

"We want to move"

How national policymakers can support people with long-term conditions to move

November 2026

THE NATIONAL LOTTERY®

SPORT ENGLAND

WE ARE UNDEFEATABLE

The Richmond Group of Charities

Contents

About Us 3

Acknowledgements 3

Forewords 4

Introduction 6

We want...

1. The system to join the dots 8
2. Healthcare and social care that knows what matters to us 12
3. Movement enabled in our daily life 18

Conclusion 23

References 24



About us

WE ARE UNDEFEATABLE | The Richmond Group of Charities

The Richmond Group of Charities is a coalition of 15 national health and care charities working together to support people living with long-term, multiple or complex health needs to live well and thrive.

We Are Undefeatable is our collaborative physical activity programme inspiring and supporting adults with long-term conditions to be active. The programme comprises two areas of work: delivering an impactful behaviour change campaign and influencing policy and practice to tackle systemic barriers to movement.

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We would like to thank everyone who generously provided insights, feedback and experiences to inform this report. This includes our Lived Experience Network, respondents to research carried out by We Are Undefeatable, charity partners, and trusted colleagues across national and local government and the health and physical activity sectors.

We are grateful to Sport England, who are significant supporters of The Richmond Group of Charities' physical activity programme with funding from National Lottery.

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Foreword



Jenny Box, Programme Director, We Are Undefeatable

Data tells us 46% of adults in England live with one or more long-term conditions, and one in four of us live with two or more – a proportion which is rising.

People with long-term conditions are significantly more likely to be inactive, missing out on the major benefits to health that movement and physical activity bring. These levels of inactivity are also estimated to cost the UK around £7.4 billion annually. This needs to change.

And this change is possible.

The power of collaboration is at the heart of tackling physical inactivity. Pulling together insights from the charity sector, health, and sport and leisure, with lived experience voices as the golden thread, We Want To Move is the latest way we are making strides to galvanise the movement and join the dots.

We're publishing this report against a background of political change including a new Prime Minister and decisions being shifted to where people live, through devolution, neighbourhood health and place-based approaches. Our insights are telling us in this environment, the importance of lived experiences becomes even more crucial; listening to and co-designing with those with the highest level of need, to move wherever they are, in the way that works for them.

The collective ambition for movement and health must now turn to action. We Are Undefeatable, powered by The Richmond Group of Charities, has continued to be a source of learning, support and action; we have the pieces of the puzzle and this report brings all those together – showing us change is achievable if movement and lived experience insights are embedded in policy and practice to transform systems.

It is all of our responsibility to equip people to age healthily and live well. Together, we can support those managing existing conditions, and prevent a continued rise in more people developing conditions. The foundations are set, the ambition is clear, the path to positive change needs to be taken – together. So we can all play our role in enabling those who are telling us clearly, "We want to move".

Foreword



Vicky Grandon, Programme Board member and Lived Experience Network member, We Are Undefeatable

When a collection of brilliant charities works with government, health and physical activity workers as well as a diverse range of lived experience public representatives; wonderful synergy and progress happens.

It has been a terrific experience being part of this powerful work. Participating in the We Are Undefeatable programme has been a way to share our positive outcomes with a wide group, build our confidence, and reduce any feelings of being alone in our health struggles. We are part of a project that is changing culture, winning allies in government and local decision makers, and seeing a more action-focused dynamic in our work together. We are building an informed awareness of what we can do to challenge inactivity and enable more people to find the exercise that suits them and their lifestyles.

As we identify some of the barriers, we are also addressing policy and practice to positively change our outlook as individuals, communities, organisations, and governments both local and national. This empowers us to be not only "patients" but full participants, with the support, training, and guidance of a strong coalition.

The benefits of engaging in physical activity have reached countless numbers of us struggling with ageing and health challenges. This report demonstrates what can be done at all levels to enable physical activity for all, including the support to try new things at your own pace and schedule.

Reading this comprehensive and celebratory report gives me great hope and inspiration for the next steps. We are part of a pioneering effort to bring many more people to improved health through physical activity. I know that I have been helped to cope with multiple long-term conditions. My experience shows that even the exercise-averse like me can find their way to physical activity and better health.

We Are Undefeatable has a proud achievement to build on, amplify, and adapt to support more people struggling with their individual challenges. I am delighted to be part of this and look forward to continuing my active participation in the project and all that we can do together.



Introduction

"There is no 'one size fits all' and it's important that health and government understand this. Better understanding of health conditions and person-centred approaches is needed to support people to move more."*

* All quotes are contributed by members of our Lived Experience Network and respondents to We Are Undefeatable research

People with long-term conditions are one of the least active groups.

