

Active Connections Conference

Embedding Physical Activity into Health

2nd February 2026



Please take your seats, the event will begin soon

Housekeeping



Programme



9-9.30am	Opening Address
10.50am	Networking & Refreshments
11.05am	First Workshop Choice
11.55am	Refreshment Break
12.10pm	Second Workshop Choice

Workshop Options:

1. Becoming an Active Practice
2. Active Medicine
3. Examples of Physical Activity in South & West Herts



Active Connections



Began in January 2024

Funded by Hertfordshire County Council Public Health

Delivered by Herts Sport & Physical Activity Partnership (HSP)

Mission: *To better embed physical activity into Hertfordshire healthcare systems*

Improving awareness, confidence and connections between healthcare and community physical activity.



Keynote Speaker



Louise Savory

Associate Director for Healthy Places and Communities

HCC Public Health



How active are we?

- Around 1 in 3 adults are not physically active enough **but** there are two million more adults getting active on a regular basis than in 2016.
- 1 in 2 children are not physically active enough. Children and young people from the least affluent families are the least likely to be active.
- People tend to get less active with age, especially in older years.
- People with disabilities or long-term conditions are twice as likely not to be active enough for good health.
- People from Asian, black, and 'other' ethnic groups are less likely to be physically active **but** people from mixed ethnic backgrounds are the most likely out of all ethnic groups to be physically active.
- **One in four people would be more active if advised by a healthcare professional. Motivation from others – family, friends also important.**

[Active Lives Survey](#) [Physical activity for adults and older adults](#)



Benefits of physical activity

Improves sleep

Maintains weight

Improves mental wellbeing and manages stress

Dose- response: small amount of exercise, i.e. less than the Government's guidelines, may be sufficient to reduce mortality

Type 2 diabetes -40%

Cardiovascular disease -35%

Falls, depression -30%

Joint and back pain -25%

Colon and breast cancer -20%

Dementia - 28%

How can we help people in Herts to be more active?

Make taking part in physical activity affordable, accessible, easy and fun

Invest in the infrastructure for active and safe commuting to work, school, shopping and recreation

Invest in physical activity for children - inspiring young people to make exercise a life-long habit

Prioritise people with long term conditions, people unable to work due to ill-health, strength-based exercise in older people

Listen to what people want: co-production, co-design, co-delivery

Promote what we have in Herts - there's huge amounts of exercise / activity on offer!



Partnership and integration with the NHS

National NHS priorities

- Equipping health care professionals with the tools and information, making it easy to sign post or refer
- Integrating physical activity into clinical pathways
- Supporting the NHS workforce to increase their physical activity
- Supporting innovation and evaluation with partners

Opportunities with the new Government

- NHS position statement on physical activity
- New Government Health Mission – includes physical activity
- Darzi Review emphasising the importance of prevention and efforts to tackle health inequalities
- Ten year NHS plan
- 'Get Britain Working' white paper
- Chief Medical Officer committed to physical activity being a priority

PH role in physical activity

- **Data and evidence** – Producing physical activity JSNAs
- **Campaigns** – Promoting the benefits of activity and signposting to local opportunities e.g. Never too late, Love your Bump
- **Partnerships** – Facilitating the collaboration between the health and physical activity sectors e.g. Active Connections, Active Practice Charter
- **Programmes** – Supporting programmes that target inactive populations and address health inequalities e.g. Health Walks
- **Place based approach** - Encouraging active travel initiatives, walking and cycling e.g. Healthy Streets, School/GP travel plans



Huge assets in Hertfordshire to build on

- Shared commitment across Hertfordshire from NHS, local government, voluntary organisations
- Track record of investment and funding from district councils and the County Council
- Very strong relationships and good will between partners
- Masses of opportunities and innovative schemes
- Hundreds of grassroots organisations working hard to increase opportunities in their local communities
- Leadership and track record of achievements of Herts Sport & Physical Activity Partnership – anchored in the University with its incredible facilities and reach into the community
- GP leaders championing good practice, e.g. active practice charter and exercise on prescription
- Network of social prescribers and community navigators



Active Connections Conference

Keynote Speaker



Annie Holden

Strategic Health Lead

Active Partnerships National Organisation (APNO)





Moving Together: Improving the pathway between health and activity by removing barriers associated with risk

South & West Herts Embedding Physical Activity into Health 2nd February 2026

Annie Holden, Strategic Health Lead, Active Partnerships National Organisation (APNO)

The Active Partnerships National Organisation

- Our network of 42 Active Partnerships take a place-based approach to tackling inequalities and creating the conditions to help everyone live a more active life.
- As a membership organisation we exist to **connect**, **strengthen** and **enable** our network and beyond.
- We do this by influencing and shaping national and local place-based approaches to physical activity and movement as a driver for social change.
- ✓ **Reducing inactivity, tackling health inequalities to improve health and wellbeing.**

The Active Partnerships Network

Active Black Country	Be Active
Active Cheshire	Energise Me
Active Cornwall	Energize Shropshire, Telford & Wrekin
Active Cumbria	Get Berkshire Active
Active Derbyshire	Greater Manchester Moving
Active Devon	Herts Sport & Physical Activity Partnership
Active Dorset	Leap (Bucks & Milton Keynes)
Active Essex	Living Sport
Active Gloucestershire	London Sport
Active Hereford & Worcestershire	MSP
Active Humber	North Yorkshire Sport
Active Kent & Medway	Northamptonshire Sport
Active Lancashire	Rise
Active Lincolnshire	Somerset Activity & Sports Partnership
Active Norfolk	Sport Birmingham
Active Notts	Tees Valley Sport
Active Oxfordshire	Think Active
Active Suffolk	Together Active Staffordshire & Stoke-on-Trent
Active Surrey	Wesport
Active Sussex	Wiltshire & Swindon Sport
Active Together	Yorkshire Sport Foundation



FIT FOR THE FUTURE

10 Year Health Plan for England



National Neighbourhood Health Implementation Programme



Harnessing the benefits of physical activity



Physical activity is essential to health and wellbeing, yet many people do not receive the support they need to stay active. There is overwhelming evidence that [the benefits of physical activity far outweigh any risks](#), for both adults and children and even for those with health conditions. Embedding physical activity into every aspect of life-long healthcare will benefit patients, NHS staff and the wider population.

The evidence base

The 4 Ways Forward- Working to a common goal in a complex system



Department of Health & Social Care

Featured



11 November 2025 — Press release
Billions to be redirected back into patient care with NHS reform

Health Secretary announces plans to redirect billions of pounds from NHS reform back into patient care.

National strategies call for greater ambition in integrating PA into prevention, treatment and LT condition management.

Opportunities to apply national leverage



activepartnerships.org

Alignment with Sport England objectives (draft)



Local empowering pathways

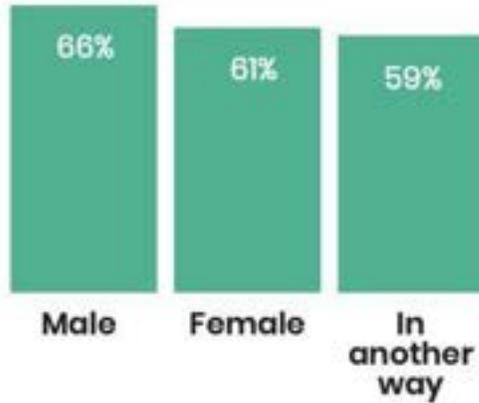
- Addressing perceptions of PA as high-risk, by enabling a shift from medical clearance to medical guidance and patient empowerment.
- Enabling frictionless pathways that empower people to get active, to move more in ways that suit them.

WHY? 63.7% are active, inactivity levels have fallen

...But significant inequalities remain

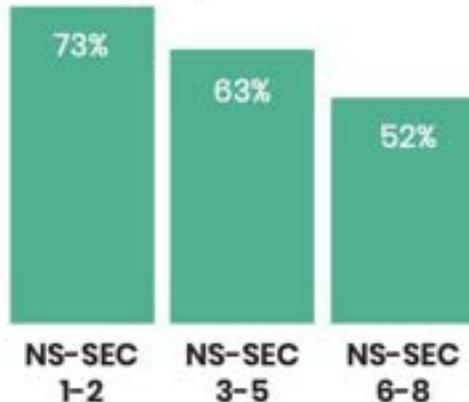
1 Gender

Men (66% or 15.1m) are more likely to be active than women (61% or 14.6m) and those who describe themselves in another way (59% or 0.2m).



2 Socio-economic groups

Those from lower social groups (NS-SEC 6-8*) are less likely to be active (52%).

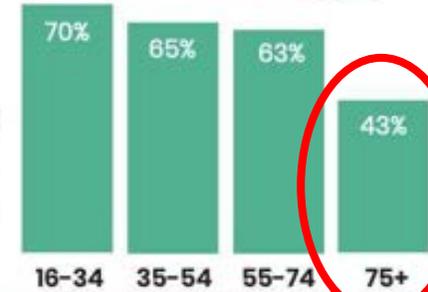


Active: 150+ minutes a week



3 Age

Activity levels generally decrease with age, with the sharpest decrease coming at age 75+ (to 43%).



