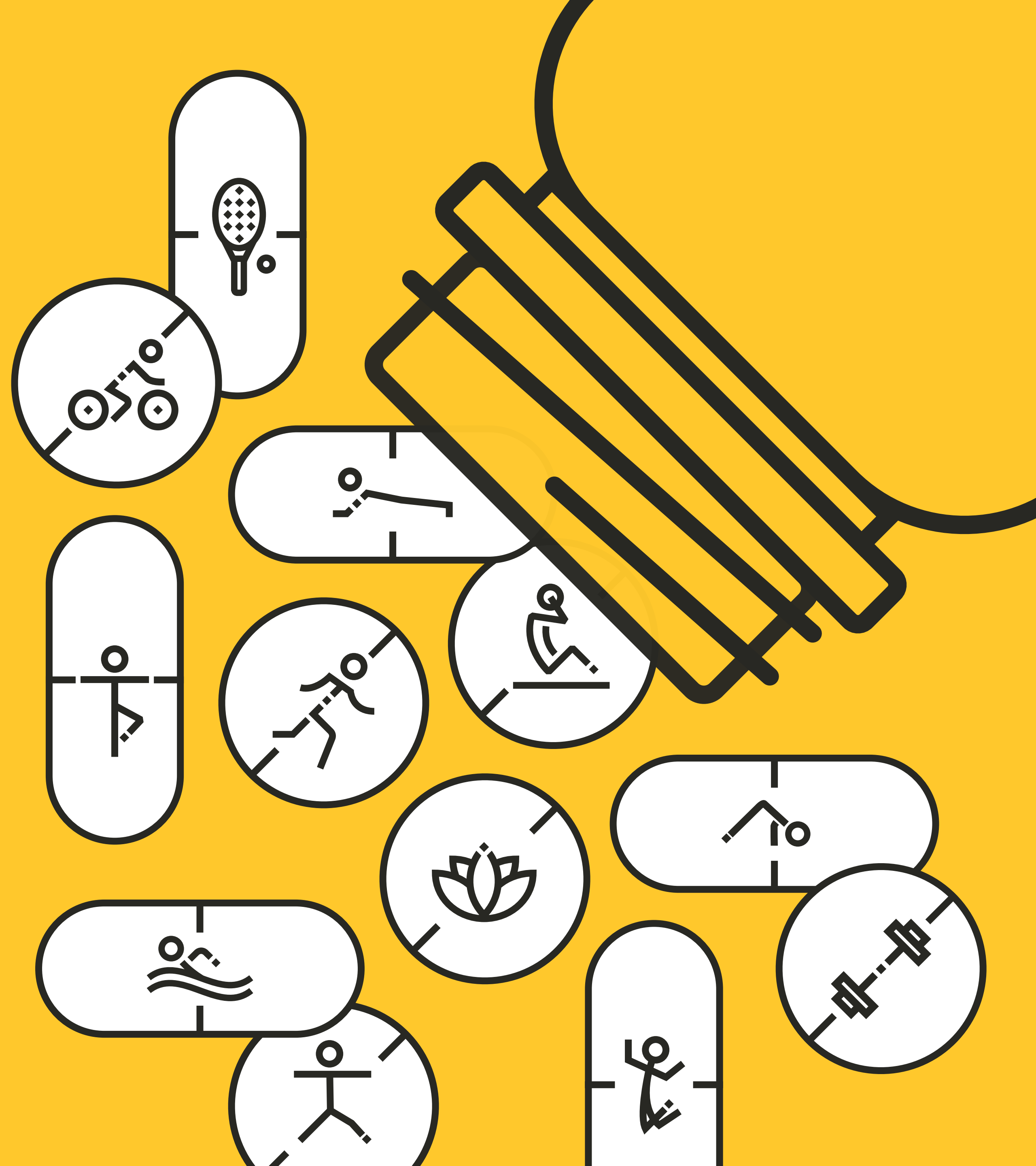




Unlocking the 'miracle cure'

A white paper on movement for health





**“There is NO SITUATION,
there is NO AGE and
NO CONDITION where
exercise is not a
GOOD THING.”**

Professor Chris Whitty,
Chief Medical Officer,
15th April 2020



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ABOUT THE PARTNERSHIP

The partnership between Nuffield Health and Manchester Metropolitan University is focused on using movement as a tool to improve the quality of life and health of those living with long term conditions. With non-communicable diseases (NCDs) on the rise globally, this partnership focuses on tackling this critical issue.

We will combine Nuffield Health's extensive delivery experience in delivering world-class fitness and health services, along with its goal of using movement to help build a healthier nation with Manchester Metropolitan University's world leading research expertise in this area. By doing so, this collaboration seeks to create a comprehensive, evidence-based approach to addressing the challenges faced by individuals with long-term health conditions to transform their health and wellbeing and support the nation's economic growth.



This partnership looks to design, test, and deliver a unique model of rehabilitation, aligned with the government's agenda for shifting care from hospital to the community.

We want to advocate for the role that fitness professionals can play, whilst highlighting the impact of delivery in community settings as a means to supporting health prevention. It will also translate research into practice, delivering valuable data, insights, and policy recommendations to establish physical activity as an essential treatment option for people living with long-term health conditions.

It will include:

- ◆ Identifying the drivers of sustained behaviour change
- ◆ Assessing the health economic benefits of a shift towards prevention
- ◆ Quantifying the social return on investment (SROI) of such programmes
- ◆ Exploring how movement can be leveraged to address health inequalities.





FOREWORD

After nearly a decade of successive economic, political, and financial crises, people in Britain are feeling the strain. The effects of Brexit, COVID-19 and the cost-of-living crisis have left people feeling vulnerable and unable to prioritise their health. Over 15 million people in the UK are living with long-term health conditions and the number of people economically inactive due to long-term sickness stands at 2.8 million, an increase of over 700,000 since the pandemic. Now, more than ever, we need to re-think the way healthcare is conceptualised – away from sickness and towards a more holistic approach to health and wellbeing.

The new government’s commitment to addressing these health challenges is a welcome development. We are encouraged to see bold actions on preventing poor health through the introduction of a progressive smoking ban and measures to tackle childhood obesity. The Darzi Review highlighted the poor state of the healthcare service and the need to bring care closer to home. Alongside these efforts, it is crucial that movement and physical activity are used more extensively as tools to manage and treat health conditions. For some conditions, physical activity has been shown to be as effective as medication, and yet as a health tool it remains underutilised by policymakers and the population in general.

This is why Nuffield Health, along with other leading healthcare organisations, have been making the case for a cross-government National Movement Strategy¹ which embeds movement across all aspects of health and healthcare and becomes the go-to treatment option for people living with long term conditions.

This white paper marks the start of a new partnership between Nuffield Health and Manchester Metropolitan University, which seeks to explore and promote the role of movement in preventing, managing, and treating long term health conditions. This paper draws upon the fourth



Dr Davina Deniszczyk,
Charity and Medical Director
Nuffield Health



Professor Tim Cable,
Director for the Institute
for Sport, Manchester
Metropolitan University

iteration of Nuffield Health’s Healthier Nation Index (HNI) which found that three in four adults fall short of the Chief Medical Officer’s minimum recommended levels of physical activity. Although the benefits of physical activity are well recognised, many people struggle to incorporate it into their lives amid ongoing challenges. Increasing physical activity could significantly improve both individual and collective health, helping to prevent illness, manage long-term conditions more effectively, and ease the burden on the NHS.