They are twice as likely to be inactive (39.3%) as those without a condition (19.7%), and inactivity increases with the number of conditions someone has.[1]

This is a growing group. Around 46% of adults in England live with a long-term condition, and one in four of us live with two or more.[2] The burden of ill health is not held equally; people in lower socioeconomic groups, older people, and people from ethnically diverse backgrounds are more likely to live with long-term conditions. They are also more likely to be inactive.[3]

As well as the costs to individuals, physical inactivity costs the UK around £7.4 billion annually.[4] Getting the least active adults moving just a little more could be transformative.

The benefits of physical activity are well-documented, with the evidence base recently updated in the UK Chief Medical Officers' (CMO) physical activity guidelines. It points to significant gains in preventing, managing, treating and rehabilitating many long-term conditions.[5]

People with long-term conditions want to move.

Research from We Are Undefeatable shows 96% agree physical activity is important in managing or preventing long-term conditions, and 66% want to be more active.[6,7] But 58% would find this difficult, and just 51% feel in control of their health and how it affects their life.[8]

We Are Undefeatable, powered by The Richmond Group of Charities, inspires and supports people with long-term conditions to move in ways that work for them. Our behaviour change campaign leads to action; over half (56%) of those aware of it have taken action to become more active.[9]

Harnessing the narrative developed by We Are Undefeatable – one of movement based on empathy, realism and lived experience – we translated our insights into advocacy by publishing Millions More Moving in 2024.[10] It set out three shifts in policy needed to support people with long-term conditions to be active: ensuring leadership and accountability, embedding movement into healthcare, and encouraging movement in daily life.

Working with partners across health and physical activity, we have helped change the narrative away from one that alienates the least active towards one that is person-centred. The 10-Year Health Plan aims to get 'millions more moving',[11] NHS England published Four Ways Forward,[12] the refreshed CMO physical activity guidelines emphasise that 'every movement matters',[13] and two Select Committees have made recommendations towards those shifts.[14,15] But as We Want To Move shows, there is much more to do to tackle the persistent barriers and meet the needs of people with long-term conditions.



Prioritising movement lays a strong foundation for tackling some of today's biggest challenges.

Economic growth relies on a healthy, active workforce.[16] Keeping people in work means looking after their wellbeing and managing their conditions. Community cohesion and tackling isolation needs ways to bring people together, which movement often provides.

Movement is a bedrock of prevention, which must include supporting those already living with long-term conditions to self-manage, maintain independence and mobility, and avoid deterioration or developing multiple conditions. This will reduce pressure on creaking health and social care systems, and help develop the health agency that around half of people with long-term conditions don't feel they have.

There is growing recognition that making decisions closer to those who are impacted is important. Devolution, neighbourhood health and place-based approaches can bring local data, lived experience insights and community engagement together to create the conditions for people with long-term conditions to move. But national leaders must ensure no one misses out just because of where they live, and that national funding and support flows to where it is needed.

"We want to move"

We Want To Move shines a light on lived experiences.

This report sets out how national policymakers can play a leading role alongside the people and partners who are already making strides, guided by what people with long-term conditions tell us they want.

It has been co-developed with our Lived Experience Network, charity partners and trusted stakeholders across national and local health, physical activity and government organisations. It also draws on the extensive lived experience insights collected by We Are Undefeatable. Co-design is a golden thread, from the voices that tell us what people with long-term conditions want to the cross-sector collaboration we want to see.

Movement remains one of the most powerful tools we have. It is not a luxury. It is a necessity. And with coordinated action across the system, we can get millions more moving.



1

We want...

The system to join the dots

What people with long-term conditions say is happening now

"I wish that the systems we engaged with were joined up efficiently."

"I want someone to help me understand what's safe for me. I want to move – I just don't want to make things worse."

"I want very much to be physically active. I have a range of health issues that would benefit."

A public consultation for We Are Undefeatable showed that 35% of people with long-term conditions and those who support them don't think national government prioritises supporting this audience to be active.[17] A similar proportion (32%) think the same of local authorities.[18]

Insights consistently show the biggest barrier is pain, and many participants in our research wish their pain and condition management was better understood by those who support them. Barriers relating to capability – pain, energy levels, physical limitations – are often overlooked or misunderstood while policy focuses on increasing opportunities without tackling the issues that prevent people taking them up.

This is symptomatic of interventions not being co-designed with those they are intended to support.

Only 39% agreed that "people with long-term conditions like mine" have their needs taken into account when local physical activity opportunities are created. Only 40% agree there are enough local opportunities to be active.[19]

People with long-term conditions describe support to move that varies from place to place, setting to setting and professional to professional. This fragmentation across health, sport and leisure, national government and local authorities leaves people unsure where to turn. Inconsistent messaging and provision, duplication in some areas and gaps in others compound the challenge. For example, someone might hear from their health professional they need to be active, then meet barriers in joining a local activity, and be unsure what this means for their claim to welfare support.[20]

How we can change this

"I believe that we have a wealth of information available. It is joining up the correct people and data plus information."

