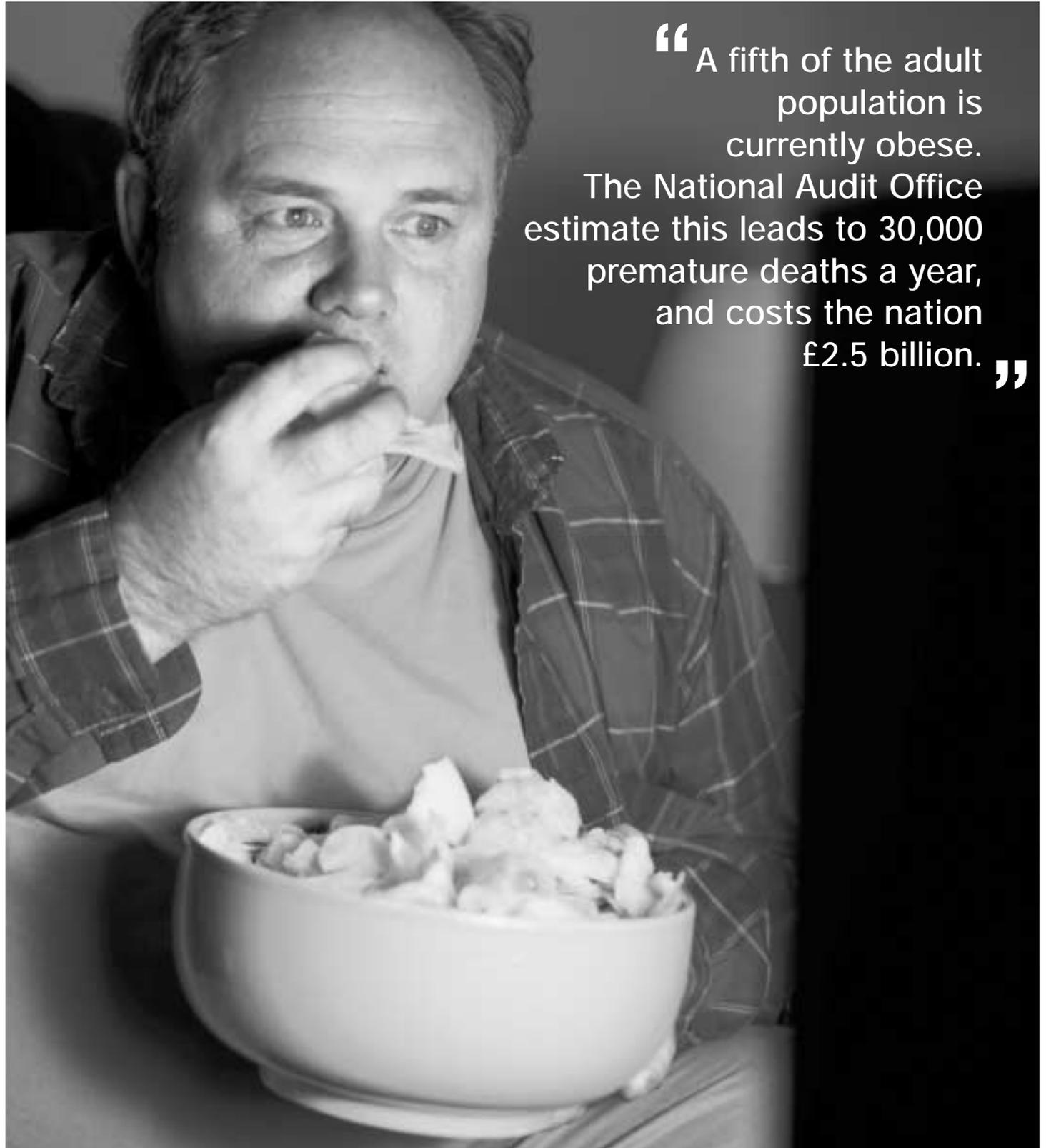




Saving Lives, Saving Money

Physical activity.. the
best buy in public
health.





