



Millions more moving

Tackling inactivity by supporting people with long-term conditions to move more

The Richmond Group of Charities

July 2024

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of Charities

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About the Richmond Group of Charities

The Richmond Group of Charities is a coalition of 13 national health and care charities working together to help people living with long-term, multiple or complex health needs to live well and thrive.

We work together to improve care and support for people living with long-term conditions. We are rooted in the lived experience of our beneficiaries and we use their stories, together with our pooled insight and evidence, to make the case for change.

Movement for All is our collaborative programme in partnership with Mind and MS Society, supported by Sport England with National Lottery Funding.



Foreword



Duleep Allirajah
Chief Executive of the Richmond Group of Charities

The nation's health is in a precarious state. We face the challenge of an ageing population and growing numbers of people living with ill-health. There is a real opportunity for the new government to put care for people with long-term conditions at the centre of the health policy agenda.

We need sustained, cross-government action to alter the current trajectory of illness, by preventing ill health and supporting those of us living with long-term conditions to live healthier, active lives and to remain independent. Physical activity, or 'movement', has a key role to play in achieving this shift.

At the moment, different Government departments seem to be speaking in different languages. While the Department for Culture, Media and Sport speaks 'sport' and 'inclusion', the Department for Health and Social Care speaks 'chronic conditions' and 'prevention'. Movement is ripe for connecting these agendas and providing a shared vocabulary; it provides huge opportunities for boosting people's health, mobility, well-being and independence through increasing physical activity.

While we're not starting from scratch, a cross-departmental strategy for movement would join up existing programmes, develop new initiatives and create a more concerted effort that maximises 'movement for health.' In particular, we need strong national leadership to embed physical activity in healthcare as a routine means of preventing and managing ill health, and with it unlocking the economics benefits of a healthier population.

Targeted action will make the biggest difference. People already living with long-term conditions are twice as likely to be inactive and more likely to experience disadvantage and inequality. Movement isn't an expensive new drug; it doesn't require legislation – it's there for the taking. We're asking the new government to grasp this opportunity. Work with us and our partners across health, sport and leisure with the shared ambition to get millions more moving.



Defining:

‘Physical activity and movement’

Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. There is no minimum amount of physical activity required to achieve some health benefits, but the UK Chief Medical Officers (CMO) recommend 150 minutes a week of moderate intensity activity and minimising sedentary time and inactivity. To be inactive is to do less than 30 minutes per week of physical activity.¹

Being active means different things to people, and it’s about finding what works for the individual. For some it might mean sports or structured exercises and for others it might be gardening or housework. For many, it will be about building movement into everyday life.

There is strong evidence of the benefits of physical activity in preventing, managing, treating and rehabilitating long-term conditions, and we refer to it throughout this report. The UK CMO Physical Activity Guidelines make clear that the current

evidence indicates that any intensity of activity has benefits but ‘greater intensity provides more benefit for the same amount of time’, therefore moderate and vigorous intensity activity provides a wider breadth of health benefits.

However, translating that evidence into practice needs to recognise barriers to activity, and support and inspire a wide audience who are inactive or less active. For this reason, we prefer to use the term ‘movement’. Not only does talking about ‘movement’ avoid exacerbating a sense of physical activity not being for “people like me”², it also helps us apply a behaviour change lens to how we reduce inactivity and encourage and inspire millions more to move.

¹ [UK Chief Medical Officer, Guidelines on Physical Activity, 2019](#)

² [BritainThinks, People with long-term conditions and attitudes towards physical activity, The Richmond Group of Charities, 2016](#)

48%

of people with three or more long-term conditions are inactive

Introduction

Our nation's mental and physical health is in a precarious state, yet one effective and inexpensive solution is too often ignored: helping people with long-term conditions to move more.

The UK Chief Medical Officers (CMO) have said: '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' and the World Health Organisation (WHO) has also promoted the importance of physical activity for health.¹

² Yet people are not moving enough; a survey by Nuffield Health recently found that nearly 3 in 4 of the general population are still not reaching the recommended amount of exercise a week.³

As well as encouraging the general population to move more in order to prevent ill health, adults already living with long-term conditions need to be supported to move more to help them manage their conditions and prevent their physical and mental health deteriorating or developing other conditions.

