



More people
More active
More often



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FOREWORD

Professor Sir Muir Gray
 Managing Director, Better Value Healthcare
 Former Chief Knowledge Officer for the NHS

Baroness Tanni Grey-Thompson
 Chair, ukactive



Our population is ageing fast, with a growing proliferation of health problems including disability, dementia and frailty.

It has long been assumed that such problems were directly caused by ageing, and that they could therefore be neither prevented nor treated. But we now know that many of these problems are not inevitable consequences of this normal biological process.

The evidence is clear that ageing by itself is not a cause of major problems until the mid-nineties. The problems that we have ascribed to ageing are due to three other processes: disease (much of it preventable), loss of fitness and negative beliefs and attitudes about growing older.

It is true, of course, that a little luck is required to avoid the diseases we cannot prevent, and to be born into a generally favourable environment, but the loss of function and resilience that we have assumed to be the result of growing older can in fact be influenced principally by activity: physical, mental and social.

This means we have a major opportunity to add healthy, independent and active years to later life. First, we can slow the rate of decline. We know, for instance, that people who are in the top quartile of fitness for their age group have the same ability level as people of average fitness ten years younger.

Second, we can reverse the decline in health so often associated with growing older, and increase ability, by closing the fitness gap: the best possible rate of decline in our health versus the actual decline many of us experience. Increased fitness can achieve this at any age and no matter how many long-term conditions the person has.

Third, we can increase people's resilience, so that they are better prepared to cope with an untoward event such as a fall, a chest infection or a change in season or environment, thus reducing the need for unnecessary hospital admissions and shortening hospital stays.

To grasp this opportunity, we need to get older people, more active, more often. Why? Because that's how we will improve the national experience of growing older, and secure a sustainable future for our National Health Service.

FOREWORD

Professor Martin Vernon

National Clinical Director for Older People, NHS England

We all age, but not necessarily in the same way.

It is important to think of ageing not as a process of inevitable decline, but as a characteristic of being human that we can positively influence. Increasing our personal activity is one of the most important ways we can do this. As individuals, how well we age will have major impacts on how we live our later life.

In the next twenty years, one in seven of us will be aged over 75 and we will be living in a different society, with more people in older age groups than ever before. Population ageing in the UK is influenced by many factors including mortality, fertility, health provision and, importantly, the lifestyle choices we all make. This has implications for how we approach both our own old age, and that of our family members and communities.

While over twenty per cent of people aged over 90 are estimated by NHS England to remain fit, almost one in 25 aged 65 – 69 live in poor health, with reduced ability to support themselves. This is strongly influenced by both how and where we live.

As part of our pursuit of equitable and sustainable high-quality health and social care for the entire population, we must take care to ensure that policy and planning reflect the scale and impact of population ageing on employment, housing, transport, family life and community assets. There is more work to be done to identify how people can be supported and encouraged to be active throughout their lives, and the specific steps that can be taken to make use of the potential offered by community, fitness and leisure facilities.

Getting people of all generations more active can improve our chances of ageing well together and living life independently and productively into our later years. ukactive's report makes an essential contribution toward delivering this ambition, and explores how we can begin to support people to increase their personal activity. For many, this is a choice that represents a chance to live a longer, more productive, and happier life.



FOREWORD

Jason Holtom

Managing Director, Serco

It is well known that keeping active is crucial to staying healthy and independent as we grow older. Yet many older adults are classified as inactive, meaning that they are at an increased risk of lifestyle-related conditions, and of losing their independence.

Serco is passionately committed to supporting older adults to be more active, and to playing our role in ensuring the long-term sustainability of the NHS. Our ultimate goal is to help people of all abilities and ages to maintain and improve their fitness levels.

We do this by providing a range of affordable offerings for everyone to enjoy. We are proud to provide inclusive physical activity opportunities for older adults across a number of our 60 facilities, in partnership with local hospitals, health and social care professionals and charitable groups. These programmes make a significant impact on the communities which we serve, enabling older adults to manage their health conditions, socialise, improve their health and wellbeing, and enjoy their leisure time.

However, we are committed to doing more. We recognise that the term "older adults" reflects a diverse demographic covering people with a wide variety of lifestyles and abilities. Many older adults are working into their late-sixties, and some people are very fit and active throughout later life, while for others, the barriers to physical activity seem insurmountable.

That is why Serco is delighted to be working with ukactive and other partners to develop and improve our offering for older adults to ensure that we are able to accommodate people of all abilities.

This report provides some valuable insight into what can be achieved if we support older adults to be more active. We are delighted to be sponsoring this report, and we will continue to work with ukactive to get more older people, more active, more often.



FOREWORD

Utku Toprakseven
Director, DataHub (4global)

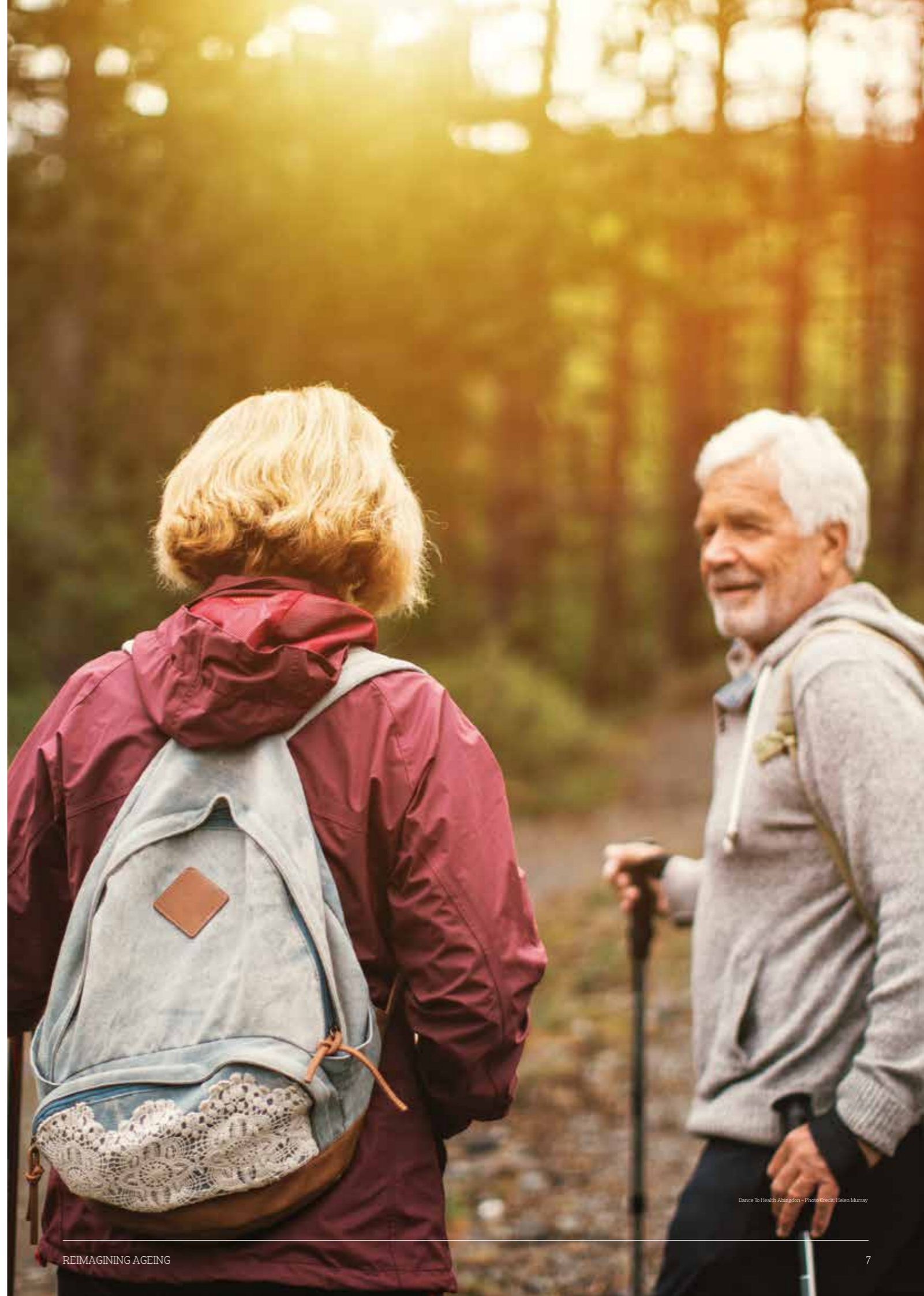


Working alongside ukactive, our goal is to give the industry valuable, credible and actionable insight. Historically, organisations in the sports sector have been forced to base major business decisions on guesswork, straw polls and surveys. Now tracking more than 500 million visits to over 2,000 sports facilities, the DataHub can put real-time information on millions of consumers' lifestyles, physical activity habits and buying preferences at the fingertips of decision makers.

There is strength in numbers and, once our sector's biggest weak spot, data is fast becoming our greatest weapon, helping leisure operators, sports governing bodies and delivery partners to unlock the potential of their data and make data-driven business decisions.

Operators across the country are already proving how preventative measures, brought about by focussing on what their data tells them, can deliver commercial returns, participation outcomes and social impacts, ultimately saving the NHS valuable money.

We are delighted to be working alongside ukactive and DataHub Partners to present this report on active ageing to the industry, giving insight into the part our sector can play in reducing the pressure on our health and social care system and improving the quality of life our country's growing ageing population in later life.



Introduction

A society growing older

The UK's population is growing older, and living for longer, driving a demographic shift that is already having far-reaching implications across society. This change has led to unprecedented pressure on a stretched health and social care system, yet also presents a unique and significant opportunity for organisations, industries, communities, and policymakers willing to collaborate and innovate. Together we have a chance to reimagine ageing, improve lives, and contribute to a more sustainable healthcare system.

By 2030 the number of people in the UK aged 60 or over is estimated to increase to 20 million – up 31% from today's figure of 15.3 million – and expected to climb higher still in the years after.¹ Over the same period, average life expectancy for those aged over 65 is expected to increase by close to two years.²

Coupled with a long-term decline in birth rates, this has led to an increase in the proportion of older people in UK society. By 2040, nearly one in four people (24.2%) will be aged 65 or over³ – a shift that has been named by the Prime Minister as one of the "Grand Challenges" facing the UK's society and economy.

It is important to remember that while "older people" are commonly labelled as one homogenous group, individuals within it can span an age range of more than 40 years. At each stage, individuals have distinctive behaviours, preferences and buying power, different levels of health and wellbeing, and different needs for support. While many are managing complex health conditions, many are not, and there are stark differences between an individual in their eighties, living with frailty and multiple long-term conditions, and an active and healthy recent retiree, using their existing wealth and new-found freedom to adopt a more health-conscious lifestyle.

