

Addressing the Health Agenda

A new focus for sports activity – Health

SECTION ONE – WHY SHOULD HEALTH BE ON YOUR AGENDA?

Background

Sport, fitness and leisure professionals have the opportunity to make a huge impact on the health of our communities by promoting participation in sport and physical activity. The extent of this impact and its potential in terms of disease prevention and treatment and tackling health inequalities, is largely unrecognised. This, together with the government's modernisation plans and cross cutting agenda, presents the need for greater collaboration between the sport, fitness, leisure and health sectors. In order to really make a difference it is vital that we start to make greater connections with our counterparts in health. This document will explain how this can be achieved and why it is so important. It will also help you to understand the basic structures and terminology familiar to the healthcare setting and offer action points on how to develop links with the health sector.

Sport England is thoroughly committed to this sort of work. In fact our mission statement puts the health of local communities at the heart of what we do:- **“To foster a healthier and more successful Nation through increased investment in sport and active recreation”**. Consequently we will be looking to ensure that the projects and work we fund and support, consider health benefits as a key outcome.

Why should health be part of your agenda?

1. Physical activity and sport can play a huge role in improving people's health by:
 - Reducing the risks of a number of diseases where inactivity is a significant health risk factor
 - Helping to prevent or treat a number of serious medical conditions e.g. Coronary Heart Disease, Obesity, Type 2 Diabetes
 - Tackling the health inequalities that exist between the most and least deprived areas of the population through addressing the wider determinants of health such as social inclusion, housing and the environment.
2. Generally, health promotion professionals have focused their work on promoting general forms of physical activity like taking a brisk walk, and lifestyle activities such as gardening or active transport. We need to promote these forms of physical activity, but also help health professionals to recognise that some people may be more attracted to sporting type activities than they are to more general forms of physical activity. Additionally we need to enable health professionals, to include sporting opportunities as relevant options when they are promoting activity to individuals

The terms 'sport' and 'physical activity' are often interpreted in different ways. For the purposes of this document, the terms will be used in conjunction with each other, based on the key principle that all forms of physical activity and sport, of at least moderate intensity, are beneficial to health.

3. An understanding of the health message and greater emphasis on health in the promotion and development of sporting initiatives would help:
 - **Increase the number of people participating in sport.**
Promoting sport on the grounds of health may attract more people. Starting with lifestyle activities like walking may lead to more active recreation and sport.
 - **Attract funding.**
In seeking funding opportunities for physical activity and sport it is now becoming increasingly important to include the health aspect as a key benefit.

All sport and leisure professionals, policy makers, planners and advisors should therefore know about the health benefits of moderate physical activity, ways to reduce barriers to physical activity and the role they can play in getting more people, more active, more often.

To date, people working in the sport and health sectors have been working in isolation from each other, and although pockets of local collaboration and good practice do exist, these tend to be ad hoc with little

or no real co-ordination. (Examples of good practice are detailed later). We need to learn from and build on the work that has already been done with a view to creating more effective sport, leisure and physical activity provision around the country that impacts on health.

There is much common ground between 'leisure' and 'health' professionals

Health professionals want to encourage more people to become more active in order to:

- Enhance health and well-being and
- Prevent and manage some major causes of disease and disability.

Sport, fitness and leisure professionals want to encourage more people to become more active in order to:

- Nurture interest particularly in young people
- Promote higher levels of performance and excellence
- Support cultural, social, economic and environmental regeneration

SECTION TWO – THE BENEFITS OF SPORT AND ALL OTHER FORMS OF PHYSICAL ACTIVITY

The impact on health

The benefits of physical activity on health are well documented. Consequently physical activity is now considered to be one of the best buys in public health, providing physical, social and mental health benefits and promoting an overall improvement in quality of life to people of all ages, male or female¹ as well.¹

■ Regular sport and all other forms of physical activity²:

- Reduces the risk of dying prematurely
- Reduces the risk of developing heart disease or stroke, which are responsible for one-third of all deaths
- Reduces the risk of developing heart disease or colon cancer by up to 50%
- Reduces the risk of developing type II diabetes 50%
- Helps to prevent / reduce hypertension, which affects approximately 13% of the adult population of England
- Helps to prevent / reduce osteoporosis, reducing the risk of hip fracture by up to 50% in women
- Reduces the risk of developing lower back pain
- Promotes psychological well-being, reduces stress, anxiety and feeling of depression and loneliness
- Helps prevent or control risky behaviours, especially among children and young people, like tobacco, alcohol or other substance use, unhealthy diet or violence
- Helps control weight and lower the risk of becoming obese by 50% compared to people with sedentary lifestyles
- Helps build and maintain healthy bones, muscles and joints² and makes people with chronic disabling conditions improve their stamina
- Can help in the management of painful conditions, like back pain or knee pain.

¹ World Health Organisation (2001)

² World Health Organisation (2002) Benefits of physical activity. URL: www.who.int/world-health-day

- Contributes to weight management by helping to **maintain a healthy weight** and **aid weight loss²**.
- Leads to an **improved quality of life** as it helps to:
 - maintain independence
 - increase socialisation
 - increase energy levels
 - improve sleeping habits
 - increase self-esteem
 - improve body function.