There is huge potential to make a difference, because people with long-term conditions are one

of the most inactive groups in England. They are twice as likely to be inactive (41%) as the general population (21%).⁴ The picture is even worse for people with multiple long-term conditions; for people with three conditions, 48% are inactive.⁵

“To be physically active helps mentally as well as physically. Also it gives independence to be able to get to places without relying on others to help or take by car.” [sic]

Female, 70, living with long-term conditions

The health and economic benefits of movement for people with long-term conditions are too important to be ignored:

- It can help manage more than 20 common health conditions, and reducing inactivity can in turn reduce the risk of many conditions by between 10% and 50%, depending on the condition⁶
- It can help people to preserve function, maintain mobility, manage symptoms and reduce the risk of falls⁷

- Every £1 spent on increasing physical activity generates £4 of savings across health, communities and the economy⁸
- Investment in movement generates £9.5bn in savings through improved physical and mental health, including £7.1bn by aiding prevention of diabetes and dementia and 30 million fewer GP appointments⁹
- Movement can support people with long-term conditions to manage their condition and feel better equipped to stay in work (for example, musculoskeletal conditions and mental health conditions account for high levels of sickness absence, including within the NHS)¹⁰
- Supporting people to move as part of a range of interventions before surgery can reduce complications and the chances of readmission.¹¹



The time to act is now. Estimates vary about how many people are living with long-term conditions in England, but NHS England data suggest it is nearly 20 million.¹² Supporting the healthcare needs of people with long-term conditions consumes a huge proportion of spending and resources:

- 70% of all health and care spending
- half of GP appointments
- two thirds of outpatient appointments and hospital bed days.¹³

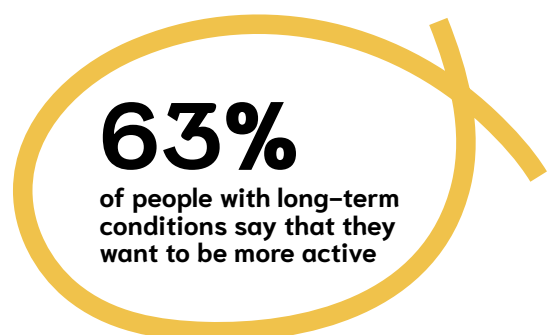
Yet the NHS is at capacity; waits for NHS treatment for physical and mental health are at record high levels and budgets are stretched. Long-term conditions can also affect people's ability to work; 2.6 million people of working age out of work are living with long-term conditions.¹⁴ Research commissioned by We Are Undeatable in 2024 indicates that 19% of people with long-term conditions are out of work due to ill health and 95% of those said they would be in work

were it not for their long-term conditions.¹⁵ The Centre for Mental Health estimates that £110bn to the economy is lost due to mental ill health, as well as £60bn in health and care costs including support provided by public services and informal care.¹⁶ Movement can be a key part of the solution to these challenges, helping people maintain wellbeing, mobility and independence, and reduce the need for interactions with the NHS.

“I try to motivate myself because I know that it is good for me, but it’s not easy. I only go walking, but have to plan routes that include places to sit.”

Female, 50s, living with arthritis and back pain

This is all underpinned and exacerbated by health inequalities and wider social determinants. People with long-term conditions are more likely to belong to the most deprived groups.¹⁷ The prevalence of long-term conditions in working aged people in the 10% most deprived areas is at least one and a half times that of the 10% least deprived areas and this group will grow over the next two decades.¹⁸ People from the most deprived areas are four times as likely to develop multiple conditions.¹⁹ Our analysis has shown that inactivity among people with long-term conditions is amplified by age, gender, ethnicity and socioeconomic group. Inactivity among people with disabilities or long-term conditions is highest in the most deprived groups (46%) although it is still higher than the general population in people with disabilities or long-term conditions from the least deprived areas (29%).²⁰ In tackling inactivity, we must ensure that all people with long-term conditions are aptly supported, taking into account the layers of barriers many groups face and making sure moving more is easy and accessible.





Movement for people with long-term conditions can and should be made a possible part of everyday life for those of us able to be active. Moving more – be that hanging out washing, dancing in the kitchen, a walk, chair exercises at home or something more organised like walking tennis or an exercise class – is something that the majority (63%) of people with long-term conditions say they want to do.²¹

“As I suffer with multiple complaints, being active helps me to ensure that my body keeps moving, my mind is refreshed with the activity and so that helps my outlook on my life too.”

