



Designing Physical Activity into Health and Care

APSE Sports and Leisure Seminar
6th June 2024

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Active Partnerships National Organisation

Active Partnerships & the National Organisation – Who are we?

- A country-wide network of 43 Active Partnerships (APs).
- A system partner of Sport England: working together to deliver system-wide change for their Uniting the Movement strategy.
- Our work informs, influences and shapes national, system and local place approaches to support ‘moving more’ as drivers for social change.
- APs are independent charitable organisations, focusing on inactive people and under-represented groups to improve health.
- They act as a strategic enabler: work with a range of local cross sector stakeholders, taking a whole system approach.
- The Active Partnerships National Organisation (APNO) is the independent national charity of the AP Network.

Active Partnerships National Organisation

US ON A PAGE

2023-2027

Improving health through addressing strategic priorities relating to reducing inactivity levels, in areas of need

VISION

To make active lifestyles the norm for everyone.

MISSION

To make it easier for everyone to enjoy an active life.

We will help create the right conditions in local places to remove inequalities, and build relationships to connect networks and advance change.

AMBITIONS

- Be an **OUTSTANDING** performing organisation.
- Have a **HIGHLY CONNECTED NETWORK** of strong performing Active Partnerships.
- **EVIDENCING CHANGE** through a robust, meaningful and embedded measurement, evaluation and learning framework.
- Be **VALUED AS LEADERS, CREATING MOMENTUM** across places for 'Uniting the Movement' to flourish.

ROLE

- To Connect
- To Strengthen
- To Enable

PRINCIPLES

- People and culture-first
- Equity, Diversity and Inclusion at our core
- Being a collective
- Innovation-driven
- Learning by design
- Being a sustainable and ethical workplace

VALUES

- Passion for our purpose
- A collaborative spirit
- Trust brings connectivity

The context:

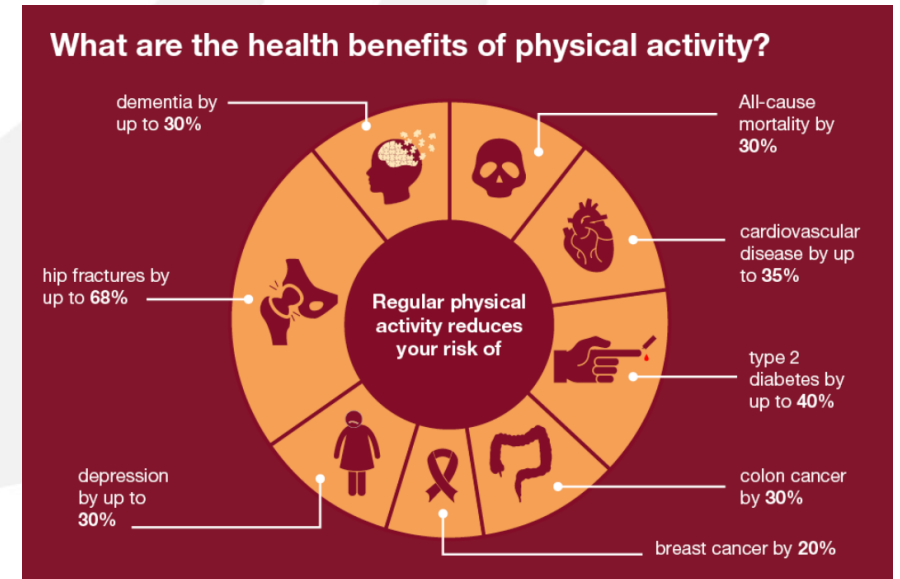
Physical Activity is important for cardiovascular health

- The UK analysis of the Global Burden of Diseases, Injuries and Risk Factors Study found physical inactivity and low physical activity to be the **fourth leading risk factor** contributing to deaths and the burden of disease globally, ranking ahead of overweight or obesity.
- It is estimated that physical inactivity contributed to almost **one in ten premature deaths from coronary heart disease (CHD)** and **one in six deaths from any cause**.
- It is estimated to cost the UK **£7.4 billion annually** - including **£0.9 billion to the NHS** alone.

*Lee IM, Shiroma EJ, Lobelo F, et al. *Effect of physical inactivity on major non-communicable diseases worldwide: An analysis of burden of disease and life expectancy*. Lancet. 2012;**380**:219-229.