6 Disability and long-term health conditions

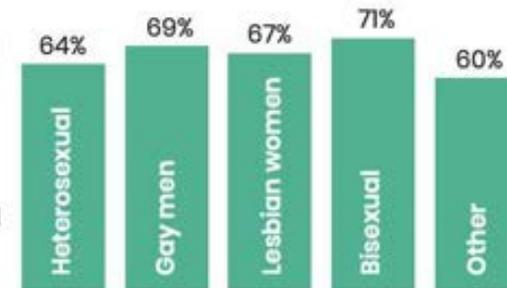
Activity is less common for adults with a disability or long-term health condition* (48%) than for those without (69%).

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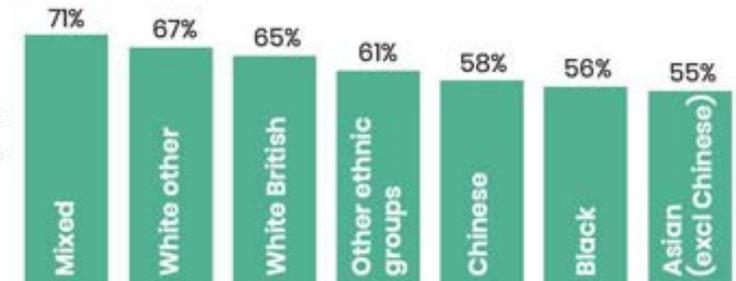
4 Sexual orientation

Gay men and bisexual adults are both more likely to be active than heterosexual adults.



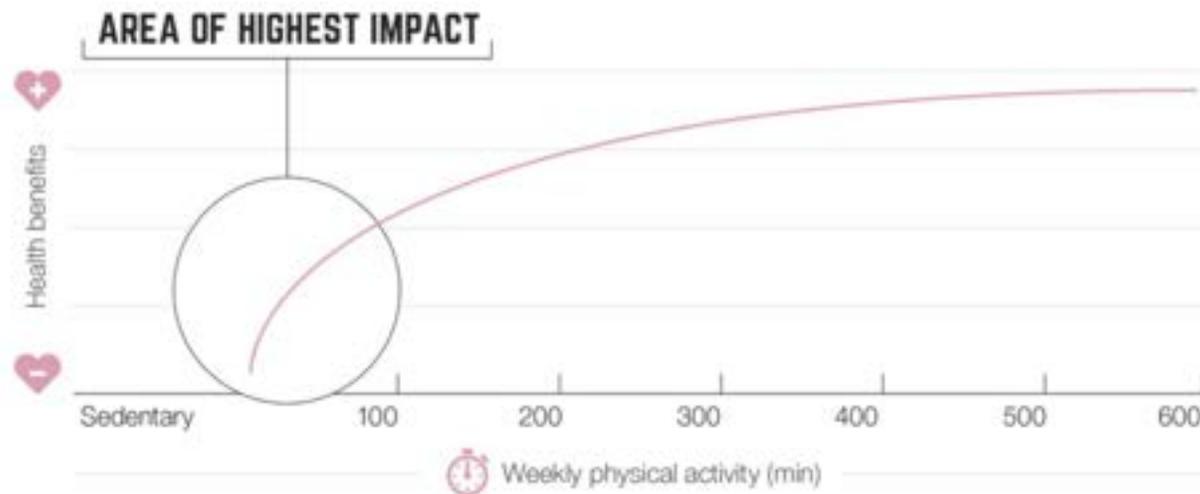
5 Ethnicity

There are differences in activity levels based on ethnic background.



Why are these barriers so entrenched in practice? The science is clear.....

The greatest health gain from physical activity comes from moving somebody from a physically inactive or low active status to a more physically active status.



Source: UK Chief Medical Officers' Physical Activity Guidelines. (2019).

Consensus statement

OPEN ACCESS

Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions

Hamish Reid ^{1,2} Ashley Jane Ridout ³ Simone Annabella Tomaz ⁴
Paul Kelly ³ Natasha Jones,^{1,3} on behalf of the Physical Activity Risk Consensus group

ABSTRACT
Introduction The benefits of physical activity for people living with long-term conditions (LTCs) are well established. However, the risks of physical activity are less well documented. The fear of exacerbating symptoms and causing adverse events is a pervasive barrier to physical activity in this population. This work aimed to agree clear statements for use by healthcare professionals about medical risks of physical activity for people living with LTCs through expert consensus. These statements addressed the following questions: (1) Is increasing physical activity safe for people living with one or more LTC? (2) Are the symptoms and clinical syndromes associated with common LTCs aggravated in the short or long term by increasing physical activity levels? (3) What specific risks should healthcare professionals consider when advising symptomatic people with one or more LTCs to increase their physical activity levels?
Methods Statements were developed in a multistage process, guided by the Appraisal of Guidelines for Research and Evaluation tool. A patient and clinician involvement process, a rapid literature review and a steering group workshop informed the development of draft symptom and syndrome-based statements. We then tested and refined the draft statements and supporting evidence using a three-stage modified online Delphi study, incorporating a multidisciplinary expert panel with a broad range of clinical specialities.
Results Twenty-eight experts completed the Delphi process. All statements achieved consensus with a final agreement between 88.5%–96.5%. Five 'impact statements' conclude that (1) for people living with LTCs, the benefits of physical activity far outweigh the risks, (2) despite the risks being very low, perceived risk is high, (3) person-centred conversations are essential for addressing perceived risk, (4) everybody has their own starting point and (5) people should stop and seek medical attention if they experience a distressing increase in symptoms. In addition, eight symptom/syndrome-based statements discuss specific risks for musculoskeletal pain, fatigue, shortness of breath, cardiac chest pain, palpitations, dysglycaemia, cognitive impairment and falls and frailty.
Conclusion Clear, consistent messaging on risk across healthcare will improve people living with LTCs confidence to be physically active. Addressing the fear of adverse events on an individual level will help healthcare professionals effect meaningful behavioural change in day-to-day practice. Evidence does not support routine preparticipation medical clearance for people with stable LTCs if they build up gradually from their current level. The need for medical guidance, as opposed to clearance, should be determined by individuals with specific concerns about active symptoms. As part of a system-wide approach, consistent messaging from healthcare professionals around risk will also help reduce cross-sector barriers to engagement for this population.

INTRODUCTION
The International Society for Physical Activity and Health identified the healthcare sector as one of the eight best opportunities to combat global population inactivity.^{1–3} Consequently, there is much interest in the UK and globally on using healthcare effectively and efficiently to promote physical activity.⁴ The translation of this public health objective into clinical practice is notoriously challenging. Barriers are complex and multifactorial. Healthcare professionals cite a lack of the knowledge and skills required to measure and motivate people with long-term conditions (LTCs) who are concerned that physical activity may aggravate their symptoms or even cause adverse events.⁵

In their recently updated physical activity guidelines, the WHO highlighted increasing inactivity levels globally and updated public health recommendations.⁶ They explicitly recommended physical activity as beneficial for adults with LTCs, "recognising that inactivity levels double in those groups".⁶ The WHO Guideline Development Group noted adverse events as critical to clinical decision-making on physical activity.⁶ A commissioned an umbrella review reporting on adverse events around physical activity for adults in general, including pregnancy and postpartum.⁷ However, they excluded evidence reporting on clinical populations with the rationale that the data cannot be generalised to the broader population.⁸ They did look specifically at the benefit to some clinical subgroups (asthma, HIV, hypertension and type 2 diabetes mellitus), but data about risk is less well defined and limited to broad comparisons. The WHO concluded that for all people, doing some physical activity is better than none. Medical clearance is generally unnecessary, provided the amount and intensity of physical activity are increased gradually.⁶ They recommended people who develop new symptoms should seek medical advice but do not clarify what that advice should be or how it relates to risk.