Across the UK, there are examples of movement-based interventions that are transforming people’s lives. For example, Nuffield Health’s Joint Pain Programme has proven successful in improving clinical outcomes and reducing sickness absence for people living with chronic pain. Similarly, social prescribing – where GPs refer patients to community-based activities including exercise – has shown promise in improving both patients’ mental and physical health.

However, these efforts are not uniformly available across the country, and therefore, there is a pressing need for a more comprehensive approach. Integrated care systems must play a stronger role in embedding movement into health improvement plans to ensure that everyone can benefit from movement-based interventions, especially those who need them the most.

This paper serves as a critical starting point in our mission to adopt movement as a key intervention to improve the health outcomes of the population and reduce the extent of morbidity of those living with long term conditions. By taking a collective approach, one in which all actors, including the Government, the NHS, businesses, sport, charities, communities, families and individuals play their part, we are confident we can deliver on our shared ambition to build a healthier nation.

Nuffield Health’s Joint Pain Programme has proven successful in improving clinical outcomes and reducing sickness absence.

[Read more on p24](#)





EXECUTIVE SUMMARY

Nuffield Health is proud to announce a new partnership with Manchester Metropolitan University, a collaboration that will focus on helping individuals living with long-term health conditions use movement to treat, manage, and prevent these conditions. This white paper launches the partnership and outlines the levers that policymakers need to pull to enable people with long-term health conditions to incorporate movement into care pathways. The partnership is committed to driving healthier behaviour change through taking an evidence-based approach, grounded in the latest quantitative and qualitative research produced by Manchester Metropolitan University.

The UK faces pressing health challenges that demand immediate and coordinated action. Once described as a ‘miracle cure’ for the plethora of illnesses it can prevent and treat, evidence shows that movement can stem the rising tide of ill-health, both now and in the future. Movement should be treated by policymakers with the same impetus and drive as other public health measures, such as anti-smoking and anti-obesity policies. With sufficient action, movement could play a greater role in the prevention, management, and treatment of health conditions, particularly for those who are most disadvantaged. This can lead to benefits across the whole of society, as well as helping to reduce pressures on the NHS.

This report draws on data from Nuffield Health’s fourth iteration of the Healthier Nation Index – one of the most comprehensive barometers of the nation’s health – and identifies three key themes that policymakers must address to harness the power of movement to improve the nation’s health: changing perceptions of physical activity, leveraging movement for health and movement as a clinical intervention.

1. Changing perceptions of physical activity



A fundamental shift in how physical activity is perceived and understood by the public is urgently needed. **Currently, three out of four adults in the UK are not meeting the NHS’s target of 150 minutes of moderate physical activity per week.**²

Additionally 70% of those who reported being in very poor health were unaware of the role exercise can play in improving health and reducing the risk of major diseases. Despite the broad definition of physical activity as any bodily movement, many people hold a limited view of what constitutes exercise, leading to significant barriers to increased physical activity.

This report calls for a comprehensive effort to broaden the public’s understanding of physical activity and daily movement, and its critical role in maintaining and improving health. By doing so, we can dismantle the misconceptions that hinder people from becoming more active.

2. Leveraging movement for health



Movement is a powerful tool in preventing, managing, and treating health conditions, yet it remains underutilised within the healthcare system. **Fewer than 20% of those with conditions such as osteoarthritis, osteoporosis, chronic back pain, or fibromyalgia have been recommended exercise by their GP.**

Through this partnership, Nuffield Health and Manchester Metropolitan University are working together to ensure that movement is recognised as a cornerstone of the UK’s public health strategy. This white paper represents the first step in a series of efforts to empower individuals living with long-term conditions to adopt sustainable, healthy behaviour changes and influence policymakers to integrate movement into everyday healthcare. By doing so, we can significantly reduce the burden of chronic diseases, reduce pressures on the NHS, and improve health outcomes for all.

3. Advocating for a new model of care

With demand for healthcare services at an all-time high, it is even more important that alternative approaches are considered. Moving rehabilitation programmes into community settings can alleviate the burden of demand on the NHS.

A new model of care, one that includes community-based rehabilitation using fitness professionals, can help support the NHS in meeting its growing demands. As a non-medical workforce, fitness professionals offer a unique opportunity to expand capacity without adding pressure to an already overstretched medical workforce. These trained professionals can provide personalised care, support movement-based interventions, and help individuals build sustainable habits for managing long-term conditions.



²The discrepancies between physical inactivity levels reported in the Healthier Nation Index (HNI) and Sport England’s Active Lives Survey (ALS) can be attributed to differences in sample size, methodology, and definitions of moderate physical activity. The HNI found that 3 in 4 adults fall short of the Chief Medical Officer’s (CMO) recommended activity levels, while the ALS reported that 63.4% of adults achieve 150 minutes or more of moderate physical activity per week. In the HNI, moderate physical activity was defined as activity that raises the heart rate, increases breathing, and makes participants feel warmer, with examples such as walking, hiking, and dancing. The ALS, however, included most forms of sport and physical activity but explicitly excluded gardening. These definitional differences, along with variations in survey methodologies, contribute to the contrasting results.



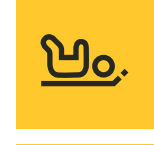
RECOMMENDATIONS: A CALL TO ACTION

We have set out targeted interventions for groups that stand to benefit the most from movement, as well as those who currently face the greatest barriers.

This includes:



Those living with lower resources



Young people



Women and girls



Those living with long-term conditions



The ageing population

These interventions should move beyond promoting individual behaviour change and instead aim to create a population-level shift towards movement as both prevention and treatment. The upcoming 10-year plan for the healthcare system provides an ideal framework to introduce a National Movement Strategy.

The following policy recommendations outline steps the new Government can take to ensure movement becomes a core pillar of healthcare improvement.

1. Changing perceptions of physical activity

- ◆ Department for Health and Social Care (DHSC) and Department for Culture, Media and Sport (DCMS) should commission targeted campaigns – using insight from the Richmond Group of Charities’ We Are Undefeatable campaign – to reframe and promote movement across groups who live with, or are at greater risk of developing, long-term health conditions.
- ◆ DHSC and Integrated Care Boards (ICBs) should ensure public health campaigns, at both national and local levels, should focus on generating awareness about how movement can be a cost and clinically effective way for people to stay healthy, or improve their health.
- ◆ NHS England (NHSE) should work with professional bodies to ensure clinicians are trained and have the skills and confidence to prescribe movement as a treatment and management intervention for people living with long-term conditions.

WE ARE UNDEFEATABLE





2. Leveraging movement for health

- ◆ NHSE should seek to embed movement, where clinically appropriate, in pathways for symptoms and conditions such as chronic pain, musculoskeletal (MSK) disease, cardiovascular disease, poor mental health, obesity, and cancer.
- ◆ ICBs and local authorities should raise awareness of free-to-access movement-based initiatives amongst healthcare professionals and the voluntary and community sector and work together to facilitate a pathway for people to access those initiatives.
- ◆ The National Physical Activity Taskforce (NPAT) should publish a set of criteria by which it will judge government departments on the implementation of policies that support increased movement across the nation.
- ◆ DHSC should collate data on the scale of movement-based social prescribing across England.



3. Movement as a clinical intervention

- ◆ NHSE and ICBs should consider how to work in partnership with the fitness industry, scaling up interventions alongside both commercial and public partners to improve physical and mental health outcomes.
- ◆ NHSE and ICBs should work closely with the fitness industry to support delivery of rehabilitation programmes for individuals with long-term conditions. Where appropriate, evidence based models of care should be integrated into NHS care pathways.
- ◆ UK Research and Innovation (UKRI) to build the evaluation of movement programmes into their research funding strategies.