Figure 1 below illustrates just some of these health conditions that physical activity and sport can help prevent or treat.

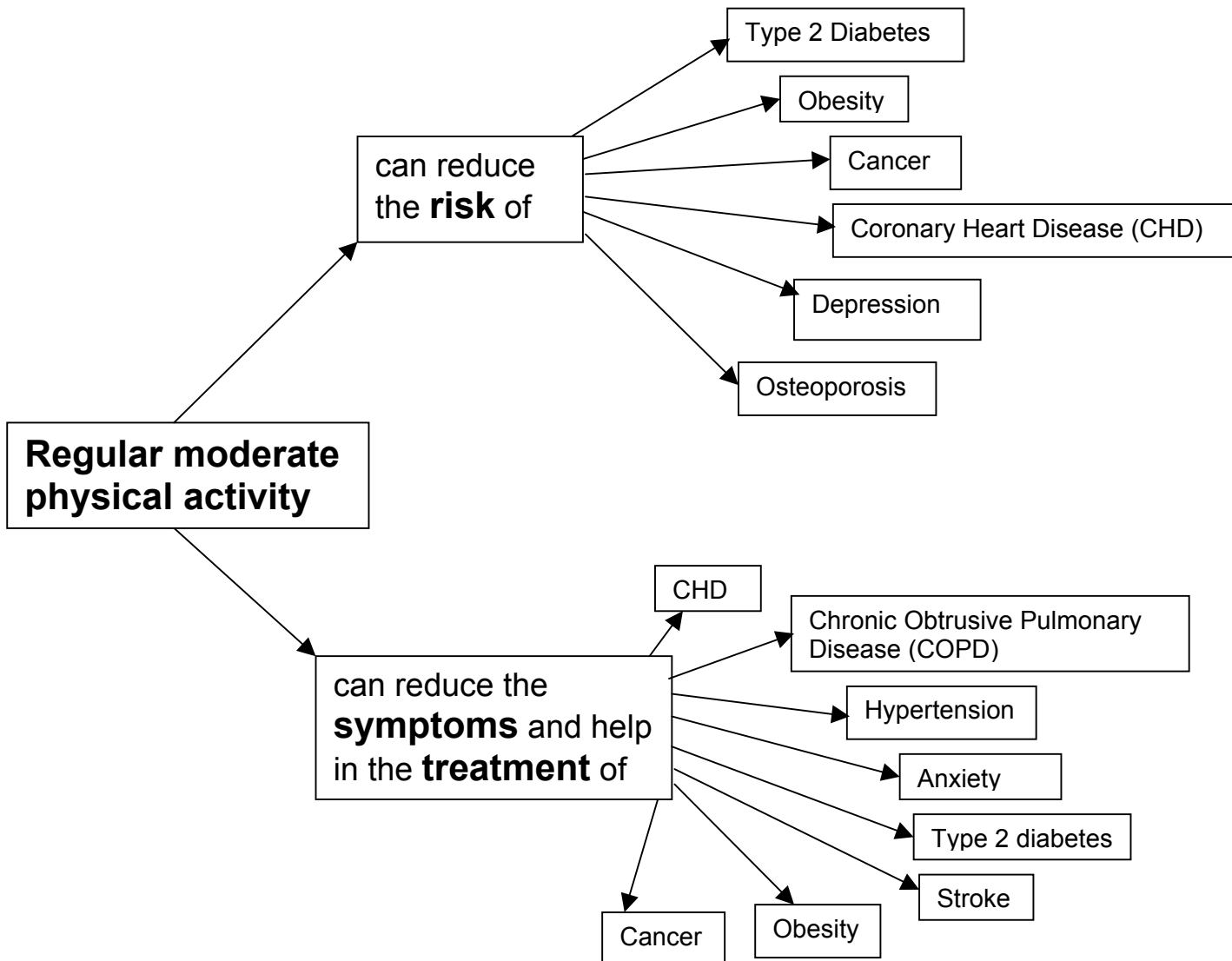


Figure 1 Health benefits of regular moderate physical activity

SECTION THREE – THE IMPACT OF INACTIVITY

The impact of Inactivity – a major health risk

The British Heart Foundation have recently published data estimating that **37% of coronary heart disease deaths can be attributable to physical inactivity, compared to 19% from smoking and 13% from high blood pressure (Figure 2)**³

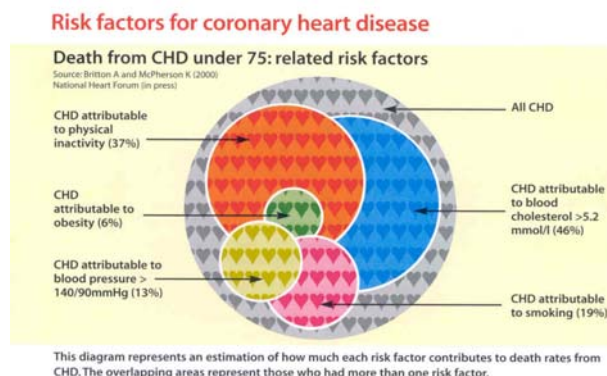


Figure 2 Risk factors for coronary heart disease³

Physical inactivity is now recognised as one of the four major risk factors for CHD, alongside smoking, hypertension and high cholesterol. And more importantly, inactivity is the most prevalent risk factor.