Female, 60s, living with long-term conditions

There are elements of promising practice across the country and some efforts of national action, for example via the Office for Health Improvement and Disparities' (OHID, formerly Public Health England) *Everybody Active Every Day* framework.²² Sport England has set out in its ten-year strategy how to improve the inclusion and prioritisation of people with long-term conditions in the sport and physical activity sector, making connecting physical activity and health one of its 'Big Issues'. Organisations such as the Activity Alliance (the organisation for disability inclusion sport) and the

National Sector Partners Group (a group of leading organisations in sport and recreation) have called for investment in the nation's health by promoting movement, and acting on their recommendations would help get millions more moving.^{23 24}

But supporting those of us with mental and physical health conditions to move has not been a priority for the government or the NHS. There is a lack of leadership, coordination or plans aimed at reducing inactivity in people with long-term conditions. Research indicates the workforce in both the NHS and the sports and physical activity sector – i.e. those well placed to support change within this audience – is not sufficiently equipped to support people with long-term conditions to move more.^{25 26 27}

People with long-term conditions are hindered by barriers in the healthcare service, the sport and physical activity sector and wider society. There's insufficient focus to support people with long-term conditions to overcome the individual barriers they face, such as pain and lack of energy, and services are still designed for general populations, not taking into account the needs of people with long-term conditions and different demographic groups. As people with long-term conditions are more likely to come from deprived neighbourhoods, be older and be from ethnic minority backgrounds, supporting them to move more may help to reduce health inequalities, by potentially reducing the

likelihood of developing further conditions and helping maintain wellbeing, function and mobility.²⁸
29 30

“I’m a stroke survivor and permanently in a wheelchair. I would like to do more exercise.”

Male, 60s, living with asthma and heart disease

Initiatives such as We Are Undefeatable (the Richmond Group of Charities’ campaign to support and inspire people with long-term conditions to move more in ways that work for them³¹), training programmes for healthcare professionals, and the work of Active Partnerships have made good progress but there is much more that could be done with the right leadership and support in place.

National government, sport governing bodies, NHS England, professional bodies in health and in sport, local authorities, local healthcare systems and the voluntary sector, including the Richmond Group of Charities, all have a role in improving the support system surrounding people with long-term conditions so they can move more and the inactivity inequity gap can be reduced. In our manifesto *One in Four*, we called for a cross-departmental ‘health in all policies’ approach, including in transport, welfare and employment, and this should include enabling movement as a key pillar.³²


Three key shifts can help make this change a reality:

- **Shift One: Ensuring leadership and accountability**
- **Shift Two: Embedding movement in healthcare**
- **Shift Three: Encouraging movement as part of everyday life.**

This report builds on our recent publication, *Bridging the Gap*, which was informed by the views of over 2,200 individuals with long-term conditions and the carers, family and range of professionals who support them, garnered through the *Big Talk* public consultation commissioned by We Are Undefeatable³³. This report has been developed following workshops with charity partners, key stakeholders and desk research. It examines the changes needed to maximise the potential value of movement in meeting England’s adult health challenges and sets out how these shifts can move the dial on inactivity among people with long-term conditions.



Reducing the number of people with long-term conditions who are inactive will lead to better health outcomes, both mentally and physically, and reduce pressure on NHS services in England, as well as enable more people to remain in work and potentially prevent people from developing further conditions. We need to get millions more moving.



Shift One: Ensuring leadership and accountability

Tackling inactivity and improving the activity levels of people with long-term conditions requires making movement a national priority.

It needs to be driven by leadership at the highest level. Our public consultation found that only 61% of respondents (which included people with long-term conditions, sports and healthcare professionals as well as other stakeholders) thought physical activity was a high or medium priority for national government, the lowest of any options, which included the NHS and charities.³⁴

There have been some attempts to tackle inactivity among people with long-term conditions by national policymakers. In 2023 the government published *Get Active: a strategy for the future of sport and physical activity*, which set out an ambition that, by 2030, 2.5 million more adults would be classed as active in England.³⁵ It included a target for 0.7m disabled people to be classed as active by 2030, which includes people with

long-term conditions based on the Department for Culture, Media and Sport's (DCMS) definition in the strategy. However, the inclusion of people with long-term conditions was not explicitly stated throughout, which could mean that this population is overlooked. Subsequently a National Physical Activity Taskforce was established with a remit to 'monitor progress against the ambitions set out in the government Sport Strategy, *Get Active*, to drive participation in sport and physical activity, particularly in those groups where inactivity rates have remained stubbornly high'.

