

**Public Health England**  
**Health Matters: physical activity – prevention and management of long-term conditions**  
**January 2020**

**Summary of Guidance**

The government’s [prevention green paper](#) highlights that becoming more active is good for our mental and physical health, and reduces our risk of developing a number of health conditions. It also sets out the ambition of getting everybody active in the 2020s, including those of us who are already living with a health condition.

One in 3 adults in England live with a long-term health condition (LTHC) and they are twice as likely to be amongst the least physically active. However, evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease and some cancers. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.

**Physical activity: Our greatest defence**

Physical Activity contribution to reduction in risk of mortality and long term conditions		
Disease	Risk reduction	Strength of evidence
Death	20-35%	Strong
CHD and Stroke	20-35%	Strong
Type 2 Diabetes	35-40%	Strong
Colon Cancer	30-50%	Strong
Breast Cancer	20%	Strong
Hip Fracture	36-68%	Moderate
Depression	20-30%	Moderate
Hypertension	33%	Strong
Alzheimer’s Disease	20-30%	Moderate
Functional limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Osteoarthritis disability	22-80%	Moderate

Start Active, Stay Active (2011) based on US Department of Health and Human Services Physical Activity Guidelines Advisory Committee Report (2008), Washington D.C.

**Health benefits of physical activity**

In the new UK Chief Medical Officers’ (CMOs) physical activity guidelines launched in September 2019, the CMOs reiterated a clear message about physical activity:

*“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.”*

**Physical activity guidelines for adults**

CMO’s Guidelines (2019):

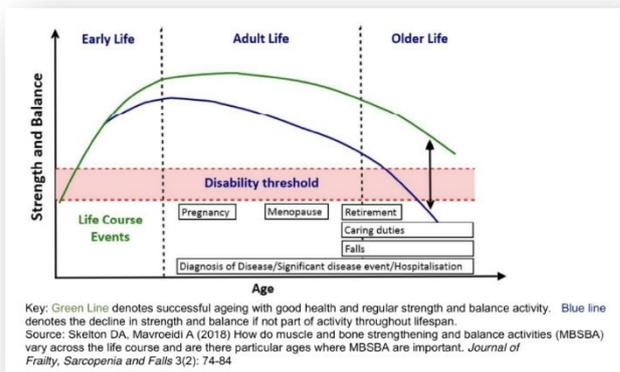


**UK Chief Medical Officers' physical activity guidelines**

Doing some physical exercise is good and every minute counts so it's never too late to start.

<b>Build strength and improve balance</b>	<b>Be active</b>	<b>Minimise sedentary time</b>
keep muscles, bones and joints strong	including moderate, vigorous and very vigorous activities	break up periods of inactivity

'Some is good, more is better'

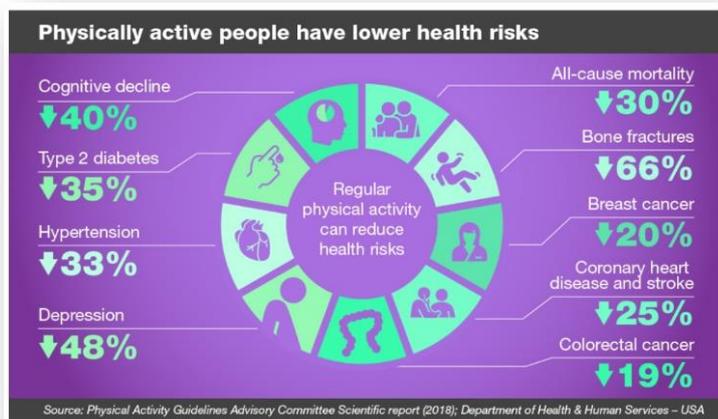


Strength and balance ability over the life course and potential ages or events that may change the trajectory of decline with ageing.