"It's about connecting the need for exercise with people's passions, whether that be badminton or their grandkids, and with other people for validation, shared experiences and learning."

"If we all come together as one community, that can only benefit everyone."

1. Implement a meaningful strategy for movement, accountable to a Minister for Movement

The Chief Medical Officers' message that every movement matters should form the basis of a single strategy for movement across government policymaking and communications.

At the time of writing, we are expecting the Department for Digital, Culture, Media and Sport (DCMS) to publish a national plan for physical activity, promised in the 10-Year Health Plan in pursuit of a long-term aim to get 'millions more moving'.

To work for people with long-term conditions, any such plan must meet the needs of the least active, encompass all forms of movement, join up government departments and be driven by lived experience insights. This means applying proportionate universalism – scaling support to the level of need, so those facing the most barriers get the most help. It needs to be inclusive, resourced and communicated, and sit with a minister to champion it and be held accountable. This echoes the Culture, Media and Sport Select Committee's Game On Inquiry, which also recommended a strategy for movement.[21]

The cross-departmental nature of commitments made in the 10-Year Health Plan show the importance of leadership and accountability shared across government. The shape of a merged Department of Health and Social Care (DHSC) and NHS England is still developing, but it is an opportunity for greater leadership, starting with a commitment from DHSC to adopting and implementing NHS England's Four Ways Forward (see page 14).

At present, there are missed opportunities in plans such as the Modern Service Framework for cardiovascular disease (CVD), which references the forthcoming physical activity plan but has no clear implementation plan that would embed movement into CVD care. A movement strategy shared across government could proactively identify these opportunities and offer a plan for concerted and consistent action.

A strategy for movement with ministerial ownership could provide a platform for shared government accountability, identifying movement in all its forms – including transport, high street renewal and employment support – and squeeze the value out of existing investments. This would create a clear, joined-up expectation that movement is part of everyday care and everyday life, which underpins our other recommendations.



"We want to move"

2. Make movement a priority for devolution, local government and neighbourhood health

Clear national leadership and accountability are even more important as we move towards regional devolution, neighbourhood health, and place-based approaches.

Devolution brings powers over transport, planning, skills and the determinants of health closer to communities, letting places respond to specific needs, be flexible in their approach and design movement into everyday life – as many strategic and local authorities already do. The English Devolution and Community Empowerment Act 2026 includes formal requirements for regional powers to consider health improvement and health inequalities. Prioritising movement would go a long way towards meeting these requirements and supporting people with a wide range of multiple and long-term conditions.

But there must be a national approach in place to mitigate the risk of widening inequalities between regions. Movement must be an explicit priority for all strategic authorities, with essential commitments for all regions to use the levers available intentionally, and with clear expectations and accountability for tackling inactivity. This would still leave flexibility built in for strategic and local authorities and Integrated Care Boards (ICBs) to innovate, while ensuring no one misses out based on where they live.

For example, the Mental Health and Movement Alliance calls for ICB and local authority budgets to commission physical activity within mental health services intentionally.[22] Nationwide prioritisation of movement would send a clear signal that such intentional commissioning is essential.



"We want to move"

Neighbourhood health will rightly look different in every place, led and shaped by the needs of the local population. The Richmond Group of Charities' report Putting People at the Centre: Making Neighbourhood Health Work for People with Multiple Conditions shows how several places are achieving this by responding to local needs with local solutions.[23] To build on this and embed movement, national leaders must enable clinical and non-clinical roles to support physical activity. This means factoring non-clinical roles into national and local workforce planning, creating strong relationships and shared approaches to risk and governance across sectors, and sharing learning across neighbourhoods.

Multidisciplinary neighbourhood teams can then build movement into care plans, signpost local opportunities and take a holistic view of each person's support – working with voluntary, community and social enterprise (VCSE) organisations, whose trust, reach and cultural connection make them essential strategic partners.

3. Measure what matters to people, not just the system

We will only get millions more moving when the real barriers to physical activity are addressed. This means valuing lived experience as evidence alongside other forms of data to mitigate solely serving those already active and neglecting those who are not.

It will require a framework that measures not just structured participation, but how people move, what enables or hinders them, and what the outcomes mean for them. At present, Sport England's Active Lives survey collects annual data from a representative sample of the population. It uses validated self-reported questions to capture the duration and type of moderate and vigorous intensity structured activity (including active travel, dancing and gardening) from the past week. It does not fully capture light intensity activity, therefore we can't fully understand how people move (such as through gentle stretching, housework, shopping, etc). Limited data about people with long-term conditions and activity under 30 minutes are published routinely.

Improving these measures and reporting on them regularly would enhance nuance and sensitivity, helping bring surveillance in line with the CMO physical activity guidelines and enabling better monitoring of movement amongst the least active.

This would ensure that action to support this significant proportion of the population is effective, especially if combined with research studies using objective measures of activity. These achievable changes would help us know whether we are on course to meaningfully get millions more moving within a decade, as the 10-Year Health Plan aims to do.