Despite the variances, research indicates that across this group there are a range of consistent factors that can drive feelings of overall wellbeing. In 2015, the Centre for Ageing Better undertook a survey in England with individuals aged over 50 and identified three areas that are integral to living a good later life: maintaining good health, financial security and multiple, deep, social connections.⁴

¹National Population Projections for the UK, 2014-based. Office for National Statistics. 2015.
²Past and projected data from the period and cohort life tables, 2016-based, UK: 1981 to 2066. Office for National Statistics. 2017.
³National Population Projections for the UK, 2014-based. Office for National Statistics. 2015.
⁴Later life in 2015: An analysis of the views and experiences of people aged 50 and over. Centre for Ageing Better, Ipsos MORI. December 2015.
⁵A Summary of Age UK's Index of Wellbeing in Later Life. Age UK. February 2017.

By 2030 the number of people in the UK aged 60 or over is estimated to increase to twenty million – up 31 per cent from today's figure of

15.3m

Similarly, Age UK's *Index of Wellbeing in Later Life*⁵ identified a range of more focused drivers of wellbeing, that expand upon these three broad themes:

- Taking part in physical activity is one of the most powerful factors that affects wellbeing in older adults – out of over 40 individual measures.
- Personal circumstances, access to social connections, good health, financial resources, and satisfaction with the local area can all have a significant impact on wellbeing.
- Staying meaningfully connected to the community through social interaction is the strongest cumulative indicator, contributing more than 20% toward feelings of wellbeing.
- Maintaining broader physical health and mental wellbeing directly contributed a further 10% toward feelings of wellbeing.
- Levels of satisfaction with local leisure services had a significant, albeit smaller, independent impact.



Organisations across the physical activity sector – including the operators of accessible fitness facilities, community leisure providers, sports clubs, equipment providers, charities and advocacy organisations – already routinely provide millions of people growing older with the opportunities and support to be active; supporting improvements in the areas outlined above and the collective wellbeing of the UK’s ageing population.

However, with the demographic shift of an ageing society expected to grow further over the coming years, serious consideration needs to be given to how the UK’s existing resources and infrastructure can be harnessed more effectively to both maintain, and improve, these services. While life expectancy has increased in the UK, the number of years of healthy life have not, and the proportion of life spent in poor health has remained constant.⁶

Being physically active plays a vital role in ageing well, and confers a range of physical and mental health benefits for people of any age. Encouraging older people, particularly those with one or more long-term conditions, to be more physically active should already be a core ambition of policymakers, as should supporting and collaborating with the organisations capable of delivering this.

However, there is currently no consistent definition of who qualifies as an “older adult”. The Chief Medical Officer’s guidelines for physical activity define an older adult as someone aged 65 or older – when the risk of certain long-term conditions and frailty tends to increase, and the types of activity recommended begin to change.⁷ Whereas Sport England’s active ageing work focuses on individuals aged 55 and up, starting from the point where participation in physical activity tends to decrease.⁸ People become eligible for the NHS Health Check scheme at only 40 years of age. As the Prime Minister has set out in her call to businesses to meet this “Grand Challenge,” successfully engaging older

This report will explore the implications and opportunities presented by an ageing population for the physical activity sector, and how it can begin a transformation to meet the broad needs of an ageing society through collaboration, innovation, investment, and political support.

⁶Health matters: health economics – making the most of your budget. Public Health England, July 2018. <https://www.gov.uk/government/publications/health-matters-health-economics-making-the-most-of-your-budget/health-matters-health-economics-making-the-most-of-your-budget>

people with relevant opportunities, products and services represents a strategic opportunity to access a large and currently untapped market. Supporting people to maintain the habit of being active for life has been a longstanding ambition of the physical activity sector, and while meaningful progress has been made toward it in recent years, this report will show that there is more to be done. As such, it considers “older people” to be those aged 55 and over, to address the factors that start to impact the initial decline in activity levels among that age group.

⁷Department of Health, “Start Active, Stay Active,” 2011. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf>
⁸“Active Ageing”, Sport England, <https://www.sportengland.org/our-work/health-and-inactivity/active-ageing/>

The cost of inaction

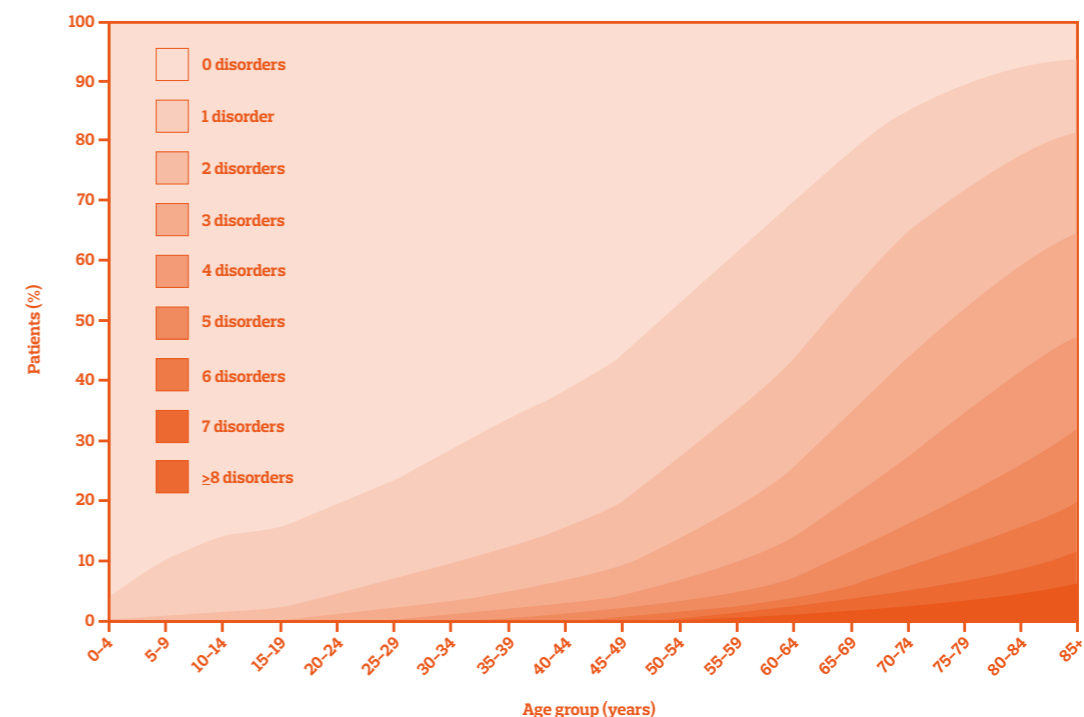
People do not age at a uniform rate. The gradual decline in health that people experience as they age will vary considerably according to their genetic characteristics, their environment (both physical and social) and their lifestyle choices. However, analysis published recently in the British Medical Journal has outlined that this decline in health is closely tied to the loss of fitness.⁹

Approximately 38% cent of people aged over 55 are classed as “inactive”¹⁰ – meaning they fail to achieve half an hour of moderate to vigorous physical activity a week.^{11,12} Sedentary behaviour also becomes more prevalent with age: close to half of people aged 75 – 84 are inactive (48%), alongside nearly three quarters (71%) of people aged 85+. This is compared to less than a third of the population as a whole.

There is a wide range of tangible and perceived barriers that can prevent older people from being active, which range from a lack of motivation or perceived ability, a lack of confidence regarding what activities are appropriate and what positive impact they can have on health, and insufficient access to local opportunities.¹³ These barriers are also likely to vary significantly across the age range – particularly for people at the younger end, who are still of working age. For example, the barriers to physical activity presented by a sedentary office environment will be radically different to those caused by a long-term health condition or lack of confidence.

This lack of activity can lead to detrimental effects on people’s health and wellbeing, increasing the risk of developing any of more than 20 long-term conditions – including cardiovascular disease, stroke, type 2 diabetes, dementia and depression.

The proportion of people living with a long-term health condition increases approximately 10% for every 10 years that they age¹⁶ (as outlined in the graph below).¹⁴ If current trends hold, this will mean an increase in the number of people living with multiple long-term conditions over the coming years. As a direct consequence, the costs of NHS hospital treatment and social care support are likely to climb considerably.¹⁵



⁹Focus on physical activity can help avoid unnecessary social care. Scarlett McNally et al, British Medical Journal. 2017.

¹⁰Active Lives Adult Survey: November 16/17 Report. Sport England. March 2018.

¹¹Tackling Inactivity: Active Ageing Prospectus December 2016. Sport England. 2016.

¹²Department of Health, “Start Active, Stay Active,” 2011. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf>

¹³Tackling Inactivity: Active Ageing Prospectus December 2016. Sport England. 2016.

¹⁴K Barnett et al, Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. The Lancet. May 2012.

The proportion of people living with a long-term health condition increases approximately 10 per cent for every 10 years that they age.

¹⁵Dr Guzman-Castillo et al, Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study, The Lancet Public Health, Vol 2 No 7, July 2017

Cure over prevention: a false economy

Over the next five years, the NHS is expected to receive a £20.5 billion funding boost to help cope with rising demand for healthcare services – an average rise of 3.4% of its total budget per year.¹⁷ While any increase is welcome, analysis shows this additional investment will – at best – only equip the NHS to meet current demand.¹⁸

A vast proportion of current NHS spending is absorbed by the treatment of long-term conditions, many of which are preventable. These conditions account for 50% of all GP appointments, 70% of all bed days, and 70% of acute and primary care budgets in England,¹⁹ and are only predicted to increase as the population continues to age, unless steps are taken to address the underlying causes of ill health.

At the same time, spending on public health and preventative health services through the local authority public health grant has been subject to drastic cuts every financial year since 2014/15. In total, the grant is now worth approximately four to five per cent less than the funding available in 2013/14 (after accounting for inflation), despite having to service a population that is roughly three per cent larger.²⁰

Reduced public health services have resulted in higher levels of preventable ill health and more pressure on primary and secondary care.²¹ This is likely the result of compounding pressures faced by decision-makers, as they struggle to navigate a complex and divided political landscape through the prism of five-year electoral cycles and unprecedented restrictions on resource. Despite this, healthcare professionals have been alarmed by the scale of the cuts

and their potential impact on health outcomes. Research suggests that spending on public health actually delivers a compelling return on investment, with £14 of savings for every £1 spent.²² However, these savings come over a long period of time, and the positive results may be felt far away from where the investment was made. As such, investments in public health may not be a politically attractive option to a government – or local decision-makers – facing immediate funding pressures.

Long-term prevention – and managing demand on services – will therefore need to be at the heart of the investment strategy guiding how NHS England allocates its new resources.

Addressing the NHS's immediate frontline capacity is only a temporary solution – and without considering a holistic approach to health and activity promotion, the impact of the latest spending boost will be severely limited, and a similar-sized investment will be required in a further five years' time.