“ A fifth of the adult population is currently obese. The National Audit Office estimate this leads to 30,000 premature deaths a year, and costs the nation £2.5 billion. ”

“Most adults in England are overweight, and one in five—around 8 million in total—is obese. The prevalence of obesity is increasing world wide, and, in England, has nearly trebled in the last 20 years. The most likely causes are an increasingly sedentary lifestyle combined with changes in eating patterns.

A joined-up approach involving Government departments and local agencies across a range of different policy areas is therefore required.”

‘Tackling Obesity in England’
House of Commons Public Accounts Committee, 16 January 2002

Physical inactivity carries the same risks for heart disease as smoking tobacco and obesity. Sport and recreation has a key role to play in delivering the Government’s public health agenda, and will help to reduce the long term costs of health care whilst improving people’s quality of life.

The Government’s 1998 Annual Health Survey found that 75% of women and 63% of men fail to meet minimum guidelines on physical activity, of 30 minutes of moderate exercise 5 times a week. The same survey found that over a quarter of the adult population suffer from cardiovascular disease.

It is now recognised that participation in sport and physical activity maintains physical and mental health, and can help prevent heart disease, osteoporosis and some cancers.

In April 2001, Health Authorities were required to put in place plans for physical activity promotion within their general Health Improvement Programmes. As Government looks to review the effectiveness of these plans after their first year, the CCPR has carried out a review of the measures drawn up by Health Authorities. The majority of plans included measures on physical activity and there were numerous examples of good work. However, there were wide differences between authorities and an identified need to improve consistency by spreading best practice.

The review should be seen in the context of reports that only one in ten GPs were aware of the Government’s recommendations on minimum physical activity levels.

Key Recommendations

- A cross-departmental strategy at national, regional and local level for joined-up action and funding to improve physical activity levels.
- A promotional campaign for GPs on the benefits of regular physical activity, and the associated risks of inactivity. These campaigns must be initiated and supported by key departments across Government.
- Best practice guidelines to help form partnerships between Primary Care Trusts and existing sport and recreation providers.
- Improved access to training for sports bodies working with “at risk” health groups.
- Support for exercise in the workplace schemes.
- All school children must receive two hours quality physical education each week, within the National Curriculum.

1. Introduction

The Government's National Service Framework for Coronary Heart Disease required all Health Authorities to include plans for physical activity promotion within their Health Improvement Programmes (HIMPs) by April 2001. The Programmes set out practical action on how each Health Authority intends to meet national and local health priorities.

235,000 people in the UK die each year from cardiovascular diseases. The 1999 Public Health White Paper, *Saving Lives, Our Healthier Nation*, set a target of cutting the number of deaths from coronary heart disease by 40% by 2010. Furthermore it signalled a welcome shift in emphasis towards preventative healthcare, saying that in future the NHS "will be geared not just to treatment of illness but to the prevention and early detection of ill-health".

Being physically inactive doubles the risk of developing heart disease. Currently 28% of the population suffer from a form of cardiovascular disease. Physical activity also has wider health benefits, and can help prevent obesity, mental illness, diabetes, and osteoporosis. The National Audit Office has calculated that obesity alone costs the economy £2.5 billion each year.

2. Methodology

During the autumn of 2001, the CCPR requested information from all 104 Health Authorities in England and Wales on the physical activity content of their HIMPs.

Responses were received from 55 authorities, which represents a 53% response rate. The physical activity plans were analysed to ascertain the extent of current measures with a view to highlighting and spreading best practice.

3. Overview

Encouragingly the vast majority of HIMPs included measures for physical activity promotion. Physical activity was included in the context of heart disease, accident prevention in the elderly and in promoting good health amongst young people. However, it was unclear what resources had been put into the physical activity aspect of these plans.

The majority of HIMPs took a holistic lifestyle view to being physically active, referencing general transport or workplace based activity schemes. Nevertheless, many plans failed to reference specifically how sport and recreation can assist in increasing physical activity levels. This is particularly disappointing as the UK's 110,000 voluntary sports clubs, as well as exercise and dance classes, provide accessible opportunities for exercise for people of all ages and social groups. Furthermore they do so in a social atmosphere, which promotes longer-term participation whilst also promoting social cohesion.