The least active are not a homogenous group. **Measuring what matters to people with long-term conditions would give the system a better understanding of who they are, the persistent or common barriers they face, and most relevant kinds of support.** National-level analysis of this data and insight could help local leaders learn from other areas, provide a shared language for tackling inactivity, and offer people with long-term conditions a positive feedback loop showing how movement can help manage symptoms.

4. Turbocharge cross-sector collaboration

Delivering this ambition depends on working across sectors, with the VCSE sector as a strategic partner and not just a service provider, bringing lived experience insights, trusted relationships, policy development and practical solutions.

We Are Undefeatable in Blackburn with Darwen, launched in June 2024, is a nationally inspired, place-led campaign centred on local residents with long-term conditions. Led by Together an Active Future and Blackburn with Darwen Council with support from The Richmond Group of Charities, it combined national expertise and Sport England investment with residents' experiences and local partners including Healthwatch, the ICB, primary care and physical activity providers. The campaign reached and inspired residents living with long-term conditions, while strengthening local systems to support long-term behaviour change.[24]



Much of this work has been made possible by Sport England. Its ten-year strategy Uniting the Movement has inclusion and reducing inactivity at its heart, and over its first five years it has directed resources into place-based and system-change approaches, including cross-sector collaboration.[25] But Sport England cannot do it alone. We need increased political will across the system to invest in collaboration and whole systems approaches, role model successful partnerships and ensure everyone can enjoy the benefits of movement wherever they are.

We want... The system to join the dots

- **Implement a meaningful strategy for movement, accountable to a Minister for Movement**
- **Make movement a priority for devolution, local government and neighbourhood health**
- **Measure what matters to people, not just the system**
- **Turbocharge cross-sector collaboration**



2

We want...

Healthcare and social care that knows what matters to us

What people with long-term conditions say is happening now

"If those doing assessing don't understand your condition it makes the whole process more painful and difficult."

"I want clinicians to understand that pain is the biggest barrier to me moving more."

The We Are Undefeatable report Bridging the Gap found that healthcare professionals perceive the biggest barriers to movement for people with long-term conditions to be about mindset or motivation.[26] However, people with lived experience consistently tell us pain, fatigue and physical limitations are the top barriers. We refer to this mismatch as the 'empathy gap'.

Closing this gap matters because the NHS and healthcare professionals are the most trusted sources of advice about movement for people with long-term conditions. When a healthcare professional talks about movement in a personalised, realistic way, it can be transformative.

When surveyed, over the period of a month, 73% of people with a long-term condition had an interaction with a healthcare professional. Only 34% of those interactions included conversations on physical activity, but 79% of those that did led to action – either prompting physical activity or thinking more about it – both important steps in behaviour change.[27]

Yet data shows those with the most to gain in health benefits – including older people and those with multiple long-term conditions – are least likely to have these conversations.[28]

Health and social care professionals operate within a challenging system that makes it hard to prioritise physical activity, despite the robust evidence base and well-established national guidelines.

Barriers to conversations about physical activity include:

- Low awareness of National Institute for Health and Care Excellence (NICE) guidance and quality standards which include physical activity, and of the CMO physical activity guidelines[29]
- Uncertainty on finding activities that work for people with long-term conditions[30]
- Concerns around safety for people with long-term conditions[31]
- Being less likely to discuss movement if they are inactive themselves[32]
- Lack of time[33]
- Lack of confidence about initiating 'healthy conversations'[34]
- Fragmented pathways[35]
- Lack of targets, clear workforce expectations and data.

Additionally, the wellbeing of the health and social care workforce itself must not be forgotten. One in four healthcare professionals live with a long-term condition.[36] The NHS Staff Survey shows 31% of staff describe themselves as burnt out, and mental health conditions account for around 30% of sickness absence.[37] In social care, high levels of anxiety have been found amongst 40% of the workforce.[38] Providing support for movement could help tackle some of the workforce wellbeing and productivity challenges facing the NHS and social care.



There must be greater systemic and individual support for health and social care professionals that enables quality conversations about physical activity and increases self-agency in people with long-term conditions.

How we can change this

"I want clinicians to feel confident talking about movement and physical activity."

"I wish the medics and clinicians understood that just because some of us are coping or not obese or unable to function – it does not mean we don't want as much help as possible to stay active and keep weight manageable and sleep/move/work to the best we can."

"I wish my GP knew how helpful she is, always believing me, and understanding that I'm the 'expert' on my own conditions, and she is there to support me as best she can."