¹⁶ibid.
¹⁷Prime Minister sets out 5-year NHS funding plan. Gov.uk. 2018.
¹⁸Health Foundation response to government announcement of additional NHS funding. Health Foundation. 2018.
¹⁹House of Care – a framework for long term condition care. NHS England. <https://www.england.nhs.uk/ourwork/lrc-op-eolc/lrc-eolc/house-of-care/>.
²⁰Local government spending on public health: death by a thousand cuts. David Buck, the Kings Fund. 2018.
²¹Feeling the squeeze: The local impact of cuts to public health budgets in England. British Medical Association, 2018.
²²R. Masters et al. Return on investment of public health interventions: a systematic review. *BMI*. 2017.

The missed opportunity

The physical activity sector has grown substantially over the past decade. This is seen not only in the expansion in the number of gyms and leisure facilities, but also in the growing number of facility members, the diversification of users, and increased utilisation rates of existing customers.²³ The success of facility operators in reducing the cost of participation, while maintaining quality standards, has driven the fitness sector through a decade of continued growth, against a national backdrop where participation in overall physical activity is decreasing as it is engineered out of daily life.^{24,25}

However, despite the overall growth in the sector's capacity, the current level of engagement among older people is far below its potential. Older adults (aged 55 and over) currently account for 36% of the adult population. But analysis by ukactive of over 500 million customer visits to public community facilities has found that only one in five (20%) members of public leisure facilities falls within this age group.²⁶

The usage rates of those aged over 65 falls even further, accounting for only nine per cent of visits. While this lack of engagement is closely tied to a range of behavioural and socioeconomic factors – including the high levels of inactivity among older adults – it also indicates that the sector is not currently providing, nor marketing, a sufficiently attractive offer to older people, despite an ambition to do so. As well as the implications for the health of older adults, this has significant consequences for the commercial wellbeing of the activity sector. Older people have significant spending power: 70% of the nation's wealth is currently held by individuals aged over 50, and as a cohort they spent £320 billion in 2017 (an increase of £100 billion from nine years earlier).²⁷ Not engaging this audience leaves a significant market untapped, and a handbrake on the growth of the sector's value both financially and to society.

Levels of engagement with services are also low in spite of evidence suggesting that there is demand for such services when they are appropriate. New fitness facilities which are designed to be accessible, and co-locate community services such as swimming pools, GP surgeries, libraries and police stations, can generate a significant increase in footfall.²⁸ Moreover, specialised, age-specific classes tailored for older people are among the most popular reasons to visit a facility among over-55s. This is seen both in the public sector but also more widely, where operators such as Nuffield Health have demonstrated that services focused on integrated wellbeing can drive higher usage rates from older adults. The dangerous lack of participation in physical activity currently found in this cohort – and lack of engagement with the organisations capable of facilitating it – suggests an untapped potential to promote active lifestyles among people who are growing older. As a result, loss of fitness and preventable disease is placing an unmanageable burden on the resources and infrastructure available to the UK. At an individual level, it puts the physical, mental, and emotional health of older people at risk.

While the physical activity sector has the ability to support the health and wellbeing needs of the nation, and a consumer group exists who could benefit greatly from its services, a disconnect remains between the two. Whether this is due to the services on offer, a pressing need for product innovation, the facilities, or the perceptions of people as they age, a concerted effort is needed to unlock its potential.

The sector is not currently providing, nor marketing, a sufficiently attractive offer to older people, despite an ambition to do so.

²³State of the UK Fitness Industry Report 2018. LeisureDB.
²⁴Active Lives Adult Survey: November 16/17 Report. Sport England. March 2018.
²⁵Moving Communities: Active Leisure Trends 2018 Report. ukactive Research Institute and Datahub. 2018.
²⁶ibid.
²⁷Shhh! Ageing is good business, Eric Kihlstrom, Innovate UK. May 2018
²⁸Empowering Communities: An assessment of capital investment into community wellness hubs, ukactive, Sport England and Alliance Leisure. 2017.

The UK's ageing society presents an immense challenge to the UK and an opportunity for the physical activity sector. There is an urgent need to reimagine the concept of ageing in UK society, embedding the importance of an active lifestyle at its heart, and creating a society where the onset of ill-health, dependence and frailty in older people is avoidable and manageable. The physical activity sector has a wealth of expertise, infrastructure and capacity capable of delivering this aim.



Addressing the challenge: harnessing industry

The enormity of this issue and the urgency with which it must be addressed has already begun to be recognised. The UK government has named improving levels of physical activity among the whole population as a national policy priority, and Sport England has released a dedicated Active Ageing fund for programmes and initiatives that can demonstrably engage older people in physical activity.^{29,30} This has been followed by a series of investments in community pilot projects, where areas across England have been empowered to create local approaches to transform their communities, with some areas identifying active ageing as a priority for action.

Similarly, in March 2018, the government published its Industrial Strategy – stating its intention to proactively engage with organisations and sectors on four “Grand Challenges”: emerging issues likely to drastically impact UK society, but which also present a tangible commercial opportunity for businesses and sectors able to develop innovative solutions to them.

Supporting an ageing society was named as one of these challenges. The government has committed to spending £300 million to support sectors develop innovative solutions and opportunities to reorient the structure of UK society to meet the needs of this cohort, including ring-fencing £98 million to develop a national programme for “healthy ageing”.³¹

Organisations across the physical activity sector have the capacity and expertise to play an invaluable role in this framework – and have already begun making meaningful progress toward addressing this challenge, through innovative approaches to facility development, workforce training, engagement with the healthcare community and programme delivery.

However, these programmes and initiatives broadly exist in isolation, and are not fulfilling the potential impact they could have cumulatively. Addressing the challenge posed by an ageing, inactive population, requires a national review and complete transformation of the physical activity sector’s infrastructure and resources. This would ensure it is able to function as the indispensable frontline to a revitalised NHS, which itself is refocused on keeping people well and healthy, and reducing demands on its services.

²⁹Sporting Future: A New Strategy for an Active Nation, HM Government. 2015.

³⁰Tackling Inactivity: Active Ageing Prospectus December 2016. Sport England. 2016.

³¹Government announces £300 million for landmark ageing society grand challenge. Gov.uk, 2018.

Laying the foundations: industry transformation

Supporting a nation that is growing older, and encouraging them to move more, requires a transformation in the culture and perceptions we have toward ageing. We must adjust the built environment, unlock the power of housing associations, empower grassroots community organisations and harness the potential of the voluntary sector to support and enable older adults to be active.

This must be underpinned by a physical activity sector ready and able to meet this ambition: prepared with the facilities, products, services, programmes, and expertise required to meet the demands of an older society. For this to be possible it needs to be supported by an ecosystem of partners to facilitate the sector to reach its potential – from innovators, to employers and collaborators in the NHS.

There are already promising examples where activity organisations have taken steps to engage and support older people, or where innovative policy solutions exist that could have a powerful, national impact on participation.

These can be split into five distinct areas and environments, each of which is an opportunity for increased collaboration between business, policymakers, the healthcare community, and the activity sector.

They represent the foundations for a national framework that will equip the physical activity sector to meet the needs of a society growing older, and support a broader reimagining of the role that physical activity can play within it.

Active workplaces: Building physical activity into the working day

Embedding a culture of active working in UK workplaces and ensuring all workers have access to nearby, affordable activity opportunities.

Creating an infrastructure

Building accessible community facilities – or Wellness Hubs – equipped with the features to offer a holistic and inclusive physical activity experience.

Training a world-class activity workforce with the skills to engage and support older people.

Activity therapy: Embedding activity throughout the healthcare system

Establishing a joined-up, strategic approach to physical activity promotion across the health and social care system.

Providing a focal point to encourage collaboration between healthcare and exercise professionals to deliver robust activity interventions.

Ideation and innovation

Continually foster the development of innovative products, programmes and services to provide new solutions to inactivity through dedicated accelerators and rapid deployment.

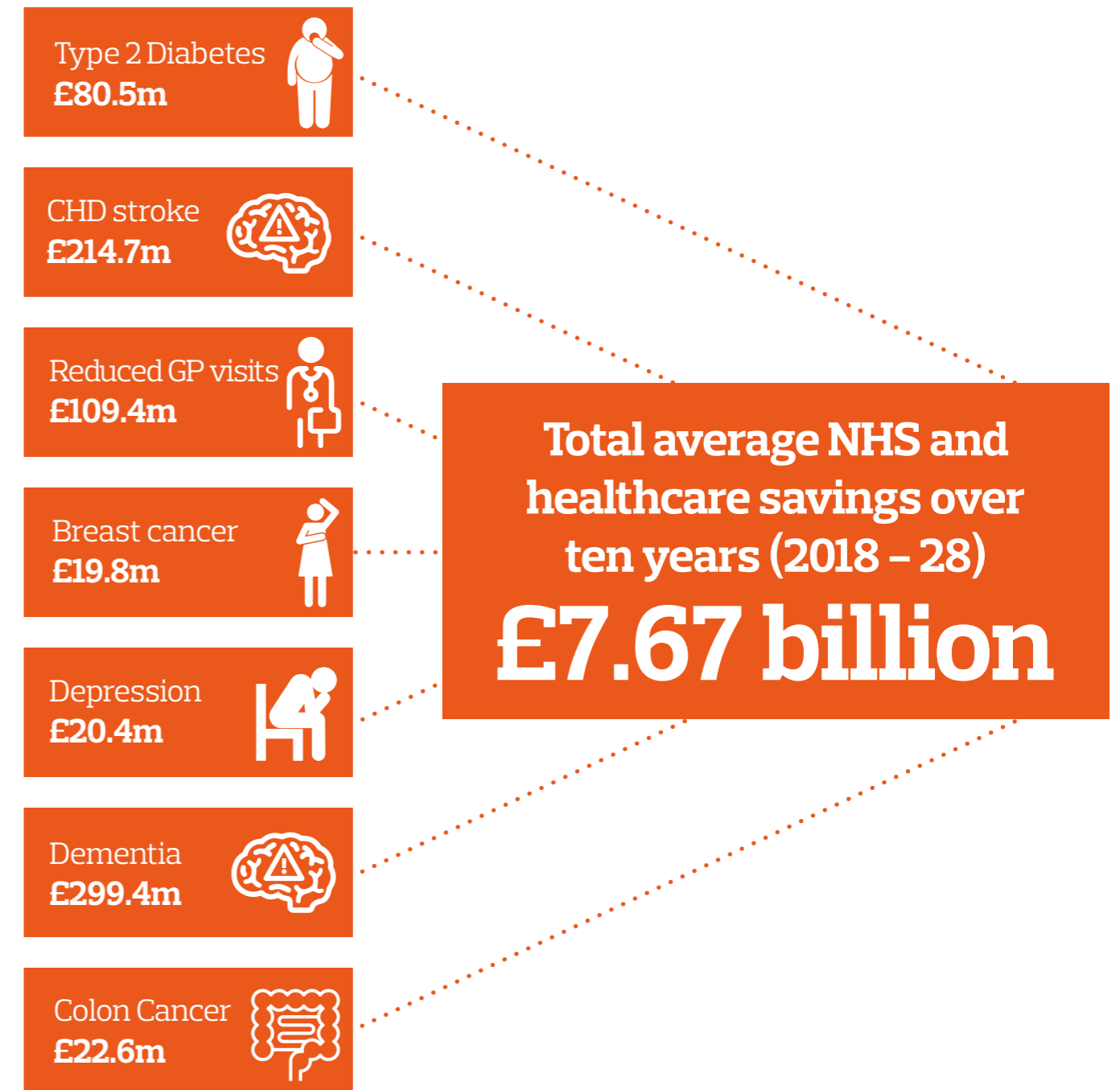
Pressing Re-start: Identifying and scaling best practice

Utilise insight to scale innovative and specialised services, that are tailored to the broad and varied needs of older people.