There is a need for greater emphasis on sport and recreation throughout central, regional and local plans to promote public health. This needs to be supported through co-ordinated policy making and funding.

As the Government reviews the effectiveness of local plans for physical activity, the CCPR is pleased to publish the results of its review.

“ There is a need for greater emphasis on sport and recreation within plans to improve public health. ”



“ With the costs of healthcare on the increase, the Government should invest in the preventative health benefits of sport and recreation. ”



The Health 4. Case for Physical Activity

“Evidence that regular physical activity has a protective effect against coronary heart disease is now overwhelming. In addition, research shows that physical activity can reduce the risk of diabetes, colon cancer, hypertension and obesity. It also promotes psychological well-being, builds and maintains healthy bones, muscles, and joints, reducing the risk of severe injury from falls”.

Leicestershire & Rutland Health Improvement Programme

As the Physical Activity Strategy for Newcastle upon Tyne noted, physical activity is the “best buy in public health”.

The Government’s 1998 Annual Health Survey found that 75% of women and 63% of men fail to meet the minimum guidelines on physical activity, of 30 minutes of moderate exercise 5 times a week. This is a particular cause for concern as being physically inactive carries the same risks for heart disease as smoking.

Prevention is better than cure. The National Audit Office has estimated that a fifth of the population is obese, leading to 30,000 premature deaths a year. Government should invest in programmes to promote sport and physical activity at national and local level.

The Government currently spends 800 times more on health than it does on sport and recreation. Greater emphasis is required on preventative health programmes.

Summary & Recommendations

- With the costs of healthcare on the increase, the Government should invest in preventative health programmes. The emphasis needs to shift from paying the costs of treatment towards funding prevention.
- A 1% shift from the Government health budget of £1135 per head to sport and recreation, would create a step change in activity levels. This would improve the health of the nation and reduce financial pressures on the NHS.
- Local health bodies require greater financial support to implement physical activity programmes, similar to that allocated to smoking cessation.
- CCPR is committed to playing a full partnership role in helping to lead and develop a coherent evidence based strategy for improving the nation’s health through increased physical activity.

5. Delivering Public Health Through Sport & Recreation

The country's 110,000 voluntary sport and recreation clubs, as well as exercise and dance classes, have the expertise and facilities to deliver physical activity at local level for all sections of the community. By working with the voluntary sport network with its 1.5 million volunteers, the Department of Health can maximise the return on its investment in physical activity for all sections of society. For example:

- Primary Care Groups/Trusts in Dorset run rural walking and cycling schemes. The initiatives are supported by the Ramblers Association and the Cycling Tourists Club.
- The Croydon Active Lifestyle Project offers short courses for participants on a range of activities. These include tennis at a local club, tai chi and swimming.
- Barnsley Health Authority reported on the "Heart Health Community Development Project". The scheme worked in a deprived area of Barnsley supporting local groups promoting physical activity, from football to sequence dancing.

Summary & Recommendations

- The voluntary sport and recreation sector is delivering excellent value for money and effective outcomes for some Health Authorities. This needs to be expanded across the whole country. With targeted cross-departmental investment, voluntary sport can save both lives and money.

6. Partnership Working

Local health services are under pressure from the nation's poor lifestyle habits. Lack of physical activity is a key factor. To help ease the burden, health bodies should work innovatively and constructively with sport and recreation organisations.

The CCPR survey found a number of examples of good practice:

- Leicestershire Health Authority convenes an Exercise Alliance of local stakeholders to develop ideas for promoting physical activity within the area. The Alliance is managed by the Health Promotion Agency, and includes representatives from Sport England, as well as young and older people.
- Barnsley Health Authority was working on a partnership project with the local Sports Action Zone to employ a strategic lead for physical activity.
- North Staffordshire Health Authority appointed a physical activity co-ordinator who works across the Health Authority and the local councils. This has enabled the co-ordinator to input into health, sport and transport policy.

Summary & Recommendations

- The existing good practice of partnership working in health promotion should be promoted and expanded, whilst ensuring that voluntary sport and recreation is a key stakeholder.

