long-term positive effects regular activity can have on mental health and wellbeing.

From enhancing people's mood, to reducing stress and improving self-esteem, physical activity plays a crucial role in mental wellbeing and prevents the onset of symptoms of conditions such as depression, dementia and cognitive decline.²⁷

People living with a mental health problem are more likely to be sedentary. Many feel like they face insurmountable barriers to getting active, compounding the damaging effect of their mental health problem with poorer physical health as well.

The positive effect physical activity can have on mental health is now understood. People living with mental health problems should be supported to get active as early as possible and physical activity incorporated accordingly in all management and treatment pathways. As well as being an effective treatment for specific mental health conditions, regular physical activity can play a huge role in improving overall mental wellbeing, affecting productivity, attentiveness and the confidence of individuals, more of which needs to be highlighted and championed by government, mental health groups and the activity sector.

²⁶ HSCIC, *Prescriptions Dispensed in the Community, Statistics for England - 2003-2013*, (July 2014), < <http://www.hscic.gov.uk/catalogue/PUB14414> >, [accessed 21/09/15]

²⁷ Mental Health Foundation, *Let's Get Physical: The impact of physical activity on wellbeing*, May 2013, < <http://www.mentalhealth.org.uk/publications/awareness-week-2013-report/> >, [accessed 08/09/15] < <http://www.mentalhealth.org.uk/publications/awareness-week-2013-report/> >, [accessed 08/09/15] < <http://www.mentalhealth.org.uk/publications/awareness-week-2013-report/> >, [accessed 08/09/15] < <http://www.mentalhealth.org.uk/publications/awareness-week-2013-report/> >, [accessed 08/09/15]



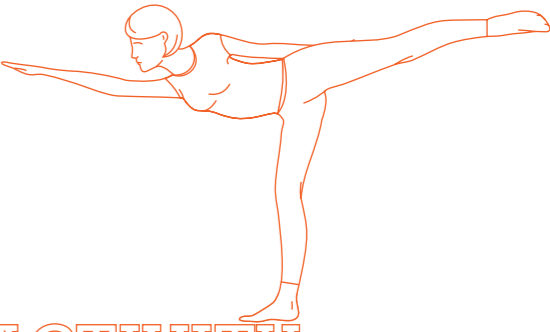
POLICY RECOMMENDATIONS

1 Every person living with a mental health problem faces different obstacles and barriers to getting active. Varied, flexible activity solutions should be provided to allow each person to receive a tailored approach.

>> Every person who has a mental health diagnosis should have access to a named physical activity intervention in line with NICE guidance, based upon proven evidence-based behavioural interventions such as motivational interviewing.

- >> People living with mental health problems should be involved in the design and implementation of any physical activity intervention or scheme. Local authorities should work with volunteers from local mental health peer support groups such as Local Minds to inspire and train users to run local activity opportunities.
- >> Targeted campaigns and programmes such as Sport England and Mind's Get Set Go programme and Bike Minded should be championed by funding bodies and the mental health awareness community in order to raise activity levels. The wider physical activity sector should act to support these initiatives and provide an inclusive environment for people with a mental health problem to enjoy physical activity.

TARGETED PROGRAMMES
SHOULD BE CHAMPIONED
BY FUNDING BODIES AND
THE MENTAL HEALTH
AWARENESS COMMUNITY
TO RAISE ACTIVITY LEVELS.



THE CHIEF MEDICAL
OFFICER'S PHYSICAL ACTIVITY
GUIDELINES SHOULD MAKE
A WIDER REFERENCE TO THE
POSITIVE MENTAL HEALTH
BENEFITS OF PHYSICAL ACTIVITY.

2 All mental health practitioners should be fully informed of, and supported to act upon, the vast potential physical activity has to improve mental health. Mental health awareness groups should work closely with the activity sector to share knowledge and best practice.

- >> Mental health awareness groups should seek to partner with training providers in the physical activity sector to ensure that provision of physical activity for people with a mental health problem is widely acknowledged and recognised by the relevant deliverers within the physical activity sector.
- >> Physical activity providers should make use of existing mental health networks to share best practice on supporting people with mental health problems to do more physical activity, especially in relation to existing physical activity on referral pathways for people with a mental health diagnosis.
- >> The physical activity sector should work with mental health awareness groups to ensure that people with a potential mental health problem are given the appropriate guidance and support and that leisure operators and sports bodies are able to recognise signs of mental health problems and signpost accordingly.

3 Although physical activity has a huge impact upon the treatment and management of specific mental health problems, physical activity plays a wider role in improved overall mental wellbeing. Government should recognise the unique role of physical activity in terms of its ability to positively affect other behaviours.