Potential savings

ukactive has collaborated with Sheffield Hallam University and Datahub, the sport and physical activity insight platform, to estimate the potential cost savings that could be achieved if a comprehensive transformation of the activity sector could be realised and greater proportion of older people were supported to be physically active.

This process estimated that a total of £7.67 billion could be achieved in NHS and healthcare savings if one third of inactive over 55s were supported to be active over the next ten years. This would be as a result of a reduction in cost of treatment from lower incidence of six physical inactivity related long-term conditions, and the associated reduction in GP visits. These processes are described in further detail in the methodology section on page 38.



Active workplaces: building physical activity into the working day

At a time when an increasing number of individuals are living a century or more, the likelihood of needing to work for longer is set to drastically increase. However, our prospects of doing so are undermined by the growing prevalence of inactivity, frailty and preventable ill-health amongst working age people, leading to a significant societal and economic cost.

Every year, employee ill-health negatively impacts UK businesses, despite the fact that much of it is preventable. In 2016/17, 1.3 million workers suffered from work-related ill-health, which equated to 25.7 million working days lost.³² This has been estimated to cost £522 per employee,³³ and up to £32 billion per year for UK businesses.³⁴ Furthermore, turning up to work while sick, and suffering from reduced productivity as a result, can cost a further £15 billion every year.³⁵

Frailty and pre-frailty – the decline in health, resilience and mobility, often associated with ageing – are conditions usually expected to be found in people at retirement age and over, linked to the high levels of sedentary behaviour commonly found at that stage of life.

However, new research suggests that these conditions are increasingly occurring in people of working age, tied to a transformation in our working lives. This is particularly true of pre-frailty (where people regularly experience one or two of the five indicators of frailty; weight loss, exhaustion, slowness, weakness of grip and physical inactivity), which was found to occur in a third of British adults aged 50 – 65.³⁶ Pre-frailty not only increases the subsequent chance of becoming frail in the future, but also has an immediate impact on workplace productivity and rates of sickness absence.

Pre-frailty, however, is a preventable condition that can be improved through fitness. Despite this, people living with pre-frailty now make up 13% of working age adults, and are 20 times more likely to be unemployed for health-related reasons. They are also significantly more likely to have taken sick leave, both in the past twelve months (51%, compared to only 39% of people with no frailty symptoms) and in the last twenty days (10 to 5%).³⁷

This has substantial consequences for the UK economy and the productivity of individual places of work.

The causes of frailty are complex, but the evidence is clear that physical activity has a powerful role to play in its prevention and treatment – particularly among middle-aged people.³⁸ As such, its growing prevalence in middle-aged people is likely linked to increasing levels of sedentary behaviour in the workplace and the subsequent preventable loss of muscle function. Office workers now spend as much as three quarters of their day sitting down.³⁹

However, while many employees struggle to fit physical activity into their busy working days, for a wide range of reasons, research shows that being active for just one hour can offset the potential harm to health caused by an inactive day, irrespective of age.⁴⁰

Living a long, healthy, and independent life will often be contingent on maintaining an active lifestyle throughout adulthood and into old age – and as such, any proposal that aims to meaningfully support older people to be active must also address the reasons for the high prevalence of sedentary behaviour at work.

Programmes are now underway across the UK to explore how the physical activity sector can collaborate with businesses, local authorities, and government to support people to be active throughout the working day. This includes both promoting active travel, and addressing the price of getting active, which is often cited as a barrier.^{41,42} This is currently centred on harnessing the potential offered by salary sacrifice schemes – workplace benefit schemes that allow the government to incentivise positive behaviours, such as pensions contributions and long-term savings. One such scheme is the successful Cycle to Work scheme, which allows employees to buy bicycles at a below market-rate and spread the cost over time. This has since encouraged millions of new people to take up active travel, and has been praised by government for the positive impact it has had on the health of the UK workforce.

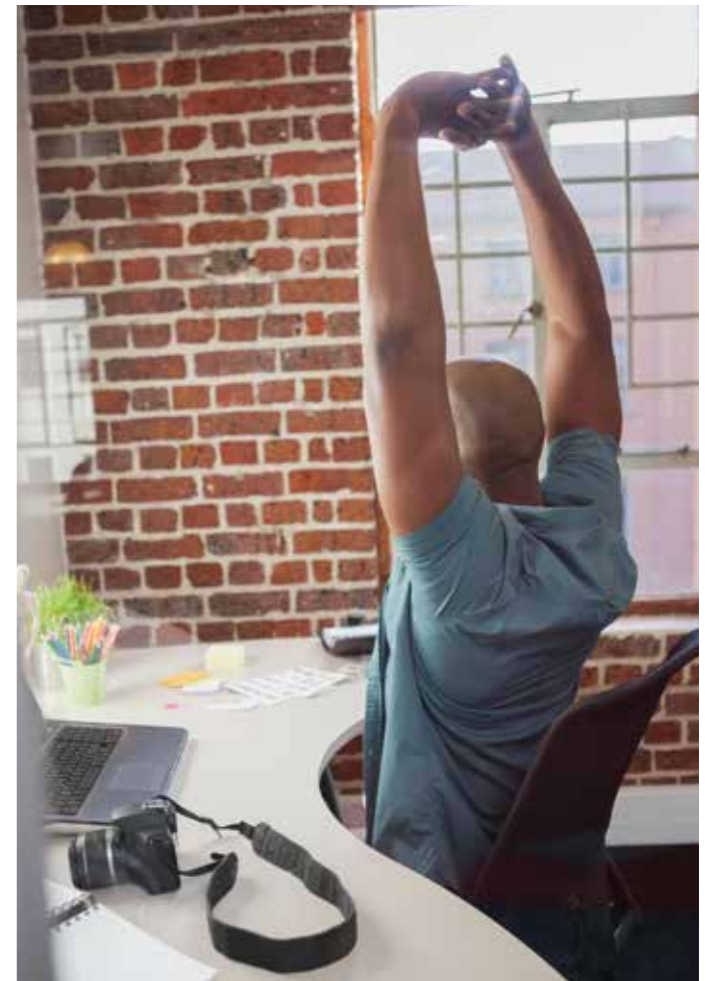
Research suggests that a comparable impact could be seen if a broader array of physical activity opportunities and equipment were made available in a similar way to workers. It has been estimated that expanding the Cycle to Work scheme to include gym memberships and home equipment would engage over 200,000 inactive people, and generate £240 million for the UK economy through reduced NHS costs, improved workplace productivity, and lower rates of premature mortality.⁴³

ukactive therefore proposes an expansion of the Cycle to Work scheme to include a significantly broader array of physical activity opportunities and accessories, such as gym memberships, home equipment and activity trackers.

Employers also have a central role to play in activity promotion – in both identifying the current barriers to building active workplaces, and encouraging their staff to build movement into their working day. A growing and diversifying market is developing to help employers support their staff in this way, and collaborations between health insurers, activity providers, and large employers are now occurring with more frequency to provide employees with a suite of services dedicated to encouraging activity at work.

However, these partnerships are often developed ad-hoc, in isolation to one another, and too often benefitting only office-based employees or those with a higher socioeconomic status. Supporting all adults, regardless of workplace or occupation, will only be achieved if the insight generated from successful, innovative solutions to workplace inactivity can be shared widely and freely. There is already appetite among employers to tackle this problem – given its high associated costs – and whether through enhanced health screening, coaching, incentives, messaging or access to onsite fitness facilities, there is an opportunity for government to support employers proactively do more to support the health of their employees.

ukactive proposes that a network of forward-thinking progressive companies, alongside leading stakeholders such as the CBI, Federation of Small Businesses, Institute of Directors, British Chamber of Commerce and the EEF, are brought together, to share insight and best practice on the barriers to building an active workplace and support the health and wellbeing of an ageing workforce, and oversee a rolling programme of innovation.



³²HSE, "Health and safety at work: Summary of statistics for Great Britain 2017",

³³CIPD, "Absence Management 2016: Annual Survey Report", https://www.cipd.co.uk/Images/absence-management_2016_tcm18-16360.pdf

³⁴PwC (2011), "Absenteeism costing UK business £32 billion a year, with workers taking almost double the number of 'sick' days as US counterparts, says PwC", < <http://pwcblogs.com/press-room/2011/04/absenteeism-costing-uk-business-32-billion-a-year-with-workers-taking-almost-double-the-number-of-si.html>

³⁸British Heart Foundation & ERS Research & Consultancy, "Health at Work: Economic Evidence Report 2016"

³⁹K T Palmer, Frailty, prefrailty and employment outcomes in Health and Employment After Fifty (HEAF) Study, Occupational Environmental Medicine, 2017, Vol 74, pp. 476 – 482.

⁴⁰ibid.

⁴¹Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset. NICE guideline [NG16], October 2015. <https://www.nice.org.uk/guidance/ng16>

⁴³J Buckley et al, "The Sedentary office: a growing case for change towards better health and productivity. Expert statement commissioned by Public Health England and the Active Working Community Interest Company", British Journal of Sports Medicine, 2015, https://www.getbritain-standing.org/lara_base/public/pdfs/gbs/expert_statement.pdf

⁴⁰U Ekeland et al, Does physical activity attenuate, or even eliminate, the detrimental association of sitting time with mortality? A harmonised meta-analysis of data from more than 1 million men and women. Lancet, July 2016.

⁴¹World Cancer Research Fund, (2011), "Is physical activity too expensive?", <<http://www.wcrf-uk.org/uk/blog/articles/2011/01/physical-activity-too-expensive>>

⁴²Lightspeed and Mintel, "Reasons why people don't use the gym", BBC News, 2018, <https://www.bbc.co.uk/news/business-44766250>

⁴³ukactive and Saffery Champness, Workout from Work scheme: A cost-benefit analysis, March 2017 (unpublished)

Creating an infrastructure

Accessible Activity facilities

The rapid expansion of high-quality, low-cost, accessible facilities has driven the growth in the physical activity sector. A national network of fitness and leisure facilities means 90% of the population lives within 20 minutes of a local facility where they can get active. In many cases, these are the first impression individuals get of the physical activity and leisure sector. The design, accessibility and location of a facility is paramount when looking to attract greater footfall, generate additional revenue and meaningfully improve the health outcomes of a local area.

ukactive and Sport England are currently developing a programme that would see the UK's current ageing leisure stock – characterised by 1970s era of inefficient, often costly buildings in various states of disrepair – replaced by state of the art, community-focused Wellness Hubs. These wellness hubs co-locate multiple community facilities with activity provision, bringing together swimming pools, gyms and multisport facilities with GP drop-in centres, rehabilitation services, libraries and police stations, and are also designed to offer an inclusive, welcoming and holistic physical activity experience for a broad range of people, including older adults and people with disabilities.