Check for updates

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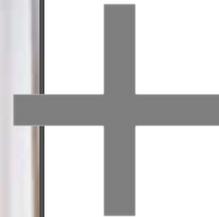
BMJ

Reid H, et al. *BMJ Sports Med* 2021;16:e1017–1028. doi:10.1136/bmjspports-2021-104281

BMJ Sports Med: first published as 10.1136/bmjspports-2021-104281 on 14 October 2021. Downloaded from <https://www.bmj.com/> on May 14, 2023 by guest. Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

Benefits outweigh the risks: a consensus statement

Phase 1: Developing guidance and addressing risk



**PROACTIVE: A Person-centred
ROadmap addressing risk,
empowering ACTIVITY for Everyone**

**A Cross-Sector Health
Improvement Programme**

Enabling frictionless pathways

Project overview: to support the integration of PA into local health and care systems

Exercise referral origins & limitations: supporting behaviour change

Need for more inclusive, flexible models: broader, adaptable range

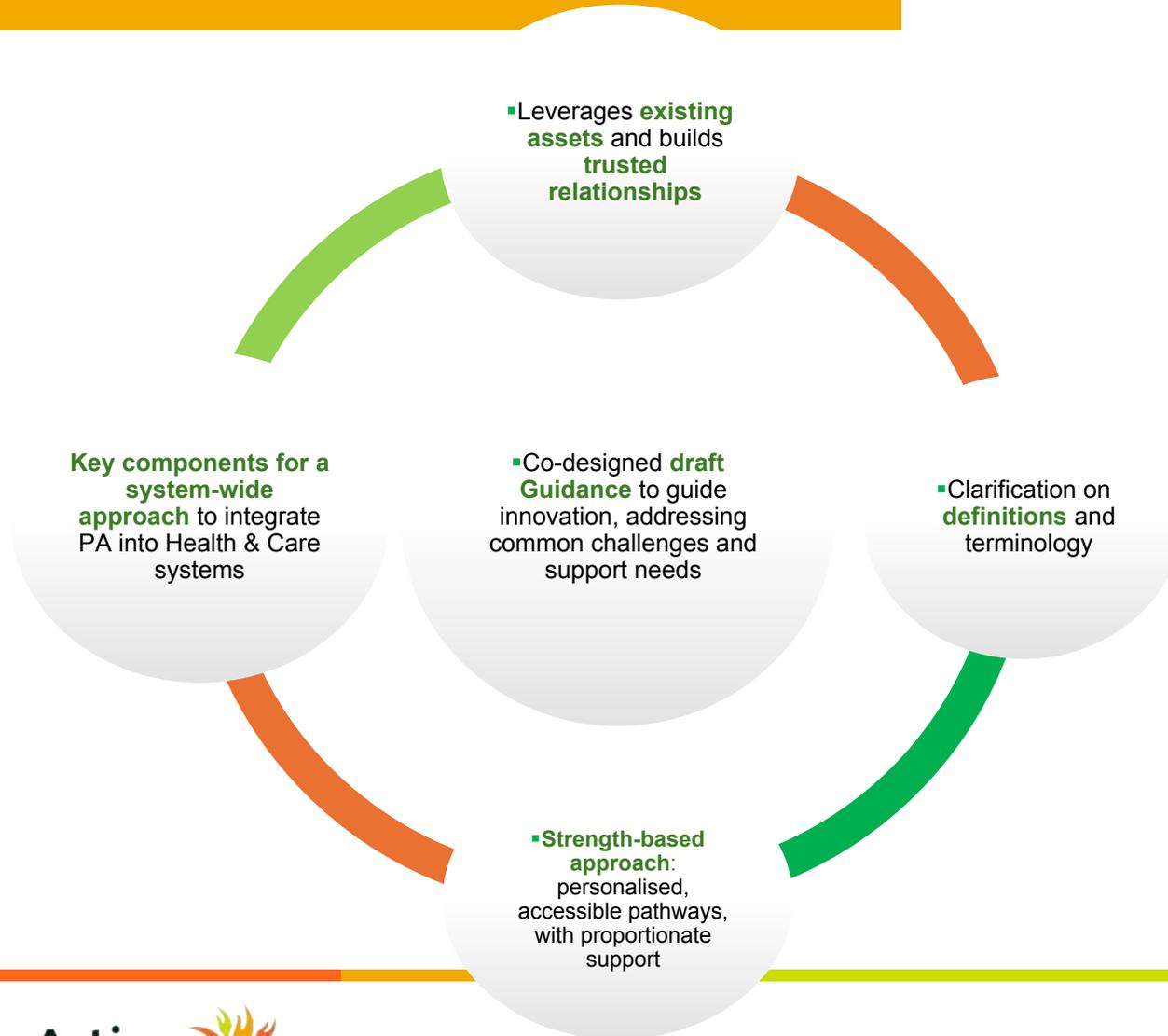
Variation in approaches at place: inconsistency in design, delivery & evaluation

Absence of national guidance: lack of confidence in commissioners / practitioners

The aim is to fill the existing gaps by creating integrated person-centred **systems**, developing **personalised** PA opportunities / interventions embedded in local systems.

- Supporting people to **access** a PA pathway
- Understanding **what matters** to people and **what they need**
- Providing the **right level of support** to enhance their experience
- Offering **choice** and **empowering** people to engage how they can

PA pathways for health: Conclusions Phase 1 end Apr '25



'Moving Together'

Integrating Physical Activity into Health and Care Systems

A Guidance Framework

Moving Together: Physical Activity Pathways for Health Guidance Framework to integrate Physical Activity into Health and Care

A co-productive approach to develop a framework that creates system-wide conditions to support people living with LTHCs to develop an active lifestyle.

Definition: Physical Activity Pathways refer to the **connections** and **processes** that enable a **coordinated network** of support and opportunities for people living with LTHCs to move more.

Ambition: Physical Activity Pathways seek to create an **integrated system** that offers **proportionate** support, enabling people living with LTHCs to develop the skills and confidence to build activity into their lives in **ways that work for them**.

Providing choice of activity across the PA spectrum

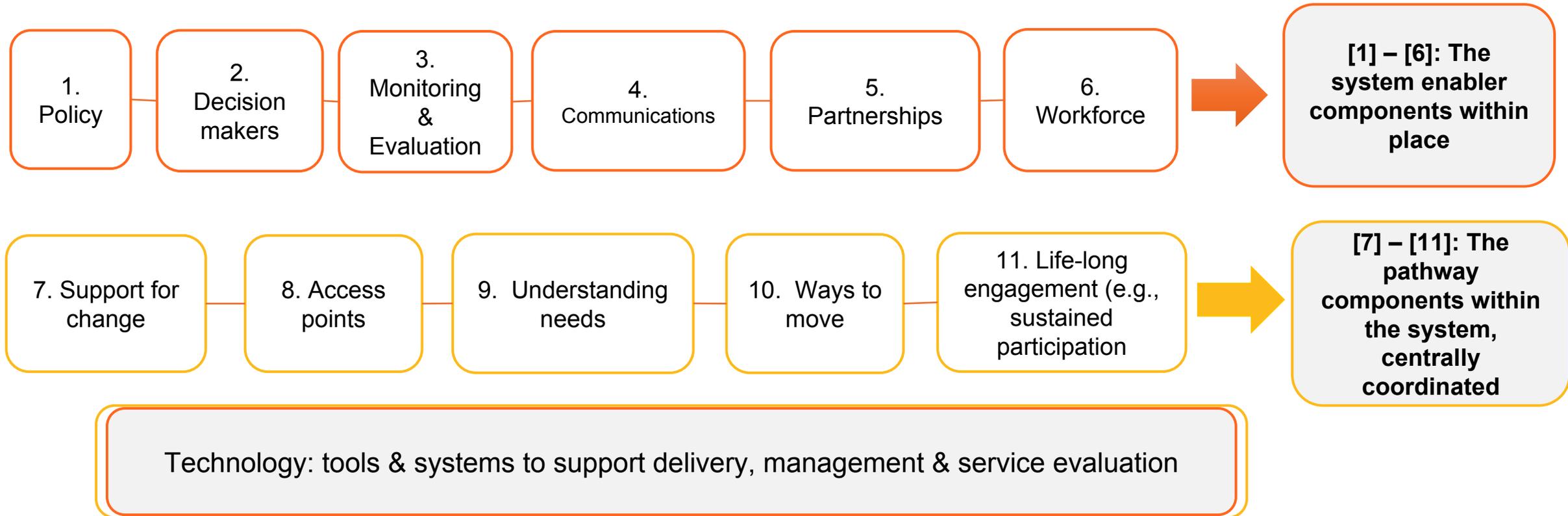
← Unstructured activity

Structured activity

Evidence-based exercise prescription →

Moving Together: Physical Activity Pathways for Health Guidance Framework to integrate Physical Activity into Health and Care

What are the system components?



Who is this guidance for?

Decision-makers include:

- Planners, commissioners, and strategists from Local Authorities, the NHS and ICBs) including VCFSE sector who collaborate to develop strategies and plans for integrated health and social care services.
- VCFSE organisations are integral partners, providing local intelligence and contributing to the design and delivery of services

System enablers include:

Cross-sector partnerships who promote PA and are the key enablers of a whole systems approach to PA:

- Active Partnerships
- Community leaders
- Leisure Trust providers
- Local Authority PA Leads
- Local activity / exercise scheme managers
- Health Care Professionals in Primary Care and NHS Trusts

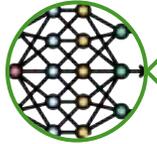
Community PA and Health providers include direct providers of physical activity and exercise, include:

- Exercise Professionals (personal trainers, group exercise instructors), exercise referral scheme deliverers
- Community activity providers ranging from gym-based exercise, water-based, local walking groups.
- Social Prescribers

Ongoing co-production work: Phase 2 June 25 – Mar 27



Soft test process: review & refresh



System review tool



Test, Learn and Grow opportunities: cross sector



Asset mapping framework: for locally informed decision-making



Person profile development: RGC - based on existing evidence / insight



National Organisation **Roundtable** meetings



Case Study development: to populate the Guidance

'Moving Together'

**Integrating
Physical Activity
into Health and
Care Systems**

A Guidance Framework



activepartnerships.org



**PROACTIVE: A Person-centred
ROadmap addressing risk,
empowering ACTIVity for Everyone**
**A Cross-Sector Health
Improvement Programme**

**Cross-sector analysis and consultation process
with evidence review around risk in people
living with LTHCs**



Evidence Review

A literature review was conducted, together with insight from Industry, Primary Care, Active Partnerships, International scope, people's voices.

