



Physical inactivity “pandemic” costing NHS £10 billion a year, MPs told

12.5 million people in England, or a quarter of all adults, are now defined as “inactive,” and they are costing the NHS around £10 billion a year. And this figure is set to grow fast, MPs have been told.

Physical inactivity puts people at high risk for developing chronic health conditions, shortening their life expectancy by up to five years, and the nation's inactivity “pandemic” is now responsible for 17% of premature deaths, a recent inquiry by the All-Party Parliamentary Group (APPG) on Primary Care and Public Health has heard.

“But if everyone in England was sufficiently active, 37,000 lives could be saved every year,” Prof Greg Whyte OBE, an Olympic athlete, and Chair of the ukactive Research Institute, told the panel.

Greg Whyte, who is also Professor in Applied Sport & Exercise Science at Liverpool's John Moores University, is calling for physical inactivity to be treated as a “top-tier” public health issue - it is a cost-effective way of investing taxpayers' money into improving the health of the nation, he says. However, according to a new report, local authorities in England



are spending just 2% of their budgets on programmes to tackle the problem.

1% reduction to save £1.2 billion

But just a 1% reduction in inactivity levels in England, year-on-year for five years, could save £1.2 billion, says the report, which is produced by UK Active, a not-for-profit body which unites government, local authorities, healthcare commissioners and physical activity providers with the aim of getting more people more active and more often.

The UK Active report urges local authorities “to adopt the local ambition” of achieving this 1% year-on-year reduction in inactivity levels. But this would not be a small shift, and achieving it will require both a whole-system approach and much better data and understanding, Dr Justin Varney, consultant in public health medicine at Public Health England, cautioned the MPs.

“We don't have an industry supporting physical activity, and we need to change the language,” he said.

Has the diet debate left inactivity behind?

The rise in physical inactivity is due to many complex reasons, but much of the challenge is preventable and in our own hands, said APPG co-chair Nick De Bois. He



wondered if the obesity debate has focused too much on diet, at the expense of activity, and if politicians and healthcare professionals have been simply talking to each other, rather

than engaging with the public on an equal level.

But people must be part of the solution, he said, and asked: could the complex web of tools including some legislation and considerable education, peer group and awareness campaigns that have been successful in reducing rates of smoking – also be used to tackle physical inactivity?"

Wales: landmark legislation

Phil Insall, director of health at the walking and cycling charity Sustrans, agreed that we need to talk more to the public, but also stressed the importance of changing the environment to bring activity back into daily life. This is being enabled in Wales by the 2013 Active Travel (Wales)



Act, landmark legislation which is making it easier and safer for people to walk and cycle across the country. For six years, Sustrans had campaigned for a legal duty to enable this, and the organisation is "super-proud" of the result, he said.

Three million people now make 500 million walking and cycling trips on Sustrans' National Cycling Network, about half of whom say they do not meet the recommended minimum levels of activity. And while he could not say for sure that these active trips spur people on to other activity, the opposite – that active travel stops people undertaking other forms of activity – does not appear to be true, at least in children.

"Children who travel actively to school are generally more active," Mr Insall told the inquiry.

A cross-government approach is the way forward, he believes. "While it is difficult to make common cause and common policy, every government department which has a role in creating the environment should have a public health objective," he said. But at present, the investments being made in sedentary motorized transport capacity are vastly disproportionate to the money being spent to facilitate active travel.

"Huge amounts are being spent on making it harder to lead an active life, but we have to consider the medium and longer-term implications," Mr Insall warned.

Too many opportunities being missed

Is there a danger that people are failing to look after themselves properly because they rely on the NHS to deal with the consequences?

"People don't see things that way - when they realise they are ill, it's too late," replied Mark Krishek of the North-East London Local Pharmaceutical Committee. Currently too many opportunities to help people are being missed, and the privatisation of leisure centres is "not good," he said.

So is self-motivation the key?