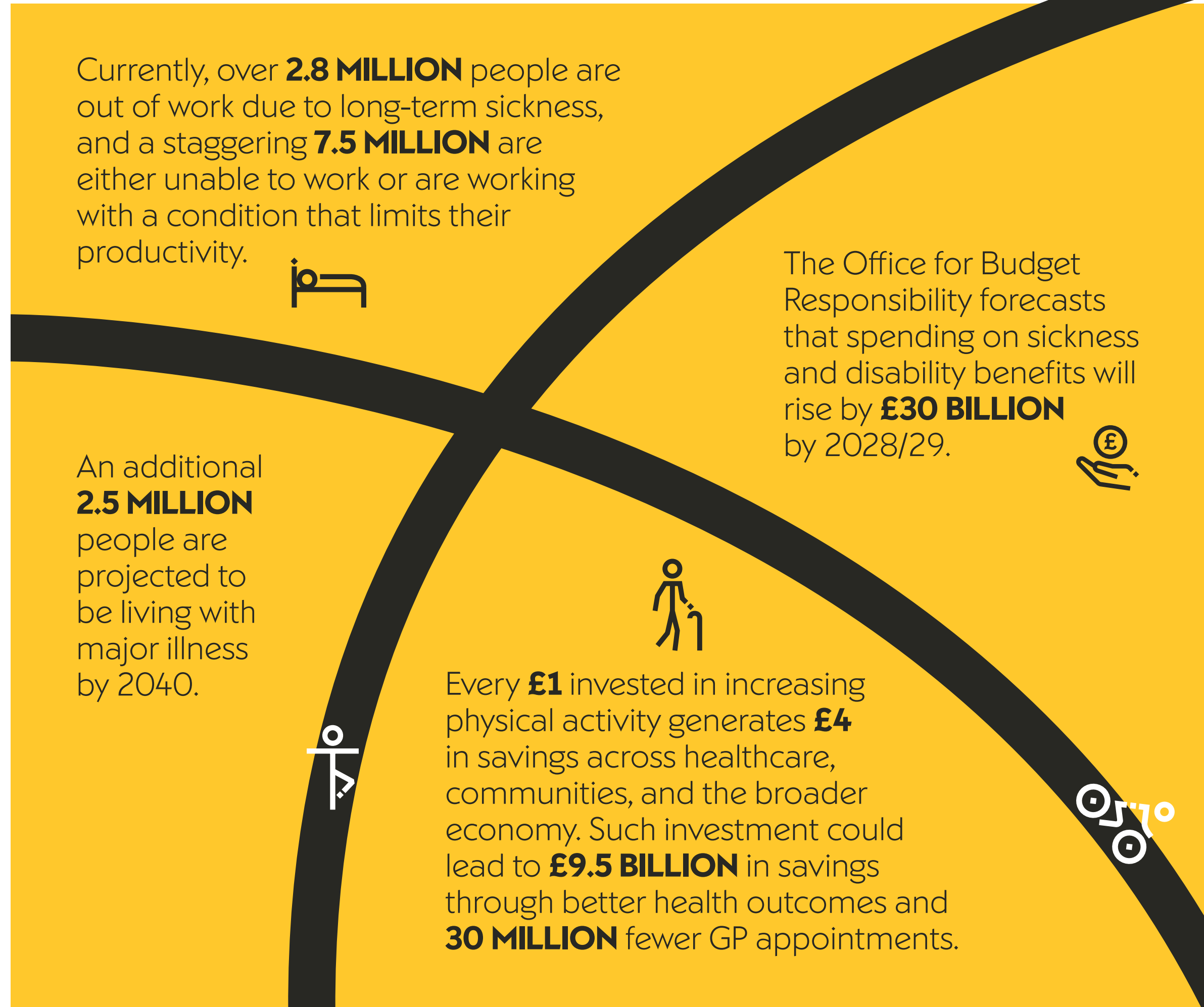
CONTEXT: THE MOMENT TO ACT IS NOW

The 1948 constitution of the World Health Organisation (WHO) defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. Good health is the foundation of individual wellbeing, thriving communities, and a resilient economy. However, the UK’s health is in a precarious state. The COVID-19 pandemic exposed deep-rooted inequalities across the nation, and these disparities continue to widen with successive years of political instability, the ongoing cost-of-living crisis, and global geopolitical conflicts – all of which have taken a toll on the nation’s health.

The UK’s life expectancy now ranks 25th among OECD countries and is stagnating.³ According to the Health Foundation, an additional 2.5 million people are projected to be living with major illness by 2040.⁴ Currently, over 2.8 million people are out of work due to long term sickness⁵, and a staggering 7.5 million are either unable to work or are working with a condition that limits their productivity.⁶ As waiting times for treatment have swelled to 7.6 million, the Office for Budget Responsibility forecasts that spending on sickness and disability benefits will rise by £30 billion by 2028/29.⁷

Amid these challenges, movement stands out as a powerful, yet underutilised tool for improving the nation’s health. Every £1 invested in increasing physical activity generates £4 in savings across healthcare, communities, and the broader economy.⁸ Such investment could lead to £9.5 billion in savings through better health outcomes and 30 million fewer GP appointments.⁹ For those with long-term conditions, physical activity can be instrumental in managing their health, enabling them to remain in work, and reducing the high levels of sickness absence, particularly in cases of musculoskeletal and mental health conditions.¹⁰ Additionally, incorporating movement as a preoperative intervention can significantly reduce surgical complications and the likelihood of readmissions.¹¹

Yet, despite these clear benefits, movement has been largely overlooked by policymakers. The primary strategy for



Currently, over **2.8 MILLION** people are out of work due to long-term sickness, and a staggering **7.5 MILLION** are either unable to work or are working with a condition that limits their productivity.



The Office for Budget Responsibility forecasts that spending on sickness and disability benefits will rise by **£30 BILLION** by 2028/29.



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Every **£1** invested in increasing physical activity generates **£4** in savings across healthcare, communities, and the broader economy. Such investment could lead to **£9.5 BILLION** in savings through better health outcomes and **30 MILLION** fewer GP appointments.



promoting movement has focused on giving the public more information such as guidelines on recommended activity levels. However, there is scant evidence of the effectiveness of these campaigns. A recent inquiry by the House of Lords revealed that government strategies related to physical activity have been siloed, with fragmented delivery and funding systems, and a focus on short-term projects that may undermine long-term improvements to the nation’s health.¹²

This fragmented approach is insufficient, which is why Nuffield Health and Manchester Metropolitan University is calling for a cross-departmental approach to embed movement into all parts of daily life, including healthcare. Now in its fourth year, the Healthier Nation Index (HNI) reveals a significant disconnect between the recognised benefits of physical activity and its actual use, especially among those who would benefit most. This underscores the urgent need for a coordinated approach to bridge this gap.

The demand for rehabilitation services in the community is growing, driven by an ageing population and high rates of long-term illness, yet these services are underfunded and fragmented, creating significant pressure on NHS resources.¹³ Fitness professionals could help alleviate some of this pressure by offering non-medical rehabilitation options, complementing what is already provided locally, and reducing the burden on overstretched NHS staff.