### Adults with long term conditions (LTC) and disabilities

In England, 15 million people are living with one or more long-term health conditions. One in 3 of the working age population have at least one long term condition and 1 in 7 have more than one. Since the 2011 physical activity guidelines were published, the evidence to support the health benefits of regular physical activity for all groups has become increasingly compelling.

The 2019 guidelines utilised the latest evidence from systematic reviews, meta-analyses, and pooled analyses comprising hundreds of epidemiological studies with several million study participants comparing active and low activity people. Figures for different health risks cannot be compared as they come from different studies.



Regular physical activity is associated with a reduced risk of a range of diseases including some cancers and dementia. There is also evidence that it can help to prevent and manage many common chronic conditions and diseases, many of which are on the rise and affecting people at an earlier age. Physical activity is as good or better than treatment with drugs for many conditions, such as type 2 diabetes and lower back pain, and has a much lower risk of any harm.

PHE commissioned an evidence review for the UK CMOs' guidelines, specifically focusing on the scientific

evidence of the health benefits of physical activity for disabled adults. Evidence shows a relationship between engaging in physical activity and positive health outcomes for disabled adults.

Increased intensity of exercise has increased benefits. For people with LTC, moderate intensity is recommended as part of a structured exercise intervention.



All NICE products on physical activity including guidance, NICE pathways and quality standards can be found here:

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/physical-activity>

### Wider role and benefits of PA

In addition to supporting good physical and mental health and functioning, regular physical activity also contributes to a range of wider social, environmental and economic benefits for individuals, communities and wider society. Addressing physical activity can also benefit a broad range of wider priorities at a local level, such as reducing air pollution and increasing social cohesion.

Wider benefits come primarily from physical activities undertaken in a community setting such as walking, cycling, active recreation, sport and play. The relevance and importance of these benefits vary according to life stage and other factors.



Social prescribing enables individuals presenting through primary health care to be signposted and connected to local organisations, groups and activities. There are social prescribing schemes that focus on physical activity and staff with knowledge of the resources available in the local community to match individuals to opportunities and support them to engage in activities. In some social prescribing schemes, link workers or health trainers and health champions, signpost and support clients to become involved in community activities.

### Social and community development

Sport England's Sport Outcomes Evidence Review found that sport and physical activity can lead to social and community development through:

- building stronger communities by bringing people from different backgrounds together via participating, volunteering and spectating
- improving community links, levels of cohesion and social capital
- improving residents' sense of belonging in an area
- feeling more connected to your neighbourhood or community
- increasing levels of social trust

It is of increasing importance to take a whole systems approach to addressing public health challenges, including physical inactivity and obesity. Community-centred approaches seek to mobilise the assets within communities, increasing people's control over their health and promote equity.

### Wider economic benefits

Physical activity can lead to cost savings for the health and social care system. This is because in some cases, long term conditions can lead to greater dependency on home, residential and ultimately nursing care. However, physical activity

supports greater independence and reduced requirement of support, including these statutory services, therefore leading to financial cost savings.

### Healthy Place Shaping

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. But in England today there is a 19 year gap in healthy life expectancy between the most and least affluent areas of the country. Similarly, in Oxfordshire, there is a stark difference in healthy life expectancy for those living in the least affluent areas, for example in Cherwell:

- Female life expectancy is 83.5 years made up of 67.7 years in good health and 15.8 years living in poorer health
- Male life expectancy is 80.4 years made up of 66.7 years in good health and 13.7 years living in poorer health



It is a stark symbol of social injustice that those living in the most deprived communities spend more years in ill health and die sooner.

Closing this gap is one of the biggest challenges we face so we must keep reinforcing the message that health is about much more than healthcare or the choices we make about our diet or whether we exercise, smoke or drink alcohol. In fact, the best way of ensuring a long life in good health is to have a good start in life, a good education, a warm and loving home and an income sufficient to meet our needs.