Benefits of physical activity to the NHS

- We know that reducing inactivity could prevent up to 40% of LTHCs and physical activity (PA) can help to manage more than 20 of the most common physical and mental health conditions⁴.
- Therefore, physical activity should play an essential role in primary and secondary prevention, enabling better self-management of conditions and reduces further deterioration or onset of additional physical and mental health conditions.



But.....

PA remains chronically under-utilised within NHS care and population health management.

The ambition for our network and national partners, is for PA to be framed as a core part of our health and care systems, enabling an integrated approach to prioritise PA as part of and alongside routine care, recognising physical inactivity as a key risk factor for poor health.

National Priorities – the NHS in crisis?

Life expectancy is stalling & health...

Avoided...

d

By 2040 (England)....

- People are living longer but with major illness.
- But the number of 20–69-year-olds (working age population) is projected to grow by just 4%.
- This is the group that generates bulk of government revenues, used across all areas of government spending, including the NHS.
- Alongside this, economic inactivity continues to rise, with large increases in long-term sickness & retirement rates between 2019-2022.

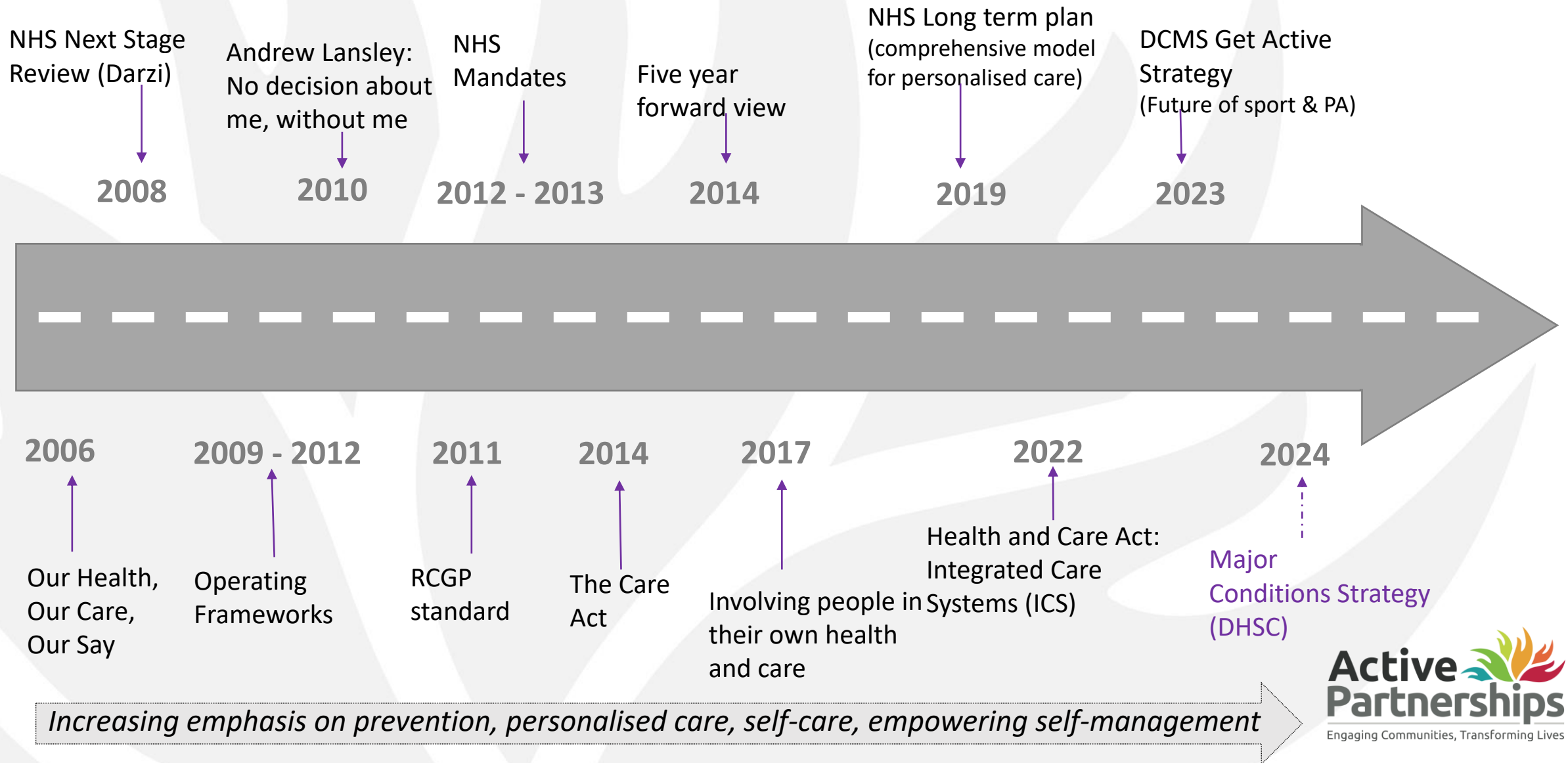
We need to significantly rethink how to manage the pressures with our health & care systems, to enable and empower healthy, active communities.

