

Written evidence submitted by Richmond Group of Charities (PHS0192)

Focus on physical activity

1. The Richmond Group brings together 12 major national charities, all key players in England's health and care system. We welcome the Committee's identification of **physical activity** as an area of focus for the inquiry, especially given that it is not a focus of NHS England's prevention programme. There is compelling evidence that physical activity has huge mental and physical health benefits for everyone, including people with long-term conditions, and we believe physical activity is undervalued and underutilised in prevention strategies. This proposal supports the Richmond Group's other proposal urging the committee to look at **multimorbidity**. The two issues are interlinked and making strides in both would progress the government's ambitions to tackle health inequalities.
2. **Reducing inactivity could prevent up to 40% of long-term health conditions**¹. It helps manage more than 20 of the most common physical and mental health conditions², playing an essential role in secondary prevention. It can help improve quality of life and sleep, and manage stress³. Encouraging physical activity could also: help people manage pain while waiting for elective surgery or treatment and ensure people remain fit for surgery or treatment throughout the waiting period; help people recondition and reduce their risk of falls; enable better self-management of conditions; and reduce further deterioration or onset of additional physical or mental health conditions.
3. **Forty-three percent of the adult population in England lives with one or more long-term health condition, and they are twice as likely to be inactive** – doing less than 30 minutes per week of physical activity – than those without⁴. Long-term health conditions are more prevalent in the most deprived areas, among people from ethnic backgrounds, and older people⁵.
4. **Reducing inactivity has significant economic value too**. Inactivity costs the UK economy in ill health, it drives up health costs and reduces the health and productivity of the workforce⁶. It is estimated that total fiscal savings (direct health care costs and social care costs) of physical

¹ Public Health England, [Everybody Active Every Day](#), 2014

² Public Health England, [Everybody Active Every Day](#), 2014

³ DHSC et al., [UK Chief Medical Officers' Guidelines on Physical Activity](#), 2019

⁴ Sport England, [Active Lives](#), 2021

⁵ Public Health England, [Health Profile for England](#), 2018

⁶ Public Health England, [All Our Health](#), 2022

activity are £6.96bn.⁷ Physical activity offers major savings by driving down demand and helping people manage conditions outside of the health service.

5. As well as the urgent need to see physical activity as part of the solution, the inquiry will coincide with the DCMS's forthcoming strategy on sport and physical activity which we hope will take a cross-departmental approach to tackling inactivity and connect physical activity to health, wellbeing and prevention.
6. **Government policy should take a joined-up approach across government departments**, including DCMS and DWP, to ensure that people living with long-term conditions do not face additional and unnecessary barriers to physical activity and the benefits it brings for preventative health and wellbeing.
7. There is already a wealth of evidence to inform the development of such policy, including from our health and physical activity programme, Movement for All. The programme aims to tackle the barriers to becoming and staying active for people living with long-term health conditions by working with our charity partners, the health sector and the sports sector. Our mass media public-facing campaign [We Are Undefeatable](#) inspires people to be active in ways that work for them.
8. We Are Undefeatable research with national and local stakeholders involved in making and delivering policy shows that, while there is strong evidence and a good understanding of the value of physical activity for people with long-term conditions on the frontline, this is not the case among policymakers and there are misconceptions of its value and suitability for this audience⁸. **We would, therefore, propose that the inquiry addresses these questions:**
 - How can national policymakers embed physical activity in prevention strategies?
 - How can we ensure that physical activity is a core element of secondary prevention for people with multimorbidity?
 - How can the health and care workforce be better equipped to encourage physical activity?

9. We would be delighted to facilitate further engagement with our members and people with lived experience, and share further insights with the committee into this important issue.

⁷ Sport England and Sport Industry Research Centre, [Social Return on Investment](#), 2020

⁸ DJS Research, We Are Undefeatable – policy stakeholder interviews, 2022 (unpublished, available on request)