



Department
of Health &
Social Care

Government response to the Health and Social Care Committee's eighth report of 2024 to 2026 - Healthy Ageing: physical activity in an ageing society



Government of the United Kingdom
Department of Health and Social Care

Government response to the Health and Social Care Committee's eighth report of 2024 to 2026 - Healthy Ageing: physical activity in an ageing society

Presented to Parliament by the Secretary of State for Health and Social Care
by Command of His Majesty

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Introduction

This is the government's formal response to the recommendations made by the House of Commons' Health and Social Care Committee in its [Healthy Ageing: physical activity in an ageing society](#) report, which was published on 22 May 2026.

The government welcomes the report and is grateful to all who contributed their time and expertise to the inquiry.

While as a nation we are living longer, too many people are spending their older years in ill health. The government plans to address this through the [10 Year Health Plan: fit for the future's](#):

- commitment to halve the gap in healthy life expectancy between the richest and poorest regions while increasing it for everyone
- wider ambition of raising the healthiest generation of children ever

Being physically active across the life course brings positive health, social and economic benefits to people and communities. It contributes to reducing the demand on and use of NHS and social care services, and is associated with an average increase in life expectancy of around 1 to 2 years.

According to [Sport England's social value of sport and physical activity 2023 to 2024 data](#), getting people to move more also makes economic sense, with the social value of improved participation in sport and physical activity standing at £122.9 billion a year. This includes £15.9 billion of overall healthcare net savings accrued through the prevention of a range of chronic diseases, reduced GP visits and use of mental health services, equating to a return on investment of £4.38 for every £1 spent.

There are specific benefits for older adults, such as:

- reduced risk of falls
- maintenance of mobility and functional independence
- improved mental health and wellbeing
- helping people to stay connected with others

However, the government recognises that there are a range of individual, societal and environmental barriers that can prevent older adults from being active. This is evidenced by the fact that people tend to become less active as they get older, with the sharpest

decrease at age 75 and over, with 44% of people in this age group considered active (doing 150 or more minutes of activity a week) compared with 64% of those aged 55 to 74.

Furthermore, there is a stark difference between the proportion of older and younger adults who meet the recommendations of the [UK Chief Medical Officers' \(CMOs\) physical activity guidelines](#) for both aerobic and strengthening activity - 10% of those aged 75 and over meet the recommendations compared with 43% of 16 to 24 year olds, according to [2021 Health Survey for England, part 2](#) adult physical activity data.

While acknowledging the focus of this inquiry is the healthy ageing of adults and older adults, the government is clear that enabling people to age healthier requires a life-course approach and it is essential to embed healthy behaviours, such as physical activity, at a young age.

This is why physical activity forms part of the shift from treatment to prevention and our 10 Year Health Plan, published in July 2025, sets out a commitment to working across sectors to address physical inactivity and get millions more people moving.

To achieve this and support people to build physical activity into their everyday lives, the government will:

- transition to a neighbourhood health service model that will move care into communities and promote joined-up services at a local level, making it easier for older adults to access the tailored support they need to increase their activity levels
- deliver 5,000 new walking, wheeling and cycling routes and 10,000 safer crossings by 2030 - a commitment backed by [£4.5 billion in investment to make active travel a practical choice](#) for millions more journeys
- move to a place-based approach to addressing physical inactivity through:
 - £250 million of investment by Sport England into 92 places facing the highest rates of deprivation, health inequality and physical inactivity
 - £400 million of investment by the Department for Digital, Culture, Media and Sport (DCMS) into local community sport facilities
- invest more than £1 billion in PE, school sport and physical activity by 2029, including £530 million for the new [PE and School Sport Partnerships Network](#), to ensure all children can access equal opportunities for physical activity
- establish a national movement campaign, led by Sir Brendan Foster, to inspire millions to move more through practical, relatable messaging showing how movement can be incorporated into people's everyday lives

- develop a new scheme - modelled on the UK City of Culture - to name the UK's most physically active community, which will showcase how places are supporting people to increase their activity levels with the aim of boosting public participation, and spreading best practice
- launch Health Coach to help people take greater control of their health. In the longer term, this will include a new artificial intelligence (AI)-powered digital tool to provide more personalised health advice to millions of people, helping them to make healthier choices every day