"At the heart is the value that individuals give to their own actions," said Dr Charles Alessi, chair of the National Association of Primary Care. People are beginning to realise the importance of keeping active, and there is help for them now from new tools which give them information about their lifelong risk for heart attack, for example, enabling them to modify their risk factors.



"People are realising that it is up to them to save themselves – no-one else will," said Dr Alessi, who also

stressed the importance of encouraging and maintaining physical activity in older people to protect against dementia and other conditions.

The day before the APPG held its evidence session, the Parliamentary All-Party Commission on Physical Activity published the first of two planned reports of its own on the issue.

The Commission report, which is backed by a range of organisations including Sustrans, calls for a National Action Plan to boost physical activity, and for this to be supported by the leaders of all three main political parties.

And Prime Minister David Cameron has said: “physical activity is incredibly important to the wellbeing of children and adults, and can play a big part in helping people lead healthier lifestyles.”

Being active “means behaving abnormally”



But while this is about changing behaviour, our sedentary lifestyles means that being physically active currently means behaving abnormally - the positive messages for physical activity are not there, Dr

Rob Copeland, reader in physical activity and health at Sheffield Hallam University told the APPG. Dr Justin Varney, consultant in public health medicine at Public Health England, agreed. “It is not the social norm – going to the gym everyday is seen as new age and deviant from the norm,” he said.

In 2002, Sir Derek Wanless published a landmark report to government which looked at how to secure good health for the entire population over the long term. In it, he emphasised the need for a “fully-engaged scenario,” which requires the public’s engagement in their own health to grow massively. But David Whitney, project lead, National Centre for Sport & Exercise Medicine

(NCSEM) pointed out that little has happened to achieve this goal since Sir Derek’s report, and that while it was published at a time of significant growth in spending on the NHS, the opportunity was missed to fund the fully-engaged scenario.



And now we are facing a tsunami of disease, he said. Nick De Bois has estimated that a decision to tackle this through taxation would require income tax to go up by 12 pence a year – and this estimate needs to be part of the public debate, said Mr Whitney. He also called on the government to develop a 20-year strategy for health.

Derby – a new approach

Derby City Council is taking a person-centred approach to tackling physical inactivity with its Living Well Programme. Working with Public Health England, the Council is focusing particularly on its most deprived populations to help them deal with their obesity, smoking and alcohol problems. Cross-cutting through all these is physical activity. Education is provided through a behaviour change model, which aims for behaviour change over a 12-month period, with self-referral schemes and a focus on what is right for the individual.



“We don’t prescribe the gym - 97% of the people have never been in a leisure centre,” said Council’s health and wellbeing manager, Tracey Lines. The individual’s family and social network is central to Derby’s approach, and it includes giving them access to all the leisure activities that they would not otherwise be using.

“And when they leave the programme, 86% join a leisure centre,” she told the MPs.

Derby's new programme began with a pilot involving 650 individuals, and has now grown to 3,400 and their families, 98% of who are now reaching their recommended activity levels. "Key to achieving this is individual plans, focusing on what is right for that person, and education," Ms Lines emphasised.

"Linking inactivity to smoking, drinking and obesity is a very new approach – and it works," she said.

The patient's agenda, not the doctor's



GP Dr Jim Lawrie, of Royal Docks Medical Practice in East London, also stressed the importance of looking at things from the patient's perspective. "They don't tend to look a long way into the future. To help people give up smoking they

need short-term goals - that's not so easy with inactivity," he said.

You have to offer people some short term benefits – not tell them "exercise now and you won't have a heart attack in 30 years." And many patients prefer walking groups to going to the gym – they're free and people value the social contact, said Dr Lawrie, who is also a member of the Self Care Forum.

Marc Krishek asked: how much in the way of savings are initiatives like these making for the NHS? To save lives and keep people out of hospital, we need the data, he said.