“ The country's 110,000 voluntary sport and recreation clubs, along with exercise and dance classes, have the ability to deliver physical activity for all sections of the community. ”





“Partnerships should be formed between Primary Care Trusts and sport and recreation providers.”

Primary 7. Care Trusts

The majority of Health Authorities were abolished in April 2002, with the responsibility for commissioning services shifting towards Primary Care Trusts. The Trusts will have public health teams and will be expected to forge links with outside bodies.

The survey found some positive examples of Primary Care Groups/Trusts starting to formally develop an emphasis on physical activity:

- In Gloucestershire, the Forest of Dean Primary Care Group convened an exercise-sub group to develop initiatives.
- Sheffield's HIMP includes plans for ensuring that "each of the Primary Care Trusts develops expertise in physical activity", although it was unclear how this would be achieved.

Nevertheless, there is a need for additional resources to ensure that best practice is expanded throughout the country. This will require clear guidelines to assist over-burdened GPs.

Summary & Recommendations

- Best practice guidelines are needed to help form partnerships between Primary Care Trusts and existing sport and recreation providers.
- There is a strong case for Primary Care Trusts having physical activity co-ordinators within their public health teams. These co-ordinators should be linked through a national network.

Involvement of 8. Voluntary Sector

A number of Health Authorities took a multi-agency approach towards developing and implementing their plans. It is important that the voluntary sector, including sport and recreation, is involved.

- County Durham & Darlington Health Authority developed the 'One Voice Network' which brings together the views of a number of voluntary sector organisations.
- Shropshire Health Authority agreed a compact with the voluntary sector to improve communications and working relationships.

Summary & Recommendations

- It is important that the voluntary sport and recreation sector plays a full role within multi-agency approaches to improving physical activity. This will require dedicated resources for the active engagement of voluntary organisations.



“ Sport and recreation can deliver exercise referral schemes ”

9. Knowledge of General Practitioners

Juniors taking part in Dry Start, part of the Amateur Rowing Association's Project Oarsome - a lottery funded initiative linking rowing clubs with state schools

The March 2001 Health Select Committee Report on Public Health reported that only 11% of GPs recognised Government recommendations on physical activity. This is an alarming finding because GPs are the primary contact point for the health system. Whilst it is recognised that GPs have a heavy work burden, they need to improve their knowledge of the benefits of physical activity. The experience of the limited number of GPs that currently engage in physical activity promotion should be supported and expanded to all practices.

- Wiltshire Health Authority conducted a countywide survey of GPs to assess their level of counselling/promotion of physical activity. In addition they are developing a 'Physical Activity Toolkit' for primary care teams, which will make the case for physical activity and link in with other initiatives.

GPs have a role in monitoring the condition of patients and offering lifestyle advice as appropriate.

- Leicestershire Health Authority supports the 'Heart Smart Cardiac Rehabilitation and Physical Activity Programme', which offers services to those on the heart health register. The scheme is also supported by the British Heart Foundation.

Summary & Recommendations

- There is a need to review GPs' understanding and promotion of the physical and mental benefits of regular sport and recreation.
- Depending on the findings of the review, Government should then look to finance an evidence based promotional campaign for GPs on the benefits of regular physical activity and the risks of inactivity.

10a. Exercise Referral

Exercise referral schemes were a prominent feature of approximately half the plans analysed. Under schemes patients are prescribed a set course of exercise by their GPs.

The majority of schemes were mentioned in the context of coronary heart disease, but other Health Authorities used referral schemes in tackling accident prevention amongst older people and in targeting health inequalities. Exercise sessions targeted at older people, such as specialist Extend classes for the over 60s, have the potential to reduce falls and hence free up hospital beds.

Health Authorities provided these schemes in partnership with local 'leisure providers'. Patients should be offered a variety of schemes covering a range of exercise opportunities. By working with voluntary clubs and exercise classes, as well as other providers, retention rates can be substantially increased. People find that exercising as part of a group creates an in-built support mechanism and is more enjoyable.

- As part of their heart disease plans, North Nottinghamshire Health Authority refers patients to a series of schemes, including options for yoga, tai chi, swimming and tea dances.