“I used to be very active before I got ill and got very depressed when I became less active due to pain. Getting active improves my mental health as well as increasing my mobility.”

Female, 60s, living with multiple conditions including heart disease, depression and arthritis

Any taskforce or similar group that seeks to tackle inactivity at a high level across government must include in its membership both those who are less active, including people with long-term conditions and disabled people, and experts in health. It should also proactively seek the views of people with lived experience of the issues at play more widely to inform its work. Interventions proposed need to take into account the additional barriers people may face to getting active based on other, non-health related factors such as language spoken or socioeconomic background. Otherwise, there is a risk that movement increases only in those people with long-term conditions who are not from underserved communities, exacerbating current inequalities in inactivity. Working alongside representatives in health and those of us with lived experience of long-term conditions, acting on their insights and jointly finding solutions, would help to achieve aims meaningfully and sustainably.



Strategies too narrowly focused on the sport and physical activity sector do not have sufficient scope to meaningfully reduce inactivity in the least active, which includes people with long-term conditions. Focusing on physical activity can imply formal organised sport, which evidence shows does not resonate with or is not available to some people with long-term conditions.³⁶ As the UK CMO guidelines on physical activity state, 'Any activity is better than none.'³⁷ We need to focus on that message and the fact that gains in health and wellbeing are especially significant for those currently doing the lowest levels of activity.³⁸

“I worry about my condition getting worse because I am not keeping flexible and moving my body”.

Female 40s, living with arthritis

To enable people with long-term conditions to increase their movement, there needs to be a cross-government approach. Strategy, accountability and actions to deliver increased movement need to be shared across government and arm’s-length bodies, as it is not the remit of one single organisation or government department or a problem that can be tackled in siloes. In our manifesto *One in Four*, we called for a cross-departmental ‘health in all policies’ approach, including in transport, welfare and employment.³⁹ Movement should be a key pillar of this approach. To drive this, a cross-government movement and health strategy, to complement, coordinate and boost other work in relevant policy areas, should be developed which focuses on:

- National and local leadership for movement and health
- Shared accountability and actions across government to address inactivity
- Coordinated action across government departments and arm’s-length bodies
- A guarantee to address inactivity amongst people with long-term conditions
- Actions to ensure people with long-term conditions participates in person-centred, regular conversations about movement and it is appropriately incorporated into routine care
- Actions to ensure that people with long-term conditions can build movement into their daily life.



In terms of leadership, responsibility has typically fallen between DCMS, the Department of Health and Social Care (DHSC), OHID, NHS England and Sport England. To show leadership and drive action, there needs to be clear ministerial responsibility within DHSC for movement and health to lead across government. To prioritise and embed movement within the health service, NHS England should ensure there are senior leaders

at national and local level with responsibility for movement and for incorporating co-produced solutions based on evidence and lived experience into practice. These leaders should promote movement at national and local levels and ensure movement is integrated into key strategies, plans and programmes, including research initiatives. Progress will only happen if there is clear accountability and leadership at the highest level.

The impact of clear leadership within government and NHS England and a movement strategy would be greater leadership and coordination on actions to reduce inactivity in people with long-term conditions.

Shift One: Ensuring leadership and accountability

- The Department of Health and Social Care should have a minister with 'movement for health' explicit in their portfolio, with a mandate to work across all government departments to ensure the role of movement is leveraged at every opportunity
- The government should develop a new cross-departmental movement strategy, informed by lived experience, to drive action to tackle inactivity and embed movement across government policy, especially in health and in sport and physical activity
- NHS England should ensure responsibility for movement is explicitly included in the portfolios of its senior leaders both at national and Integrated Care Board (ICB) level.



Shift Two: Embedding movement in healthcare

People with long-term conditions should routinely be provided with advice and support on movement as part of good person-centred care; it shouldn't be an add-on.