The inquiry set out to understand:

- the role of physical activity in preventing and reducing ill health, pushing it further into older age
- how increasing physical activity levels could have an impact on reducing the gap in healthy life expectancy between older people in the most and least deprived regions

The committee's report sets out its conclusions and made 15 recommendations against the following themes:

- physical activity should be treated as a core preventative health intervention backed by investment and accountability, with integrated care boards (ICBs) required to embed it in population health, healthy ageing, long-term condition and inequalities strategies, including frailty and dementia prevention management
- health and care professionals need stronger support to promote and prescribe physical activity, including national rollout of best practice models, clearer leadership, communication, training and examples of what works
- local, targeted approaches are needed to reduce inequalities, using hyper-local insight, standardised data collection and evaluation to focus interventions where inactivity and poor health outcomes are greatest
- community settings and the physical activity sector should be integrated into care pathways, with leisure facilities, voluntary, community and social enterprise (VCSE) organisations and qualified activity professionals supported to deliver preventative and long-term condition programmes. Strengthening social prescribing is essential to connecting people with meaningful local opportunities to move more
- physical activity should be embedded in adult social care, including staff training, strengths-based care assessments, early tailored interventions, and stronger Care Quality Commission (CQC) standards and inspection focus

- national messaging should challenge negative assumptions about ageing, promote movement as part of daily life and target those who are approaching older age or least likely to be active, including a stronger cross-government approach that prioritises physical activity
- the built environment should support active ageing, with planning guidance embedding active design principles so public spaces enable older people to move around and participate in community life

This command paper provides the government's response to the committee's recommendations and conclusions.

Embedding physical activity in the health and social care system

Recommendation 1

In paragraph 13 of its report, the committee recommends the following:

"The department should require ICBs to embed physical activity as a core preventive intervention within population health strategies. ICBs should demonstrate how physical activity is being integrated into healthy ageing, long-term condition management and health inequalities frameworks, with clear accountability for delivery."

Government response to recommendation 1

The government agrees with the committee that ICBs should consider how population health measures, including physical activity, are integrated into care.

This is why, in March 2026, the Department of Health and Social Care (DHSC) published the [Neighbourhood health framework](#) to provide clarity and consistency for ICBs, local authorities and partners as they work together through health and wellbeing boards to develop locally led neighbourhood health plans.

The framework sets out expectations for ICBs and is clear that systems should:

- take a population health management approach to designing preventative services that are tailored to local need
- build strong links with wider public service reforms

This includes opportunities to integrate interventions, such as physical activity, as part of broader prevention and early intervention approaches.

As strategic commissioners, ICBs - working with local authorities and partners, including local providers of physical activity interventions - are best placed to determine how to do this based on local population need.

As set out in the 10 Year Health Plan, we are shifting towards a neighbourhood health model that will bring health and care into communities. It will:

- provide proactive, preventive and personalised care
- reach people earlier

- help them stay well for longer

Services will be organised around the needs of defined populations, enabling better integration across health, care and wider partners.

Good-quality and robust data and sound analysis enable NHS bodies to identify groups at risk of poor access, experience or outcomes, and deliver evidence-based action to reduce health inequalities. Evidence from Sport England's [Active Lives](#) surveys indicates that some groups of people - for example, people living in more deprived areas and older adults - are more likely to be inactive (with less than 30 minutes of moderate intensity activity a week). It is therefore essential that efforts disproportionately target these groups to achieve the greatest health benefits for people and reduce the burden on our health services. [NHS England's statement on information on health inequalities](#) sets out expectations for NHS organisations to improve data quality, collection and analysis.

The government therefore shares the committee's view that physical activity plays a vital role in prevention, supporting healthy ageing and long-term condition management, and reducing health inequalities.