We do need to gather the data, but it is too early, said Dr Robyn Caroline Dewis, consultant in public health medicine at Derby City Council. However, she added: "we do see day-to-day benefits



for people on our programme, such as changes in medication and bariatric surgery no longer needed, for example."

Nick De Bois emphasised the need for agencies to work together on the activity agenda and to pool skills.

"Producing active travel plans for our clients – including walking rather than driving – is part of our philosophy," Tracey Lines responded. "And we are getting support from the transport department – people are beginning to see how working together works."

This is also the approach taken in Sheffield, said Dr Copeland. "Interventions need to sit within a system of others and talk to each other. In Sheffield, this involves a partnership of 11 key organisations – but funding streams get in the way," he said.

"In ten or 15 years time, the NHS will be reaping the savings from the activity agenda – but it is not providing the funding," he said. And this is also true in the private sector - workplace health is a great way of engaging people, and provides benefits to both employers and employees, but the chief financial officers will say: "show me the money," he said.

Wellbeing in the workplace

But the provision of wellbeing in the workplace is growing fast – wellbeing is generally growing much faster than the traditional forms of healthcare, which are prevention and treatment, said Dr Andrew Jones, managing director of wellbeing at Nuffield Health.



Many companies are putting activities into their premises such as on-site fitness programmes, physiotherapy and gyms; 40%-60% of their employees will use the company gym on a weekly basis, compared with just 10% using such facilities outside the work environment, he said.

The benefits to both employers and staff of providing these facilities are massive – it's a true win-win, the inquiry heard.

But the panel also heard of the perverse incentives currently in place. "It is often more cost-effective for companies to let staff go if they are in poor health - occupational health needs a quicker response," said David Whitney.

Dr Alessi agreed. In the US, economic incentives for employers to invest in workplace health make it worth doing, but in the UK, the economic arguments are different and make it more convenient for employers to discharge their responsibility to their workforce.

"Managing wellness within the workforce is the way forward but in today's world, the arguments around caring for valued individuals may not be sufficient to move the dial," he warned.

All organisations – companies, schools, the NHS, the public sector – need to see the benefits of this in their own language. And we need to get them all round the table,' said Dr Copeland.

Legislation or leadership?

Leadership such as is being demonstrated in Derby is what works – not legislation, Prof Greg Whyte told the inquiry.

"You cannot patent exercise, or sell it, so the weight of voice for it in the corridors of power is non-existent," he said.



But politicians, and the wider Civil Service, can provide leadership through establishing wellbeing programmes – "civil servant's health is the worst," Dr Varney told the MPs.

Public Health England will publish its National Physical Activity Framework later this year, and is currently looking at what works, and what are the barriers to getting the nation moving. "This is not about a quick fix, it's about a turnaround within 10 years, with a lot of quick fixes along the way," he said.

Physical activity currently counts for "zero hours" in GP training, but this is where the seeds of leadership need to be sown, both during their training and then as part of their continuing education ongoing after they qualify – and the same should be true for pharmacists, the panel was told.

Are we abandoning children?

Experts at the evidence session were strongly critical of government policies which have removed much of the responsibility of schools for physical activity in children. One-fifth of children are obese when they enter primary school, and this rises to one-third when they leave, the meeting heard.

And a study conducted in Derby which looked at fitness among primary and secondary school-age children found large disparities between boys and girls, and made the "shocking" discovery that 76% of secondary-school age girls were doing no physical activity at all, said Tracey Lines.



Again, this is not about sport, it is about activity such as walking to school, she said.

"And young people tell me that they don't go to sports clubs and youth clubs because they can't afford them," added APPG member Baroness Sue Masham.

We must improve physical literacy among children – this is a core skill and it does improve performance, added Dr Copeland. He also warned that obesity and fitness are not the same. This is about cardiorespiratory fitness in children, not Body Mass Index (BMI) – that's the wrong measure," he advised the panel.

Computer games are generally blamed for making children sedentary – "but we have to recognise that children need to be able to use computers. And if they play sports using Nintendo's Wii home video game console, they can expend the same amount of energy as walking," suggested Prof Whyte.