The NHS needs to embed movement throughout its services, to reap the benefits it brings to prevention, self-management, treatment, rehabilitation, reduced appointments, improving hospital discharge and easing pressure on acute care.

Those of us with long-term conditions know that movement is important. 96% of people with long-term conditions say they understand that being active is important for their physical and mental health, yet 41% are inactive.^{40 41} The most common barriers people cite as preventing them from moving more, such as pain and fatigue, could be reduced with support from the health system.⁴²

“I have diabetes – I know [physical activity] gets my blood sugars down and benefits my overall health”

Female, 50s, living with Type 2 diabetes

Physical activity is recommended through clinical guidelines across a range of conditions, treatment pathways and within public health programmes. There are various examples of recent, promising initiatives at national and local level to support the embedding of movement into healthcare practice, including:

- Moving Healthcare Professionals, run in partnership by OHID and Sport England, trained over 150,000 healthcare professionals to include physical activity in their conversations with patients.⁴³ It developed resources like Moving Medicine and the Physical Activity Clinical Champions training, which continue to be used by thousands of healthcare professionals
- The Faculty of Sport and Exercise Medicine UK worked with Sport England, OHID, the Royal College of General Practitioners (RCGP) and others to develop a consensus statement to reassure healthcare professionals that the benefits outweigh the risks of moving more for people with long-term conditions⁴⁴

- The National Academy for Social Prescribing is coordinating support for social prescribing schemes through workforce education and connecting with opportunities in the community to support people with long-term conditions to move more, facilitated by link workers
- Lifestyle clinics, or group sessions run by primary care networks (PCNs), are providing holistic support on a range of topics including movement for health and wellbeing
- The network of 43 Active Partnerships is leading the way in the integration of physical activity and health at the local level with a wide range of initiatives⁴⁵
- The RCGP has initiated an Active Practice Charter to engage GP practices and encourage them to commit to supporting movement amongst people with long-term conditions and staff
- The Richmond Group of Charities offer a range of services and resources that support healthcare professionals to provide relevant advice and activities.



Despite the success of these initiatives, the scale of the challenge requires a more concerted and coordinated effort across all stakeholders and even greater action. Initiatives that are localised or specific to professions or conditions could be supported to grow and thrive in new ways, and building on their evidence and experience, ensure movement is embedded throughout healthcare to take advantage of the regular touchpoints that people with long-term conditions have with the health service.

Many people with long-term conditions interact regularly with healthcare professionals and each interaction is an opportunity to have a

conversation about movement and offer support to overcome individual barriers. More people with long-term conditions say the NHS is a trusted source of advice on physical activity than any other organisation, yet only 40% of those surveyed report that healthcare professionals have talked to them about doing physical activity.^{46 47}

There are barriers to health professionals being equipped to do this. Among them, various analyses have identified a lack of knowledge and awareness of guidance such as the CMO guidelines or NICE recommendations, and a significant lack of time or support to have meaningful conversations with patients while balancing a heavy workload.^{48 49} Taking these barriers into account, widespread training and education, such as through the universal commissioning or adoption of resources like Moving Medicine and Physical Activity Clinical Champions training, would contribute to better communication and coordination of guidance, and more awareness of the many tools and resources that make it easier, which could be integrated into existing time dedicated to learning and providing care.

Our research has identified a further barrier; a mismatch in perceptions between healthcare professionals and people with long-term conditions. The former think the biggest barrier to people with long-term conditions being active is a lack of motivation, while the latter tell us the biggest barriers are physical issues, such as pain or lack of energy.⁵⁰

“I can’t get to a gym as I can’t drive and the nearest bus stop is too far for me to walk. I tire very easily and so have to exercise in short bursts over the day. Unfortunately my GP surgery physio seems to be unaware of the way Parkinsons can affect one and provides exercise that I cannot do.”

Female, over 70, living with Parkinson’s

Healthcare professionals are perfectly placed to help overcome physical capability barriers by providing practical advice on how to manage pain or lack of energy when moving and offer reassurance and medical advice. However, they

People with long-term conditions:



say being active is important



NHS

say NHS is most trusted source of advice on physical activity

Up to **20 million** people with long-term conditions



Only



say that healthcare professionals have talked to them about physical activity

need to be empowered by their training and education to take a personalised approach and feel confident identifying when moving more has a role to play. Over a third of healthcare professionals who were not confident said they would welcome training and examples of how to support people with long-term conditions to move more.⁵¹ Mandatory training and competencies around physical activity are not embedded in job descriptions or training programmes as standard but could offer that knowledge, confidence and awareness to help embed movement into their routine practice.