The early policy priorities of the new government have the potential to address the health challenges facing the nation. However, without integrating a sustainable and cost-effective intervention - like movement - into health policy, we risk missing a critical opportunity to create lasting change. The upcoming 10-year plan for health presents a unique opportunity to reimagine a healthcare system fit for the future. Through aligned action across government departments, and effective implementation by healthcare professionals, movement can play a central role in improving health outcomes – benefiting society as a whole while reducing pressures on the NHS.



1. Changing perceptions of physical activity



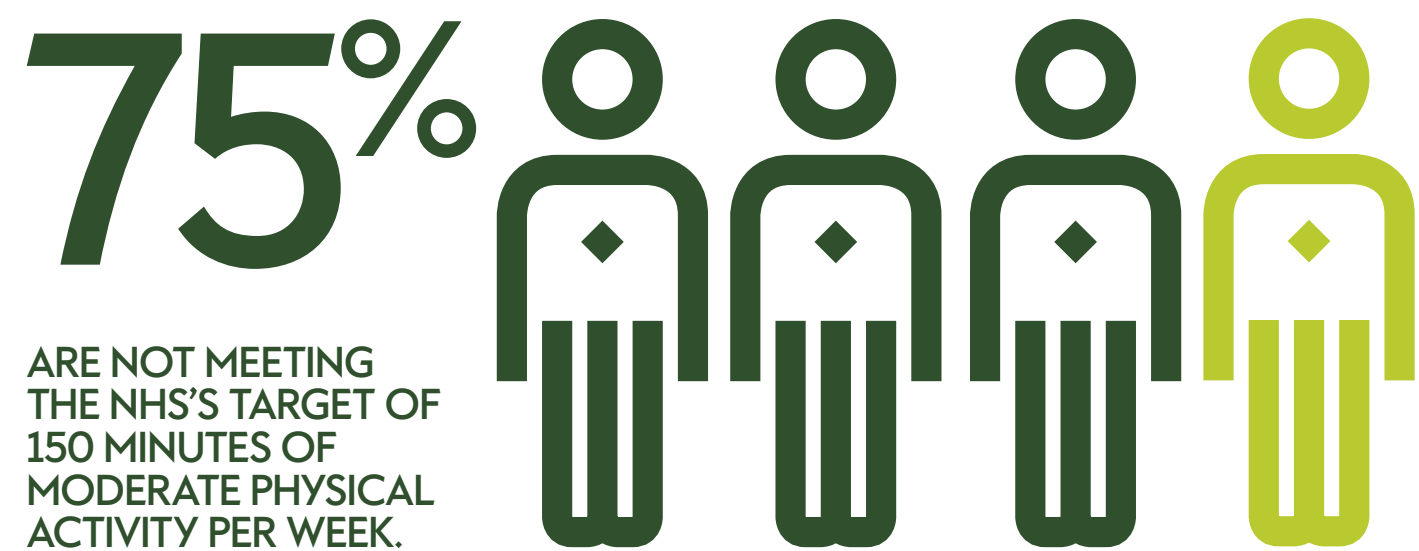
KEY INSIGHT:

People are not getting enough physical activity, in part due to a poor understanding of what physical activity means.

Context:

For some, the framing of physical activity or exercise itself acted as a barrier to moving more. Physical activity is defined as any bodily movement that requires the expenditure of energy. It encompasses all movement; however, the Index has found that there are certain anxieties associated with physical activity and that a perception shift is needed within targeted groups. These anxieties include a lack of knowledge on how to get started with exercise and a lack of understanding of the potential benefits of movement. This is particularly the case for people living with long term conditions, their anxiety over exercise often stem from fear – fear of aggravating symptoms such as pain, fatigue, or breathlessness; fear of becoming a burden by falling or becoming stuck; and even fear of catastrophic events like heart attacks or stroke.¹⁴

THREE IN FOUR ADULTS



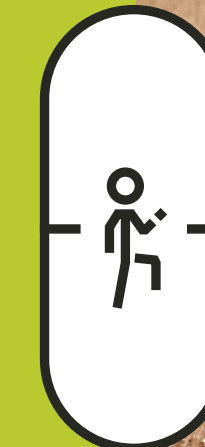


THE HEALTHIER NATION INDEX FOUND THAT:

- ◆ Just over three in 10 (31%) women cited a lack of knowing how to start exercising as a hurdle to get moving.
- ◆ A quarter of those aged over 65 felt completely unmotivated to exercise or look after their physical health over the last 12 months.
- ◆ Seven out of 10 people who reported having very bad health were not aware of the role that exercise can play in improving health and reducing the risk of major disease and death.
- ◆ Specifically, only 49% of those aged over 65 were aware that exercise can improve a health condition, reduce the risk of diseases such as heart disease and cancer, and reduce the risk of early death.
- ◆ Only 32% of those with household incomes of less than £15,000 recognised that exercise can reduce the risk of early death vs 41% for those with incomes above £75,000.
- ◆ Men report their fitness levels have improved (38% better vs 26% worse), but women say their physical fitness has got worse (31% better vs 33% worse).
- ◆ Overall, the Index found that three in four adults are not meeting the NHS's target of 150 minutes of moderate physical activity per week.



The Index also found a perception within some groups that physical activity means vigorous exercise or going to the gym. However, this is not the case and broader recognition that physical activity encompasses all bodily movement is needed. For those starting with lower levels of baseline fitness, movement will encompass activities such as walking or climbing the stairs and can have a positive impact on health.^{15/16}





WHAT THIS MEANS:

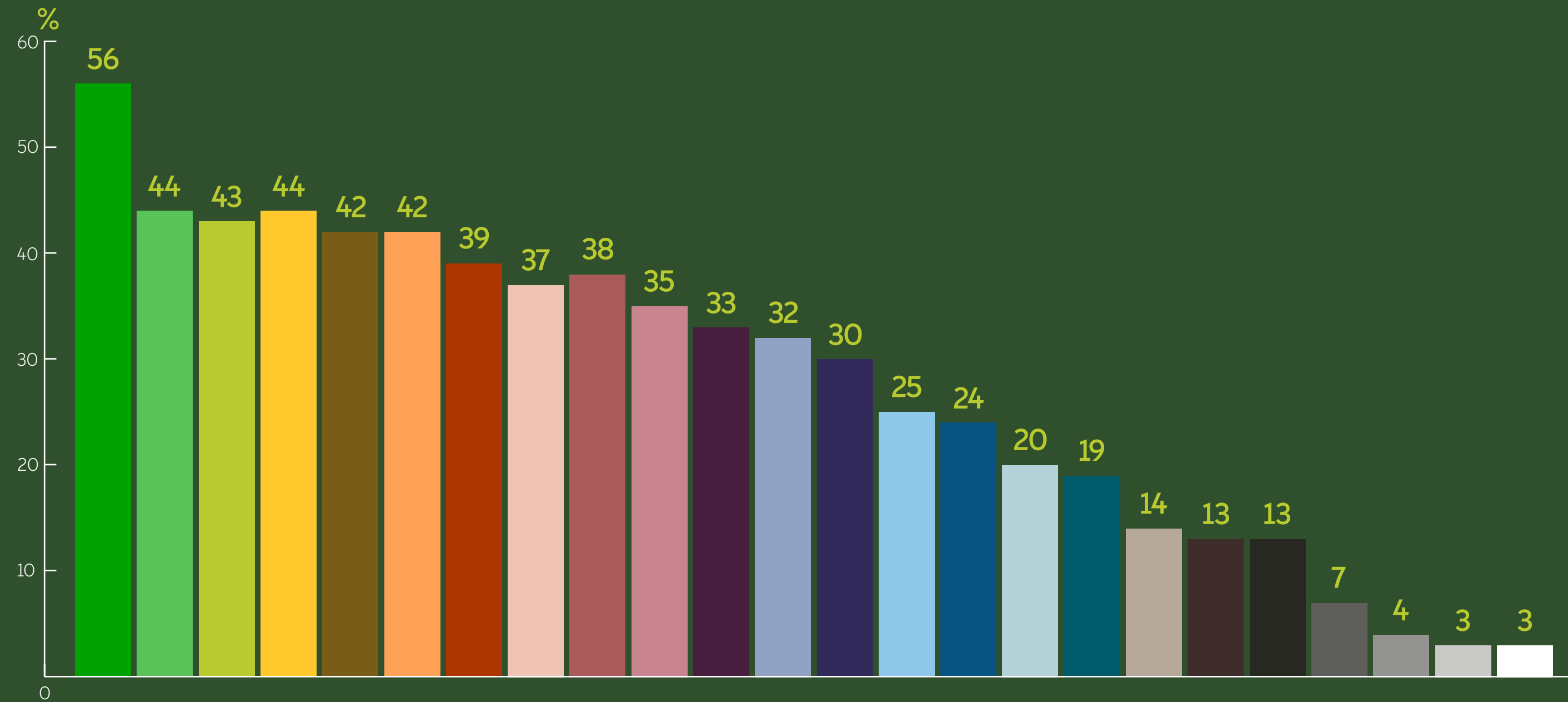
Physical activity can be transformative in preventing, managing and treating long-term conditions. However, the Index found there is a lack of knowledge amongst some groups about what physical activity encompasses. This may create the perception that physical is intrinsically linked to going to the gym or undertaking vigorous activity.