Primary Care:

- 47% were not willing (nor felt confident) to complete a preparticipation screening form
- Most commonly charge £0-£50 for completing the form – exacerbates inequalities
- 83% had never told a patient they were not fit to be more active
- 72% do not think preparticipation screening is necessary

Active Partnerships

- Improved access to activities individuals like, rather than just a blanket gym referral (as traditional Exercise Referral schemes)
- Behaviour change support alongside access to physical activity
- Signposting to accessible patient resources: to empower patients to make their informed decisions and demedicalise physical activity
- Address local disparities

‘Moving Together’

Moving from Medical Clearance to Cross Sector guidance; enabling frictionless pathways
Phase 2.



THE UNIVERSITY
of EDINBURGH



Why is it important to change policy and narrative around risk and benefit?



Because behavioural change science tells us it is



Because UK and world policy tells us it is



Because UK and world policy and literature tells us its safe



Because available evidence suggests a need for a different delivery approach



Moving together – Empowering, supported, entrusted and proportionate journey to a more active lifestyle

Active Partnerships

SPORT ENGLAND

Moving Medicine

How?

1. To move from mandated medical clearance to patient-centred medical guidance as and when required



2. To ensure this policy change is reflected in further PA for health pathway Guidance Framework development



Moving Together: Governance and Advisory Group



Outline of workstreams and sub-groups

1. Patient and Public

2. Communications

**3. Resource
development**

4. Policy

**5. Standards and
implementation**

6. Legal and Insurance

7. Data and Evaluation

8. Pathways

The Outcomes

Frictionless Pathways that build in support – not unintentional barriers – to empower people to get active in ways that work for them

Proportionate

Tailored & inclusive pathways based on need & choice

Empowering

Person centred, accessible guidance for all audiences

Demedicalised

And yet delivering appropriate support & trusted by HCPs

Myth Busting

Shared understanding of risk & liability across all parties

Handrails

Framework of Place resources to support consistent high-quality experiences

Respond to Need

Pathways give equal weight to behavioural support



Moving Together: Improving the pathway between health and activity by removing barriers associated with risk

For further information contact: aholden@activepartnerships.org



Active Connections Conference

Keynote Speakers



Dr Richard Pile & Dr Nicola Phillips

General Practitioners and Certified Lifestyle Medicine
Physicians



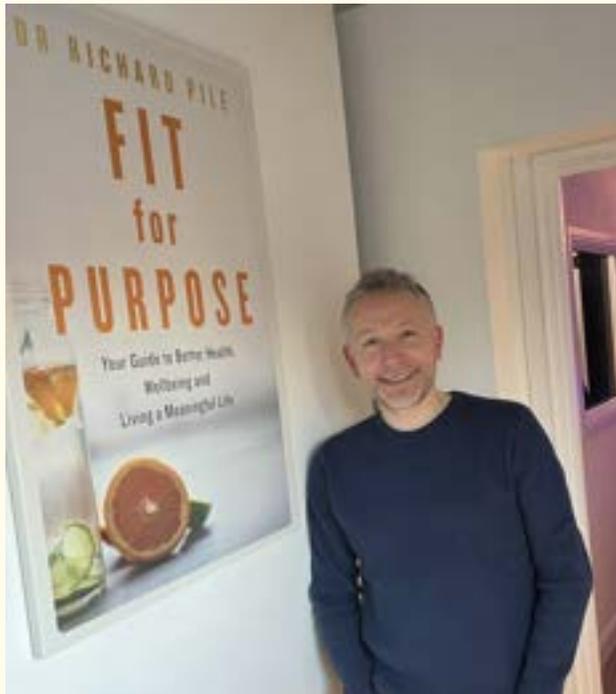
Movement - the most underused medicine in the NHS



Dr Nicola Phillips & Dr Richard Pile
The Living Well Course



Hello and welcome!



Dr Richard Pile. GP partner, certified Lifestyle Medicine practitioner, cardiology GPSI, health coach & author.



Dr Jen West. GP. Passionate about Lifestyle Medicine. Author. LM coach. Long Covid doc.



Dr Nicola Phillips. GP Partner, certified Lifestyle medicine practitioner, Expedition Medic.



Numbers needed to treat: drugs vs lifestyle changes

Statins for 5 years for primary prevention

217 for non-fatal MI, 313 for non-fatal stroke.
NNH is 204 for diabetes, 21 for muscle damage

Clopidogrel for secondary prevention post MI or Stroke

77 to prevent non-fatal MI, 200 to prevent non-fatal stroke, 333 to prevent one death

Primary prevention of CVD events in mild hypertension

No death or cardiovascular events prevented.
NNH is 12 (e.g. hypotension, AKI)

Mediterranean diet for 5 years for primary prevention

61 for preventing stroke, MI or death. No harms

Weight loss for intervention to prevent major morbidity

7 for diabetes, 13 for hypertension, 14 for disability

Modified mediterranean diet for adults with major depression

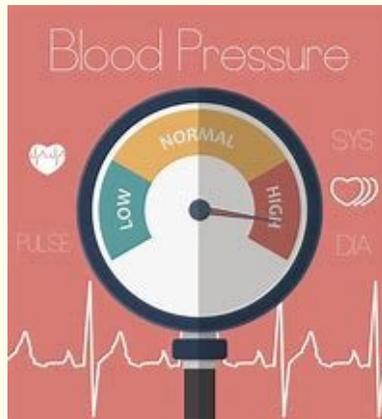
4 for remission

Intensive low calorie diet in adults for remission of Type 2 diabetes

2 (in longstanding disease), 1.1 (in newly diagnosed disease)

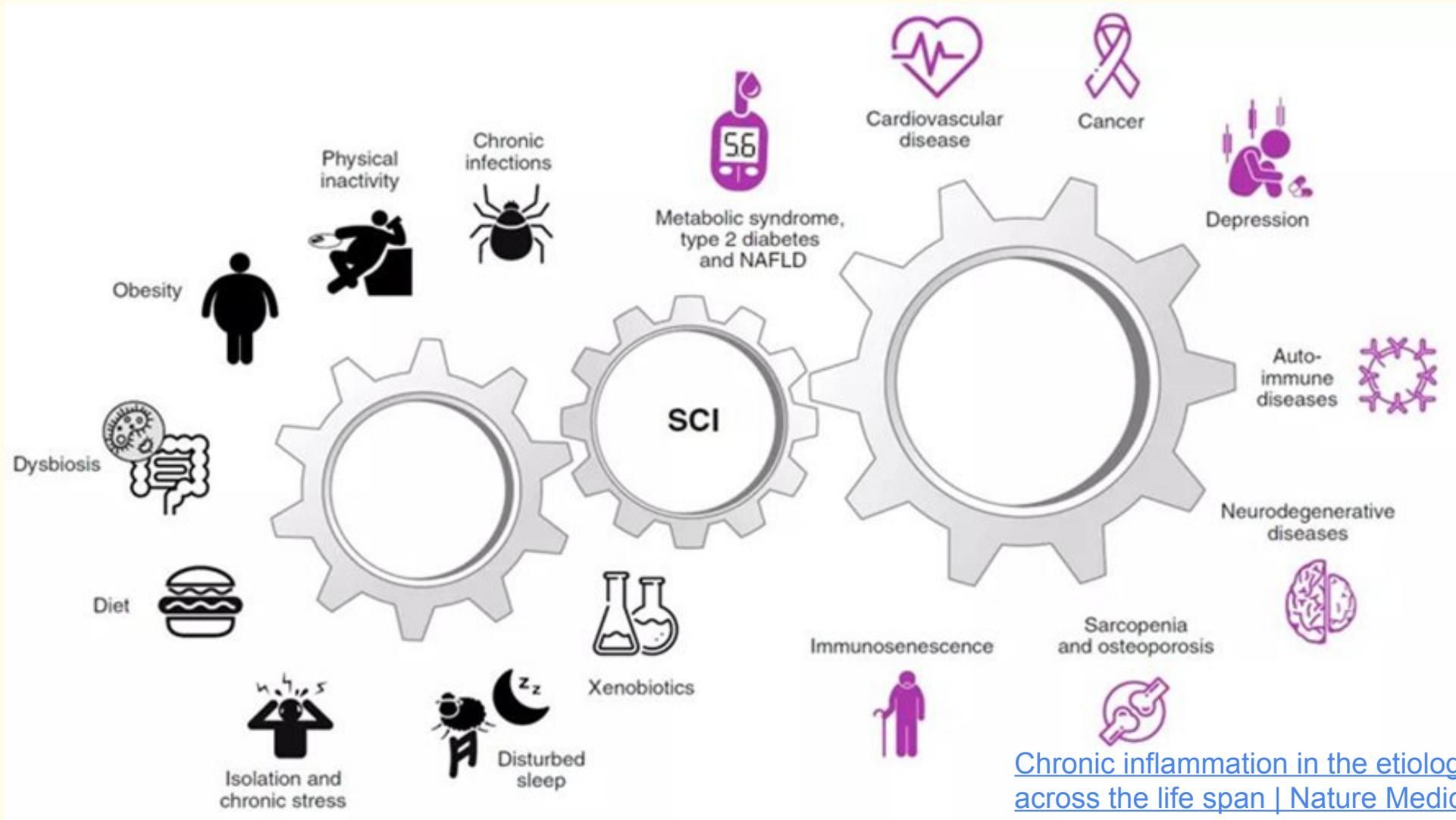


What do these LTCs have in common?