Health Foundation Insight Report July 2023

...years
more with disabling
health conditions.

of NHS
and social care is
substantial and
increasing.

From a health policy perspective.....



Opportunities – nationally and locally?

Future of public sector leisure (Dec 22) – traditional leisure services transition to being focused on **active wellbeing**.

DCMS Get Active Strategy (Aug 23): a new **cross-government PA Taskforce** set up to tackle inactivity.

New NHSE Director of Public Health / Prevention, Sarah Price: **opportunities for the NHS to focus on PA.**

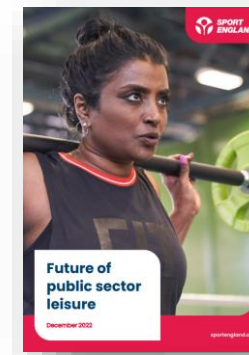
NHS Horizons steering integration into health and care, through **Collaborative Group** mtgs connecting with national stakeholders.

Major Conditions Strategy – adapt the model of care: overcome disjointed support & care; **embedding PA throughout**

Sense of shift away from ‘why PA’ to ‘**How**’

Integrating PA into local health and care systems is an essential or high priority for 90% of APs.

Increasing examples of **positive practice & strong relationships** being built locally



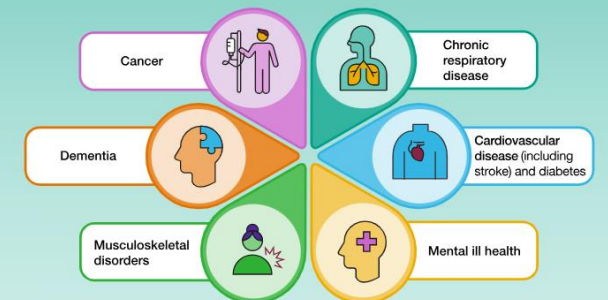
Active Partnerships CIMSPA, Local Government Association, Sport and Recreation Alliance, Sport for Development Coalition, Youth Sport Trust



Department of Health & Social Care

Major Conditions Strategy Strategic framework

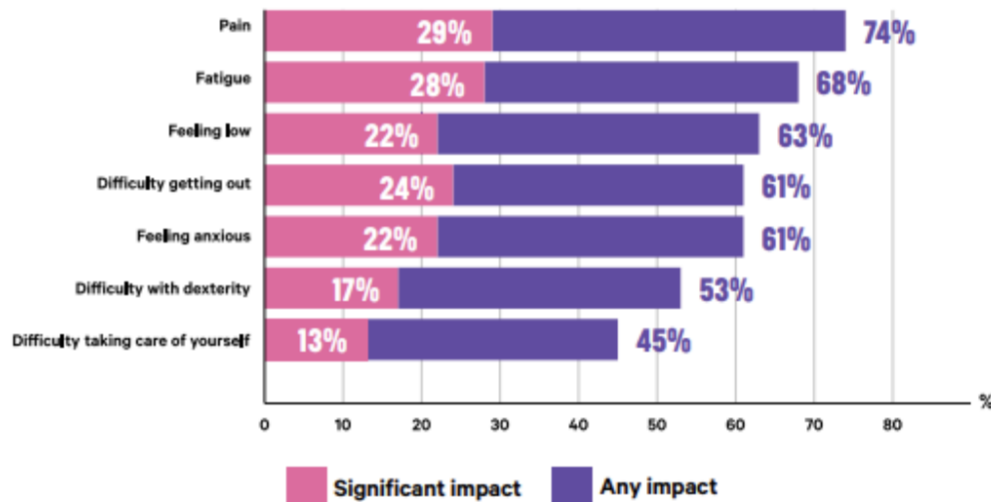
Together six groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience two or more of these conditions at the same time.