1. Commit to implementing NHS England's Four Ways Forward

NHS England states that one in four people would be active if advised by a healthcare professional.[39] Its ready-made action plan – Four Ways Forward – outlines how the NHS can harness the benefits of physical activity by:[40]

1. **Empowering health and care professionals**
2. **Integrating physical activity into clinical pathways**
3. **Supporting the NHS workforce**
4. **Driving innovation and evaluation with partners**

Four Ways Forward is a clear lever to embed movement into healthcare and must remain a commitment through the merger between DHSC and NHS England, with a focus on implementation.



London 'Fit for the Future' shows it in action at a regional level[41]. Led by London Sport with senior buy-in from the London ICBs, NHS England, Office of Health Improvement and Disparities and the Greater London Authority. The framework of the Four Ways Forward has enabled the partnership to maintain its vision and momentum despite changes in funding and leadership, and equip it to take action.

Supporting the NHS workforce can be done within national plans such as the upcoming 10-Year Workforce Plan. This includes promoting physical activity both inside and outside work through the NHS Health and Wellbeing Framework, active travel initiatives and NHS leaders as role models for active lifestyles, such as through the Royal College of General Practitioners (RCGP) Active Practice Charter.[42]

Alongside this, ensuring clear workforce wellbeing targets, which include a physical activity component, and expectations with accountability mechanisms would help strengthen any wellbeing commitments.

Learning from the NHS's approach may be transferable to social care, and support for the wellbeing of the social care workforce is both essential and timely. Combined with initiatives like Moving Social Work (see below and page 22), these approaches could help the social care workforce's own wellbeing and equip them to help those they support to move. These approaches should be further developed and embedded as political attention turns towards the social care system.

2. Embed movement and lived experience insights in training and education

There are examples of where movement literacy and lived experience insights have been built into education, training and continuing professional development (CPD):

- Physical Activity Clinical Champions (PACC) is a national clinically-led programme that has equipped almost 75,000 healthcare professionals with the confidence, skills and knowledge to have meaningful, person-centred conversations about physical activity.[43] After PACC training, the proportion of healthcare professionals who felt confident promoting physical activity rose from 75% to 94%.[44]
- Moving Medicine is an evidence-based resource to help healthcare professionals integrate physical activity into routine clinical care.[45] It gives healthcare professionals the tools and confidence they need to have informed physical activity conversations with patients.
- Moving Social Work harnesses the skills and values of social workers to support the health, wellbeing and rights of people with disabilities. Professionals completing the Moving Social Work programme reported improved confidence, knowledge and skills when discussing physical activity.[46]

These examples, all funded by Sport England, show what is possible, and there is scope to improve how the resources above are offered to professionals throughout their careers in a consistent and coherent way.

This starts with the undergraduate curricula and runs through to training and continuing professional development. Education providers, primary care, hospital trusts and other NHS employers should facilitate and encourage physical activity education, training and signposting. This would contribute towards the implementation of the Four Ways Forward, and must be considered in national and local workforce plans.

The content of the training and education is just as important. Not only should professionals be equipped to share the CMOs' message that every movement matters, practice must be person-centred and responsive to the lived experiences of people with long-term conditions. For example, every health and social care professional should be aware of the 'empathy gap'. It must also reaffirm the international consensus statement that physical activity is safe for people with stable long-term conditions (including multiple long-term conditions).[47]

3. Create frictionless pathways

Frictionless physical activity pathways address fragmentation and variation, making it easier for people with long-term conditions to transition seamlessly from the health system to supported opportunities to move.

Moving Together, led by the Faculty of Sport and Exercise Medicine (FSEM) and the Active Partnerships National Organisation (APNO),[48] with funding and support from Sport England and Nuffield Health, brings together leisure, health, the VCSE sector and people with long-term conditions to co-create frictionless pathways. It is building a connected system in which healthcare professionals are upskilled in physical activity, and the physical activity workforce is upskilled in risk to enable safe inclusion.

The project is producing guidance for local systems that will support integration, and We Are Undefeatable is bringing lived experience insights so that the guidance ultimately serves people with long-term conditions. Neighbourhood health models are an opportunity for local systems to implement the project with relevant partners, responsive to specific need and maximising local community assets.

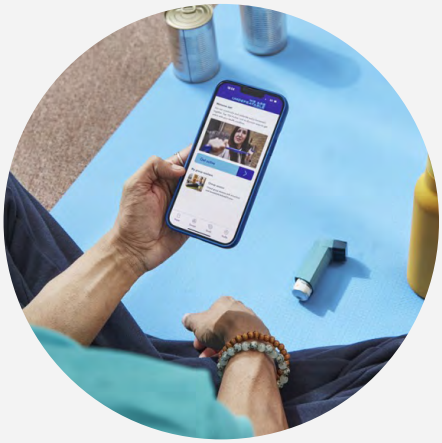
Frictionless pathways can be further developed by:

- Making better use of digital opportunities, so that healthcare professionals connect people to trusted movement support in non-clinical settings. For example, the We Are Undefeatable app could be signposted to support self-management where appropriate (see box on page 16).
- Integrating physical activity into clinical pathways, so that structured interventions are routinely and easily offered. For example, Prehab4cancer has shown how movement in perioperative care can improve outcomes.[49]
- Designing holistic care around patient need and including physical activity expertise in multidisciplinary neighbourhood teams, so that there is wraparound support for movement. For example, Community Appointment Days offer a range of services in a non-clinical setting to de-medicalise conversations and personalise care.[50]
- Fostering a culture that normalises movement for health, so that people with long-term conditions are empowered to move outside of healthcare settings when appropriate and are supported by structured physical activity interventions when guidance recommends them. For example, RCGP's Active Practice Charter helps surgeries embed movement in their culture and practice.
- Building trust and collaboration between the health system, sport and leisure sector, and VCSE organisations, so that non-clinical support can accompany clinical pathways. For example, social prescribing has had a positive impact in connecting health systems with local support.[51]
- Making patients an active part of their care through shared-decision making, so that interventions work for individuals. This would also support the 10-Year Health Plan's commitment to ensure 95% of people with complex needs have a co-created and agreed care plan by 2027.[52]

It is a complex task but the aforementioned examples show it is possible to remove some of the friction between healthcare and the ways people can move for health, whether that is in structured settings or in activities of daily life.

"We want to move"

The We Are Undefeatable app



The We Are Undefeatable app is a free, ORCHA accredited tool co-developed with Good Boost and qualified physiotherapists and osteopaths, offering customisable exercise routines using AI and an in-app community for people with long-term conditions.

The app has engaged some of the least active, including older and mid-life people with a range of long-term and multiple conditions. At registration, 72% of users were active 0-2 days per week, far from the amount of physical activity recommended by the CMOs.

The app is designed as an evidence-informed behaviour change tool, and early evaluation suggests it is meeting its objective and could complement existing healthcare pathways.

There is indicative evidence that having the app for longer – regardless of actual app usage – is associated with higher levels of physical activity, strength days and automatic motivation to be active, suggesting potential for habit formation.

Users tell us:

"I feel more independent."

"It felt safe because it was tailored to what I'd put in."

"It's been transitional to getting me back outside."

Find out more at weareundefeatable.co.uk/resources/app/

4. Use person-centred data as a tool, incentive and feedback loop

We need to measure what matters to people, not just the system (page 10). But the system needs to be wired to collect, share and monitor the right data.

It is currently wired to collect data to meet incentives such as those in the Quality and Outcomes Framework (QOF), but at present, there are no clear targets around physical activity, movement or tackling inactivity. A meaningful target for engaging the least active with support to move would send a clear message that movement must be prioritised.

With a target set, data collection must improve. There are codes to log conversations and screen levels of (in)activity, such as SNOMED, a structured clinical vocabulary for electronic health records, and the General Practice Physical Activity Questionnaire (GPPAQ). But they could be better standardised and used more consistently to paint an accurate picture of physical inactivity levels and indicate progress.[53] They also do not capture the barriers and enablers we share throughout this report.

One way to address this is to modify the GPPAQ or use more sensitive alternatives, like Exercise Vital Signs or Physical Activity Vital Signs used more often in secondary care, and combine it with objective data from smart devices or simple

questions about agency and capability that would give a more nuanced picture than GPPAQ alone.[54] Monitoring physical inactivity risk factors could also enable proactive outreach and timely behaviour change support, preventing conditions developing or deteriorating and helping personalise support to have the greatest impact with the resources available.

Data sharing would also need to be improved. People with long-term conditions can have many touchpoints with the health and social care system, as well as in taking up structured opportunities to move in the community, and the current system is fragmented. This means that interactions, impact and sustainability cannot be tracked, creating more friction and preventing timely and appropriate holistic support. A national effort to improve data interoperability could make strides towards addressing this.



We want... Healthcare and social care that knows what matters to us

- Commit to implementing NHS England's Four Ways Forward
- Create frictionless pathways
- Embed movement and lived experience insights in training and education
- Use person-centred data as a tool, incentive and feedback loop



3 — We want...

Movement enabled in our daily life

What people with long-term conditions say is happening now

"I would be more active if my pain was better managed and if toilet access was more available."

"I think flexibility with pricing would be good when you have fluctuating condition and don't want to sign up to a term of classes when its likely you won't be able to get to them."

"The parks also need more seats for people with long term health conditions when tired at the park."

Some people with long-term conditions tell us about the ways they have found to build movement into daily life; going to the shops, using local parks, or enjoying activities at home. Some tell us about structured exercise they have enjoyed, such as an aquafit class at the local leisure centre, or a walking group hosted at their GP surgery.

Others find it difficult to find ways to move. Some feel sport and physical activity is not for 'people like me', and are often held back by not having someone to go with or by fearing judgement in an unfamiliar, formal setting.[55] Some live in care homes without enough support to keep them moving.