10b. Register of Exercise Professionals

Under Department of Health proposals to regulate exercise referral, schemes can only be delivered by individuals on the Register of Exercise Professionals. The Register is administered by the Fitness Industry Association, and accredits exercise providers who have the appropriate qualifications to deliver exercise referral, but also more general physical activity sessions to the wider public.

At present, appropriately qualified coaches and instructors from voluntary sport and recreation organisations have great difficulty in joining the Register, since their qualifications are not always recognised within the Register's framework. The Register is dominated by practitioners who are qualified through commercial fitness organisations.

Many coaches and instructors from voluntary organisations have the qualifications and expertise to deliver programmes, while the social atmosphere of a club or class leads to better retention. Health Authorities and Primary Care Trusts should be able to work with a broad range of exercise providers. Patients should not be given a restricted choice.

- One Health Authority reported that they had difficulty in setting up an exercise referral scheme in one area since leisure centres "do not currently have the necessary staff resources to deliver this scheme. Training for GPs and leisure centre staff is an area that needs addressing".

Summary & Recommendations

- At a time when some authorities are struggling to find qualified staff to deliver exercise referral programmes, suitably qualified coaches and instructors from voluntary sport and recreation organisations are being sidelined.
- The Register of Exercise Professionals needs to be made more inclusive. Access to the Register must be granted to appropriately qualified coaches and instructors.

11. Young People

“The number of children classified as obese has trebled in the last 20 years. Although for most people health is improving, health experts now have serious concerns that a lack of exercise and poor diets among children and young people could have damaging health effects in later life”.

**Yvette Cooper MP
Minister for Public Health, October 2000**

The increasing rates of childhood obesity are largely due to poor diet and an increase in sedentary behaviour. Obese youngsters have a higher risk of developing conditions such as heart disease and Type 2 Diabetes. It is vital that youngsters get into the lifelong habit of regular exercise.

The majority of Health Authorities had plans on promoting physical activity amongst youngsters, including:

- National Healthy School Standard – DfES/DH accreditation scheme to promote a “whole school” approach to healthier lifestyles, including physical activity.
- Activemark/Sportsmark – Sport England accreditation scheme for primary/secondary schools committed to quality physical education and sport provision.
- Healthy Heart Initiative to increase lunchtime play in primary schools.
- Walking and cycling to school schemes.

The Government is committed to offering young people two hours of physical activity a week in and out of the curriculum. While this aim is welcomed, the CCPR firmly believes that quality curriculum PE is the only way to target all pupils, as many children are unable to benefit from extra-curricular activities. Research shows that physical education is the only form of regular exercise for 30% of secondary school pupils. The CCPR's *Charter for Physical Education and School Sport*, drawn up in conjunction with teaching unions and physical education associations, endorsed the view that all children were entitled to quality curricular physical education.

Despite the hard work of teachers, schools are unable to provide the full breadth of sporting opportunities. Voluntary sports clubs have a partnership role to play with schools in the provision of after school sport. In addition clubs are a key provider of sporting opportunities for young people within local communities.

- The Newcastle and North Tyneside Health Authority recommended links between schools and clubs to develop curricular and extra-curricular activities.
- Under a scheme in the Malvern locality of Worcestershire, Malvern Rugby Club runs a programme of tag rugby for boys and girls aged 9-11.

Summary & Recommendations

- With childhood obesity having trebled in the last twenty years, all school children must receive two hours quality physical education each week, within the national curriculum.
- Schools should build links with voluntary sports clubs and other recreational organisations, to provide the full range of sporting and recreational opportunities

“ With childhood obesity having trebled in the last twenty years, it is vital that youngsters get into the lifelong habit of regular exercise. ”