Transforming community venues & Leisure Centres into Musculo-skeletal (MSK) health & wellbeing hubs

20m+ people in the UK (1/3 of the population) have a MSK condition, such as arthritis or back pain which significantly impacts on quality of life and independence.

Factors impacting the lives of people with MSK conditions²⁴



HORIZONS



Improving the interface between MSK services provided in hospitals and those provided in the community*

Wednesday 1st May - London

* encapsulating primary & community care, voluntary, community, social enterprises

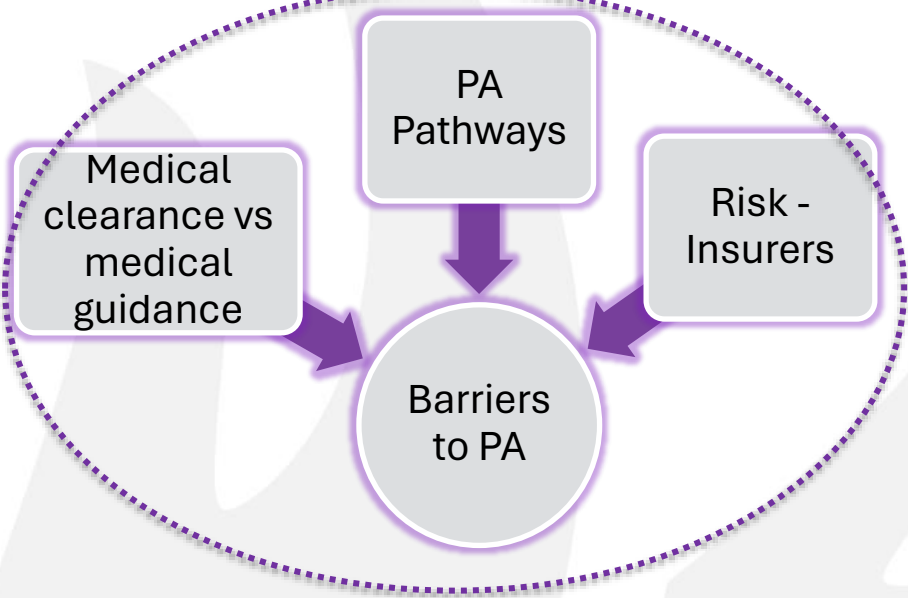
Population Health Management

WorkWell ICS Pilots

Social Prescribing

Sport England Place Expansion

QOF PA inclusion: Consultation



Major Conditions Strategy

Physical Activity Clinical Champions

WeAreUndefeatable Big Talk

ICS: system change & conditions to integrate

Active Partnerships Network: Physical Activity

Health and Care Systems

Scaling MSK Hubs

Prehab - Rehab

Primary Care Blueprint

Connectivity – Collaboration - Integration

Influence people working in the NHS and social care to prioritise physical activity to address health inequalities

Raise the visibility and importance of physical activity across NHS England and Integrated Care Systems, by winning the hearts and minds of those working in the health and care system, so it is used more consistently as a trusted solution to support prevention and health inequalities agendas

Improve the pathway between health and organised activity by removing barriers associated with risk

Understanding and removing cultural and systemic barriers associated with inaccurate perceptions of risk that exacerbate inequalities, influencing policy and delivery, to enable a more personalised pathway between health and physical activity

Champion the role of sport & physical activity in supporting positive mental health and wellbeing

Increase the visibility of the role sport and physical activity can play as a key driver for supporting the nation's mental health and wellbeing, building on our work to date with adults and developing work to support children and young people

Pre-participation: medical clearance vs medical guidance

Engaging with Insurers and Underwriters

A Consensus Statement.....

A Consensus Statement on the risk of PA for people with LTCHs clearly demonstrates that the benefits of being active fundamentally outweigh the risks (2021). However, pathways between health and organised activity need to be improved by removing barriers associated with risk.