Almost 63% of men and 75% of women in the UK are not active enough to benefit their health⁴

Compared to: 28% men and 26% of women who smoke
41% men and 33% of women have high blood pressure (140/90 mmHg or over)
66% men and 67% of women have high blood cholesterol (5.0 mmol/l and above)⁵

The prevalence of inactivity needs greater emphasis as 76% of men and 72% of women perceive themselves to be physically active⁶. These misconceptions provide us with a challenge to increase awareness of the levels of activity needed to benefit health.

³ Britton A & McPherson, (2001) K. Monitoring the progress of the 2010 target for CHD mortality. London: NHF.

⁴ Office for National Statistics (1998) Health Survey for England. London O.N.S

⁵ British Heart Foundation (1998) CHD statistics: Economics supplement. London: BHF 2002 Edition

⁶ The Sports Council & HEA (1992) Allied Dunbar National Fitness Survey: Main findings. London: HEA

The recent increase in obesity has been directly linked to a reduction in levels of physical activity and an increase in sedentary behaviour⁷. Currently over 50 % of the adult population are overweight, and 17% of men and 21% of women are obese. These figures are set to get much worse and it is estimated that by 2010, 25% of the UK population will be obese (Figure 3). Obesity is associated with a number of serious health problems and figure 4 illustrates the increasing mortality risk associated with obesity⁷.

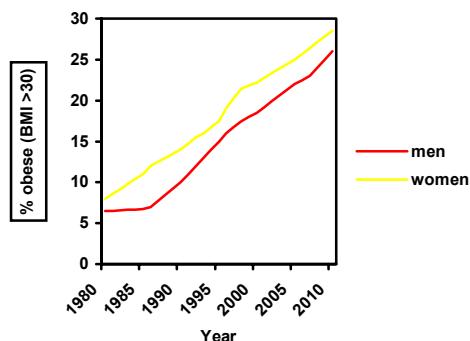


Figure 3 – The Rise in the Prevalence of Obesity in England⁷

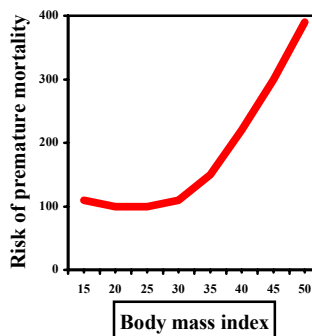


Figure 4 – Health Risks of Obesity⁷

In The NHS Plan⁸, the Department of Health (DH) has identified Coronary Heart Disease (CHD) and Cancer as the ‘major killers’ in England and the incidence of each condition is on the increase. This has led to greater emphasis on prevention of such conditions which includes measures such as increasing participation in physical activity and sport and reducing the amount of people currently leading a sedentary lifestyle.

Various national, regional and local strategies and policy documents now recognise a key role for physical activity in the prevention and treatment of the leading causes of disease and disability (See Appendix). Officers working in sport and leisure have an important role to play in helping to achieve the targets that have been set.

These documents are a useful way to find out how you can contribute to local plans and make an impact locally.

The Impact of Inactivity – the economic burden

Inactivity also poses an enormous economic burden in the UK.

CHD costs the health care system £1.6 billion each year⁵, only 1% of which is spent on prevention. Given that an estimated 37% of deaths from CHD deaths are attributable to a lack of physical activity³, and that 70% of the UK population are not sufficiently active to benefit their health, these statistics clearly indicate that an increase in physical activity and sport would lead to substantial savings in both lives and costs.

⁷ National Audit Office (2001) Tackling Obesity. London: NAO.

⁸ Department of Health. (2000) The NHS Plan: A plan for investment and reform. Department of Health

SECTION FOUR – CURRENT PHYSICAL ACTIVITY GUIDELINES

Current physical activity guidelines

Traditionally, in order to gain health benefits physical activity recommendations emphasised that physical activity needed to be 'strenuous' or 'vigorous'. However, these recommendations were unrealistic and unattainable for the majority of the population. Current guidelines now recognise that health benefits can be obtained from more moderate intensity physical activity which can be incorporated into many aspects of a person's life. Physical activity now encompasses a wide variety of activities that are enjoyable and convenient which can contribute to overall health.

The current guidelines now recommend:


Individuals, accumulate 30 minutes of moderate intensity physical activity at least five days of the week⁹.