A number of Wellness Hubs already exist in the UK, and have demonstrated a significant positive impact on the local area, such as increased usage from members of the community and efficiency savings for local authorities.

Discussions are now underway between the physical activity sector, local authorities, the construction industry, leading investor pension funds and government to agree how a national roll-out of these facilities can be resourced.

Community Wellness Hubs can have a powerful, positive impact on the health and wellbeing of their local community, and offer significant cost-savings to local authorities. Government should continue to support this process and facilitate their national roll-out.

⁴⁴Empowering communities: An assessment of capital investment into community wellness hubs, ukactive and Sport England, November 2017.

Case study

Graves Health & Sports Centre

Graves Health & Sports Centre in Sheffield has created an environment where health professionals can easily work with sport and exercise providers to improve patient health outcomes by supporting them to be more active.

The project has a strong neighbourhood focus, and is strategically located to ensure that it is accessible for all of Sheffield's residents and families.

The Graves Health and Sports Centre has a large swimming and training pool, a gym with space for more than 100 people, a strength gym, a spin studio, indoor and outdoor tennis courts, and a gymnastics and trampolining hall. It is also one of the homes of the National Centre for Sport and Exercise Medicine, and therefore has nineteen consultation rooms, and specialist facilities for podiatry and biomechanics. All areas of the centre are fully inclusive to disabled people.

Partnerships and co-location of clinical service delivery

The centre supports a number of local council and NHS providers to deliver their services using the centre's facilities. At present the site supports the local weight management, diabetes prevention and psychological therapies programmes to deliver their sessions, all from within the facility. This enables the centre to account for barriers to people being physically active – including fear of attending leisure centres, and a lack of familiarity or inaccessibility – and create a sense of inclusivity.

After these programmes finish, people are offered structured opportunities to continue using services at the same venue, and ultimately maintain long-term activity participation on either a pay-as-you-go or membership basis.

The co-location of clinical services has had a significant impact on community behaviours. Since January, 65,000 clinical visits have taken place, with tailored exercise interventions prescribed to large numbers of patients with conditions including cancer, Parkinson's and heart disease, with 2,117 people attending cardiac-rehabilitation sessions between January and March 2018.

Aside from this, the NHS's Active Programmes also support patients to access the gym facilities through specialist physiotherapists who use the facilities weekly.

Dementia support

The site also offers a dementia friendly café, and has over 50 members of staff who are Dementia Friends, including front-of-house staff, café staff, lifeguards, managers and gym instructors. These members of staff have completed the training and are fully knowledgeable on how to support those who need their help.

In addition, all site staff have completed a comprehensive e-learning course on dementia to support the increasing number of individuals who live with the condition. At Graves there are two fully qualified Dementia Champions who have used their knowledge and experience to support the wider community and build local partnerships by holding events to support the awareness of dementia.

All reception staff members understand that they need to be patient and supportive to customers when entering the centre, likewise the team are able to offer support in specific sessions such as dementia-friendly table tennis. Having trained gym staff means they have a greater understanding of patients who use the facility.



Workforce development

The frontline of the physical activity workforce consists of high quality, highly motivated exercise professionals, dedicated to getting more people, more active, more often. These 57,000 individuals routinely support people of all ages to take the first step toward being active, embed and maintain that habit, and make substantial improvements in their health as a result.

However, industry insight suggests that more support is required to fully equip exercise professionals with the tools to engage the emerging opportunity presented ageing society, and their unique and varied needs. 88% of physical activity sector employers currently believe that exercise professionals could be better supported to work with older adults, and that a lack of communication and behaviour change skills has been identified as one of the key skills gaps amongst activity professionals in the sector today.⁴⁵

Work is already underway to address these areas, led by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA), who has been tasked by sector employers, and supported by the Government and Sport England, to develop a single professional standards matrix and quality assurance process for industry workforce development.

A key strand of this work is developing robust new professional standards for exercise professionals, including those looking to specialise in supporting people with long term health conditions. A professional standard looking at this particular area is currently under development, bringing together the expertise of a wide variety of expert organisations, including Public Health England, the NHS, the Local Government Association, the Royal Colleges of Physicians and General Practitioners, alongside leading academics and industry professionals.

Furthermore, specific focus must be given to the current age profile of exercise professionals, and the impact that can have on encouraging older people to take up the services they offer. According to CIMSPA's Labour Market Intelligence Report, the average age of those working in the sector is 38 years old, and that it has nine per cent more people aged 17 – 24 than the national average, making it a relatively "young" business.⁴⁶ Conversely, older adults are under-represented, likely making it harder for this customer group to relate to the advice or services offered by the sector as a whole.

Government should support the strategic development of the physical activity workforce to meet the needs of an ageing population, through both investment and advocacy, to ensure education providers and industry employers can align their training to these new standards at pace. This should be matched by specific support to encourage diversity amongst the existing workforce including facilitating older adults to re-train as sport and activity practitioners and secure employment in the physical activity sector.

⁴⁵Raising the Bar. Future Fit Training & ukactive, November 2016.

⁴⁶CIMSPA Labour Market Intelligence Report, CIMSPA, 2017

Case study

Nuffield Health

Nuffield Health's CIMSPA-recognised fitness training focuses on a number of areas that help its fitness professionals engage with a range of clients, including older members. This includes education on topics such as motivation and coaching models, and emphasising "member first" programming to ensure that individual needs and wants are met.

Within its Health MOT training, Nuffield Health develops personal trainers' knowledge and understanding of a variety of health topics that may commonly be encountered when working with older adults. This includes cardiovascular disease, obesity and diabetes, and when to seek further input from a medical practitioner.

Within its Recovery Plus training, Nuffield Health have worked with its physiotherapy team to educate its personal trainers' applied knowledge on exercise programming for post-surgical rehabilitative programming, which enables their staff to support people who have undergone procedures such as knee and hip surgery.

Impact

Since the beginning of 2018, the most frequent gym users, by age band, are those aged between 70 – 79.

In the last month this group visited the gym, on average, eight times. In comparison, last month those aged 30 – 39 averaged six visits.

Customer testimonials

Elizabeth, 71

Recovery Plus patient treated at Nuffield Health Leicester Hospital and Nuffield Health Leicester Fitness & Wellbeing Club

"It was positive right from the beginning to end. All done very professionally. A very good thing that when you have an operation you can follow it on, you don't just leave the hospital and that's it... Such a good idea, such a good programme."

Michael, 67

Recovery Plus patient treated at Nuffield Health Leicester Hospital and Nuffield Health Leicester Fitness & Wellbeing Club

"Having gone through the same thing with my other knee where the physio after was purely once a month at the hospital and which didn't have all the wonderful facilities at the Nuffield Health gym, comparing the two, well there wasn't a comparison, it was much much better and I think it helped my recovery greatly – much quicker."

"I was very positive about the whole thing and I would recommend it to anybody."



Case study

Sian Bain – Move it or Lose it! Instructor

I worked in management positions for much of my life. At the age of 59 I was offered redundancy, and thought to myself about whether I wanted to carry on working, having to meet appraisal expectations and deliver more work in the same time. My husband had retired, so I thought it was time I did so too.

After 6 months at home I realised that I didn't like retirement, I was used to working. I had suffered from cancer in the past, and sat in hospital for a follow-up I saw a 'Move It or Lose It' poster – looking for new group exercise instructors. Before I knew I it, I had passed the in-depth course to take exercise classes for older people.

I started leading chair-based exercise classes straight away, three times a week within the local GP surgery. Now aged 65, I have increased my class-load to nine a week, in a range of different settings to get the elderly moving, including resistance training which is vital in developing strength.

I've also been running 12-week sessions for those with COPD for the past year – and the results have been nothing short of amazing. We've seen patients double their fitness levels in just a few months and you can see the effect it has on their lives. People from my class have told me how they'd suffer from awful aches before, which have now disappeared.

It's not just fitness – I incorporate games within my classes, and it's been fantastic for the social side too. It gives older people a chance to make new friends, and get out and be active, which is so important in helping them avoid feeling isolated. It's a great feeling to see everyone happy and smiling.

I deliver the classes in GP surgeries, in nursing homes and out in the community. One of the highlights is being able to work with my 95-year old father, who loves getting stuck into the class. It's fantastic being an exercise instructor – I really love my job. I wake up every day excited to go to work, and I know the impact I have on their health and wellbeing. Fitness means everything to me."



Community collaboration

Engaging the healthcare community: Activity therapy

In 2016/17, NHS England spent £17.4 billion on prescribed drug treatments in primary and secondary care.⁴⁷ This figure has grown substantially in the last five years, driven partly by the increase in demand tied to a growing number of older people with long-term conditions. Notably, it is approximately 85% of the new additional investment the NHS will receive in the coming years.

Physical activity – hailed by the Academy of Medical Royal Colleges as a ‘miracle cure’⁴⁸ – treats, manages and prevents over 20 lifestyle related long-term conditions, such as coronary heart disease, stroke, type 2 diabetes and many cancers. While building a more active society is an ambition that requires the involvement of a vast array of advocates and stakeholders, the specific role it can play as a viable, cost-effective medical treatment for certain health conditions necessitates that it should be considered with the same rigour, and reverence, by the healthcare community as pharmaceutical medicine.

Moving More, Ageing Well, produced by ukactive in 2017, outlined a considerable number of opportunities in the existing health and social care system that can be harnessed to promote physical activity immediately, at little additional cost, alongside the potential to bring about systemic change if guided by a national, strategic programme.⁴⁹ This should encompass efforts to both equip healthcare professionals to discuss the importance of an active lifestyle with their patients, and the capturing, collation and analysis of data, and its translation into effective, evidence-based physical activity programmes.

Over-65s visit their GP approximately eight times a year, increasing to 14 times a year by the time they are aged between 85 and 90.⁵⁰ Yet 80% of GPs in England are currently unfamiliar with the Chief Medical Officer’s guidelines for physical activity, and fewer than two thirds are confident about discussing activity with their patients.⁵¹ At the same time, across the whole of the NHS, 500 million prescriptions are dispensed per year, alongside 500 million lab reports. Both contain vital information for medical professionals, but are often inaccessible and unclear to the patient. Every interaction an individual has with the health system – whether in the doctor’s surgery, hospital, pharmacy, or in social care, represents an opportunity for the positive impact of physical activity to be communicated to an individual from a trusted source – which, evidence suggests, can be a key driver in influencing behaviour.⁵²

Supporting the education of healthcare professionals in this area is a core objective of Public Health England’s ‘Moving Health Professionals’ collaboration with Sport England. This has focused on upskilling staff with information regarding the benefits of activity, and pilots in settings such as secondary care. This broad messaging is likely to have a significant impact on overall health outcomes and activity participation, particularly among older people. However, the effectiveness of activity as a treatment for specific medical conditions has the potential to be enhanced, if it is complemented by modern evidence-based activity and exercise interventions that are embedded alongside other types of treatment. These should be in a range of established care pathways, in both primary and secondary care, where there is potential to support the rehabilitation services delivered by a broader range of Allied Health Professionals.