- >> The Chief Medical Officer's physical activity guidelines should make a wider reference to the positive mental health benefits of physical activity.
- >> Public Health England, as part of its wider investment in the social marketing of physical activity, should – alongside local partners and the physical activity sector seek to promote the understanding of the mental wellbeing benefits of an active lifestyle and champion a campaign to boost the public's understanding the mood-improving impact of regular exercise.

GOING OUTDOORS

ANDREW
DENTON

Chief Executive, Outdoor
Industries Association

“We fully support the *Blueprint for an Active Britain* and are excited to be working closely with ukactive on this and other projects. The Outdoor Industries Association is a not-for-profit collective with a mission to ‘Get Britain Active Outdoors’ so this agenda couldn’t be a better fit for us.”



Fig 14.

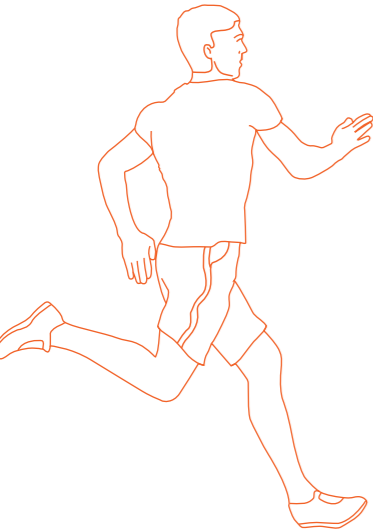
LET’S GO
OUTSIDE

Any national physical activity strategy must include specific provisions to protect green spaces and encourage more people to venture outdoors.

INTRODUCTION

The outdoors remains a vast, largely untapped resource in many local communities. Public Health England's *Everybody Active, Every Day* highlighted the now clear correlation between the amount of high-quality green space in any area and local public health outcomes.

As the entire health system in the UK moves toward a sustainable, preventative model, it cannot ignore the importance and cost-effectiveness of the great outdoors. Attractive green space has the potential to encourage even the most inactive groups to venture outside and receive the powerful health benefits that entails.



POLICY RECOMMENDATIONS

1 Readily available, high quality green space in a local community can have a substantial impact on the amount of physical activity of a local population. Local authorities and government have a responsibility to ensure every local community around the country has green spaces that communities can harness to inspire greater amounts of activity.

- >> Any national physical activity strategy must include specific provisions to protect green spaces that are well-utilised for activity opportunities and encourage more people to venture outdoors.
- >> *Turning the Tide of Inactivity* highlighted that sheer amounts of green space is not an accurate indicator of activity levels. Local authorities should ensure the usable green space in their area is kept to a high-quality and is easily accessible to inspire as many people as possible to be active.
- >> Local authorities should work with local activity and leisure providers and the private sector to explore innovative ways to use green space, including programmed activity sessions and community wellbeing initiatives that make use of the great outdoors to get more people active. As part of this process, it is crucial that programmed activity delivered in parks that come under local authority regulation are licensed by an agreed Code of Practice that covers their safe and professional use.



2 Evidence is increasingly demonstrating the powerful medicinal effect green space can have on improving health and wellbeing.^{28 29}

- >> The Department of Health and Public Health England, in conjunction with CCGs, should recognise the importance of combining outdoor exercise and physical activity – particularly in green spaces – when seeking to treat lifestyle-related diseases and mental health problems. This includes underutilised open space such as woodlands and reservoirs.

LOCAL
AUTHORITIES
SHOULD ENSURE
THE USABLE
GREEN SPACE
IN THEIR AREA
IS KEPT TO A
HIGH-QUALITY
AND IS EASILY
ACCESSIBLE.

²⁸ Faculty of Public Health, Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing: Briefing Statement, (2010), <http://www.fph.org.uk/uploads/bs_great_outdoors.pdf>, [accessed 25/09/15]

²⁹ Mind, Ecotherapy – The green agenda for mental health, (May 2007), <http://www.mind.org.uk/media/211252/Ecotherapy_The_green_agenda_for_mental_health_Executive_summary.pdf>, [accessed 25/09/15]

BUILDING ACTIVE ENVIRONMENTS

JANE DUNCAN

President of the Royal Institute
of British Architects

"Where we live and work is potentially the largest, most powerful factor in determining how active we are. An attractive, safe and accessible environment can inspire even the least active people – those who stand to gain the most from a more active lifestyle – to incorporate small but significant amounts of activity into their lives. I support ukactive's policies to challenge and enable architects, designers and town planners to create their own innovative solutions to the inactivity crisis."



PLACES FIT FOR LIVING

All new developments and regeneration projects should be challenged to promote the local community's ability to be active through new and existing formats.