The government provides the evidence-based recommendations for the types and durations of physical activity required to achieve health benefits across the life course through the CMOs' physical activity guidelines, which underpin policy in this area. In July 2026, the UK CMOs carried out an update to the evidence behind the section of the guidelines aimed at adults, reaffirming that the greatest health benefits are achieved when people who are less active move a bit more.

This update provides an opportunity to reinforce the benefits of movement to both health professionals and patients, and tie in with the development of forthcoming modern service frameworks (MSFs). These frameworks are integral components of the 10 Year Health Plan that will:

- clarify the 'must dos' for ICBs to commission
- provide an opportunity to highlight the role of physical activity in improving outcomes where evidence is strongest

Recommendation 2

In paragraph 18 of its report, the committee recommends the following:

"We recommend that the department works with ICBs to develop a national rollout of existing best practice models to support clinicians to have conversations about physical activity with patients, particularly older patients. This should include a communication strategy to reach all health

professionals, clear messaging about the benefit and priority assigned to these conversations, and resources to support managers to promote it to their staff."

Government response to recommendation 2

The government agrees with the committee that conversations between clinicians and patients, particularly older patients, are vital for population behaviour change.

DHSC and NHS England are working together to modernise and reinvigorate [Making Every Contact Count](#), an approach to behaviour change that uses the daily conversations that take place in our communities and healthcare settings to encourage changes in a person's behaviour that will have a positive impact on their health and wellbeing. Through brief interventions, often lasting just 30 to 120 seconds, health professionals and others can provide trusted advice and signpost people to support services and community resources.

The updated approach is anticipated to be finalised by autumn 2026. It will then be promoted through national communications channels, professional networks and workforce development opportunities as part of the broader shift towards prevention. This will support more healthcare professionals to recognise and act on opportunities to ask, advise and assist in relation to physical activity.

We will also promote this through our broader work to support frontline staff to raise physical activity as part of routine care, including through the [Harnessing the benefits of physical activity](#) programme and resources such as [Moving Medicine](#). These resources are already helping clinicians:

- identify where physical activity forms an evidence-based component of prevention and treatment pathways
- integrate these discussions into their clinical work - for example, in prehabilitation (the process of enhancing general health and wellbeing in preparation for surgery and other treatments) for cancer and transient ischaemic attack or stroke

Further evidence of existing work in this space, and the government's recognition of the importance of providing healthcare professionals with the expertise to have conversations with patients about physical activity, is the [Physical Activity Clinical Champions](#) (PACC) training programme.

Originally developed through collaboration between the Office for Health Improvement and Disparities and Sport England, PACC is now being delivered and improved with funding from Sport England through a collaborative programme led by Sheffield Hallam University, the Faculty of Sport and Exercise Medicine (FSEM), and Intelligent Health. PACC now

connects more strongly into Moving Medicine, which includes guides for healthcare professionals who are caring for people with conditions such as cardiovascular disease, type 2 diabetes and depression.

ICBs have already begun to adopt the strategic commissioning approach outlined in the [Strategic commissioning framework](#) as part of the planning process for the financial year 2026 to 2027. As strategic commissioners, ICBs will take the lead in developing long-term approaches to improve health outcomes.

The further development of integrated neighbourhood teams will also shift the focus towards more preventative and proactive approaches, including work to increase physical activity within the neighbourhood population. This commissioning will be guided by the planned MSF for frailty and dementia, which will highlight and encourage the wider adoption of what good looks like when it comes to enabling conversations on physical activity.

Existing resources, including FSEM's Moving Medicine, are already available and being used by healthcare professionals to support conversations about physical activity. These can be drawn upon locally as part of communications and implementation activities. The [public-facing Moving Medicine website](#) was formally launched in spring 2026, providing symptom and condition-specific resources to support patients to become more active.

Recommendation 3

In paragraph 19 of its report, the committee recommends the following:

"In addition, we recommend that ICBs explore methods for increasing investment in the prescription of physical activity as part of a broader shift towards prevention. This should be pursued alongside appropriate clinical treatments, ensuring patients benefit from the full range of evidence-based interventions available."

Government response to recommendation 3

Social prescribing is an effective tool for enabling healthy ageing by signposting people to local initiatives that help them increase their physical activity levels in a way that is tailored to their individual needs. However, the government recognises that social prescribing should not be limited to physical activity.