Our insight has found that after having conversations with healthcare professionals about movement, in the majority of cases (55%) people with long-term conditions then take action to move more.⁵² These supportive conversations can prompt people to move more based on their capabilities, including encouraging movement in daily life.

“We always focus on managing ill health through medical interventions, we aren’t very good at doing the primary or secondary preventative services. It’s left to public health and individuals.”

Healthcare professional

“Easy access to a central up-to-date online resource of a wide range of accurate and relevant information to share with teams and service users [would be helpful], which covers a full range of long-term conditions and information about what physical activity is safe, effective and at all levels for differing age ranges and capabilities.”

Healthcare professional

Equipping healthcare professionals with the skills, knowledge and confidence to embed movement in the routine care they provide will make a major contribution to shifting the dial on inactivity and getting people with long-term conditions moving more. It is not necessary for healthcare professionals to become experts in physical activity, but to have the knowledge and resources to have conversations and know where to signpost people locally as part of good holistic, proactive, person-centred care. NHS England should work with professional bodies to identify appropriate opportunities to develop competency frameworks, undergraduate curricula and continuing professional development for healthcare professionals that support movement. This must be accompanied by a concerted effort at the highest levels within NHS England to

prioritise movement. NHS England should set out how it is going to prioritise movement and outline actions it will take. This should include supporting the Faculty of Sport and Exercise Medicine UK's consensus statement on risk, and committing to reducing inactivity among people with long-term conditions. These actions would boost awareness of the role and importance of movement, and galvanise leaders to prioritise movement in secondary prevention, self-management, treatment, rehabilitation, and public health, as part of a broader movement strategy across government advocated in Shift One.



“I am a stroke survivor and I lost a lot of weight and muscle loss during my time in hospital. The Physio’s [sic] made it clear I needed to exercise to build these muscles back up and how [important] it was to strengthen my body especially my weak right side.”

Female, over 70, stroke and type 2 diabetes

Another barrier reported anecdotally is that healthcare professionals feel they are not able to give advice on movement if they are not active themselves. Nearly a quarter of them are living with a long-term condition and estimates suggest 30% are inactive.^{53 54} Initiatives such as Active Hospitals, part of the Moving Healthcare Professionals programme, have endeavoured to reduce inactivity in the healthcare workforce.⁵⁵ There is much more that could be done to support healthcare professionals to be active as part of workforce wellbeing, in accordance with the priorities of NHS England's People Promise and Health and Wellbeing Framework.⁵⁶

With the direction of travel set at national level, the role of local healthcare systems in adapting to local population needs and delivering relevant strategies cannot be overlooked. For example, Rethink Mental Illness is trialling a physical activity navigation function (named Move More Mentors by experts by experience) within its place-based work. This provides a mechanism for healthcare professionals to signpost people towards physical activity support. This addresses another known barrier of healthcare professionals which is a lack of knowledge of local and appropriate community initiatives.

“[I’m] unable to get further support in my poor mobility and balance. Not being listened to by professionals. Being unaware of what is available – not knowing where to start.”

Female, over 70, living with long-term conditions

Similarly, Versus Arthritis developed a group programme which can be integrated into treatment pathways and which Public Health England analysis showed delivers a return on investment of £5.20 for every £1 spent.⁵⁷ These are just two of the countless examples from the Richmond Group of Charities and beyond that could be commissioned locally by Integrated Care Boards (ICBs). It is important that NHS England works with ICBs to provide support and resources so that local leaders use movement to solve local healthcare issues more comprehensively.



NHS England should work with ICBs to ensure commissioning processes enable people with long-term conditions to move more and support ICBs to collaborate with the sport and physical activity sector through taskforces, networks or strategic working groups. With national support, ICBs could be better equipped to integrate movement into local healthcare systems and take advantage of the many opportunities locally that encourage movement, as well as by supporting local infrastructure that enables movement.

The result of these efforts would be a health service that has movement at its heart both nationally and locally, and a workforce that is empowered to support people with long-term conditions to move more.