Fig 15.

ALL NEW
DEVELOPMENTS
AND
REGENERATION
PROJECTS
SHOULD BE
CHALLENGED
TO PROMOTE
PHYSICAL
ACTIVITY
AND ACTIVE
TRAVEL.

INTRODUCTION

Public Health England's landmark document *Everybody Active, Every Day* made clear that the built environment should make activity the easy and enjoyable choice. The accessibility, safety and attractiveness of the built environment are potentially the most influential factors in determining a community's local activity levels, and as more and more people gravitate toward cities, it is crucial that cities themselves, as well as the buildings and micro-communities therein, are built to inspire activity and support healthy lifestyles.

There is now a broad consensus that architects, designers, developers and town planners should be challenged to take advantage of the vast resources of the built environment and use it to its fullest potential in order to support the meeting of local health outcomes.^{30 31} Through innovative planning and management of the local environment alongside public health practitioners and physical activity providers, areas can be designed to encourage more physical activity and play a major role in improving community wellbeing.

³⁰ RIBA, City Health Check: How Design Can Save Lives and Money (December 2013), <<https://www.architecture.com/Files/RIBAHoldings/PolicyAndInternationalRelations/Policy/PublicAffairs/RIBACityHealthCheck.pdf>>, [accessed 05/10/15]

³¹ All-Party Commission on Physical Activity, Tackling Inactivity – A Coordinated Approach, (2014), <<https://parliamentarycommissiononphysicalactivity.files.wordpress.com/2014/04/apcopa-final.pdf>>, [accessed 05/10/15]

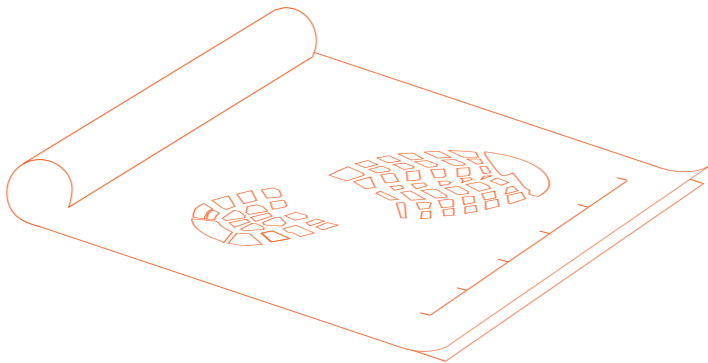
POLICY RECOMMENDATIONS

1 Where we live affects how active we are. Government and local authorities should raise physical activity and public health as a priority in the design of the built environment, including in towns, cities, business parks, new buildings and developments, and open spaces.

- >> To raise the understanding of what works, research should be prioritised into what is best practice when designing active environments, conducting a review of existing evidence nationally and internationally, and resourcing the ongoing evaluation of promising pilot initiatives and practices such as externally visible stairs or skip-stop elevators. It should establish usable guidance so that local planners and public health practitioners can effectively 'fitness test' new developments.
- >> Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies should include a dedicated analysis of the local built environment in regards to its accessibility and usability for active lifestyles. They should create specific targets to redesign and improve the local area accordingly in partnership with town planners and local developers.

- >> All new developments and regeneration projects should be challenged to promote physical activity and active travel through the existing Design and Access Statement, to ensure they will have a positive, rather than negative, influence on the local community's ability to be active. Local authority planning departments should be required to report the potential public health impact of large-scale planning applications.
- >> The work of the Government Science Office Foresight Programme, which has looked into the cities of the future, should be given a wider audience and used to shape policy thinking behind a long-term investment programme to redesign the cities in which we live to promote physical activity as the norm.

TO RAISE THE UNDERSTANDING OF WHAT WORKS, RESEARCH SHOULD BE PRIORITISED INTO WHAT IS BEST PRACTICE WHEN DESIGNING ACTIVE ENVIRONMENTS.



2 Everybody Active, Every Day highlighted the need for innovative thinking and new networks of expertise to design and build active environments. It is crucial that architects, designers and town planners have a strong understanding of the evidence base and how active environments can be designed, and are armed with the tools to do so.

- >> The Department for Local Government and Communities, alongside Public Health England, should commit to developing and delivering – with the support of local partners – a series of guidance, tools and resources for planning, construction and spatial development professionals. These will develop an improved awareness of the public health impact of the built environment and begin to regulate practice, taking inspiration and best practice from successful international examples such as New York City's Active Design Guidelines for Architects.
- >> A senior town planner should sit on local health and wellbeing boards to ensure the practicalities of delivering wellbeing-friendly new building works, and that all local decision making regarding health promotion factors in the built environment.

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