Key principles to be aware of when promoting these guidelines:

- Moderate intensity physical activity can be characterised as breathing slightly harder and feeling slightly warmer than normal. Avoid using unappealing terms like 'breathless' or 'sweaty'.
- The 30 minutes can be accumulated in shorter bouts of 10-15 minutes throughout the day and does not need to be done in one continuous session. This allows physical activity to be more easily accomplished by more people.
- The types of activities that are appropriate range from anything like brisk walking, cycling and certain gardening activities to more formal and structured sports or leisure activities.

These guidelines represent the minimum required for overall health benefits.

The greatest population health gain will come from getting sedentary people to do some regular activity. Those who are already moderately active on a regular basis will gain additional health and fitness benefits by participating in some regular vigorous activity.

 *How much of your leisure work is targeted towards the sedentary population? This is where we are going to make the greatest impact in terms of health.*

Current physical activity levels

The Facts: Did you know?

- 63% of men and 75% of women do not meet the guidelines and are not taking enough **physical** activity to benefit their health⁵.

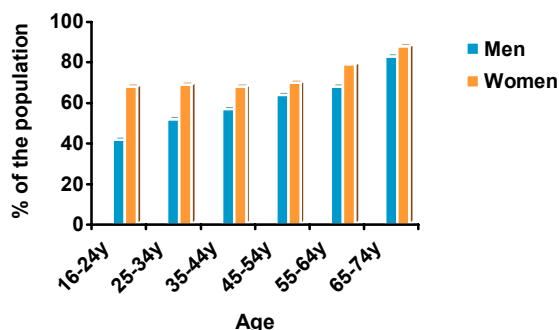



Figure 5 Current Levels of Inactivity (Health Survey for England, 1998)

Figure 5 shows that 42% of men and 68% of women in the 16 - 24 year age group are not active enough to benefit their health. Furthermore levels of inactivity increase with age in both men and women,

⁹ Health Education Authority (1995). Health update 5: Physical Activity

although women are less active than men throughout the age groups. These figures are concerning and it is clear that that we have been unsuccessful in encouraging young people to adopt an active lifestyle as adults.

 *This suggests that if we are to have the greatest impact we need to target the adult population, particularly young women in the 16-24 year age group.*

The Department of Health have also identified potential target groups in their document titled '*Tackling Health Inequalities: Consultation on a plan for delivery*'¹⁰. They report that certain groups of people are at greater risk of being inactive or developing poor health, such as coronary heart disease or cancer. These groups include those on low incomes, unemployed, those with physical or mental disability, ethnic minorities, children, young people and older adults.

¹⁰ Department of Health (2001). Tackling health inequalities: Consultation on a plan for delivery. London: Department of Health

SECTION FIVE – ORGANISATIONS AND STRUCTURES

Structure of healthcare system in England.

The National Health Service (NHS) has recently undergone a period of significant change in terms of its culture and structure to make it a more responsive and patient-focussed organisation.

In short, key structural changes have been made to the NHS which include the development of Primary Care Trusts and Strategic Health Authorities.

Figure 6 shows how the various NHS bodies will relate to each other and to the Department of Health.