Some people with long-term conditions are put off accessing opportunities, such as classes, clubs or programmes, by limited transport, lack of toilets, uneven or cluttered pavements, or sometimes cost. And many live with pain or fatigue that prevents them building movement into daily life.

We also hear that people with long-term conditions do not always feel supported to be active where

they live; only 33% agree their local council supports people with long-term conditions to be active. Those who are inactive, aged over 44 or with multiple long-term conditions feel least supported. There is also significant regional variation; 54% feel supported in London, compared to 23% in the South West and 28% in Yorkshire.[56]

The 'empathy gap' appears among sport professionals too, who perceive cost and location to be the biggest barriers when lived experience insights tell us it is pain. While cost and location can be barriers for many, focusing on them can mean other important barriers go unaddressed or misunderstood, and measures to reduce cost or provide facilities closer to home are only partial solutions.

Many sport professionals offer positive experiences of physical activity in structured settings. But those of us with long-term conditions who are not already engaged in those settings don't have access to that expertise, and within the workforce, practice can vary significantly. While some professionals are specialists qualified to a high level to support people with long-term conditions, there is a gap in widely held knowledge and confidence from the general workforce to provide that support, from the front desk to the duty managers. This means people with long-term conditions are often funnelled towards limited specialist roles for support, reliant on those professionals being available everywhere. Concerns about insurance and risk add further constraints, despite research suggesting the risk of an adverse event is low.[57]



Across the range of ways to move – whether it is in a formal setting or the public realm – accessibility and inclusion are not consistently prioritised or satisfactorily addressed, and small measures that would make a difference to people with long-term conditions are often missed.

How we can change this

"I would be more active if staff knew about chronic conditions."

"I wish there was more conversation with the local population and business owners, to help them better understand the importance of accessible facilities and exercises."

"Having a group of people with similar health issues who I could go walking with without having to pay to join."

1. Make inclusion the default in sport and physical activity

Sport policy has typically encompassed both elite and grassroots sport, leaving limited space for inclusive action and the wider spectrum of movement. Despite notable efforts such as Swim England's Water Wellbeing programme, people with long-term conditions are often not a priority group. **This must change if we are serious about movement for all, guided by a national movement strategy that reorients the focus towards meeting the needs of the least active.**

Research from Activity Alliance suggests that a focus on inclusion would make a significant social value contribution; £10.9 billion in additional value if activity levels of disabled people were the same as non-disabled people.[58]

Recent investment in grassroots sport and facilities, including £400 million from DCMS, is to be welcomed. But access to facilities is neither the only nor the main barrier; people with long-term conditions need inclusive ways to move that help manage pain, allow for fluctuating symptoms, and carry a realistic message that every movement matters. There is a wealth of learning through We Are Undefeatable on crafting that message (see below).



We Are Undefeatable is an example of a person-centred campaign, supporting people with long-term conditions to reduce physical inactivity through everyday movement, and its approach can be replicated elsewhere. Using terms such as 'movement' rather than 'exercise' or 'sport' and relatable imagery can help change feel more achievable for some of the least active. **Our analysis shows 62% of respondents with a long-term condition can relate to the campaign; 58% agree it is aimed at people like them; and 53% feel inspired to get active.**[59]

Qualification frameworks such as those provided by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) can build capability across the workforce, ensuring people feel welcomed, understood and supported wherever they choose to be active. Activity Alliance's CIMSPA-accredited Inclusive Activity Programme shows what this looks like in practice: training coaches, community activators and healthcare professionals to deliver activity that works for disabled people and people with long-term conditions.



There is more to do to make this level of knowledge and confidence the norm. Consistently embedding it in every role in every organisation providing movement opportunities will enable people with long-term conditions to be confident their needs will be understood wherever they choose to move.

Sector-endorsed guidance and accreditation can also help answer the risk and insurance concerns that hold back inclusive practice. Mind and Sport England's Safe and Effective Practice guidance, co-produced with over 180 organisations, covers trauma-informed and psychologically and physically safe delivery.[60] Parkinson's UK is backing new CIMSPA-recognised accreditations that train exercise professionals to adapt sessions safely, so healthcare professionals can refer with greater confidence.[61] Moving Together is developing policies, resources and support for physical activity providers to break down barriers created by the perception of risk.

National policymakers and funders could boost these efforts by ensuring all physical activity providers and national governing bodies take an 'inclusion by default' approach, including an expectation of co-design or community engagement to tackle persistent barriers, a shared inclusive narrative, and support to upskill the workforce and leverage existing resources.

2. Drive an active wellbeing service

Sport England's Future of Public Sector Leisure report set out a vision for local leisure services to move from a facility-led model towards an active wellbeing service, built on social prescribing, co-location with health and social care services, and preventative whole-systems activity.[62] Building on this, the Active Wellbeing Leadership Network helps leaders across this complex system work together with greater clarity, trust and impact. For people with long-term conditions, a wide rollout of active wellbeing would mean leisure services designed around preventing and managing their condition as standard.