To put it even more simply, a job, home and a friend are the things that matter most. And because we understand that reducing health inequalities is about jobs that local people can get, decent housing and preventing people becoming isolated, it follows that we also recognise that places and communities have the most critical role to play.

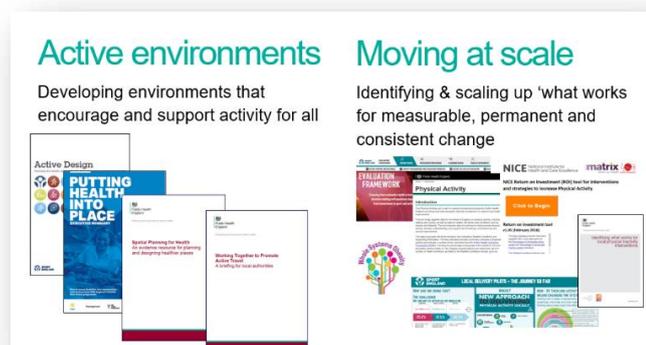
If we all work together to get this right our neighbourhoods are more productive and prosperous, and we support and encourage people to use the NHS less and later in life to stay well for longer, and when unwell to stay in their home for longer, and to stay in work for longer. Health and wealth are truly 2 sides of the same coin. To support this vital action at local level, 'Place-based approaches for health inequalities' (PBA) has been introduced developed by all 3 organisations: Public Health England, the Association of Directors of Public Health and the Local Government Association. Consequently, the challenge is to embed healthy place shaping into all of our work and this will clearly enable and empower communities to increase physically active levels, particularly facilitating active travel.

In recognition of the need to adopt system-wide actions to create an environment to help address the current levels of obesity and support future generations to maintain a healthier weight, PHE has produced a report to support local authorities and planning teams to promote healthy weight environments: 'Using the planning system to promote healthy weight environments Guidance and supplementary planning document template for local authority public health and planning teams' (Feb. 2020) <https://www.gov.uk/government/publications/healthy-weight-environments-using-the-planning-system>

### Benefits of active travel

Walking and cycling benefit health in a number of ways, including:

- improving metabolic health and reducing the risk of premature mortality
- reducing risk factors for various long term conditions, including cardiovascular disease, respiratory disease, some cancers and type 2 diabetes
- providing mental health and neurological benefits, including reduced risk of dementia, improved sleep quality, and a greater sense of wellbeing



Active travel also reduces road congestion and air pollution, which provides both environmental benefits and greater health benefits for the general population.

### The scale of physical inactivity

Insufficient physical activity is associated with:

- 1 in 6 deaths in the UK
- up to 40% of many long-term conditions, including preventable conditions such as type 2 diabetes, cardiovascular disease and some cancers
- around 30% of later life functional limitation and falls
- According to the World Health Organisation (WHO), physical inactivity is in the top 5 non-communicable disease (NCD) risk factors for mortality in high income countries.



### Physical activity and health inequalities

There are inequalities in physical activity across socioeconomic status and the protected characteristics, including:

- age
- gender
- disability
- race
- sexual orientation and gender identity

These compound or exacerbate other inequalities and lead to physical inactivity being more prevalent in certain groups.





**Inequalities: closing the gap**

Across socioeconomic & most equality characteristics, e.g.:

- *Geography* – People living in least prosperous areas twice as likely to be physically inactive
- *Age* – By 75 years, only 1 in 10 men and 1 in 20 women are sufficiently active for good health
- *Disability* – Disabled people are half as likely to be active
- *Race* – Only 11% / 26% Bangladeshi women and men sufficiently active for good health

Inactive people from economically disadvantaged backgrounds are also more likely to undertake unhealthy behaviours such as smoking, alcohol consumption, and have a poor diet.

A rapid review of the evidence base on physical activity for general health benefits for disabled adults found that no evidence exists that suggests appropriate physical activity is a risk. It also found analogous health benefits for disabled people of engaging in physical activity as for the rest of the adult population.