Some groups also lack awareness of the potential benefits around increasing physical activity. This means that they are less likely to prioritise being physically active. In the case of some groups, such as those living with lower resources, they are also at the greatest risk of ill-health including chronic pain, as such a lack of movement can exacerbate health inequalities. The extent to which working age people are in ill-health is also projected to increase by 80% between 2019 and 2040, and are forecast to be concentrated in more deprived areas.¹⁷

There is a clear need to change the narrative around physical activity to broaden the definition, so that it is not just associated with going to the gym or vigorous activity in the minds of the public. This can be achieved through public awareness campaigns aimed at groups such as women and girls, the ageing population and those with long-term conditions, that perceive the greatest barriers to physical activity.

There should also be a concerted effort to articulate the benefits that movement can have on health and wellbeing across the life course, with a particular focus on these groups due to the greater likelihood of them needing to access healthcare. This includes greater signposting from healthcare professionals to services offered in the community and in the fitness sector, and referrals to interventions as treatment for conditions such as chronic pain and cardiovascular diseases when clinically appropriate.

Which of the following statements, if any, do you believe to be true?



8,000 responses out of 5,195 people surveyed. Percentages do not add up to 100 due to multiple responses.

- Exercise could improve mental health
- Adults should be physically active every day
- Sleep boosts immunity
- Exercise is good for bone health
- Reducing loneliness has mental and physical health benefits
- Exercise would help improve a health condition
- Exercise can reduce your risk of illness including heart disease and cancer by up to 50%
- Exercise can lower your risk of early death by 30%
- A sedentary lifestyle is harmful to your physical health
- The menopause can start in women before 40 years of age
- Eating a balanced diet and exercising regularly can improve some menopausal symptoms
- More than a third of 10 and 11 year olds in the UK are obese or overweight
- The NHS recommends 150 minutes of moderate exercise a week for adults
- You should exercise for at least 30 minutes at a time for a workout to be effective
- Adults should do strength-building activities at least twice per week
- People who usually sleep less than 5 hours a night have an increased risk of developing diabetes
- Joint pain is a normal part of the ageing process
- Muscle soreness is a sign of a good workout
- The more you sweat, the more effective the exercise
- Your body gets used to less sleep
- It is advised that men should exercise more frequently than women
- Don't know
- You should stop exercising if you are 65 or over
- None of the above

Government policies should both change environments to promote healthy habits for everyone and offer support to those who need it most.

The previous government's 'Get Active Strategy' made commitments to raising awareness of the benefits of movement for young people and to tackle barriers to children moving more. While there is a need to focus on instilling good behaviours at an early age, this does not address the growing numbers of people living with long term conditions that could benefit from incorporating movement into their everyday life. There remains a need

for policies that actively bring about behaviour change, as informing people is helpful, it's not enough. Government policies should change environments to promote healthy habits for everyone and offer support to those who need it most.¹⁸



CASE STUDY:

Mark Parlett
Roborough, Plymouth

Our service user Mark Parlett's experience demonstrates the transformative effect that improving physical activity and overcoming perceived barriers can have on one's health and wellbeing. It also highlights the need for a holistic approach to health, which includes a focus on both exercise and diet to improve mental and physical health.



**“I was initially
UNSURE about
attending the
gym and felt
EMBARASSED.”**

“I first was introduced to Sam (Personal Trainer at Plymouth Fitness & Wellbeing Centre) in January 2018. I had just undertaken a company medical, the results of which were that my weight was just over 20 stone (128.8 kg), my blood pressure dangerously high, my BMI classified as extremely obese, and body fat content excessively high. As a result, I was concerned for my wellbeing, totally ashamed and disheartened - in short, I was unwell both physically and mentally.

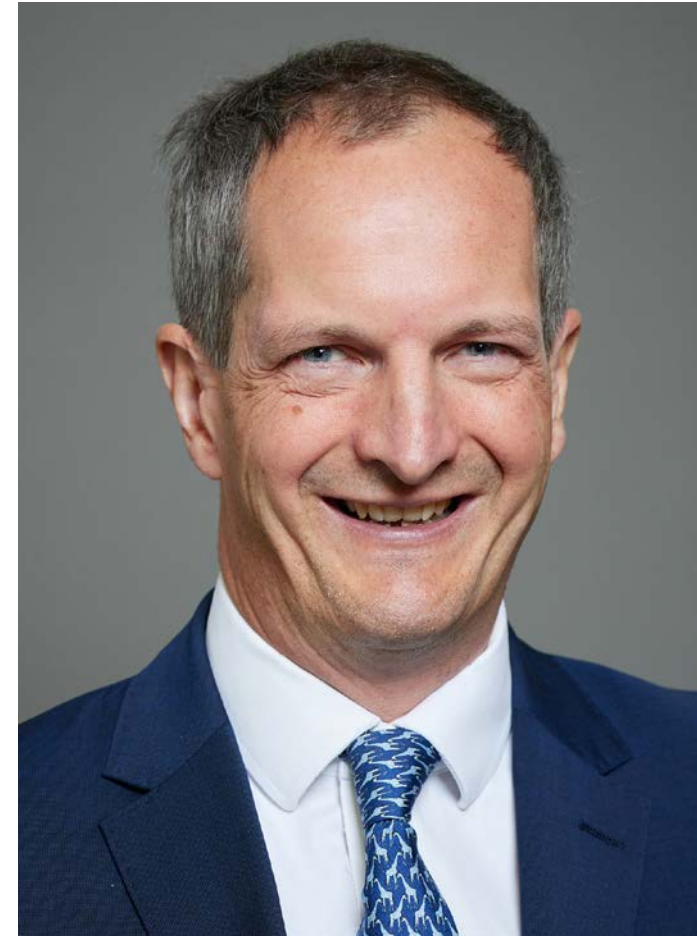
I was initially unsure about attending the gym and felt embarrassed, but was made to feel welcome by all the staff... I was disheartened by my initial abilities (or indeed lack of) but with Sam's encouragement I saw the trial sessions out and decided to continue – the mental battle had been won.