“With technology, we can’t put the genie back in the bottle, but we [public sector] can get better at using its benefits. We haven’t yet really engaged with technology to promote physical activity,” added Dr Varney.

In February last year, OFSTED reported that, in more than a quarter of schools, teaching did not improve pupils’ physical fitness. “And there is now no specialist training in schools,” said Prof Whyte.

But we can make rapid and easy wins here, he continued. The National Child Measurement Programme tests need to include a measure of pupils’ aerobic fitness, and we also need a national measure of fitness, for all age groups – “we haven’t had this since 2009.”

Raising awareness

Finally, the experts called for GPs and pharmacists to be using their contact with patients to help them raise awareness and improve their physical activity.

And awareness is key – people don’t realise how active they are, said Dr Copeland. “If you are talking to someone whose job is cleaning, reminding them that cleaning is a physical activity is far more effective than giving them an activity prescription.”

“And pharmacies are well-placed to offer this advice and support,” added Marc Krishek. ‘There is a set view about what pharmacies can do, but they are being measured now in terms of outcomes,’ he reminded the panel.

Pharmacies also have the advantage of being able to reach people who are not registered with a GP, he added. “We don’t need significant amounts of training to advise people on their physical activity –we need a re-look at how people are treated and supported, and we have to look at the whole patient.”

But do people understand the messages? That being more physically active is not about doing more sport?

“I see morbidly obese patients who have been told that they must do 150 minutes of exercise a week - that is

useless,” said Prof Whyte.

Dr Copeland agreed. “The message has to be about individual values and the individual’s own agenda – what is important to them, not what I think is important for them.”



Executive Members of the APPG, Sir Kevin Barron MP (co-chair), Baroness Masham of Ilton, (secretary), Nick de Bois MP (co-chair).

Definition of Physical Literacy

Physical literacy is the motivation, confidence, physical competence, knowledge and understanding that provides children with the movement foundation for lifelong participation in physical activity. (ref:youthsporttrust.org).

For further details on the work of the APPG on Primary Care and Public Health please contact Libby Whittaker, tel: 020 7421 9318; email: libby.whittaker@pagb.co.uk or go to the website: <http://www.pagb.co.uk/appg/intro.html>

All Party Parliamentary Group on Primary Care and Public Health Conclusions and Recommendations on Addressing Inactivity

During the roundtable discussion, this dynamic group of experts clearly highlighted the urgency needed in encouraging adults and children to move more. Inactivity is a killer and as a consequence of the meeting we felt compelled to offer conclusions and recommendations as laid out below. This report will be sent to Government for their consideration and will be shared with colleagues in parliamentarians as well as stakeholders.

Conclusion:

Activity is the building block essential for people's lifelong physical health and wellbeing. And the dangerous sedentary lifestyles that adults and our children are adopting must be stopped if we are to improve people's health and reduce the tsunami of premature deaths in England through preventable diseases such as diabetes, cardiovascular disease, stroke and cancers.

Recommendations:

1. Physical health and mental wellbeing are affected significantly by levels of activity and so it is important to address this now as this will be the building block for the future of adult's and children's health. Increasing people's knowledge of physical literacy will help improve their health and wellbeing and reduce the onset of long term conditions, which, because of lifestyle choices, are happening in early life when it was once only expected in later life. Physical literacy is an essential component of health literacy and must be included in children's education, whether this is in schools or at home.
2. Local authorities must create local environments which support positive behavioural change in their population by, enabling more people to be more physically active and more often. This has to happen jointly with local health agencies, such as community pharmacies, schools, work places and recreational spaces to offer adults and children as many opportunities to engage in activity.
3. To ensure issues around public health are given greater prominence there must be a responsible cabinet minister to hold all departments to account in measuring the public health impact of their policies and regulations. We therefore recommend a Public Health Secretary of State is appointed, without delay.