Local government is already taking strides towards this. The Local Government Association (LGA) documents a range of place-based approaches that prioritise movement across public health, planning, transport and education, and aim to reach the least active and most disadvantaged groups.[63] To do this everywhere, local government needs to be empowered and resourced under a national movement strategy with strategic direction to ensure no area gets left behind.



Contracting and commissioning are strong levers to create an active wellbeing service. Too often, leisure contracts are judged on numbers through the doors, which rewards reaching people who are already active. An active wellbeing lens would redirect contracting and commissioning towards proportionate universalism: setting clear expectations, and measures, for reaching the least active – including people with long-term conditions – and for working with primary care, social prescribing, social care and the VCSE sector.

An Active Wellbeing Service: A Movement for Change lists examples of public leisure services already offering prehabilitation, referral pathways, co-location of services and practical support to overcome barriers. It also sets out a roadmap to rolling out a national active wellbeing service delivered locally.[64] This could be driven further with national leadership and resourcing to reach people with long-term conditions across the country and to ensure a clear and consistent role for public leisure that maximises its assets and expertise.

An active wellbeing approach also means leisure does not work alone. It creates a platform to reorient health, social care, planning and transport towards a shared goal of improving health and wellbeing through movement. This would help address many of the barriers people with long-term conditions encounter in building movement into daily life.

3. Enable movement at home and in the local environment

As well as action in the sport, physical activity and leisure sectors, we need to create a world which enables movement in daily life, whether that's at home, making journeys or enjoying the local area. This means making sure the enabling factors are in place – socially, practically and at home – to build the capability, motivation and opportunity into a system that drives sustainable behaviour change.

Social connection and enjoyment cannot be underestimated in creating community cohesion and supporting this change. The Richmond Group of Charities' Movement For All programme looked at the components of successful peer support groups that helped overcome barriers to movement among people with long-term conditions: good leadership, safe spaces, time, and tailored responses to needs.[65] In the National Institute for Health and Care Research-funded Walk with Me pilot trial, a peer-led walking programme for inactive older adults in disadvantaged communities, increased physical activity at six months.[66] We recommend commissioners fund this kind of provision as core activity to reaching the least active, and national policymakers must recognise the importance of peer support in making inclusion the default.

The national narrative on placemaking needs movement woven throughout, grounded in co-design with people with long-term conditions. Practical

barriers like inaccessible public spaces can be better addressed through existing investment to make money go further and achieve several aims in one. For example, revitalising high streets by making them more accessible with benches, toilets and clear walking and wheeling routes would not only help encourage movement in daily life, it would contribute to the economic aims of the high streets agenda. Pride In Place offers a similar opportunity to use the investment to create spaces and places for movement while also increasing community involvement and participation.



At home, digital tools can be a convenient way to support movement for those with the means to access this kind of provision. There is scope for The We Are Undefeatable app (see page 16) and other digital tools to be offered alongside forms of physical activity provision, for example to those on waiting lists for referrals or building confidence before joining a group.

Social care settings are home for many and should also provide support to move. In residential or domiciliary care, people have little say over their own routine and staff are under immense time pressures in environments not designed to facilitate movement. What this could look like requires much further exploration, but some initiatives are making good progress. Moving Social Work, led by Durham University, Disability Rights UK and Sport England alongside people with lived experience, is helping to upskill the workforce and build the evidence base for what works. National policymakers should review the ways it could better embed movement in social care to reach the least active, ensuring social care is not forgotten in any movement strategy.

We want... Movement enabled in our daily life

- **Make inclusion the default in sport and physical activity**
- **Enable movement at home and in the local environment**
- **Drive an active wellbeing service**



Conclusion

Movement is one of the most powerful tools we have to support people with long-term conditions, improving physical and mental health, mobility, confidence and independence. The evidence, tools and examples of what works already exist, but they do not yet add up to a coherent national approach.

People with long-term conditions want to move.

To make that possible, we want:

- **The system to join the dots**
- **Healthcare and social care that knows what matters to us**
- **Movement enabled in our daily life**

The call to action is clear and urgent. The system must respond to what people tell us they want and as the number of people living with multiple conditions and the gap in healthy life expectancy increases, the need to act becomes ever more pressing.

We Are Undefeatable and The Richmond Group of Charities play an essential and unique role in bringing lived experience insights to the fore and ensuring national policymakers can respond to the needs of people with long-term conditions. We are proud to be part of a vibrant and expert sector of organisations driving forward movement for health.

We Want To Move is a call to action for national policymakers to provide leadership that empowers, amplifies and acts on the issues it sets out. Together, we can create a future where movement is a realistic, supported and everyday part of life for people with long-term conditions.

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WE ARE UNDEFEATABLE

The Richmond Group of Charities