It should be noted that, while DHSC does not direct ICBs to fund specific social prescribing activities, its grant investment for the National Academy of Social Prescribing includes support for local systems to develop social prescribing to meet the needs of their populations.

The further development of neighbourhood teams will support clinicians to promote physical activity by better integrating the resources already available where people live. This includes, for example, using social prescribers, health coaches and care co-ordinators as members of the neighbourhood team, who are well placed to make best use of local authority, faith-based and VCSE services, and other amenities within that locality.

'Harnessing the benefits of physical activity' sets out NHS England's ambition to embed physical activity into every aspect of lifelong healthcare to benefit patients, NHS staff and the wider population, and will identify where physical activity has a clear evidence-based role in clinical pathways. It recognises that unlocking the potential of physical activity will require healthcare leaders to be much more ambitious, incorporating promotion of physical activity into wider plans on prevention and long-term conditions management.

Significant opportunities where physical activity can support prevention, treatment and recovery include relevant MSFs, such as the [Cardiovascular disease modern service framework](#) and the upcoming frailty and dementia MSF, as well as the [National Cancer Plan for England](#).

The National Cancer Plan includes a commitment, starting in 2028, to deliver a national digital-first prehabilitation programme. This will support patients to prepare for treatment, including by signposting to existing digital services such as smoking cessation support and exercise classes. This will ensure patients can best prepare for their treatment at, or close to, home.

Recommendation 4

In paragraph 27 of its report, the committee recommends the following:

"We recommend that, as part of the MSF for frailty and dementia, the government identifies and sets clear standards for delivering exercise programmes to prevent and reverse frailty. This should include a requirement for ICBs to commission evidence-based exercise programmes at the duration and intensity necessary to deliver outcomes.

"We also ask that the government sets out the accountability arrangements that will accompany the MSF for frailty and dementia in its response to this report. This should include how the government will ensure consistent uptake of evidence-based exercise programmes among ICBs to remove the current national variation in access."

Government response to recommendation 4

The government understands the importance of physical activity for older adults. In addition to helping to prevent and reverse frailty, physical activity helps:

- manage symptoms and pain associated with long-term health conditions
- reduce the risk of falls
- maintain mobility and functional independence in older age
- improve mental health and wellbeing
- people to stay connected

It also has some protective effects for cognitive function in older age and mental health in women.

This is why the government is introducing the first ever MSF for frailty and dementia to set a clear direction and a long-term blueprint to improve outcomes for people living with dementia and frailty, which will:

- seek to reduce unwarranted variation and narrow inequality for people living with frailty and dementia
- set national standards for frailty and dementia care
- redirect NHS priorities to provide the best possible care and support

We will set an aspirational, long-term outcome goal for frailty and dementia over the next 10 years. The government plans to publish the full MSF by the end of this calendar year, as recommended by Baroness Casey.

Recommendation 5

In paragraph 34 of its report, the committee recommends the following:

"We welcome the publication of the model ICB blueprint and the intention that ICBs will move towards population health delivery models, which should support more targeted intervention to address health inequalities in ageing.

"In its response to this report, the government should set out how it will judge whether ICBs are successfully moving towards this approach. This should include how the government will ensure ICBs' monitoring and data collection are standardised to allow for meaningful evaluation and learning of interventions across ICBs."

Government response to recommendation 5

The government accepts this recommendation. NHS England has already issued guidance to ICBs to:

- support them to take on their role as strategic commissioners through the 'Strategic commissioning framework'
- help guide the development of new integrated contractual mechanisms through [Fit for the future: towards population health delivery models](#)

Progress will be judged through a consistent national approach to oversight and developmental support as follows:

- ICBs are required to set out 5-year population health strategies and population health improvement plans with a defined set of outcomes and key performance indicators that are aligned to national and local priorities. The annual ICB capability assessment from 2026 to 2027 will specifically assess ICB commissioning capabilities alongside a set of delivery metrics. These will be used to assess whether ICBs are making progress on national priorities, including neighbourhood health and population health delivery models
- during 2026 to 2027, the [Strategic Commissioning Development Programme](#) will support ICBs to strengthen their data, population health analytics and evaluation capability. This will ensure that they are able to target resources and interventions to population groups with the greatest need and understand their impact
- as part of the NHS Federated Data Platform, each ICB will have access to a [Strategic Commissioning Tool](#), which will provide standardised linked data, needs assessment capability, benchmarking and evaluation functionality, to support it in its role

Recommendation 6

In paragraph 43 of its report, the committee recommends the following:

"The department should develop a national framework to support ICBs and local authorities to commission and scale health interventions delivered in leisure and physical activity settings.

"This should include preventive, treatment and long-term condition management programmes to support healthy ageing. It should also set out how appropriately qualified physical activity professionals can be safely integrated into care pathways and promote understanding among health professionals of the role this workforce can play."

Government response to recommendation 6

The government agrees that it has an important role - working with ICBs, local authorities, and the leisure and physical activity sector - to consider what further support is needed for local areas to deliver health interventions in leisure and physical activity settings.

DHSC and the NHS are already working across government and with partners to set out where local practice exists, and how the physical activity sector and trained professionals are involved and providing support as part of the care pathway.

Prehabilitation is a good example of where this is already working well, and so sharing this learning and supporting the ongoing development of health professionals will be a core part of the approach.

DHSC and the Department for Work and Pensions are working to support people who experience musculoskeletal (MSK) conditions, which are particularly common in older adults. From later this year, the MSK Physical Activity Hubs programme will focus on reaching people with MSK conditions who experience inequalities, such as those living in areas with:

- the highest MSK waiting lists
- higher prevalence of MSK conditions
- greater levels of deprivation

Fully integrated into local systems, the MSK Physical Activity Hubs are estimated to deliver physical activity interventions to over 34,000 people in 144 hubs over a 2-year period (August 2026 to March 2028). These hubs are expected to lead to:

- improvements in health, measured through the quality-adjusted life year metric
- employment impacts such as reductions in sickness absence days

We will evaluate what works and use this real-world evidence to:

- improve how we support people with MSK conditions
- consider how these approaches can work for people living with other conditions

There are further examples of qualified exercise specialists, including clinical exercise physiologists and fitness instructors, working alongside healthcare professionals in multidisciplinary teams, particularly in frailty, rehabilitation and long-term condition management. The Chartered Society of Physiotherapy has also recently promoted closer

collaboration between physiotherapists and exercise specialists through its [Collaborate, Don't Compete](#) project.

Recommendation 7

In paragraph 48 of its report, the committee recommends the following:

"The department should assess whether the overall funding, infrastructure and training available to social prescribing are sufficient to reflect its growing role in promoting physical activity and reducing demand on health services, and set out how it will ensure social prescribing is consistently embedded, prioritised and supported across the health system."

Recommendation 8

In paragraph 49 of its report, the committee recommends the following:

"We were disappointed to hear of the reduced support that NHS England is providing for social prescribing. This is directly impacting on the quality of related training and development for link workers.

"As part of the ongoing merger between NHS England and the department, we recommend that the department review and strengthen the support it provides for social prescribing.

"This should include ensuring the National Academy for Social Prescribing has the resources it needs to continue promoting best practice, supporting workforce development and acting as a national centre of expertise."

Government response to recommendations 7 and 8

DHSC and NHS England are working with stakeholders to evaluate the social prescribing workforce in primary care, which is recruited through the [Additional Roles Reimbursement Scheme \(ARRS\)](#).

We recognise the committee's concern and would like to draw its attention to DHSC's £3 million commitment in grant funding over 3 years to support the National Academy for Social Prescribing to:

- implement evidence gathering
- enhance workforce training
- provide support for local systems to develop social prescribing to meet the needs of their populations

The grant will be delivered with key performance indicators and outcomes developed in support of frontline delivery of social prescribing.

The role of social prescribing has been recognised in the development of the ARRS where general practices can bring social prescribers in to support patients requiring help in different ways, including physical activity.