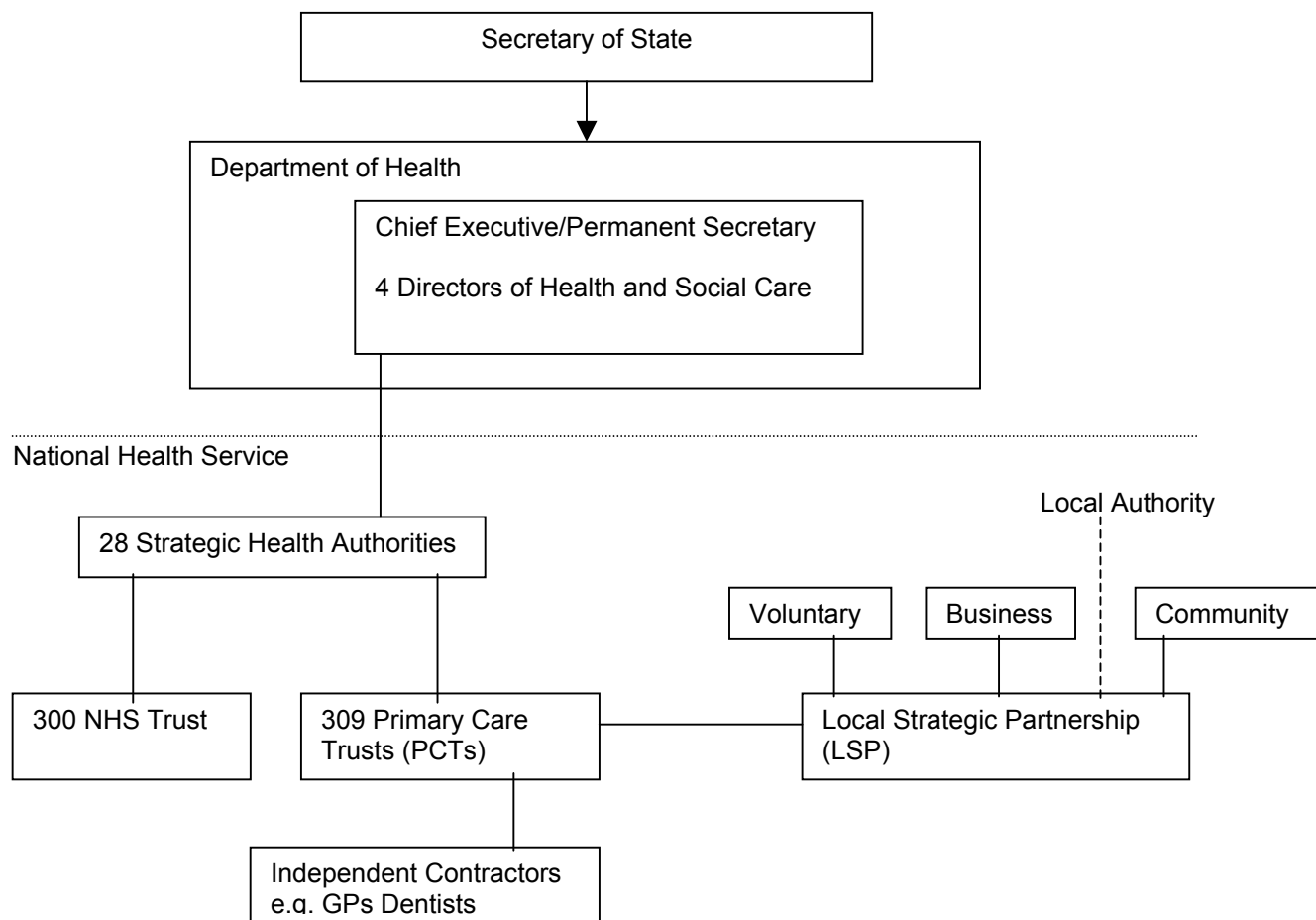


Figure 6 Structure of the Healthcare System in England including the NHS and its links to LAs/LSPs

ORGANISATION

Department of Health (DH)

The Department of Health is responsible for setting the policy framework for the NHS. Shifting the balance of power towards the frontline has involved the DH handing over some of its operational responsibilities and refocusing on its structure. Four directors of Health and Social Care have recently been appointed with a role to oversee the development of the NHS and provide the link between NHS organisations and DH.

These directors will:


- Performance manage the new Strategic Health Authorities;
- Determine when intervention is necessary to support local programmes and ensure delivery
- Work through Regional Directors of Public Health to ensure that the broader health and well-being agenda is delivered.

Strategic Health Authorities (StHA's):

In April 2002, the existing Health Authorities were disestablished and 28 new Strategic Health Authorities were created. Much of the work previously done by the former Health Authorities has now been devolved down to PCTs. In effect Strategic Health Authorities will lead the strategic development of the local health services and performance manage PCT's and NHS Trusts. They will also ensure that national priorities are integrated into plans for the local health service.

Primary Care Trusts (PCTs)

- Now the cornerstone of the local NHS.
- Led by clinicians and local people.
- Responsible for assessing the health needs of their local community and preparing plans for health improvement, which recognise the diversity of local needs. They are
- The lead NHS organisation for partnership working with local authorities, local government and other partners to improve the health of the local communities and to deliver wider objectives for social and economic regeneration.
- Provide most community services and lead on the development of all primary care services.

 PCTs should welcome the opportunity to build partnerships with sports and leisure professionals. Each PCT will have a board level director for public health as well as a number of people working in health improvement/promotion or CHD prevention. *Contact your local PCT to find out who would be the best person to develop links with.*

NHS Trusts

NHS Trusts will continue to have the same function, however they will have to develop new working relationships with PCTs to provide most secondary care and specialist services. They will also be expected to devolve greater responsibility to clinical teams and to foster and encourage growth of clinical networks within NHS organisations.

POLICY

Franchise Plans

Each StHA Chief Executive will need to specify how they plan to deliver the functions of the StHA, they will have the responsibility to set out the delivery plans for the local health community and describe the organisation and ways of working which will be developed.

Health Improvement and Modernisation Plans (HIMPs)

Each PCT is required to produce a Health Improvement and Modernisation Plan (HIMP) for their area that will enable the Strategic Health Authority to monitor progress and performance.

Key aspects of the HIMP:

- developed through a bottom up approach involving collaboration with a range of local and community partners including Local Government, private business, voluntary organisations, and more importantly, the patients and public it serves.
- bring together planning for health improvement with the modernisation agenda.
- the plan and vision on how the local NHS, with its partners, will modernise services to tackle ill health, as well as the root causes of ill health.
- set out the three year vision to improve local health.
- include all key partners in planning of services and they will tackle the root causes of ill health and modernise services.
- will become key stakeholders in LSPs to help deliver on national health inequalities targets and contribute to neighbourhood renewal
- engage in continuous partnership working with key stakeholders, including StHAs, NHS Trusts, LAs and local communities.
- alignment with other local plans including LA Community Strategies.
- engage with local people in the HIMP process in order to improve patient and public participation and community involvement.

PCTs themselves are encouraged to work collaboratively in developing certain aspects of the HIMPs.