Shift Two: Embedding movement in healthcare

- NHS England should develop a plan to prioritise movement and reduce inactivity amongst people with long-term conditions, including by supporting the work of the medical consensus statement on risk
- NHS England should work with professional associations and workforce leaders to ensure that the healthcare workforce is equipped with the skills and confidence to support people with long-term conditions to move more
- NHS England should provide local systems with the support and resources to help people with long-term conditions move more.



Shift Three: Encouraging movement as part of everyday life

Shifts in leadership and in healthcare are only part of the picture. We also need a shift towards making movement the norm in everyday life, redefining what it means to be active by broadening out the range of choices people with long-term conditions have to move more.

That choice is important in embedding personalised approaches, and for many, the sport and physical activity sector will hold ample opportunities to incorporate movement into everyday life in a way that works for them. The sport and physical activity sector has a role to play in offering inclusive services that meet the needs of people with long-term conditions. There are many potential customers for the sport and physical activity sector that are currently being missed. Offering services and opportunities that meet the individual needs of people with long-term conditions will benefit both people with long-term

conditions and the sport and physical activity sector. These services must take into account the additional barriers people may face to getting active based on other, non-health related factors such as socioeconomic group and ethnicity, as well as the growing number of us living with multiple conditions that have additional, different and sometimes complex needs. Otherwise, there is a risk that activity increases only in those people with long-term conditions from the least deprived communities, exacerbating disparities in health.

“I do struggle with motivation, especially as activity can sometimes cause my symptoms to flare. I do enjoy yoga as it helps my mental health above anything else”

Female, 30s, living with depression and endometriosis

There are examples of good practice across the sport and physical activity sector:

- Swim England has developed a course to train swimming teachers in how to support people with long-term conditions⁵⁸
- The Lawn Tennis Association is expanding its sessions for disabled people to people with long-term conditions⁵⁹
- Active Luton delivers a tailored exercise referral programme for people with multiple conditions through the Total Wellbeing Luton integrated health and wellbeing service⁶⁰
- UK Coaching, which supports sports coaches across the UK, has developed a guide for coaches working with people with long-term conditions⁶¹
- 470 physical activity organisations signed the Mental Health Charter for Sport and Recreation, making a commitment to make activities inclusive, positive and open to everyone.⁶²

But there is still a long way to go. Our research shows that there is some lack of understanding and awareness in working with people with long-term conditions, with sport and physical activity professionals citing cost and access as the biggest barriers to participation, when people with long-term conditions say it is pain and lack of energy that holds them back.⁶³ There are approximately 400,000 working in the sport and physical activity sector in England, many of whom will regularly interact with the public, so there is a huge opportunity to involve them in the mission to support people with long-term conditions to reduce their inactivity.⁶⁴

“Breathing difficulties and fatigue limit what I can do and cost of gyms means that there are probably ways to help manage this that I’m not aware of as I haven’t been able to speak to someone who would be able to give this advice.”

Female, 30s, living with multiple conditions including asthma

To galvanise the sport and physical activity sector and others beyond healthcare as part of a movement strategy, the DCMS should demonstrate its leadership and convening power by working with the sports and activity sector to explore how people with long-term conditions can be better supported to move more. We call on organisations and groups across the sport and physical activity sector to be vocal about the work they are doing to be inclusive, to take steps to understand people with long-term conditions’ individual needs, and to mobilise their workforce in prioritising people with long-term conditions.

“I at least have to pay £30 for local leisure centre but PTs there aren’t really trained for my needs. Local swimming pool only have [sic] full blown aqua aerobics class. Lack of adequately trained trainers.”

Female, 60s, living with multiple conditions including heart conditions and arthritis



It’s not currently easy for people with long-term conditions to incorporate movement into their daily lives. Barriers include:

- The language used across society that focuses on exercise or fitness, which can leave some feeling alienated or intimidated⁶⁵
- The desire or the need for options and support to move more at home
- A lack of enablers to moving more, for example having limited or unsuitable public transport connections or a lack of suitable green or blue spaces
- Concerns about the cost of activities.⁶⁶

While the sport and physical activity sector can help address some of these barriers, too narrow a focus on structured activity risks missing the value of everyday movement that is often more accessible and achievable for the least active people with long-term conditions. Everyday movement can also be an entry point into more structured activity further along someone's behaviour change journey or a means of achievably sustaining activity after an exercise on referral intervention or rehabilitation. Movement is much broader and encompasses ways to move that are free, accessible and everyday, such as housework, gardening or walking to the shops, on top of what is typically perceived to be physical activity like football, the gym or running.