Local challenge:

- Ongoing concerns about risk and activity.
- A lack of national guidance on how to set up pathways.
- Disjointed and uncoordinated provision.
- A lack of consistent advice on commissioning requirement.
- Confusion on qualifications and what is needed to support clients with a range of conditions.

Consensus statement

OPEN ACCESS

Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions

Hamish Reid ^{1,2}, Ashley Jane Ridout ³, Simone Annabella Tomaz ⁴, Paul Kelly ⁵, Natasha Jones, ^{1,3} on behalf of the Physical Activity Risk Consensus group

ABSTRACT
Introduction The benefits of physical activity for people living with long-term conditions (LTCs) are well established. However, the risks of physical activity are less well documented. The fear of exacerbating symptoms and causing adverse events is a persuasive barrier to physical activity in this population. This work aimed to agree clear statements for use by healthcare professionals about medical risks of physical activity for people living with LTCs through expert consensus. These statements addressed the following questions: (1) Is increasing physical activity safe for people living with one or more LTC? (2) Are the symptoms and clinical syndromes associated with common LTCs aggravated in the short or long term by increasing physical activity levels? (3) What specific risks should healthcare professionals consider when advising symptomatic people with one or more LTCs to increase their physical activity levels?
Methods Statements were developed in a multistage process, guided by the Appraisal of Guidelines for Research and Evaluation tool. A patient and clinician involvement process, a rapid literature review and a steering group workshop informed the development of draft symptom and syndrome-based statements. We then tested and refined the draft statements and supporting evidence using a three-stage modified online Delphi study, incorporating a multidisciplinary expert panel with a broad range of clinical specialities.
Results Twenty-eight experts completed the Delphi process. All statements achieved consensus with a final agreement between 88.5%–96.5%. Five 'impact statements' conclude that (1) for people living with LTCs, the benefits of physical activity far outweigh the risks, (2) despite the risks being very low, perceived risk is high, (3) person-centred conversations are essential for addressing perceived risk, (4) everybody has their own starting point and (5) people should stop and seek medical attention if they experience a dramatic increase in symptoms. In addition, eight symptom/syndrome-based statements discuss specific risks for musculoskeletal pain, fatigue, shortness of breath, cardiac chest pain, palpitations, dizziness, cognitive impairment and falls and frailty.
Conclusion Clear, consistent messaging on risk across healthcare will improve people living with LTCs confidence to be physically active. Addressing the fear of adverse events on an individual level will help healthcare professionals affect meaningful behavioural change in day-to-day practice. Evidence does not support routine preparation of medical clearance for people with stable

LTCs if they build up gradually from their current level. The need for medical guidance, as opposed to clearance, should be determined by individuals with specific concerns about active symptoms. As part of a system-wide approach, consistent messaging from healthcare professionals around risk will also help reduce cross-sector barriers to engagement for this population.

INTRODUCTION
The International Society for Physical Activity and Health identified the healthcare sector as one of the eight best investments to combat global population inactivity.^{1,2} Consequently, there is much interest in the UK and globally on using healthcare effectively and efficiently to promote physical activity.³ The translation of this public health objective into clinical practice is notoriously challenging. Barriers are complex and multifactorial. Healthcare professionals cite a lack of the knowledge and skills required to reassure and motivate people with long-term conditions (LTCs) who are concerned that physical activity may aggravate their symptoms or even cause sudden death.⁴
In their recently updated physical activity guidelines, the WHO highlighted increased inactivity levels globally and updated public health recommendations.⁵ They explicitly recommend physical activity as beneficial for adults with LTCs,⁶ recognising that inactivity levels double in those groups.⁶ The WHO Guideline Development Group rated adverse events as critical to clinical decision-making on physical activity. It commissioned an umbrella review reporting on adverse events around physical activity for adults in general, including pregnancy and postpartum.⁶ However, they excluded evidence reporting on clinical populations with the rationale that the data cannot be generalised to the broader population.⁶ They did look specifically at the benefit to some clinical subgroups (cancer, HIV, hypertension and type 2 diabetes mellitus), but data about risk is less well defined and limited to broad comparisons. The WHO concluded that for all people, doing some physical activity is better than none. Medical clearance is generally unnecessary, provided the amount and intensity of physical activity are increased gradually.⁶ They recommend people who develop new symptoms should seek medical advice but do not clarify what that advice should be or how it relates to risk.