One of the challenges has been knowing what activities are available at a local level. Work is continuing across the NHS to improve access to information about local services and community support, helping professionals connect people with appropriate opportunities in their area. Examples of local work include the development and testing of approaches that use AI to provide up-to-date information on available programmes and automate referral pathways to support social prescribing.

The government has committed to publishing a 10 Year Workforce Plan to set out how we will ensure we have the right staff to deliver the reformed system described in the 10 Year Health Plan, including social prescribing.

It is important to note that the promotion of and signposting to physical activity is part of other roles in health and social care, such as primary care clinicians and health and wellbeing coaches.

Recommendation 9

In paragraph 55 of its report, the committee recommends the following:

"We welcome the intention in the strategic commissioning framework for ICBs to treat VCSE organisations as partners in the development and delivery of a neighbourhood health service.

"In its response to this report, we ask that the government provide more details on what support from the Strategic Commissioning Development Programme will look like in practice. This should include details of any training or guidance that will be offered to ICBs."

Government response to recommendation 9

The government accepts this recommendation. Strong and consistent engagement with the VCSE sector is essential to delivering neighbourhood health services and improving population health outcomes.

The 'Strategic commissioning framework' re-emphasises the importance of ICBs working in partnership with VCSE organisations as part of designing and providing integrated, community-based models of care aligned to population need and inequalities.

The first phase of the Strategic Commissioning Development Programme was launched on 10 June 2026. This programme will provide practical support to ICBs to build their confidence and capability in working with partners to accelerate the provision of neighbourhood health and more integrated models of care. It will include:

- guidance and tools to support ICBs to co-develop commissioning strategies and plans with VCSE partners, including approaches to needs assessment, service design and evaluation
- training and capability development, including structured learning programmes and a national Commissioning Academy to build skills in partnership working, population health commissioning and value-based approaches
- good practice resources and templates to support consistent implementation, including commissioning methodologies and approaches to working at neighbourhood level
- peer learning and sharing of best practice across systems to support scaling of effective VCSE partnerships

The programme will ensure ICBs are supported not only to engage with VCSE organisations, but to embed them as integral partners in improving population health and reducing inequalities.

Recommendation 10

In paragraph 63 of its report, the committee recommends the following:

"We recommend that Baroness Casey, as part of the independent commission on adult social care, prioritise opportunities for physical activity to support a new, prevention-focused vision for the system.

"This should identify how government can support the social care sector to embed physical activity into the delivery of adult social care. It should include how local authorities, the NHS and social care providers can work together to identify older people at risk of sedentary behaviour and offer early, tailored interventions."

Government response to recommendation 10

We welcome the committee's recommendation, which is directed to the [Independent commission into adult social care](#) (the commission) chaired by Baroness Louise Casey.

The commission will now publish its recommendations for the medium and long-term transformation of adult social care in summer 2027, and combine the work that was originally set out as 2 separate phases.

It should continue to consider how to make adult social care more productive and preventative.

Recommendation 11

In paragraph 64 of its report, the committee recommends the following:

"We also recommend that the department work with social care providers to develop a national training programme for social care workers to improve their confidence and skills in supporting older people to be active, including understanding deconditioning and how to prevent it.

"This should include supporting the workforce to take a strengths-based approach to physical activity, with care assessments focusing on what older people can do."

Government response to recommendation 11

The government agrees that equipping social care workers with the confidence and skills to support older people to be active, including understanding deconditioning and how to prevent it, is important for enabling healthy ageing.

DHSC's approach to adult social care workforce reform, including the [Care workforce pathway for adult social care](#), has been designed alongside the sector in line with principles that place strong emphasis on person-centred care, supporting people to live fulfilling lives and focusing on what they can do rather than what they cannot.