“I think more people would exercise if they could be sure of having somewhere to sit for a breather, or even to look at a view. Available exercise space is often a car journey away nowadays, but if you don't have a car you cannot get to them. Often they are not on regular bus routes.”

Male, 70s, living with multiple conditions including heart disease and arthritis

We Are Undefeatable has already made strides towards reframing what it means to be active with a long-term condition. A national campaign that encourages and supports people with physical and mental health conditions to become more active, it has proven to be a useful asset in efforts to join up the sports and physical activity sector with everyday movement. It was developed with insight from people with lived experience of long-term conditions and as a result, 67% of people with mental health and physical health conditions

say it is relatable.⁶⁷ 89% of the target audience understand the campaign messages and 61% of those who recall the campaign take action to move more as a result. Its assets could be systematically adopted into NHS pathways and support, both nationally and locally, for example:

- Promotion of the campaign website resources within patient information
- Adding it to staff wellbeing content on the NHS England website
- Promotion of resources in GP waiting rooms, outpatient waiting areas in hospitals, and in community pharmacies.

As well as supporting people with long-term conditions to move more at home, national policymakers have a role in supporting movement in communities. A broader focus on movement would include promoting active travel, designing local environments that meet the principles of active design, and offering services that are inclusive and co-produced with people with long-term conditions.⁶⁸ In our manifesto *One in Four*, we called for a cross-departmental 'health in all policies' approach, including the transport, welfare and employment sectors.⁶⁹

Movement should be an integral part of this 'health in all policies' approach and should include:

- Prioritising people with long-term conditions as part of the government's programme to encourage active travel
- Supporting local authorities, who have responsibility for commissioning leisure and culture services and providing parks and other recreational activities to prioritise movement for people with long-term conditions.



“Finding organised activities that are at right level to get moving again – most things are an hour and quite intense. I couldn’t do this initially. I was motivated to contact local classes to ask if ok if I had rests etc but this takes a level of confidence to do – everyone I contacted was great.” [sic]

Female, 60s, living with asthma and stroke

Recognising the valuable role of local authorities is essential to implementing a ‘health in all policies’ approach that includes movement. Not only do they commission sport and leisure services that foster movement, they can also leverage community assets like green spaces, playgrounds, and neighbourhood developments to ensure they are enabling movement and inclusive of people with long-term conditions. They play an important role in joining up public health with primary and secondary prevention - helping to change the narrative around what it means to be active - with a deep understanding of local need and inequalities. For local authorities to work effectively in this way, they need to be empowered by policy set at the national level across all areas and adequately resourced.

Supporting people with long-term conditions to move more requires a comprehensive and wide-ranging approach to shift the dial and reduce inactivity for all.

Shift Three: Encouraging movement as part of everyday life

- The Department for Culture, Media and Sport should galvanise sport sector leaders in supporting people with long-term conditions to move more, by prioritising inclusion and recognising intersectionality and the need for personalised approaches
- We Are Undefeatable should be at the heart of efforts to tackle inactivity and support people with long-term conditions, adopted by leading organisations in health and movement, as a source of inspiration and meaningful support
- The Department of Health and Social Care should drive a ‘health in all policies’ approach nationally that includes movement as a fundamental pillar.



Conclusion

People with long-term conditions want to be more active and know the major benefits, but they need more support to do so. The benefits to the government and the healthcare system as well as the sport and physical activity sector are also clear. There is plenty of scope to build on existing great work that is happening in pockets around the country, and there is so much more that could be done by implementing our three shifts.

Making these shifts will be a significant stride towards reducing inactivity by making it easier for people with long-term conditions to be active in ways that work for them. Making it meaningful and achievable is more likely to make behaviour change sustainable.

The Richmond Group of Charities stands ready to help. Our collective insights, services and networks can offer practical ways to bring these shifts into reality, all informed by the lived experience of people with long-term conditions.

Together, we can get millions more moving.

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