Check for updates

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Integrating PA pathways into health and care systems:



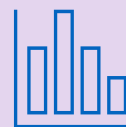
Creating PA pathways to better connect the PA and Health sectors has been recognised as key to realising the ambition of integrating PA into Health & Care, **unlocking the assets and value within community provision.**



The APNO has received funding from **Sport England**, to work on a 15-month project which will help **people living with or at risk of long-term health conditions to become more active.**



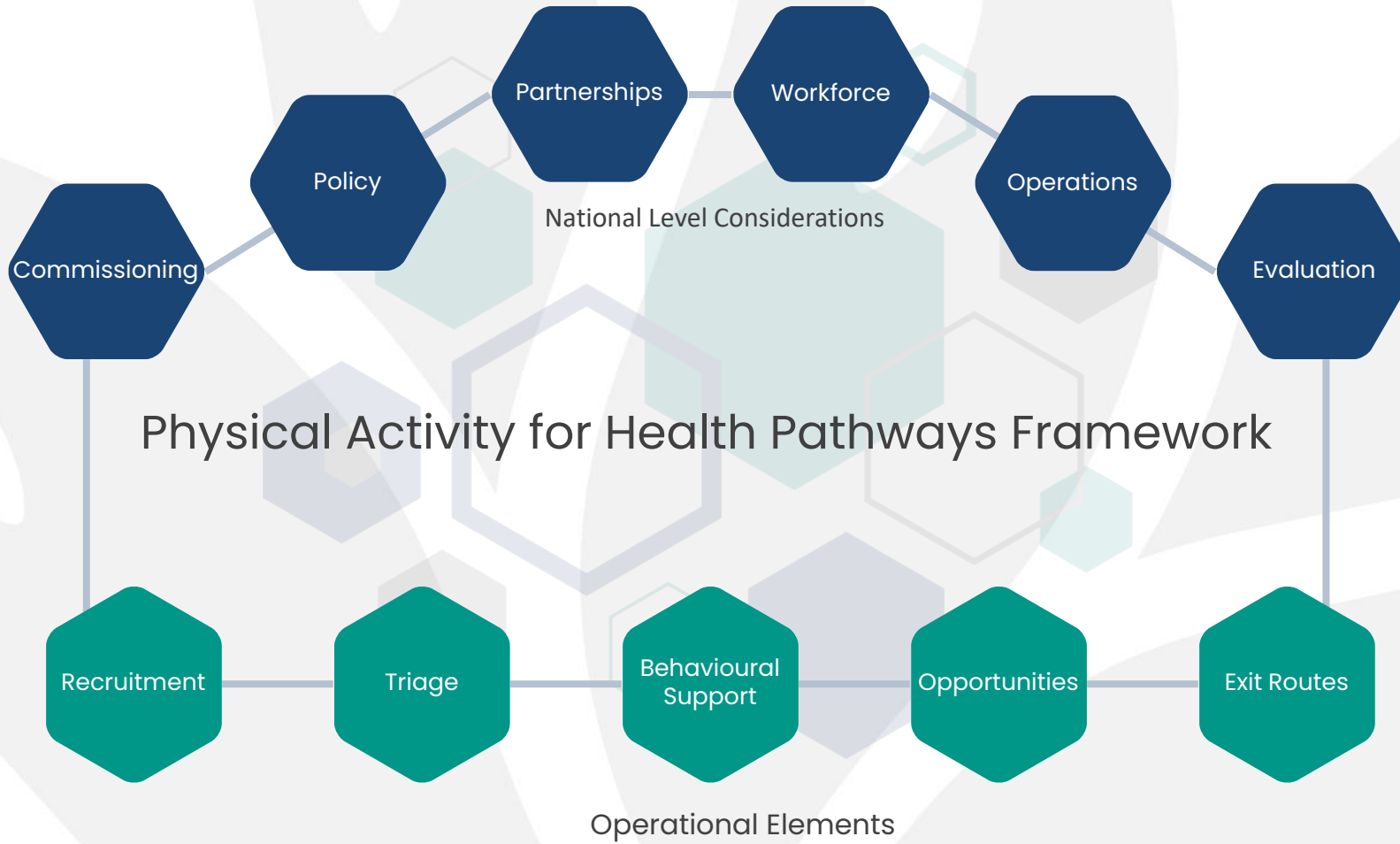
We appointed **Move Consulting** as our partner to help integrate physical activity pathways into health and care systems.