That was the start of a four and a half year PT relationship with Sam... I attended gym three times a week, one of which being a one hour PT session with Sam during which I weighed in and we discussed my progress, my food that week and for the week to come. Under Sam's tutorage, I managed to lose approximately five stone, finally registering at 95.9 kg, started running and achieved a one hour time in the Plymouth 10k, went down three clothes sizes, and more importantly regained my self-esteem and confidence.”

RECOMMENDATIONS:

- ◆ DHSC and DCMS should commission targeted campaigns – using insight from the Richmond Group of Charities’ We Are Undefeatable Campaign – to reframe and promote movement across groups who live with or are at greater risk of developing long-term health conditions.
- ◆ DHSC and ICBs should ensure public health campaigns at both national and local levels should focus on generating awareness about how movement can be a cost and clinically effective way for people to stay healthy or improve their health.
- ◆ NHSE should work with professional bodies to ensure healthcare professionals are trained and have the skills and confidence to prescribe movement as a treatment and management intervention for people living with long term conditions.

THE VIEW FROM WESTMINSTER:



Lord Bethell of Romford,
former Minister at the Department for
Health and Social Care

“The Healthier Nation Index findings around perceived barriers to movement are startling. Prevention must be at the very top of the agenda of every major political party and this must start with public awareness of, and changing the public’s attitude towards, physical activity. People must be supported to understand the benefits that movement can have on their mental and physical wellbeing, with specific messaging tailored to populations. We saw how this could lead to behaviour change during the COVID-19 pandemic with campaigns to increase the uptake of vaccines and adhere to public health guidance, and similar community-based approaches should be explored.

Beyond public engagement, the new government should act to systematically break down the barriers that people face to moving through a coordinated cross-government strategy.”



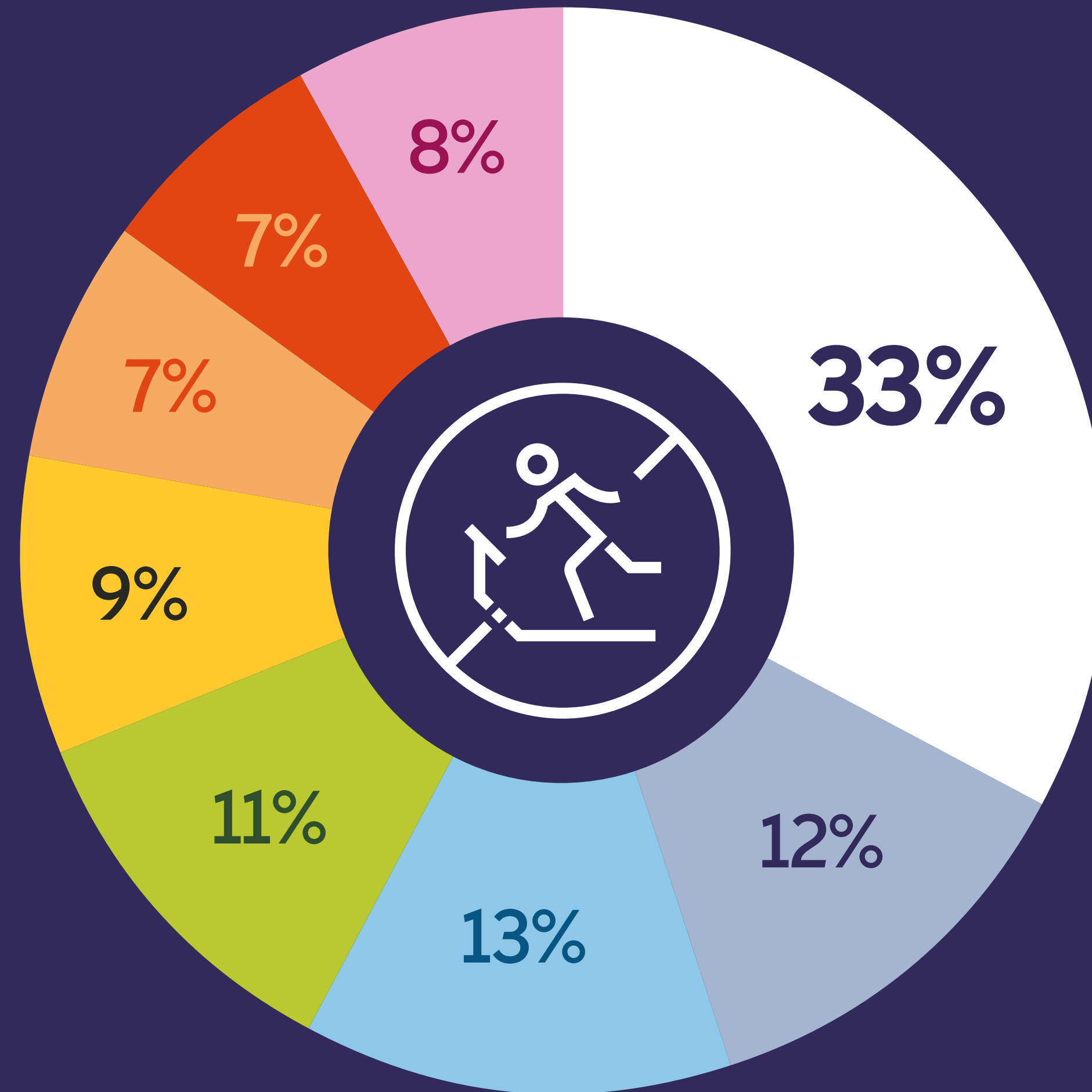
2. Leveraging movement for health



In the last 12 months, on average how much time, if at all, have you spent on vigorous physical activity per week?

KEY:

- ◆ 0 – in the last 12 months, I have not dedicated any time to this, per week
- ◆ Less than 15 minutes
- ◆ 15-30 minutes
- ◆ 31-59 minutes
- ◆ 1 hour-1 hour and 14 minutes
- ◆ 1 hour 15 minutes – 2 hours 29 minutes
- ◆ 2 hours 30 minutes – 3 hours 30 minutes
- ◆ More than 3 hours and 30 minutes



KEY INSIGHT:

Despite the overwhelming evidence of its benefits, HNI data reveals physical activity remains underutilised as a health intervention, especially for those who need it the most.

This gap indicates a missed opportunity to harness movement as a powerful, cost-effective tool for preventing and managing chronic health conditions.

THE HEALTHIER NATION INDEX FOUND THAT:

- ◆ A third of Britons did not dedicate any time to vigorous physical activity in the last 12 months.
- ◆ Only 44% of people living with long-term conditions believe that exercise could improve health conditions.
- ◆ Just 25% of individuals who rate their general health as “very bad” agree that exercise could help, compared to 40% of those who consider their health “very good”.
- ◆ More than 65% of the public recognises that movement can help with stress and anxiety, fewer people associate it with benefits for long-term physical health conditions (47%), recovery from illness (43%), or joint pain (42%).
- ◆ Less than 20% of individuals with conditions like osteoarthritis, osteoporosis, chronic back pain, or fibromyalgia report being recommended exercise by their GP.
- ◆ Only 19% look to their GP, and 18% to other healthcare professionals for advice on physical fitness.