Contact your local PCTs to find out what opportunities there are for you to get involved in the development of the HIMP or its implementation.

National Service Frameworks (NSFs)

These have been developed to ensure quality and consistency of NHS services. They help to establish clear national standards for services to improve quality and reduce unacceptable variations in standards of care and treatment. They also put strategies in place to support implementation and establish performance milestones against which progress within an agreed time-scale will be measured. The NSFs published so far are: CHD, Diabetes, Mental Health, Older People and The Cancer Plan. (See Appendix)

INITIATIVES

Health Action Zones (HAZs)

The Government have established 26 Health Action Zones in England in areas of deprivation and poor health. These are partnerships between the NHS, local authorities, community groups and the voluntary and business sectors with a remit to tackle health inequalities and modernise services through local innovation.

Although the individual needs of each HAZ community vary significantly, they face common problems of ill-health and disadvantage. HAZs represent areas of the country with some of the highest levels of deprivation and the poorest levels of health.

HAZs aim to develop and implement a health strategy that cuts inequalities, and delivers within their areas measurable improvements in public health and health outcomes, and quality treatment and care.

Ten **associated Health Action Zones** (aHAZs) also exist in areas of acknowledged deprivation. Together they form a Regional Partnership Development Network, with the aims of:

- Sharing learning and disseminating good practice on partnership approaches to health improvement;
- Accelerating good practice in partnership work by linking to other social ex/inclusion initiatives such as New Deal, Single Regeneration Budget, Sure Start;
- Sharing learning from the national HAZ programme.

☛ *The HAZ website (<http://www.haznet.org.uk>) will tell you whether or not there is a HAZ in your area and give you details of relevant people to contact to see if you can join up work*

Local Strategic Partnerships (LSPs)

Local authorities, which have been awarded Neighbourhood Renewal Funding (NRF), have a statutory responsibility to develop LSP's. LSP's involve the private, public, voluntary and community sectors and lead the way in tackling local deprivation and inequalities, including health inequalities.

PCTs will be involved in Local Strategic Partnerships to ensure co-ordination of planning and community engagement, integration of service delivery and input to the wider government agenda including initiatives like modernising local government, Sure Start, Community Safety Partnerships, Quality Protects, Youth Offending Teams and Neighbourhood Renewal.

Developing partnerships with the health service

There is an expectation that PCTs will become the 'lead health body' to work in partnership with at a local level.

- ☛ *So how do you go about contacting the right person locally?*
- Each PCT will have someone who is responsible for coordinating work on HIMPs.
 - There are also likely to be designated people leading on different NSFs and other NHS Plan priorities. PCTs are taking on more responsibility and there may be a very small number of people in practice who are trying to cover a large number of priorities between them and therefore would welcome the opportunity to build partnerships with sports and leisure professionals.

SECTION SIX – JOINT WORKING BETWEEN LEISURE AND HEALTH

Joint working between physical activity/sport and health

There are a number of physical activity initiatives currently linked to health such as GP or Active Lifestyle referral, walking and cardiac rehabilitation schemes.

Some areas have local physical activity or exercise alliances which have a remit to provide a co-ordinated approach to physical activity promotion. Where these exist they have proved to be invaluable in developing links between sport/leisure and health professionals.

Examples of joint working

West Cumbria – Allerdale and Copeland

A Sport and Health Manager has been recruited to address priority areas within the health and social inclusion agendas, reporting also to the local health group. Emanating from this project is:

- development of a sport and physical activity directory
- promotion of health activist roadshows to recruit more community volunteers
- GP awareness days to promote the value of sport within the health profession
- development of Walking the Way to Health schemes in partnership with the tourism offices and health professionals
- development of balancing programmes with age concern to tackle problems within the health 'falls' strategy.
- development of a GP referral scheme
- setting up of cardiac rehab phase 4 schemes.

South Holland – Vitality Project.

Will get the latest on this from Russell Turner (joint funded by Sport and Health)

What can you do now?

- ☛ Contact your local PCTs:
 - find out what their priorities are
 - find out what opportunities there are for you to get involved (e.g. in the development of the HIMP)
 - think about what you can do to help them achieve their goals.
- ☛ Review your current target groups. Are you reaching the inactive population? Can you adapt your programmes to achieve a greater health impact?
 - Review your overall investment in sport and leisure and see how much of it is contributing to the health agenda. You might like to think of ways you could change what you do so that it does impact on the health agenda.
- ☛ Contact some of the good practice schemes mentioned in this booklet and see if there are similar things you could do in your area.
- ☛ Visit some key websites like the HAZ, Department of Health, Health Development Agency and NHS (See Appendix 1). Find out if there is anything happening in your area that you could be getting involved in and look for key people to contact.
- ☛ Familiarise yourself with some of the terminology relevant to health (see appendix 2).

- Familiarise yourself with the key priorities and policy documents in health (see Appendix 3). These documents are a useful way to find out how you can contribute to local plans and make an impact locally.
- Consider including healthcare settings as outlets for your promotion of the leisure opportunities that you offer. Healthcare settings provide an excellent opportunity for the promotion of physical activity and sport through routine consultations and recommendation or referral to physical activity opportunities in the local community.