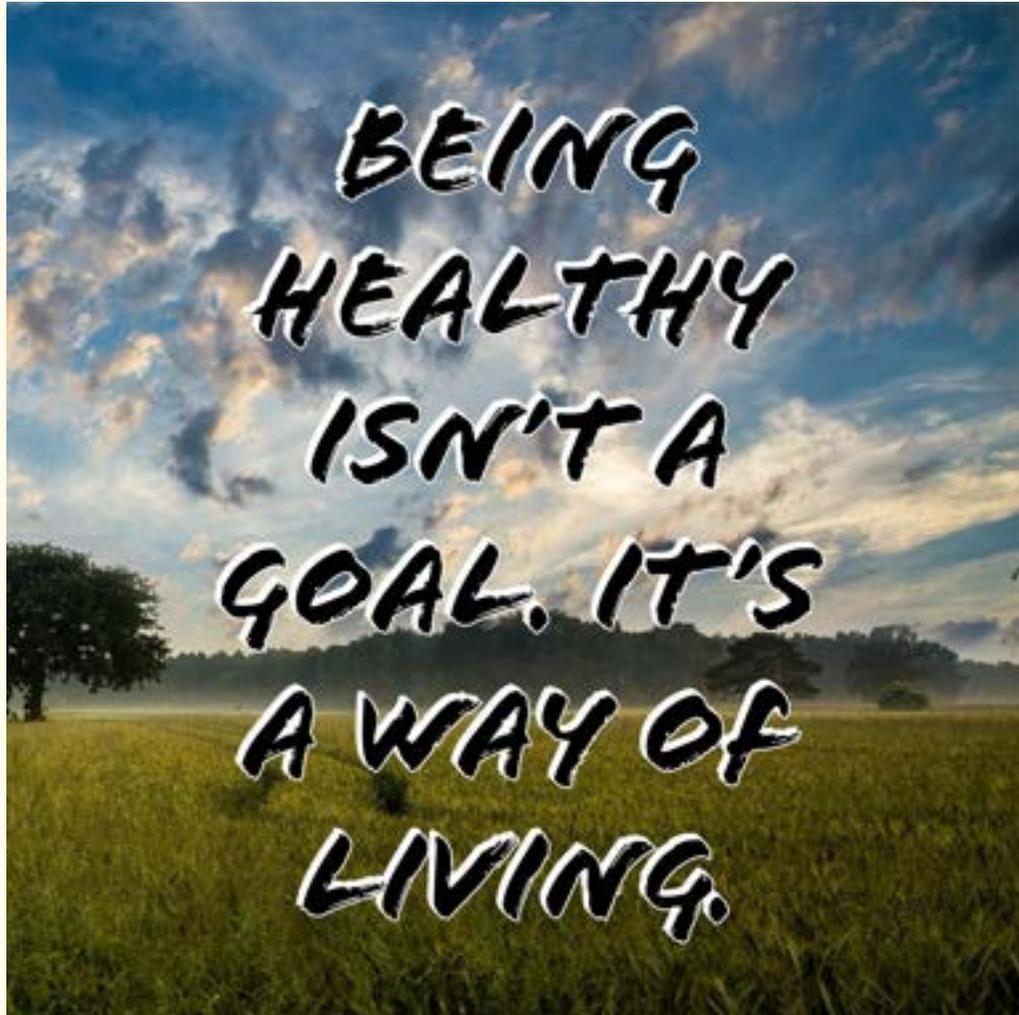
Obesity, Depression, Dementia, Autoimmune disease, Fibromyalgia, Cancer.....

Lifestyle- Chronic inflammation- Long Term Conditions





Most chronic disease can be improved by lifestyle change



Find your purpose

Keep moving

Eat healthily

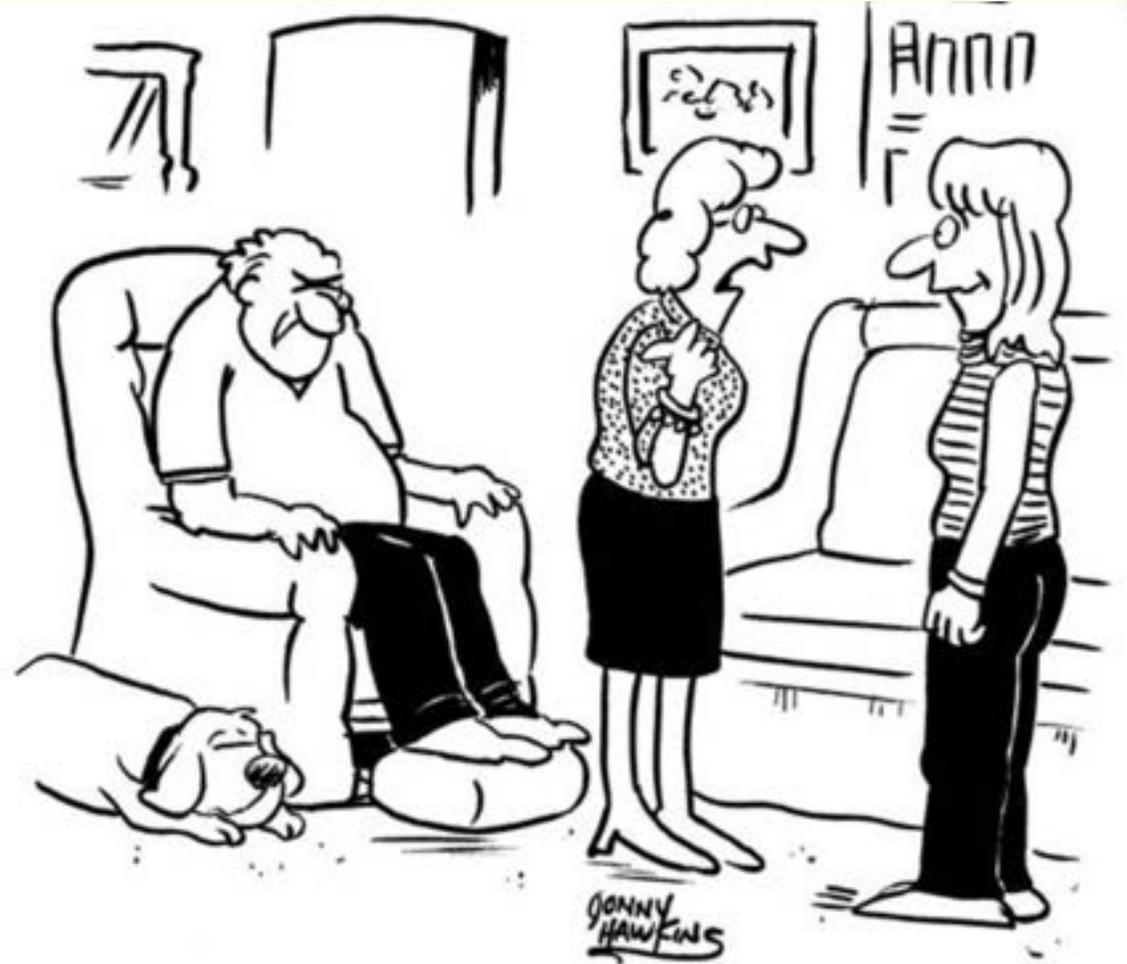
Reduce stress

Sleep is important

Nurture connections with friends and family



MOVEMENT



“The very thought of exercise does that to him. I guess that’s why it’s called *cross training*.”



Dr... What can I do to improve my health?

We all need to exercise more - it is good for us. It is not rocket science





It is not that simple though is it...

'It is for the fit to get fitter'

'I can't possibly join a gym'

'How would it help me feel better right now?'

'I don't have the time'





Health professional worries

'Talking to patients about behaviour change is more time than I have got'

'I find it awkward talking to patients about being unfit and their weight'

'It is only relevant in health checks. I see patients with lots of mental health and chronic disease, where there are more important things to discuss'.

'Is there any evidence for this anyway?'





The Guardian
2021, June.