The Healthier Nation Index also found that:

- ◆ More people (45%) felt that cost was a barrier to exercise than not.
- ◆ 22% of people state that their poor mental health has stopped them from exercising in the last 12 months.



Almost three in five Britons expressed that the cost of living crisis and the subsequent change in their personal finances has had an impact on their physical and mental health. Profound effects on household bills and sustained levels of high costs have left people feeling vulnerable and unable to prioritise their wellbeing, or access services that can support better health.





WHAT THIS MEANS:

There is widespread recognition that the cost-of-living crisis is having a negative impact on the nation's physical and mental health, with the Index finding that those suffering with long-term conditions were more likely to agree. While movement for prevention is a relatively low-cost intervention, utilising movement for the treatment and management of conditions does come with a cost.

People are clearly aware of the impact that movement can have on their mental health.¹⁹ However, this has not translated into behaviour change or government policy. For example, the Levelling Up White Paper made limited reference to mental health, and whilst the Get Active Strategy alluded to the benefits that physical activity can bring to a person's mental health, it is limited in assessing success measures in relation to this.²⁰

Additionally, the former Office for Health Improvement and Disparities' Physical Activity guidance provided no examples as to how mental health can be improved through exercise.²¹ There is a growing body of evidence to suggest that not engaging in healthy behaviours, such as movement, early in life can have a detrimental impact on health outcomes later in life.

The low rate of exercise-based prescribing suggests that movement is not being fully leveraged as a clinical intervention. NHS England, along with medical professional bodies, can play a vital role in raising awareness of the benefits of movement for physical and mental health, as well as embedding physical activity into clinical pathways for conditions like chronic pain, musculoskeletal disease, cardiovascular disease, and cancer.



The low rate of exercise-based prescribing suggests that movement is not being fully leveraged as a clinical intervention.

As we shift our focus from a health service to a true health system, it is crucial to recognise the fitness industry as a core component in keeping people active and healthy. NHS England should collaborate with the fitness industry to raise awareness of the importance of exercise and ensure that movement-based programmes are integrated into comprehensive care pathways. Local health systems can support this effort by raising awareness of free, accessible movement-based programmes, ensuring that these options are part of a holistic approach to healthcare. The role of the fitness sector in this transformation is explored in more detail later in this report.

For these initiatives to be effective, there must be accountability. Government departments should be centrally held to account over the implementation of policies that support increased movement across the nation. This will ensure that the bold ambitions to improve physical activity levels are met with concrete actions and measurable outcomes.

In addition, data should be collected on movement based social prescribing to understand the scale of practice across the nation. By tracking this, the NHS can better integrate movement into patient care, capitalising on opportunities to promote physical activity as a core component of managing chronic conditions.

LESS THAN...

20%

OF INDIVIDUALS WITH CONDITIONS LIKE OSTEOARTHRITIS, OSTEOPOROSIS, CHRONIC BACK PAIN, OR FIBROMYALGIA

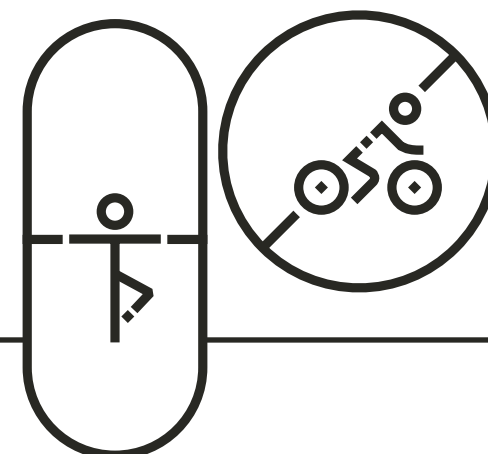
12%

OF INDIVIDUALS LIVING WITH LONG-TERM CONDITIONS

12%

OF INDIVIDUALS WHO RATED THEIR GENERAL HEALTH AS 'VERY BAD'

REPORT BEING RECOMMENDED EXERCISE BY THEIR GP





CASE STUDY: Tracy Bourne, Kent

Suffering from arthritis pain in her hips and hands, Tracy was left housebound for two years during the pandemic. As the pain became unbearable and began to affect her daily routine, Tracy's local GP suggested applying for the Joint Pain Programme at Nuffield Health.



**“I really believed
that gyms were
ONLY FOR FIT
PEOPLE.”**

“I was so anxious about going as I knew an element of the programme included time spent at the gym and I am not a ‘gym person,’ I really believed that gyms were only for fit people. But once I started, I realised there were people just like me there, and it’s not about the way you look, it’s about keeping healthy,”

The Joint Pain Programme has given Tracy the confidence to push herself to do things she wouldn’t normally have the confidence to do. “If the joints are feeling a bit rigid, I know what gym equipment to use and for me, it’s like adding a bit of oil here and there to get moving freely again”.

Tracy’s involvement in the programme has had a positive ripple effect on her family’s health, inspiring them to live healthier lifestyles. “I have even introduced my daughter to the programme as she suffers with joint pain and psoriasis arthritis, and my husband has joined the gym. The Joint Pain Programme has brought my family to the gym together to feel healthy. I’ve also met some really good friends, which is something I never expected and now we meet up once a month for a social get-together.”



RECOMMENDATIONS:

- ◆ NHSE should seek to embed movement, where clinically appropriate, in pathways for symptoms and conditions such as chronic pain, musculoskeletal (MSK) disease, cardiovascular disease and cancer.
- ◆ ICBs and Local Authorities should raise awareness of free-to-access movement-based initiatives amongst healthcare professionals and the voluntary and community sector and work together to facilitate a pathway for people to access those initiatives.
- ◆ The National Physical Activity Taskforce (NPAT) should publish a set of criteria by which it will judge government departments on the implementation of policies that support increased movement across the nation.
- ◆ DHSC should collate data on the scale of movement-based social prescribing across England.

THE VIEW FROM WESTMINSTER:



Baroness Watkins of Tavistock

“The Healthier Nation Index highlights the strong link between work and health. A healthier workforce leads to a more productive nation, and it is crucial that we support and advocate for tangible policies that enhance workplace wellbeing, helping workers lead healthier lives. This will not only benefit individuals but also contribute to the prosperity and resilience of our nation. A cross-government National Movement Strategy, with a focus on encouraging employers to play a stronger role in employee health, would help to transform the health of the working age population.”



Daisy Cooper MP,
Liberal Democrat spokesperson
for Health

“The Healthier Nation Index demonstrates the interlinkages between mental health and physical health. Part of the move towards putting mental and physical health on parity of esteem is ensuring that policymakers should view both in tandem and assess how interventions aimed at improving physical health can also improve mental health - and vice versa. A National Movement Strategy should take a holistic view of these issues and also the system to tackle them, bringing in partners in the voluntary and community sector and the fitness sector.”



3. Advocating for a new model of care



MOVEMENT AS A CLINICAL INTERVENTION

This white paper highlights an urgent and compelling case for the new Government to dismantle barriers to physical activity and support its use as a health improvement tool. Currently, the fitness sector remains an underutilised asset in the delivery of healthcare, despite its expertise, capacity, and infrastructure to support the integration of movement-based interventions. By embedding interventions, like Nuffield Health's community rehabilitation programmes, into healthcare pathways, the government has the opportunity to transform the nation's health.