Within the UK, exercise referral schemes typically last 10 – 12 weeks, and provide a platform for healthcare professionals to refer patients to fitness and leisure providers to manage particular conditions. However, despite being an established framework among both healthcare and fitness professionals, previous inconsistencies in the quality of delivery, and lack of robust data collection and analysis, have led to low levels of confidence in their efficacy.

In 2014, guidelines from the National Institute for Clinical Excellence (NICE) highlighted this fact and recommended the development and management of a system to collate the data from exercise referral schemes.⁵³ The ukactive Research Institute has since partnered with Refer All, who together are now collecting a variety of data on patients currently taking part in exercise referral programmes. This data includes the information about the schemes themselves, variances in adherence, as well as the health and wellbeing outcomes of participants pre- and post- taking part. This data aggregation has the potential to identify the factors which impact the overall effectiveness of an exercise referral scheme at an individual level, and over time,

can be disseminated to both the healthcare and fitness communities to drive a rolling programme of service improvement.

Given both the prevalence of long-term conditions among older people, and the varied factors that likely impact their participation in, and adherence to, exercise referral schemes, the insight generated from this dataset could lead to significant improvements in programme delivery and the guarantee that they are tailored to deliver the most significant possible improvement in health outcomes for their target audience.

Providing a framework by which to measure the efficacy of exercise referral programmes creates an opportunity for organisations across the physical activity sector to benchmark their engagement, and tailor their programmes in line with best practice. Over the long-term, this could empower physical activity organisations with the insight necessary to collaborate with local health providers. It could ensure that, where appropriate, their services support the specific needs of older people with complex health requirements and deliver against the broader health outcomes of the local community.

Unlocking physical activity’s potential to be considered, and prescribed, as a viable healthcare treatment requires ambition and focus from multiple institutions across the health and care system, as well as the physical activity sector. This includes greater focus and resource allocated to capturing data, unlocking the insight it can provide, and translating it into new programme development and insight that can be drawn upon by existing fitness and leisure organisations.

ukactive proposes the establishment of a strategic, NHS England championed, locally-owned ‘Activity Therapy’ service, developed in collaboration with healthcare professionals, volunteer services and the physical activity sector. It should harness the expertise of the physical activity sector and the reach of the health and social care system to embed physical activity throughout every relevant care pathway of the NHS, support the dissemination of physical activity messaging at every point of contact with the healthcare system, and provide a framework for a range of robust, tailored evidence-based physical activity interventions to be delivered across the UK. This should be informed by real time insight into performance of services, enabling a continuous programme of improvement.

⁴⁷The rising cost of medicines to the NHS: What’s the Story?, The Kings Fund, April 2018. <https://www.kingsfund.org.uk/sites/default/files/2018-04/Rising-cost-of-medicines.pdf>

⁴⁸‘Exercise – the Miracle Cure’, Academy of Medical Royal Colleges, May 2015. <http://www.aomrc.org.uk/reports-guidance/exercise-the-miracle-cure-0215/>

⁴⁹Moving More Ageing Well, ukactive, November 2017

⁵⁰Age UK, Briefing: The Health and Care of Older People in England 2015, October 2015, <<http://www.cpa.org.uk/cpa/docs/AgeUK-Briefing-TheHealthandCareofOlderPeopleinEngland-2015.pdf>>, p.38

⁵¹R Chatterjee et al. ‘GPs’ knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England’, British Journal

of General Practice, August 2017.

⁵²Hilary Bethancourt et al. ‘Barriers to and facilitators of physical activity program use among older adults’, Clinical Medicine and Research, Vol 12 No 1 -2, 2014.

⁵³2018 surveillance of physical activity: exercise referral schemes (NICE guideline PH54), NICE, September 2018.



Case study

Collaborating with local hospitals and healthcare providers to offer Activity Therapy for patients

Serco

Serco Leisure provides services on behalf of community leisure trusts, local authorities, universities, and sporting associations such as Sport England. We manage over 60 facilities – including sports complexes and community leisure centres – across the UK, and have over 90,000 people committed to regular exercise through our fitness memberships.

Supporting older adults to be active is a key priority for Serco Leisure, and they run a number of programmes to engage older adults in their local communities, encouraging them to be physically active..

In Bolton, they run several programmes targeted at older adults. Two examples are the Active Lives and Phase 4 Cardiac Rehabilitation programmes. Through the Active Lives programme, older adults are given a leisure card, which gives half-price access to those aged 60+ and free access to those aged 65+. This enables older adults to access programmes such as swim and gym, low-impact circuits, tea dances, indoor bowling and subsidised instructor sessions.

At the Horwich, Farnworth and Leverhulme sites in Bolton, Serco Leisure have worked with Bolton Council and Bolton Hospital over the last five years to support people in their transition from a Phase 3 to Phase 4 Cardiac Rehabilitation programme. Through this programme, cardiac rehabilitation patients are referred by doctors to an exercise programme at Serco Leisure facilities. These customers are then issued with a free leisure card for a ten-week programme allowing them to access activities such as low-impact cardio, walking tennis and walking football.

Once the Phase 4 Cardiac Rehabilitation programme is complete, participants are provided with a discounted leisure programme to allow them to continue their rehabilitation. An emphasis is placed on building confidence by supporting people to develop relationships with the staff in the facilities to ensure that the environment is welcoming and supportive. In 2017, 194 customers completed the Phase 4 Cardiac Rehabilitation programme in the Horwich, Farnworth and Leverhulme sites. There were also 1,450 follow-up visits by those who had completed the cardiac rehabilitation programme (accessed via the discounted leisure programme) across these three sites.

To ensure older adults receive good customer service, Serco Leisure have developed a comprehensive training package for their staff. All fitness staff in Bolton are qualified in exercise referral, and have received training on key areas such as chair-based exercise and dementia awareness. Many staff have also completed Otago training (helping to develop strength and balance to prevent falls) and each site has a Dementia Champion.

These programmes have helped Serco to build partnerships with many local health services, and they have worked closely with the local hospital, Staying Well Service and health improvement practitioners. They have also delivered training to these stakeholders to support with signposting older adults to physical activity opportunities.

Case study

Enabling Self-management and Coping with Arthritic Pain using Exercise:

ESCAPE-pain

ESCAPE-pain is hosted by the Health Innovation Network, and supported by Arthritis Research UK, NHS England and Sport England.

Approximately 1 in 5 people over 50 years old have chronic knee and/or hip pain, often labelled osteoarthritis. ESCAPE-pain is an evidence-based rehabilitation programme for people 45 years and older, who have suffered knee and/or hip pain for 3 months or more. It has been shown to have wider benefits with the aim of reducing pain, improving physical and mental function and wellbeing, reducing healthcare utilisation, and providing an alternative to drugs and surgery.

The programme itself can be delivered by healthcare professionals or exercise professionals who have attended a 1-day training course which teaches them about the programme, how to effectively deliver it and appropriate behavioural change techniques.

The programme is delivered to groups of about 10 people twice a week, for six weeks (total 12 session). Each session involves:

- an education component (~25 minutes) that supports people understand their condition, what may be causing it, and shows them simple ways to cope with and self-manage their problems
- an exercise component (~45 minutes) where people undertake a challenging, progressive exercise programme, tailored to each person's abilities. This provides them with an experience of exercise as a safe, effective self-management strategy which they can use to reduce pain, and its physical and psychosocial impact.

Since 2013 the programme has spread from 1 site to currently 90 sites across the UK. Over 7,000 people have now participated in and benefitted from ESCAPE-pain and their feedback has been positive. The aim is to continue to increase access to the programme on a local level, to the point that individuals can self-refer themselves to a conveniently accessible programme running in local physiotherapy departments, gyms, local leisure centres, and community halls.

ESCAPE-pain It has been independently assessed and is recommended by NHS RightCare, NICE's QIPP and is endorsed by professional bodies. It obtained a grant from Sport England to deliver the programme through leisure and community centres and hopes by 2021 to engage more than 20,000 people each year.

Ideation and innovation

Tackling the challenges posed by an ageing society requires a level of creativity and innovation which has yet to be seen in the design of products, programmes, and services for consumers who are growing older. To meet the scale of the challenge, we have to unleash a national ambition to make the UK the global launchpad of innovation that gets older adults moving.

Fostering innovative solutions that can engage and support older people is a key pillar of the government's Ageing Society Grand Challenge,⁵⁴ and many organisations – both across the physical activity sector and beyond it – are already allocating resource toward developing new approaches to customer engagement.

There are many examples where ambitious start-ups and established corporate suppliers have harnessed emerging technologies and new approaches to encourage older people to be active, with success stories found across the world. In North America, 17% of people aged over 65 use wearable technology to track their fitness – compared to only 20% of people below 65.⁵⁵ The restrictions previously placed on the use of technology to support older adults are being removed, aided by the fact that older adults are now the only consumer group where there is continued growth in purchase of smart phones and widespread routine access to the internet.

The UK has a globally unique asset in this area. The UK is the only market around the world to be supported by a number of dedicated physical activity accelerator programmes to support innovators and start-ups bring their products to market, and engage directly with potential investors and buyers. ActiveLab, run by ukactive and specialising in start-ups with a growing, active user base and high potential, is a physical activity accelerator programme that has successfully supported the development of a number of new products now available to industry. The next phase of this programme is looking to engage regional authorities to create Innovation Testbeds, bringing together combined authorities, clinical commissioning groups, physical activity and technology providers, and members of the local community, to develop new solutions and rapidly test viability in a real-world setting.



The Industrial Strategy provides an opportunity to drive this further and bring together the broadest coalition of partners – from the physical activity sector, through to academic institutions, product developers, software specialists and major brands – to work collaboratively to tackle this challenge, at scale.

Together, we should search globally for innovations we can introduce to the UK market, and start the process of finding our own answers to the enormous market opportunity of creating products and services that meet the needs of consumers as they grow older.

The Government should utilise existing network and consortia to test and scale innovative solutions aiming to engage older people in greater amounts of physical activity as a central part of meeting the Grand Challenge of an ageing society.