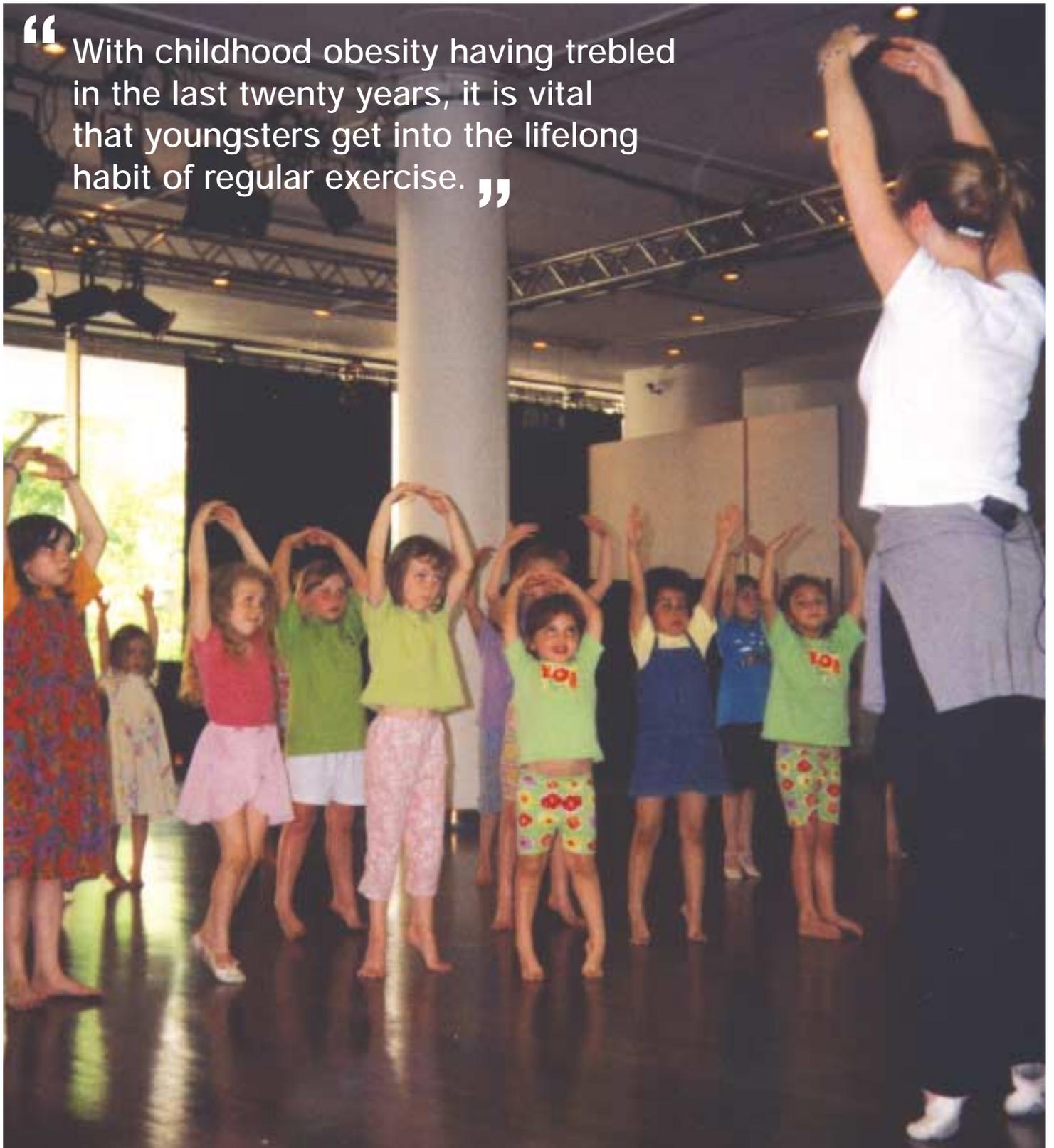