GPs in England 'unconfident' discussing physical activity with patients - report

Less than two-thirds of doctors feel confident discussing activity levels and almost a third have never heard of national guidelines



📷 In 2015-16 more than a quarter of adults in England were deemed 'inactive', spending less than half an hour a week doing physical activity. Photograph: Gary Burchell/Getty Images

The majority of doctors in England are unfamiliar with recommended levels of physical activity, with fewer than two-thirds confident about discussing the topic with their patients, researchers have revealed.

Set out in July 2011 by the Chief Medical Office, **national guidelines** recommend that adults aged between 19 and 64 undertake 75 minutes of intense activity or 150 minutes of moderate physical activity a week.

[i-in-england-unconfident-discussing-physical-activity-with-patients-report#img-1](#) ere deemed

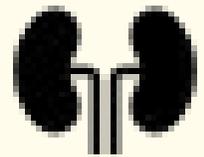
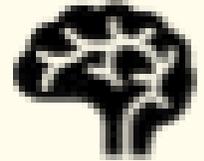
Believe... and inspire others to believe too





1) There is **evidence** that movement works

- Increased blood flow to the brain
- Increased frontal lobe activity
- Produces new neurons in the hippocampus
- Reduces levels of inflammation in the body



It is relevant to every consultation.....



Cancer

Helps
lymphoedema

Combined anaerobic and aerobic exercise regimes were prescribed to over 1000 women with breast cancer, with a reduction in lymphoedema seen during and post treatment.

Physical activity has been shown to reduce the length of hospital stay in cancer patients

Lots of studies on single cancers where prescribed exercise was given to a control group and reduced hospital stays were seen in brain, pancreatic, abdominal, lung and prostate.

Improves cancer
related fatigue

Reduces
postoperative
complications

Helps improve
cognitive and
physical function

Helps body composition
and can help improve
sleep quality



COPD

Reduced feeling of
breathlessness

A considerable number of studies show that prescribed physical activities from HIIT to yoga can improve dyspnea and feelings of breathlessness in patients.

Reduced number
of exacerbations

A large body of good quality observational data shows a reduction in hospital admissions due to COPD exacerbations. Both early and late interventions with pulmonary rehabilitation reduced exacerbations and admissions

Increased strength
and independence

Able to walk
further

Improves balance
and coordination
and reduced falls

Less fatigue
reported



Depression

Physical activity improves mood and scores on validated depression screening tools

Multiple RCTs and reviews prove the anti depressant effect of movement, often comparing different types of exercise. The main take home message is that patient preference is more important than they type, frequency and duration.

Reduces sickness absence in the short term for mild to moderate depression

The percentage of days absent from work at 12 months follow-up was reduced in trials comparing strength and aerobic exercise to relaxation groups.

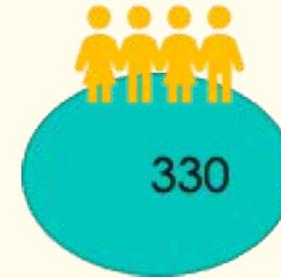
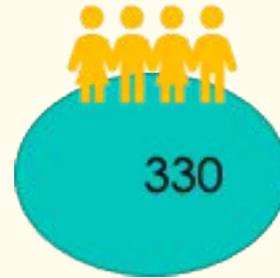
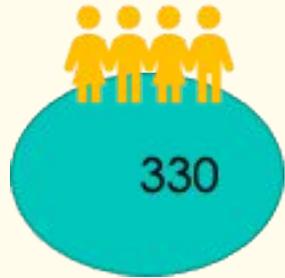
Reduces social isolation

Less fatigue and improves energy levels

Improves cognition and stress levels

Improves sleep

990 PATIENTS



Usual Care

Usual Care +
Internet delivered
CBT

Usual Care +
exercise delivered
30 min sessions 3 x
a week

Both had better outcomes than usual care

Equally as effective as each other



Evidence finder

Share this



Patient Type

Adult

Child

Young Person

Condition

Amputee

Anxiety

COPD

Cancer

Dementia

Depression

Falls and Frailty

Hospital Associated

Evidence

Improves cognition

Improves mood

Improves motivation

Improves self confidence

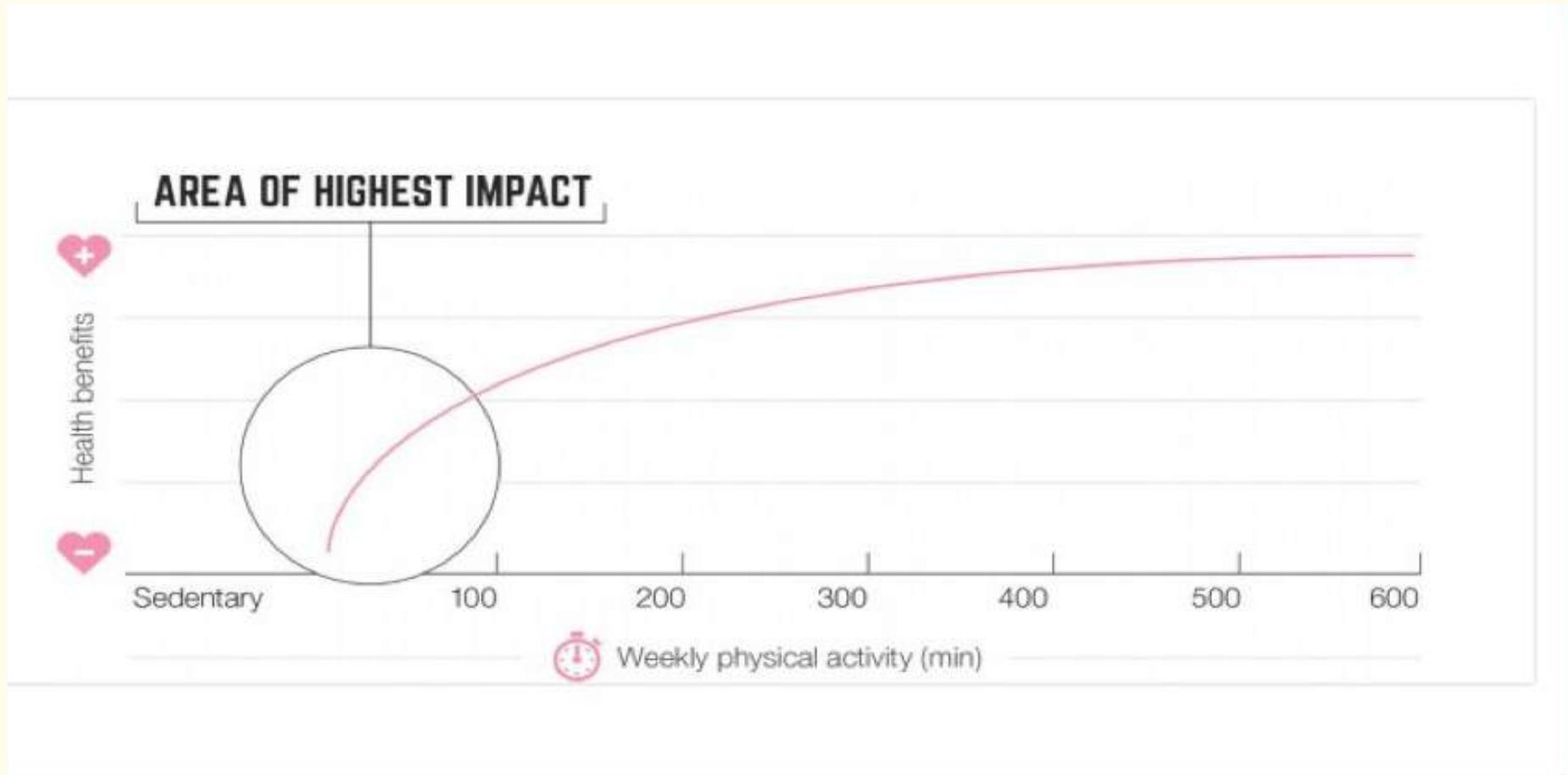
Improves sleep

Less fatigue and improves energy levels

Living an active life reduces your risk of



2) The biggest increase in health benefit comes from doing nothing to something





Physical activity for adults and older adults

Benefits health

Improves sleep

Maintains healthy weight

Manages stress

Improves quality of life

Reduces your chance of

Type II Diabetes	-40%
Cardiovascular disease	-35%
Falls, depression etc.	-30%
Joint and back pain	-25%
Cancers (colon and breast)	-20%

Some is good, more is better **Make a start today: it's never too late** **Every minute counts**

Be active

at least **150** minutes moderate intensity per week
increased breathing able to talk

OR

at least **75** minutes vigorous intensity per week
breathing fast difficulty talking

or a combination of both

Build strength
to keep muscles, bones and joints strong
on at least **2** days a week

Minimise sedentary time
Break up periods of inactivity

Improve balance
For older adults, to reduce the chance of frailty and falls
2 days a week