⁵⁴Healthy ageing, UK Research and Innovation, <https://www.ukri.org/innovation/industrial-strategy-challenge-fund/healthy-ageing/>

⁵⁵B Japsen, Wearable fitness devices attract more than the young and healthy, Forbes, July 2016, <https://www.forbes.com/sites/brucejapsen/2016/07/11/wearable-fitness-devices-attract-more-than-young-healthy/#16a5df5157df>

Case study

SilverSneakers

A new approach to reducing healthcare premiums through physical activity

SilverSneakers fitness programme is offered throughout the USA, which helps older people enrolled in Medicare stay physically active and socially engaged. The programme includes a fitness facility membership and access to specialised classes, with the aim to foster social interaction among members and encourage them to live healthy, active lifestyles. The programme is included in many available healthcare insurance programmes, with those enrolled able to access over 14,000 facilities around the country for free.

SilverSneakers programme coordinators are trained to foster an environment that is welcoming and accommodating to differing levels of fitness and mobility. This is vital as two-thirds of attendees have multiple chronic conditions, and almost half report having no previous fitness center membership.

Evaluations of the programme show that those who participate have significantly improved health outcomes – both physical and mental – which resulted in reduced healthcare costs after a single year.⁵⁶

Case study

ActiveLab

Fostering innovative new products to market

Memoride

Memoride is an innovative cloud-based platform that allows users to virtually explore the world from the comfort and safety of an indoor environment. It is developed to allow anybody to remain active, regardless of any possible physical or cognitive restriction.

Through the use of Google Streetview images and a highly intuitive interface, users can go for a bike ride through locations that have an emotional value for them (e.g. the street where they used to live, places they used to go on holidays), or visit new and exciting locations across the globe. At each intersection, users are free to choose their route, making the options endless. Memoride can already be found in over 80 locations in 8 countries across Europe.

⁵⁶SilverSneakers Outcomes: Published Evidence of Program Impact, Tivity Health, January 2018, http://www.tivityhealth.com/wp-content/uploads/2018/01/TH4676Outcomes0118_23NP_SinglePage-1.23.pdf



Walk with Path

Walk With Path have developed wearable products for older adults with the aim of reducing the risk of falls, and enabling those with mobility issues to be more physically active with confidence.

Path Finder: a wearable fitted to shoes that provides visual cues to help people with unsteady and irregular gait. This is particularly helpful to people with neurodegenerative diseases that cause the freezing of gait, and leading to an individual to feel 'frozen' to the ground. To combat this, Path Finder projects a horizontal line on the ground in front of the user, at a set distance from the feet. This gives the wearer a visual cue to step across, and acts as an external stimulus to trigger walking.

Path Feel: an insole that provides vibrational feedback to the soles of people at risk of falls, who are unable to feel the ground properly due to a sensory deficit, or those with general balance issues. By amplifying the sense of touch of the feet to the ground, users are able to identify accurately when their feet touch the ground, thereby reducing the sense of imbalance as well as incidence of falls.

Pressing Re-Start: Identifying and scaling best practice

Adopting more physical activity into your life is an opportunity to press the re-start button on the process of ageing, and thwart the loss of function that inactivity causes.

For the physical activity sector, programmes and classes targeted at older people have already been shown to be particularly popular among that age group, and linked with substantial improvements in health outcomes. Insight from the ukactive Research Institute shows that of gym-goers who are aged 65+, specialised, age-specific classes are some of the most popular reasons to attend a facility. It is also the most popular activity for those aged 75 and above.⁵⁷

Many innovative examples of programmes like these exist already – delivered by a range of physical activity operators, charities, and providers. However, as highlighted throughout this document, older people are significantly underrepresented in the membership base of physical activity and fitness operators, suggesting that current provision does not adequately cater – or is not appropriately marketed – to this audience. More can be done to identify the principles which underpin the success of these programmes, what can be learned from them, and how this insight can be shared industry-wide to stimulate the development and delivery of more tailored activity opportunities for older people.

Physical activity and fitness operators should be supported with the resources, and expertise, of the government, the NHS, and specialist charities, to deliver a greater quantity and a range of beginner and specialist activity classes tailored toward the needs of older people in the local community. Where possible, these should effectively utilise latent capacity at off-peak times. Simultaneously, a national research programme should be launched identifying the specific barriers that account for the underrepresentation of older people in physical activity facilities.

There is undoubtedly an opportunity for the physical activity sector to do more to align its programming to the behaviour of current older activity enthusiasts. 90% of the visits of retired people – aged 65+ – take place during the week, with almost half occurring in the 'late morning' period of 9am – 12pm. This is the time when facilities are underutilised by other customer groups, with substantial "spare capacity" available for deployment in different ways. While it is crucial not to accommodate for older people exclusively in this period, as many still have important responsibilities and time commitments, this presents an opportunity to attract a greater proportion of members from this cohort and run programmes targeted directly toward them. The current under-utilisation of this capacity means that there can be no or low-cost opportunities to test new approaches, and to identify solutions with a potential to scale.

At the same time, more research should be undertaken – consulting with both academic experts, physical activity providers and older people themselves – to identify how organisations can further tailor their offering, in line with the preferences of older people and their customer journey.

⁵⁷Moving Communities: Active Leisure Trends 2018 Report. ukactive Research Institute and Datahub. 2018.

Case study: Dance to Health

Scalable programmes meeting the needs of older people

Aesop's Dance to Health (D2H) programme is designed to help older people who have fallen, or are at risk of falling, to improve their strength and balance. Reducing the number of falls would help to decrease the cost to the NHS of treating patients who have had a fall, which currently stands at £2.3 billion per year.

Overview

The D2H programme offers dance classes tailored to the needs of older people which also incorporate the proven exercise programmes PSI/FaME (Falls Management Exercise) and Otago, that assist in rebuilding strength and balance. The dance artists who deliver the sessions are trained in falls reduction methods. This is combined with creativity, energy and movement to deliver enjoyable, fun experiences with other older people, which can also help to reduce isolation and loneliness.

Outcomes

Evidence gathered from the initial pilot D2H programme indicated that the initiative can be associated with lower overall cost of managing falls. An expanded Phase 1 is currently running, with an associated research study to measure effectiveness, cost-effectiveness, demand and suitability for NHS commissioning.

The programme is currently being delivered in six locations: Sandwell & West Birmingham, Cheshire East, Norfolk, Oxfordshire, Sheffield and Wales, in community venues such as church halls and sports halls. Sessions are delivered weekly over six months, leading on to a sustainable local group.

In each location, partnership funding and involvement of health partners such as Clinical Commissioning Groups and local authority public health or adult social services, is required. For programme delivery, Aesop works with regional dance partners and dance organisations that are recognised by Arts Council England and expert in working with older people.

Funding has been received from The Big Lottery Fund, Nesta, the Department for Digital, Culture, Media & Sport, the Aged Veterans Fund (funded by the Treasury using Libor funds), and four foundations.

Next steps

Aesop is currently planning a second phase roll-out which will run from October 2019. Aesop's principal focus will be on the six areas it has already invested in, and the organisation is currently in conversations with operators about delivering the Dance to Health programme in fitness and leisure facilities.

The aim is to increase the number of participants from 600 to 3,000, and run a randomised controlled trial with the University of Oxford to better understand the impact of the programme on health and wellbeing outcomes.



Case study

Active Ageing for All

The Royal Voluntary Service encourages volunteering to meet the needs of communities. One of the major needs is to support a more connected and active ageing society.

Overview

Frailty is a growing problem – it is both costly for the NHS and leads to poor outcomes for individuals. To redress this issue, the Royal Voluntary Service partnered with innovative exercise provider Move it or Lose it! (MIOLI) to develop a bespoke training course and exercise programme targeted at older adults who struggle with mobility following a period of illness or an accident. MIOLI is unique in that all exercises are targeted at activities that help people in regaining or maintaining their independence. The exercise sessions use music and props (such as balls to improve dexterity) to make the activity fun and non-clinical. Sessions are delivered in hospitals, in the community using community centres, halls or churches and in people's homes. Participants are recruited through clinical referrals from nursing staff, physiotherapists, GPs or social services.

Training is provided by a trained exercise instructor from Move it or Lose it!, and comprises a two-day intensive course. Afterwards, Royal Voluntary Service looks to connect people with locally based exercise groups or other activities to sustain activity in the longer term

Outcomes

To measure effectiveness and impact, Royal Voluntary Service ran a pilot from May to December 2016 in Banbury, Leicester, Oxford and Suffolk. MIOLI was tested in three community centres and at Royal Voluntary Service's Home for Hospital service. The majority of clients had significant physical function limitations and approximately 20% had some form of cognitive impairment. Clients were measured at two time points (baseline 10-14 weeks) using standardised tools including the Short Physical Performance Battery (SPPB), the Office for National Statistics' wellbeing questions and the UCLA's loneliness scale.

Sixty-one per cent of the sample improved their level of physical function, with the greatest gains made among those classified as most frail.

Royal Voluntary Service currently offer resistance-based exercise across all their commissioned service offers and recently completed a project with the London Ambulance Service testing how this intervention could reduce calls to 999 because of falls. The findings from this research are under publication review.

Case study

Swim England Dementia-Friendly Swimming Project

Swim England is the national governing body for swimming in England. Swimming is one of the most accessible activities for all ages and abilities, and is uniquely placed to support people with a range of health conditions which may inhibit them from other forms of physical activity.

Overview

A three-year project supported by the Department of Health and Social Care was developed in collaboration with national agencies including the Alzheimer's Society. This focused on achieving a sustainable and comprehensive change in practice that would result in year-on-year increases in the number of people living with dementia, and their carers, who regularly use swimming facilities.

For aquatic activity provision to be effective for this group, Swim England recognised that a reappraisal and improvement in current practice for swimming and leisure facilities was required. Modifications to facilities, education and training of staff, the development of a range of models of service delivery, and a bank of supportive resources for professionals have been delivered to support pools to become truly dementia-friendly and effective in attracting and retaining new customers.

Outcomes

During the three years that the project ran:

- 102 dementia-friendly swimming pools were created by 48 leisure operators
- 895 leisure staff were trained, of whom 64 were trained to equip with other professionals
- 531 dementia participants and 745 people with a mix of conditions took part in swimming sessions
- 335 carers also participated in project
- A total of 1,181 became Dementia Friends

Benefits to participants included improvements in psychological and social wellbeing, increased physical activity levels, improved water confidence, swimming ability and balance, and reduction in pain. Carers valued the ability to socialise with other carers and share experiences, and saw it as a springboard to other social opportunities.

A desktop study was conducted using the Model for Estimating the Outcomes and Values in the Economics of Sport (MOVES). The return on investment to the NHS was estimated to be £1.42 per £1 invested (42%). This increased to £2.19 per £1 invested (119%) assuming that carers participated at the same intensity and duration.

Next steps

Swim England continues to provide support materials and advice to pools seeking to become dementia-friendly. It is also seeking to build on and expand the programme to include people with a wider range of health conditions, creating cost-effective solutions to maximise pool use and swimming opportunities. This work will target the least active and support improvements in health and wellbeing. A key area of this is the roll-out of a new qualification in Aquatic Activity for Health, to support the development of aquatic exercise referral schemes that are supported by the health sector.