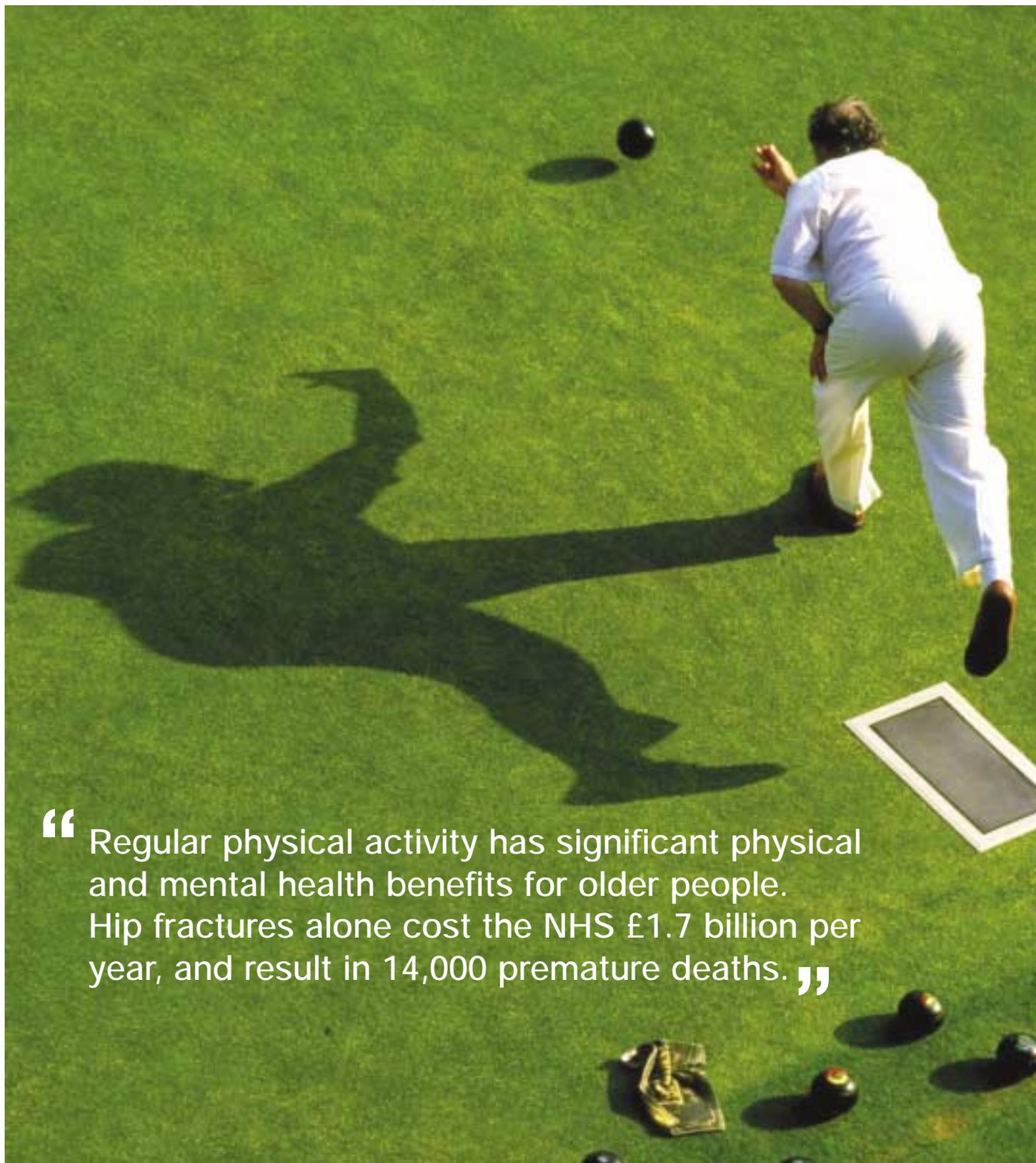