Walking 10, 000 steps each day = 70 marathons per year

Never underestimate the power of small habits

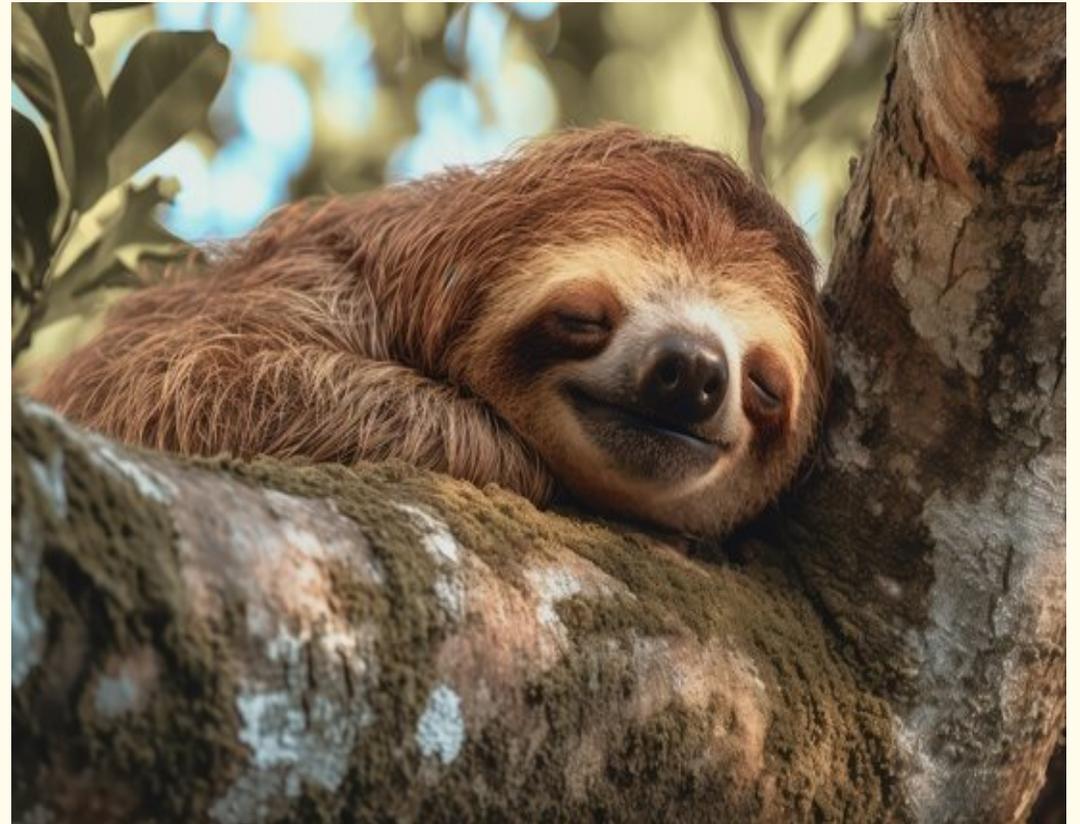


3) Movement makes us live longer

In the UK, physical inactivity is the 4th greatest cause of ill health - responsible for 1 in 6 deaths; equivalent to smoking.

27% of the population are classified as 'inactive', meaning they do less than 30 minutes of physical activity per week

33% of children do less than 1/2 recommended physical activity for their age





How much life expectancy could be improved by increasing physical activity levels for populations and individuals.

If all individuals were as active as the top 25% of the population, Americans over the age of 40 could live an extra 5.3 years.

The greatest gain in lifetime per hour of walking, was for individuals in the lowest activity quartile where an additional hours walk could add 376 minutes of life expectancy.





I would die for my children and family...
But would you take steps to live longer?



- 1) There is **EVIDENCE** that movement works as a treatment for chronic physical health and mental health conditions. Consider it as a remedy
- 2) The biggest health benefits come from doing nothing to something.
- 3) Movement makes us live longer



References

- (2) Moy ML, Teylan M, Weston NA, Gagnon DR, Garshick E. Daily step count predicts acute exacerbations in a US cohort with COPD. PLoS One [Internet]. 2013 Apr 4 [cited 2022 Oct 5];8
- (3) Lee J, Lee MG. Effects of Exercise Interventions on Breast Cancer Patients During Adjuvant Therapy: A Systematic Review and Meta-analysis of Randomized Controlled Trials. Cancer Nurs [Internet]. 2020 Mar 1 [cited 2022 Oct 10];43(2):115–25. Available from: <https://pubmed.ncbi.nlm.nih.gov/30601270/>
- (4) (Veerman L, Tarp J, Wijaya R, et al/Physical activity and life expectancy: a life-table analysis*British Journal of Sports Medicine* Published Online First: 14 November 2024. doi: 10.1136/bjsports-2024-108125)

LIVING WELL COURSE FOR PATIENTS:



4 week course to patients in St Albans and Harpenden that were identified as having BMI > 30 and:

- Pre-diabetes (not had NDPP)
 - Hypertension
 - Hyperlipidaemia
 - Or Depression
- *82% changed from disagreeing to agreeing with statement "I am actively involved in my own health"*

OUTCOME DATA

HbA1c: 47% of the group (8/17) reduced their HbA1c (72% of group for whom we have repeat result)]

LIPIDS: 35% (6/17) of the group had reduced their total cholesterol (60% of those with a repeat result)

WEIGHT: 53% (9/17) of the group reduced their weight (69% of group for



Why do we need Living Well Courses?



- The LWC has an estimated ROI of up to 123%, returning >£2 for every £1 spent (HWEICB business case, 2024)



Living Well course training model

- Teach-the-teacher
- Wider reach
- May be more relatable delivered by non-doctors
- Using doctors alone hasn't worked so far!
- Greater impact on communities



LWC training outcomes in Herts & W Essex

For individuals

- 7 in-person courses
- 5 online courses
- 175 individuals have accessed full training course
- 400+ have attended short courses
- Personal well-being improves by 16% after a face to face course
- Ongoing support by active WhatsApp group, email, newsletters

For workplaces

- 6 PCNs are running own versions of LWC
- 3 PCNs have run more than one course
- 3 teams are preparing to run their first course



WOULD YOU LIKE TO HEAR MORE?



[Visit our website to learn more](#)

[Subscribe to Jen's "Lifestyle As Medicine newsletter"](#)



Join the Living Well Whatsapp group



Active Connections Conference

Local Picture



- Delivered **24** training sessions to health professionals, engaging over **800** healthcare staff.
- **Attended 20 Protected Learning Events** to upskill and better connect health professionals (clinical and non-clinical) to the physical activity sector
- Engaged over **500** health professionals on our Active Connections Hub
- Grown our Healthcare Physical Activity Champions network, involving **500 health professionals**.
- Engaged **94** GP practices in Hertfordshire in conversations about becoming an Active Practice, with **41** achieving this RCGP status.



The Ask



- ü **Meet with HSP** to discuss the offers and next steps
- ü Become an Active Practice
- ü Invite us to your meetings and/or dedicated training time
- ü Join our Healthcare Physical Activity Champions network
- ü Not a healthcare professional? Work with us to develop connections with the health sector

Today is the start of the conversation...



No Limits 2026

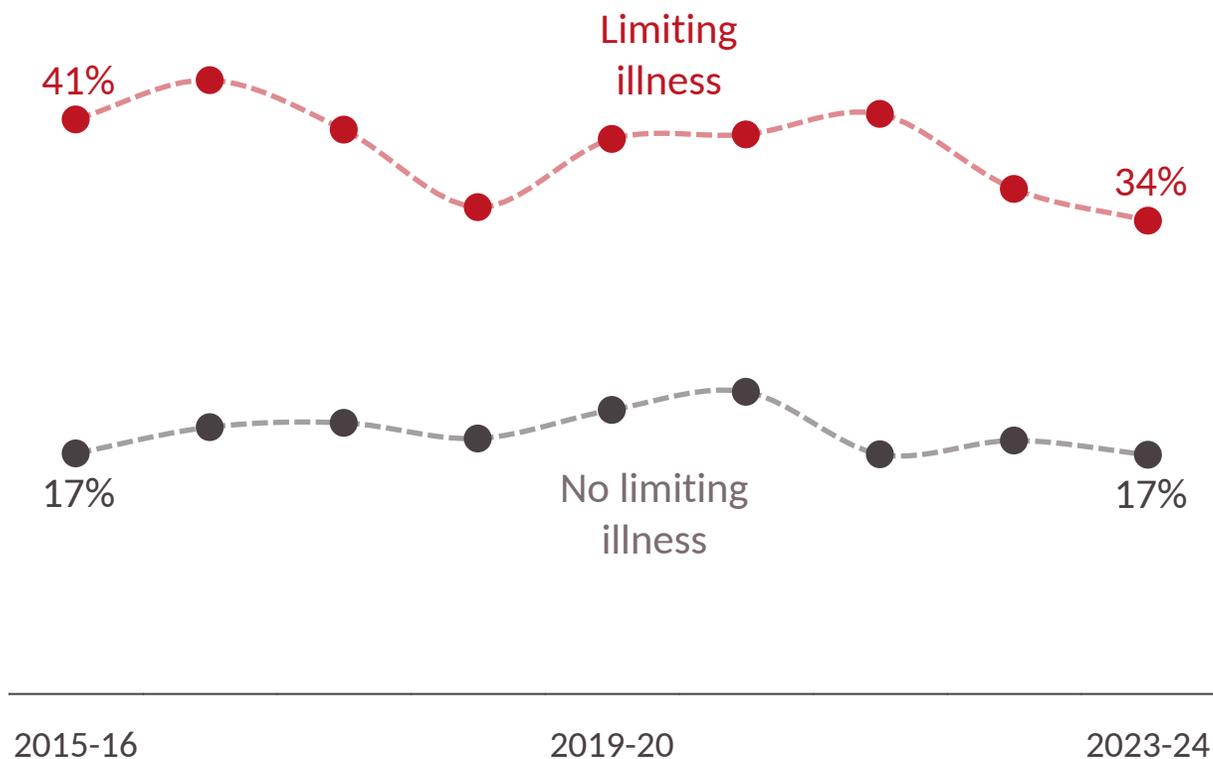
Hertfordshire's Year of Disability Sport & Physical Activity



Herts Disability
Sports Foundation



There is a persistent gap in inactivity levels between adults with a limiting illness and those without



Aim

To inspire and enable people with a disability, of all ages, backgrounds, and abilities, to be more active, by increasing access to sport and physical activity in Hertfordshire.