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Looking forward: reimagining the role of the physical activity sector in an ageing society

A substantial amount of evidence exists that demonstrates the powerful, positive effect that physical activity has on the health and wellbeing of people at any stage in life, living in any state of health. The Chief Medical Officer's guidelines for physical activity recommend that all adults aged 65 and over, irrespective of age, race, gender or socio-economic status, take part in activity. The benefits that can be gained from regular movement are substantial, compared to the very low health or safety risks that it carries.⁵⁹

While this is generally recognised among older adults at the younger age of the spectrum, who are still at work or have recently retired, those in their seventies still experience similarly powerful benefits from activity if they are able to improve their fitness – with just small improvements able to reverse their decline in health by up to a decade.⁶⁰

However, there is a persistent perception in society that physical activity becomes less appropriate the more we age. People admitted to hospital are often encouraged to stay in bed, despite it resulting in a rapid decline in health,⁶¹ and among older people themselves, many of the least active highlight beliefs that “physical activity might make my health condition worse,” or “physical activity isn't for people like me.”⁶²

Tackling this commonly-held view, and supporting all older adults to maintain an active lifestyle requires a new, national approach; reimagining what it means to age in the UK and transforming the perception that ill-health and sedentary behaviour are a natural part of growing older.

Organisations across the physical activity sector – already routinely supporting millions of older people to be active every year – have an integral role in any strategy which looks to accomplish this aim.

The solutions outlined throughout this report represent the first steps toward creating such a transformation, and are the fundamental building blocks that will equip the sector to develop a suite of facilities, services, and products tailored to the needs of older people, and begin engaging older adults to a significantly greater extent than it is today.

The cost of not doing so risks not only the future sustainability of the health system – forgoing potential NHS and healthcare savings of £7.6 billion over the next ten years – but also impacts the commercial wellbeing of the sector, failing to engage an untapped, potentially lucrative market.

The Ageing Society Grand Challenge represents a fitting opportunity to support the physical activity sector to put these foundations in place – through strategic support, investment and advocacy. We have the opportunity to further develop and leverage this expertise, and foster innovation, to support all older people with the motivation and opportunities to live an active lifestyle.

Framework for transformation

This report has highlighted a number of recommendations that can be put in place to initiate this movement:

1. Address **dangerous levels of sedentary behaviour at work** by supporting the collection and dissemination of usable insight through a network of forward-thinking progressive businesses, including the five leading business umbrella organisations, and addressing the high cost barrier to activity participant through expanding the successful cycle to work scheme to cover any activity purchase.
2. Government should continue to support the national roll-out of Sport England and ukactive's **Community Wellness Hubs programme**, that can have a powerful, positive impact on the health and wellbeing of their local community, and offer significant cost-savings to local authorities.
3. Government should support the **strategic development of the physical activity workforce** to meet the needs of an ageing population, through both investment and advocacy, to ensure education providers and industry employers can align their training to these new standards at pace. This should be matched by specific support to **encourage diversity amongst the existing workforce**; facilitating older adults to train as sport and activity practitioners and secure employment in the physical activity sector.
4. ukactive proposes the establishment of a strategic, nationally-championed, locally-owned 'Activity Therapy' service, developed in collaboration with NHS England, healthcare professionals, volunteer services and the physical activity sector. It should harness the expertise of the physical activity sector and the reach of the health and social care system to **embed physical activity throughout every relevant care pathway of the NHS**, support the dissemination of physical activity messaging at every point of contact with the healthcare system, and provide a framework for a range of robust,

tailored evidence-based physical activity interventions to be delivered across the UK. This should be informed by real time insight into performance of services, enabling a continuous programme of improvement.

5. The Government should utilise existing network and consortia to **test and scale innovative solutions** to engaging older people in greater amounts of physical activity as a central part of meeting its Ageing Society Grand Challenge.
6. Physical activity and fitness operators should be **supported to deliver a greater quantity and range of beginner and specialist activity classes, tailored toward the needs of older people in the local community**. Where possible, these should effectively utilise latent capacity at off-peak times. Simultaneously, a national research programme should be launched identifying the specific barriers that account for the underrepresentation of older people in physical activity facilities.

While each of these proposals would equip the activity sector to better meet the needs of an ageing society in a certain way, dealing with any area in isolation would fail to deliver the meaningful step-change in the health and wellbeing of older adults required to guarantee the sustainability of the NHS – and miss a unique opportunity to forge a new strategic, joined-up approach to physical activity promotion in the UK.

This report proposes a collaborative and strategic relationship between government, the national health and care system, and the physical activity sector, to address each of the areas outlined above and identify where further support, and investment, could be deployed to ensure older people have access to tailored, robust, and validated rehabilitation and physical activity opportunities.

Evaluating the impact

This should also be matched by an acknowledgement of the current lack of recognition within the government, and wider academic and healthcare communities, regarding the immense potential impact of physical activity.

Whilst this report sets out a persuasive case, the full potential value and impact of activity is currently unquantified, and, as a result, the strategic importance of the physical activity sector to the health of the nation in its entirety is unknown, and, often undervalued.

To understand the potential impact physical activity can have on the health and wellbeing of an ageing population, and to support the case for transformation of the products, services and facilities available to older people from the sector, the Department for Health should commission a comprehensive analysis into the impact of activity on the NHS and social care among older people.

ukactive's commitment

The promising areas of best practice outlined throughout this report represent a snapshot of developments taking place across the industry.

While the insight they offer is valuable for other organisations looking to emulate their success, it does not represent the entirety of the positive work currently underway nor does it capture the full expanse of the potential for physical activity to address the ageing society, through challenges such as the built environment and voluntary and community providers.

In order to inform future policy and product development, ukactive, in conjunction with expert partners, will continue to gather, analyse and share insight into work currently taking place to engage older people.

We also commit to supporting the UK in meeting the Grand Challenge presented by an ageing society, which will require reimagining what it means to grow older in the UK. An industry-led and market-driven approach will be vital in creating sustainable and thriving ecosystem of organisations able to capitalise on the vast opportunity presented by a nation growing older, and meeting the clear need for support to keep moving. Independent, healthy and happy later lives are dependent on our success, as too is the future growth of the sector.

⁵⁹S McNally et al, Focus on physical activity can help avoid unnecessary social care, BMJ, October 2017

⁶⁰Department of Health, "Start Active, Stay Active," 2011, <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf>

⁶¹Cooper R, Hardy R, Aihie Sayer A, et al. HALCyon study team. Age and gender differences in physical capability levels from mid-life onwards: the harmonisation and meta-analysis of data from eight UK cohort studies. PLoS One 2011;6:e27899. <http://www.ncbi.nlm.nih.gov/pubmed/22114723doi:10.1371/journal.pone.0027899> PMID:22114723.

⁶²Arora A. Deconditioning awareness campaign. 2016. <http://www.uhnm.nhs.uk/OurServices/Elderlycare/Pages/Deconditioning-Awareness-Campaign.aspx>

⁶³Tackling Inactivity: Active Ageing Prospectus December 2016. Sport England. 2016.

Methodology

The Social Value Calculator (SVC) is based on a model developed by the Sport Industry Research Centre at Sheffield Hallam University which is used for measuring the return on investment of sports in England in social terms. The calculator gives key stakeholders including operators and governing bodies an indication of the social value that is generated from investment in sport and physical activity. The SVC module in the DataHub platform was developed with partners across the sector to ensure the robustness and credibility of results:

Sheffield Hallam University

The methodology from Sheffield Hallam University's model for measuring the social return on investment of sports participation has been adapted for use in the DataHub's module. Sheffield Hallam continues to provide ongoing guidance to ensure that the evidence base that underpins the model remains relevant and robust.

Experian

Through its Mosaic database, Experian has developed a detailed understanding of lifestyle and lifestages at both individual and household level. This allows a risk profile to be created across a range of over 300 social indicators. These Mosaic profiles are used in the SVC calculator to determine differences in value benefits between demographic groups.

4global

4global manages the DataHub – the largest sports and physical activity database in the UK, where the sector data from over 2,000 facilities and 500million visits are aggregated, standardised and processed for the SVC. 4global is responsible for the development and enhancement of the SVC using the participation data from the DataHub, SHU's model and Experian's mosaic profiles.

How the model works⁶³

The model splits social value into four components:

- Improved health (reduction in diseases including breast cancer, colon cancer, type 2 diabetes, dementia, CHD stroke, depression, reduced GP visits and psychotherapy usage)
- Increasing subjective wellbeing (improved life satisfaction)
- Improved education
- Reduced crime

The savings attributed to these areas are calculated from a combination of volume of participants, frequency of activity and the Mosaic segments that participants belong to.

⁶³For further information on the Social Value Calculator, please visit <https://web.datahubclub.com/social-value-calculator/>

According to the model, social value can only be generated by repeat behaviour. For a user to generate social value at a leisure centre they must participate in physical activity at least four times a month – this is the equivalent of weekly participation.

We used the SVC to model the potential impact on NHS costs if the physical activity sector was equipped to fully support an ageing population (adults 55+) through leisure centre programmes and interventions over the next ten years. This produced an annual social value figure for health savings attributed to participation in physical activity.

Methodology

1. Use Office for National Statistics (ONS) population figures to determine the size of the adult population aged 55+.
2. Use Latent Demand tool to calculate the projected number of active participants within the population size identified in step 1.
3. Use data from the Datahub's SVC tool to establish what percentage of the active participants are doing enough activity to reach the threshold where they generate social value.
4. This creates three groups of people, and the social value for the number of participants in each of these groups can be established by using the SVC: 1) Those currently active and generating social value; 2) Those currently active but not at a sufficient level to generate social value; 3) Those currently inactive.
5. This procedure was repeated for the ONS population projection for those aged 55+ for the next ten years, up to 2028.

Assumptions

1. Percentage of active population is derived from Latent Demand tool.
2. For purposes of modelling, the percentage of active population remains unchanged from 2018–2028.
3. By equipping the physical activity sector to fully support an ageing population, 100% of those who are currently active but not enough to generate social value can be encouraged to increase their activity to a level where they meet the social value threshold.
4. By equipping the physical activity sector to fully support an ageing population, 30% of the currently inactive population can be supported to become active and meet the social value threshold.



⁶⁴HSE, "Health and safety at work: Summary of statistics for Great Britain 2017", <https://www.hse.gov.uk/statistics/2017/>
⁶⁵CIPD, "Absence Management 2016 Annual Survey Report", <https://www.cipd.co.uk/images/absence-management-2016-tcm18-16360.pdf>
⁶⁶PwC (2011), "Absenteeism costing UK business £32 billion a year, with workers taking almost double the number of 'sick' days as US counterparts, says PwC", <http://pwcblogs.com/practice/2011/04/absenteeism-costing-uk-business-32-billion-a-year-with-workers-taking-almost-double-the-number-of-si.html>
⁶⁷British Heart Foundation & ERS Research & Consultancy, "Health at Work: Economic Evidence Report 2016"



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