The aim of the project is to outline the **information, guidance, resources, and tools** that will help improve access into community-based activity.

A FRAMEWORK

Key headings



National Stakeholder
Consultation

Local Enablers & APs
CoP engagement

COMMUNITIES OF PRACTICE

Development timings

COP will support us to develop the information, guidance, resources and tools to support the implementation of Physical Activity for Health Pathways.

Project start: February 2024

National partner conversations: From March 2024

COP delivery: From April 2024

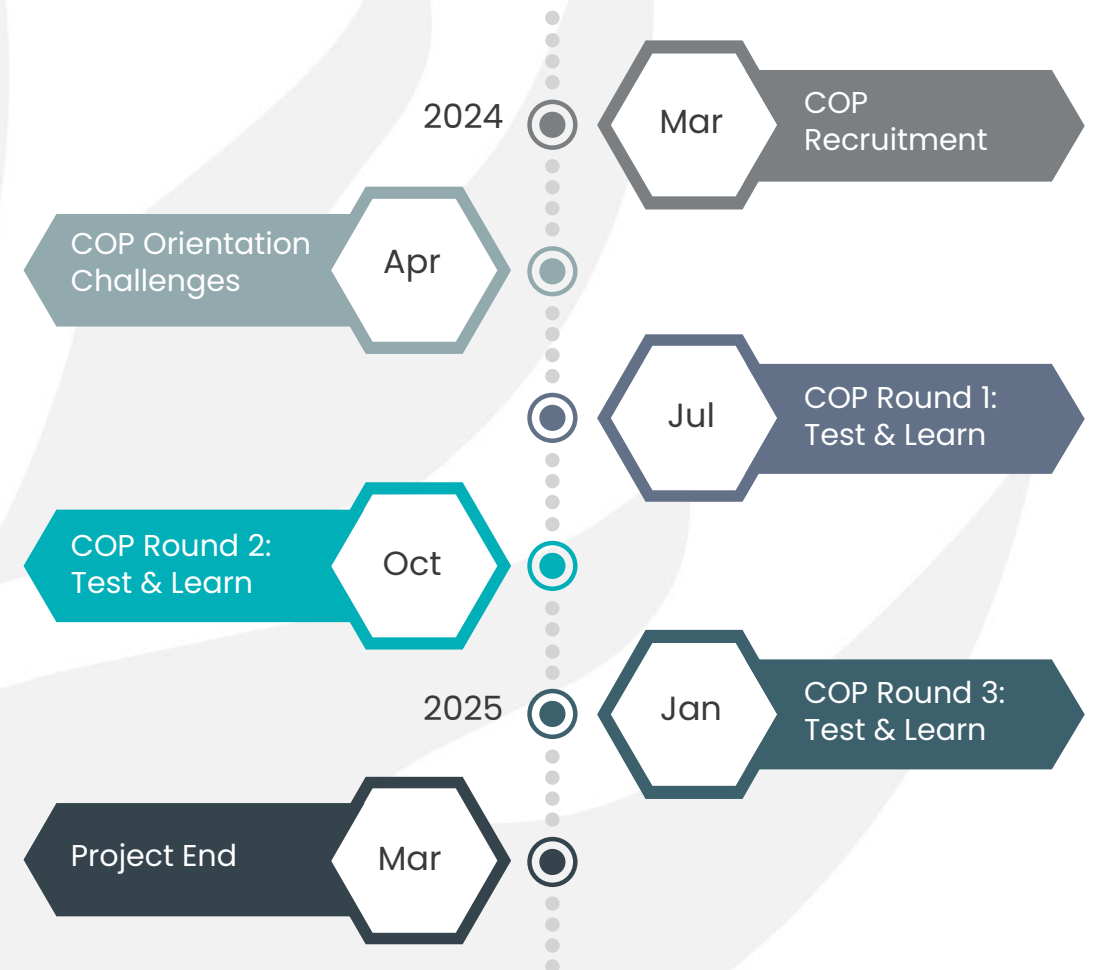
Framework drafting: From July 2024

Project End: March 2025

For more information visit:

<https://moveconsulting.co.uk/pathways-project>

*All timings subject to changes to meet project needs.



Thank you!

<https://www.activepartnerships.org/>

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