Physical inactivity is a significant contributor to the development of long-term, preventable conditions such as type 2 diabetes, cardiovascular disease, and certain cancers.²² In fact, insufficient physical activity is associated with up to 40% of these conditions.²³ Despite this, it has not received the same policy attention as other risk factors like smoking and obesity. The Chief Medical Officers of the UK have rightly pointed out that if physical activity were a drug, it would be hailed as a “miracle cure” for its ability to prevent and treat a multitude of illnesses.²⁴

To fully harness this potential, movement-based interventions must not be siloed within one department, but rather integrated across government policy. For instance, the Department for Transport should prioritise active travel, such as cycling and walking, within the design of the built environment. A coordinated policy approach to increasing physical activity for all groups of people could prevent numerous chronic conditions, leading to improvements in the nation's health and wellbeing while alleviating pressure on the overburdened health system.

If physical activity were a drug, it would be hailed as a “miracle cure” for its ability to prevent and treat a multitude of illnesses.

The Healthier Nation Index revealed a stark gap in the current approach; less than 20% of individuals with osteoarthritis, osteoporosis, chronic back pain, or fibromyalgia have been recommended exercise by their GP. This underscores the critical need to cement physical activity as a core pillar of healthcare. Nuffield Health's community rehabilitation programmes, which are available and free to the public, focus on movement-based rehabilitation and deliver holistic benefits. These benefits are not only confined to improved health outcomes but also extend to increased workforce participation and lower health resource utilisation.



Nuffield Health's COVID-19 Rehabilitation Programme was expanded in 2023 with a virtual version of the programme, reaching further into communities to support people who aren't able to travel.







HOW NUFFIELD HEALTH IS LEADING THE WAY IN MOVEMENT INTERVENTIONS



Management & Treatment: Joint Pain Programme

The Joint Pain Programme (JPP) is a clinically designed, free initiative that combines education, low-impact physical activity and emotional wellbeing support. This programme has proven to be life-changing, with a fair proportion of participants who were unemployed at the start of the programme reporting that they were able to return to work within just 12 weeks. Additionally, the JPP has reduced the need for caregiving, decreased GP visits, and cut the number of sick days taken by participants. In 2023, the JPP contributed over £86.5 million in social value to the UK economy by enabling participants to return to work and improving their mental and social wellbeing.

Impact of the Joint Pain Programme: improving individual and community health
The programme results in positive outcomes for individuals, families, health, care and the economy.

	Measure	Outcome	% change
 Individual	Health outcomes	Average improvement in EQ-5D score (Improvement in patients' health)	12.91
 Family/ carer	Carer hours	Average decrease of weekly care hours	21.29
	Family wellbeing	Average increase of family life satisfaction	10.13
 Health and social care	Burden on NHS and social care services	Average annual decrease of GP appointments	28.92
 Economy	Workforce productivity	Average decrease of sick days	47.19
	Workforce participation	Unable to work or unemployed at the start of programme	27.72
		Able to return to work after completing the programme	8.11



THE VIEW FROM WESTMINSTER:



Abtisam Mohamed,
Labour MP for Sheffield Central

“I had the privilege of meeting participants of the STAMINA programme at Nuffield Health Sheffield Fitness & Wellbeing Centre. It was inspiring to see how fitness and movement are transforming the lives of men undergoing treatment for prostate cancer.

The power of exercise, combined with the unwavering support these men provide each other, is truly remarkable. This programme not only improves physical health but also fosters a strong sense of community, offering hope and strength to everyone involved.

Nuffield Health’s partnership with Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Hallam University in this vital trial is a shining example of how we can integrate exercise into cancer care, improving outcomes and quality of life for patients across the NHS.”

Management: STAMINA trial

Nuffield Health’s partnership with Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Hallam University in the STAMINA trial underscores the vital role of exercise in cancer treatment. This supported exercise programme, embedded in NHS cancer care, aims to improve the quality of life for men undergoing androgen deprivation therapy (ADT) for prostate cancer. Early research indicates that targeted exercise can significantly reduce the adverse effects of ADT, yet these interventions have not been widely adopted in routine care. The STAMINA trial, involving 700 patients across 40 NHS sites, is set to provide crucial data that could pave the way for the integration of exercise into routine cancer care.

These programmes are real-world examples of how movement can support the prevention, treatment, and management of conditions. A National Movement Strategy could mobilise the fitness sector and providers within the community so that these programmes and programmes like them are not isolated but are instead embedded into health and care pathways. This would bring life-changing impacts to the public, improving their wellbeing and health.





RECOMMENDATIONS:

- ◆ NHSE and ICBs should consider how to work in partnership with the fitness industry, scaling up interventions alongside both commercial and public partners to improve physical and mental health outcomes.
- ◆ The fitness sector should be better utilised to support delivery of rehabilitation programmes for individuals with long-term conditions.
- ◆ UK Research and Innovation (UKRI) to build the evaluation of movement programmes into their research funding strategies.

CONCLUSION

The current approach to tackling high levels of physical inactivity is fragmented and insufficient to meet the scale of action required to truly transform the nation's health.

The previous government's Get Active Strategy, while well-intentioned, falls short in recognising the impact that movement can have across all stages of life, especially for those living with long-term conditions. Meanwhile, the Major Conditions Strategy intended to focus narrowly on clinical interventions, leaves a significant policy gap unaddressed.

To bridge this gap, a cross-departmental National Movement Strategy should be spearheaded by the Cabinet Office, with leadership from the Secretary of State for Health and Social Care and the Secretary of State for Media, Culture and Sport. This would represent a pivotal shift in public health, ensuring that movement is not an afterthought but a central component in preventing, managing, and treating health conditions. As evidenced by the Healthier Nation Index, this strategy should prioritise interventions for those who stand to benefit the most – women and girls, individuals with long-term conditions, the aging population, and employees – while addressing the barriers that currently prevent them from being active.

By integrating physical activity into the NHS and broader health policies, the government has the power to unlock public health benefits, alleviate the burden of chronic diseases, and significantly enhance the nation's wellbeing. The fitness sector is poised and ready to support this vital mission. Only with a comprehensive and well-coordinated strategy overseen at the highest levels of Government, can we ensure that society reaps the full benefits of the 'miracle cure'.

The message is clear: movement is far more than a lifestyle choice – it must become a critical pillar of healthcare.

**The message is clear:
MOVEMENT is far more
than a lifestyle choice
– it must become a
CRITICAL PILLAR
OF HEALTHCARE.**





ANNEX: METHODOLOGY

The Healthier Nation Index research was conducted by UK-based market research consultancy, Censuswide, among a survey of 8,513 UK respondents (including a nationally representative sample of 8,000 Brits, with an upweighting of people living in London, Manchester, and Hull).

The data was collected between 14.02.2024 and 01.03.2024. Censuswide abides by and employs members of the Market Research Society and follows the MRS code of conduct and ESOMAR principles. Censuswide is also a member of the British Polling Council.

CENSUSWIDE
+
THE SURVEY CONSULTANTS

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Nuffield Health is the UK's largest healthcare charity, dedicated to building a healthier nation

For over 65 years, we have been at the forefront of providing exceptional healthcare, including Health Assessments, physiotherapy, GP appointments and personal training, through our network of 37 hospitals and 110 Fitness and Wellbeing centres.

We work together as a team to help you achieve your health and wellbeing ambitions, championing free health and wellbeing programmes in local communities by giving more people the tools they need to live a healthy life. These programmes help people understand and improve their own health, from those living with joint pain, to helping rehabilitate people experiencing the long-term effects from COVID-19.

To find out more about us and our pioneering models of care, visit nuffieldhealth.com or follow us on:



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