On a typical day in the NHS almost a million people visit their GP. ¹¹
78% of the adult population visit their GP at least once a year
95% of the adult population visit a GP surgery every five years

Therefore the potential impact of increasing the emphasis on the promotion of physical activity within the healthcare setting is tremendous.

SECTION SEVEN - Health related contacts/websites/resources

The Department of Health (DH)

Richmond House
79 Whitehall
London
SW1A 2NS

It is important to keep up to date with future changes within the NHS. The most useful source of information is the Department of Health's website at <http://www.doh.gov.uk/>. This includes contact details for key personnel, a library of publications, policy documents and regular bulletins, and links to other useful sources of information.

Tel: 0207 210 4850
Email: <mailto:dhmail@doh.gsi.gov.uk>
Website: www.doh.gov.uk

Health Development Agency (HDA)

Holborn Gate,
7th Floor,
330 High Holborn,
London
WC1V 7BA

Tel: 020 7430 0850
Email: <mailto:da.enquirydesk@had-online.org.uk>
Website: <http://www.hda-online.org.uk>

National Health Service (NHS)

The official gateway to National Health Service organisations on the internet.

Website: <http://www.nhs.co.uk>

Public Health Observatories

Eight regional observatories forming a national association of public health intelligence.

Website: <http://www.pho.org.uk>

Health Action Zones

Engaging the partners, organisations and communities that make up the 26 Health Action Zones

Website: <http://www.haznet.org.uk>

Our Healthier Nation

Information on all aspects of Saving Lives: Our Healthier Nation, the government-wide health strategy for England, published in July 1999.

Website: <http://www.ohn.gov.uk>

Countryside Agency

The Countryside Agency works to improve opportunities for people to enjoy the countryside, and recognises the importance of promoting health and well being. They implement a number of programmes to support this including the Walking the Way to Health Initiative.

Website: <http://www.countryside.gov.uk>

Tel: 01242 521 381

SECTION EIGHT - GLOSSARY OF TERMS

Care Trusts

NHS bodies but accountable also to the local authority for certain functions including personal Social Services. Focused on integrated services, based on either a primary care trust or a NHS Trust.

Clinical networks

A network of health professionals for treating patients by sharing information and resources.

Community Health Council (CHC)

Bodies that represent local people who use health services and can give advice to the public.

Community Safety Partnerships

Exist to create safer places for people to live, work and visit. Many different agencies are involved in the partnership to tackle problems such as anti-social behaviour, domestic violence, crime and reducing accidents and injuries.

Health inequalities

People who are better off have better health and are less likely to die under the age of 75 from all the main diseases that kill. Improving the health and life expectancy of the less well off to reduce this gap, called health inequalities, is a priority of the Health Improvement and Modernisation Plan

Local Strategic Partnership (LSP)

Non-statutory single bodies that operate at a level, which enables strategic decisions to be taken. LSPs bring together at a local level the different parts of the public sector, as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together.

Modernisation Agency

Set up to support Health and Social Care Organisations in their efforts to deliver improvements to their services. It helps identify some of the best performing organisations, rewarding them with more power to make decisions at a local level. It also intervenes when services are poor or failing – helping to get these organisations back on track.

NHS Trust

Providers of health services such as hospital and community services to NHS patients

Primary Care

The part of the NHS where GPs, community nurses and other clinicians work to provide a first point of contact for patients.

Primary Care Trusts (PCTs)

A locally managed free-standing NHS organisation, responsible for improving health, commissioning and delivering health care for local residents.

Quality Protects

Part of the Governments wider strategy for tackling social exclusion. It works with vulnerable and disadvantaged children such as those looked after by councils, in the child protection system, and other children in need.

Regional Director of Health and Social Care

Will oversee the development of local services, and provide a link between the NHS and the Department of Health.

Secondary Care

Local services of a more specialist nature usually provided within acute hospital settings.

Stakeholder

Any individual or organisation with an interest in health, health policies or decision making.

Strategic Health Authority

Proposed to be the bridge between the Department of Health and local NHS services, and provide strategic leadership to ensure the delivery of improvements in health, well being and health services locally.

Tertiary Services

Care of highly specialist nature typically provided in hospital centres (often non local)

Well-being

This is the quality of life, opportunity, and health of local communities.

SECTION NINE - KEY PRIORITIES AND POLICY DOCUMENTS.