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“ Regular physical activity has significant physical and mental health benefits for older people. Hip fractures alone cost the NHS £1.7 billion per year, and result in 14,000 premature deaths. ”

Regular physical activity has significant physical and mental health benefits for the older age group, yet physical activity declines with age. Remaining active maintains general physical and mental health, and prevents osteoporosis through increased bone strength and mobility. Hip fractures alone cost the NHS £1.7 billion per year, 'tie up' hospital beds and cause 14,000 premature deaths.

Within 10 years it is estimated that 20% of the population will be over 65. Significantly a larger proportion will be living alone. The economic and social implications of this trend needs to be recognised. Remaining active allows older people to continue to perform daily tasks in their own homes.

- North Derbyshire Health Authority provides tai chi classes for older people to reduce the risk of falling.
- Primary Care Trusts in Dorset provide Extend exercise classes for the over 60s.
- Nottingham Health Authority highlights the importance of maintaining indoor bowls facilities.

Training for professionals and volunteers to deliver suitable exercise programmes for older people is a key issue. There is a recognised shortfall in suitably qualified instructors. However there are some examples of good practice, including:

- Wiltshire Health Authority provides training for the leaders of groups of older people on falls prevention and chair based exercise.
- West Surrey Health Authority provides training and literature for staff in residential and day care settings.

Summary & Recommendations

- Investment in the training of exercise providers for older people.
- Long-term financial support for proven local schemes which provide physical activity opportunities for older people.
- Investment in the provision of physical activity in care settings to improve quality of life.

13. Conclusion

The positive health benefits of physical activity have been recognised in Government plans to improve public health. The Government's Public Health White Paper states "a physically active lifestyle, including walking...or participating in sport, reduces the risk of coronary heart disease and stroke and promotes good mental health". A holistic view is needed for physical activity promotion as part of a national strategy of cross-departmental programmes.

Sport and recreation organisations have the knowledge, programmes and facilities to deliver physical activity programmes in partnership with local health bodies. This survey found a number of good examples of sporting bodies being involved in the drawing up and delivery of schemes, and this good practice needs to be built upon. In future the focus for delivery will be through Primary Care Trusts, which must develop and expand partnership working with sport and recreation.

As at national level, sport and health plans must work in partnership at local level for maximum results. Primary Care Trusts will need to work with all suitable local sport and leisure providers. If local health bodies are to deliver physical activity programmes they require significant additional support similar to smoking cessation, from a new cross-departmental budget.

A key instrument of delivery for many Health Authorities was the exercise referral programme, formerly 'exercise on prescription'. It is essential that the delivery of schemes is not restricted and that the public have access to as wide a range of exercise opportunities as possible. The Register of Exercise Professionals must be made more inclusive.

Many Health Authorities took a lifestyle approach to physical activity, with green transport and workplace schemes playing a role. Similarly it was recognised that the need to be more active was applicable to all age groups.

For young people, Health Authorities were engaged with a number of programmes, particularly the National Healthy School Standard. The principle of these programmes is welcomed. The need for two hours a week of curricular physical education for all children is even stronger, given the increases in childhood obesity.

For the older age group, many Health Authorities recognised the need to promote independent living. Remaining active maintains bone strength, mobility and the ability to continue to perform daily tasks. This will free up hospital beds whilst promoting a better quality of life for all. Health Authorities offered programmes of exercise including Extend and tai chi. However, there is a nationally recognised shortfall of trained exercise providers for older people, which Government needs to address in partnership with voluntary sport and recreation organisations.

The Government's recognition of the need to promote physical activity, reflected through Health Authority plans is welcome. With the costs of healthcare increasing all the time, the Government needs to be creative and look at other methods of promoting health. A 1% shift from the Government health budget of £1135 per head, to sport and recreation would create a step change in the nation's health.

The CCPR is grateful for the endorsement and support of the following organisations for the recommendations outlined in this report:

- Chief Leisure Officers Association
- Child Growth Foundation
- Men's Health Forum
- Intercollegiate Academic Board of Sport and Exercise Medicine

The Intercollegiate Board represents:

The Royal College of Surgeons of Edinburgh
The Royal College of Physicians of Edinburgh
The Royal College of Physicians and Surgeons of Glasgow
The Royal College of Surgeons of England
The Royal College of Physicians of London
The Royal College of Surgeons in Ireland
The Royal College of Physicians of Ireland
The Royal College of General Practitioners
The Royal College of Pathologists
The Royal College of Radiologists
The Royal College of Paediatrics and Child Health
The Royal College of Ophthalmologists
The Faculty of Dental Surgery at the Royal College of Surgeons of England
The Faculty of Occupational Medicine
The Faculty of Public Health Medicine
The Faculty of Accident and Emergency Medicine
The Medical Services of the Armed Forces
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