Scope & Principles

- All ages
- Pan-disability
- Informed by insight and disability led i.e. some targeting
- Embed long-term sustainability
- Ambitious and realistic (empower)



Aims / Pledges

Pledge 1: Champion Inclusion

"We pledge to champion inclusive sport and physical activity by removing barriers and creating welcoming environments for disabled people across Hertfordshire."

Pledge 2: Empower Through Opportunity

"We pledge to provide more opportunities for disabled people to participate, volunteer, coach, and lead in sport and physical activity throughout 2026 and beyond."

Pledge 3: Collaborate for Impact

"We pledge to work in partnership with local communities, disability organisations, and stakeholders to co-design and deliver impactful, accessible programmes."

Pledge 4: Raise Awareness

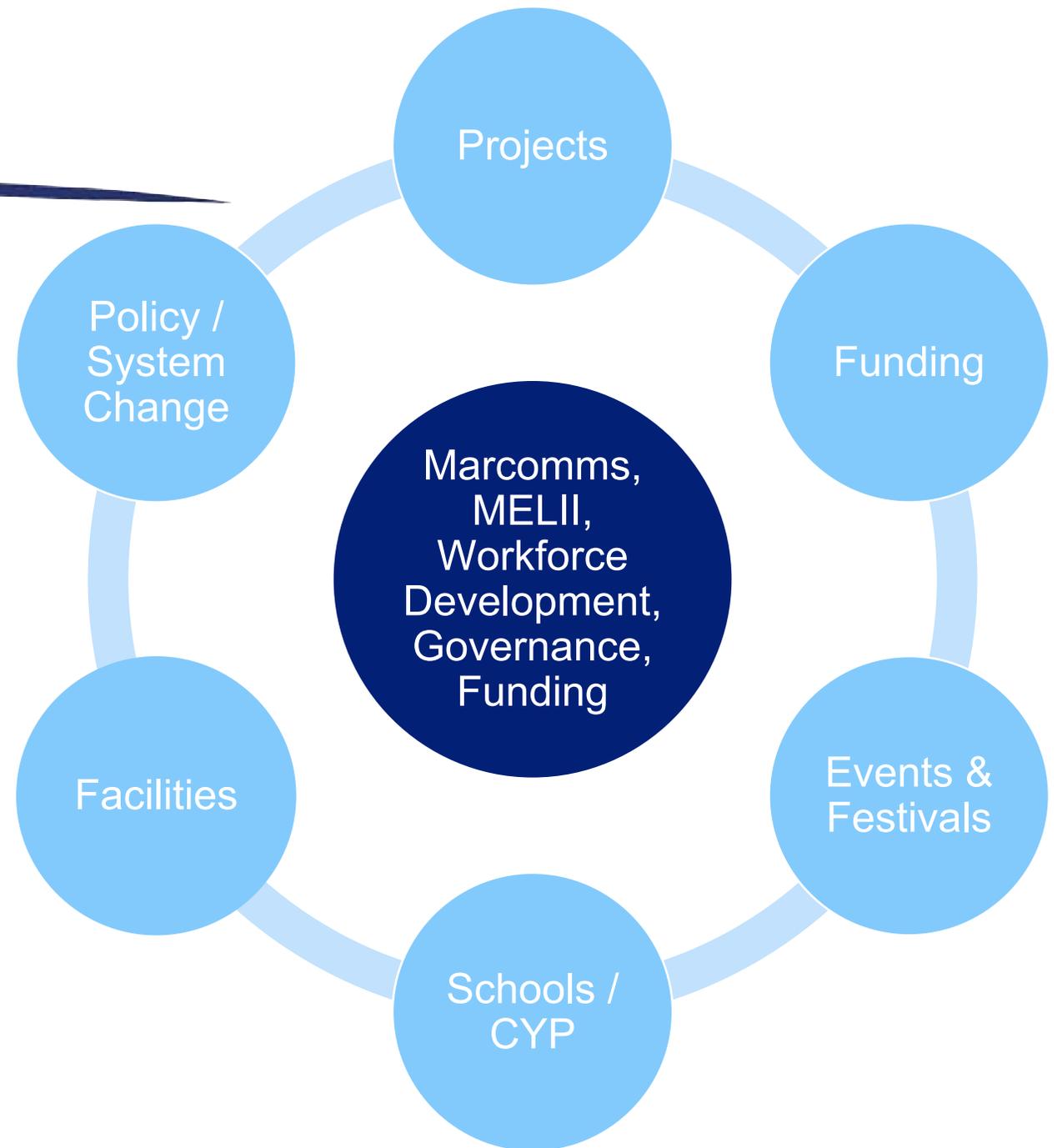
"We pledge to use our voice and platforms to raise awareness of the Hertfordshire Year of Disability Sport & Physical Activity 2026 and celebrate the achievements of disabled people in sport and physical activity."

Pledge 5: Commit to Lasting Change

"We pledge to embed inclusive practices into our programmes, policies, training, and culture to ensure the legacy of 2026 leads to long-term change."



Work Strands





No Limits 2026 Get Active Get Support News & Events About



No Limits 2026

Hertfordshire's Year of Disability Sport & Physical Activity



What is No Limits 2026?

The year-long campaign aims to **break down barriers** and **create lasting change** in how disabled people access and experience sport and physical activity in Hertfordshire.

[Find out more](#)

Sign up for the No Limits Newsletter

[Subscribe here](#)



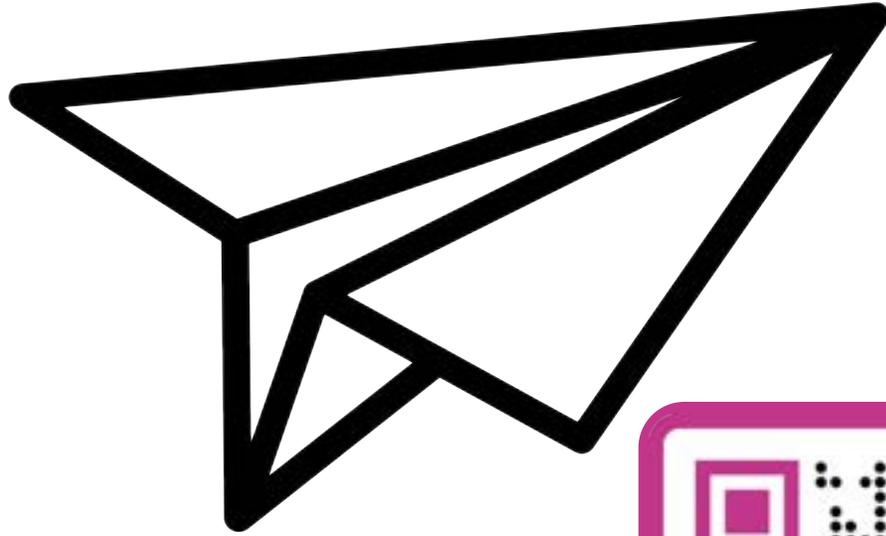
Campaign Insight and Ambassadors
Partner Toolkit
Activity Finding
Funding Information
Upcoming Events
Recent News Stories



Brand Partner Toolkit



The No Limits Newsletter



- Spotlight Ambassadors
- Key Insight and Policy Changes
- Funding Opportunities
- Upcoming Events
- Recent News Stories



Get Involved

- Arrange a one-to-one meeting with us to explore how your health setting can be involved.
- Share No Limits information with your patients – utilise the partner toolkit.
- Sign up to the No Limits 2026 newsletter to stay connected.



Supporting Patients with Disabilities to Be More Physically Active

A webinar for Hertfordshire's health sector



This webinar aims to equip healthcare professionals with the knowledge and confidence to better support patients with disabilities to become more physically active.

- Tuesday 3rd March
- 09:00–11:10

Register now via the QR Code



What's next?



Refreshments available



Workshops begin at 11.05am & 12.10pm



Thank you



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