Key policy statements and strategies relevant to physical activity and health:

National Initiatives

<p>Saving Lives: Our Healthier Nation (White Paper) Department of Health/National Health Service Executive (1999)</p>	<p>Sets out the government's strategy for health with the overall goals of improving health and reducing health inequalities.</p> <p>Focuses on inequalities in health and sets out specific targets for reducing CHD, Cancer, accidents and mental health.</p> <p>These are reinforced through specific National Service Frameworks. It recognises that there are a wide range of influences on health and states the benefits of a physically active lifestyle as a key determinant for good health.</p> <p>States that physical activity is a key determinant of good health and an important factor in preventing heart disease, stroke and other chronic disease.</p> <p>Aims to significantly reduce death rates by 2010 from cancer, coronary heart disease, accidents and mental illness.</p> <p>This strategy seeks a new balance in which people, communities and Government work together in partnership to improve health.</p>
<p>The NHS Plan: A plan for investment and reform. Department of Health (2000)</p>	<p>The plan for reforming the NHS to enable delivery of the key objectives set out in the White Paper.</p> <p>States in section 13.3 that 'the NHS too has a stronger role to play in prevention, as well as working in partnership with other agencies to tackle the causes of ill health so as to reduce health inequalities'.</p> <p>CHD is recognised as a priority.</p> <p>Physical activity is specifically mentioned as part of the process to improve health, with specific reference made to reducing health inequalities.</p>
<p>Tackling health inequalities – Consultation on a plan for delivery Department of Health (2001)</p>	<p>Consultation document on action to achieve the national health inequality targets, calls for more supportive systems and processes to mobilise resources, manage performance and support integrated working at national, regional and local level.</p> <p>Key priorities are:</p> <ul style="list-style-type: none"> • Proving a sure foundation through healthy pregnancy and early childhood; • Improving opportunity for children and young people • Improving NHS primary care services • Tackling the major killers, CHD and cancer • Strengthening disadvantaged communities • Tackling the wider determinants of health inequalities.
<p>Shifting the Balance of Power within the NHS. (July 2001)</p>	<p>Points the way to a more coordinated public health delivery system and confirms the NHS's role in tackling inequalities in health as previously described in The NHS Plan.</p>
<p>A Better Quality of Life: A strategy for sustainable development for the UK Department of Health (1999)</p>	<p>Government's strategy for sustainable development.</p> <p>Endorses key elements of the White Paper and emphasises that to build 'healthy communities' requires action in the areas of employment, transport, culture and sport, housing, environmental quality and crime as well as health.</p>
<p>Best Value through Sport: the value of sport to the health of the nation. Sport England (1999)</p>	<p>Emphasises that 'sport has a significant contribution to make in achieving the priority targets for health identified by the government.'</p>

<p>Healthy Schools Initiative – Excellence in Schools (White Paper).</p> <p>Department for Health/Department for Education and Employment/Health Development Agency, 1998</p>	<p>Aims to promote a healthy lifestyle to children The National Healthy School Standard enables the whole school community to work together at promoting health. One of the areas targeted is physical activity; schools are encouraged to give pupils the chance to try a variety of activities in a non-competitive way, and to link to local clubs.</p>
<p>Exercise Referral Systems: a National Quality Assurance Framework</p>	<p>Sets out national guidelines and standards for leisure provider operating referral schemes. Minimum standards will be assessed through a national accreditation scheme from 2004.</p>
<p>A New Deal for Transport: Better for everyone</p>	<p>Sets out a framework encouraging walking and cycling. Recognises that transport must be accessible and affordable to increase social inclusion and reduce rural isolation. Encourages development of Green Transport Plans by local authorities, businesses, community organisations, schools and hospitals. This is linked to Local Agenda 21 strategies.</p>
<p>National Service Frameworks (NSFs)</p>	<p>These have been developed to ensure quality and consistency of NHS services. They help to establish clear national standards for services to improve quality and reduce unacceptable variations in standards of care and treatment. They also put strategies in place to support implementation and establish performance milestones against which progress within an agreed time-scale will be measured. The NSFs published so far are:</p>
<p>NSF - CHD</p>	<p>This sets out the priorities for reducing CHD and setting standards for cardiac services with defined targets and milestones to be achieved. Targets include promoting physical activity as part of a lifestyle intervention to prevent and manage CHD within primary care, and emphasising the role of physical activity in cardiac rehabilitation.</p>
<p>NSF - Mental Health</p>	<p>Recognises that exercise, relaxation and stress management have a beneficial effect on mental health. There is evidence that physical activity has a positive effect on mental health. The document recognises that people with mental health problems are more likely to be affected by social exclusion, and that physical activity is part of the intervention to reduce this.</p>
<p>NSF - Older People</p>	<p>Emphasises the promotion of health and active life in older age. It aims 'to extend the healthy life expectancy of older people.' Includes a long-term goal for local plans to include a programme to promote healthy ageing and prevent disease in older people. This sets out interventions for improving the health and quality of life for older people. Physical activity is recognised as part of the process in reducing strokes, preventing falls, improving mental health, reducing rural isolation, and promoting independence.</p>
<p>NSF - Diabetes (currently in consultation).</p>	<p>Identifies the need to promote physical activity to aid weight control and contribute to the reduction of type 2 diabetes.</p>
<p>The Cancer Plan</p>	<p>Recognises that regular physical activity can reduce the risk of certain cancers, particularly colon cancer and emphasises the links with obesity and cancer.</p>

There are also plans for a younger people's NSF which is expected to identify the importance of physical activity.