The 'Care workforce pathway for adult social care' reflects this collaborative approach by setting out the knowledge, skills, values and behaviours required across roles to support people to:

- live independently
- maintain their health and wellbeing
- achieve their own goals and outcomes
- stay connected to their communities and the things that matter to them

Across the pathway, there is a consistent expectation that staff work in a person-centred and strengths-based way, supporting people's choice, control and independence, and enabling them to live the life they want. For example:

- the 'New to care' role category emphasises supporting active participation, independence and involvement in day-to-day life
- those in the 'Care and support worker' role category are expected to promote health and wellbeing, choice and independence, and use person-centred approaches to risk and decision-making
- the 'Personal assistant' role category explicitly includes supporting people to be active in their own life and actively participate in their care and support
- leadership role categories, including 'Deputy managers' and 'Registered managers', are expected to lead services that promote wellbeing and independence in all aspects of day-to-day practice, supported by person-centred and strengths-based approaches and positive risk-taking

Together this helps to create a consistent framework in which supporting people to remain active, engaged and independent is embedded across the workforce.

Earlier this year, DHSC published the third part of the 'Care workforce pathway for adult social care', including an 'Activity co-ordinator' role category. This recognises the importance of this role in ensuring people who draw on care have access to good-quality physical activity suited to their individual needs, which will help to improve their physical and mental health and overall quality of life.

While there is no current plan to develop a national training programme for social care workers to improve their confidence and skills in supporting older people to be active, including understanding deconditioning and how to prevent it, DHSC does fund a range of qualifications and training through the [Adult Social Care Learning and Development Support Scheme](#) (LDSS).

Funding is available for the Level 2 Adult Social Care Certificate, which provides a baseline of knowledge and skills aligned with the 'New to care' role category in the pathway. The LDSS is backed by up to £10 million of funding in financial year 2026 to 2027.

It should be noted that there is already innovation within the social care workforce in relation to physical activity. The [Moving Social Care](#) programme, co-produced by Sport England, Disability Rights UK and Durham University, is an example of training that focuses on increasing physical activity and the benefits this generates for mind and body.

Through resources and co-produced strategies, it trains new and established social workers to confidently discuss and promote physical activity with disabled people and those accessing social care to improve overall physical and mental wellbeing.

Recommendation 12

In paragraph 65 of its report, the committee recommends the following:

"The department should work with the CQC to set national standards for the delivery of physical activity in social care settings, with physical activity being provided in line with the CMOs' guidance.

"We also recommend that CQC places a greater emphasis on physical activity in its assessment framework and inspections of social care provision."

Government response to recommendation 12

The government recognises the significant benefits of physical activity in improving health and wellbeing, and supporting people to maintain independence in social care settings.

Earlier this year, the UK CMOs completed an update of the evidence underpinning adults' physical activity recommendations, reaffirming the fact that, for good health and wellbeing, some movement is better than nothing and more is better still. While this is focused on the general adult population, this is equally important, along with balance and strength activity, for older adults.

We will continue to work with stakeholders to promote awareness of the guidelines across the health and social care system, including among adult social care providers, commissioners and workforce.

Physical activity is embedded across CQC quality statements relating to wellbeing, independence and person-centred care. Providers are expected to support people to remain active, achieve outcomes and participate in meaningful activities aligned with their preferences, while managing risks appropriately.

CQC is moving to sector-specific assessment frameworks, including an adult social care-specific framework, and has sought feedback through extensive engagement with the sector. Having an adult social care framework means CQC can set out clearer and more sector-specific expectations for social care providers. CQC has proposed to retain focus on 'supporting people to live healthier lives' and 'independence, choice and control'. This includes encouraging a proactive, preventive and strength-based approach to health, independence and activity.

The National Institute for Health and Care Excellence (NICE) develops quality standards that set out priority areas for quality improvement in health, public health and social care. NICE has an established process for identifying and prioritising topics for guidance and quality standard development, including updates to existing standards and guidance.

While, at this point, DHSC is not actively considering setting additional national standards specifically for social care settings, NICE has published quality standards [\[QS183\] on Physical activity: encouraging activity in the community](#), and [\[QS84\] on Physical activity for NHS staff, patients and carers](#).

The health and care system is expected to take NICE quality standards fully into account when ensuring that local services meet the needs of their local populations.

Embedding physical activity in society

Recommendation 13

In paragraph 75 of its report, the committee recommends the following:

"We recommend that the department's 'national movement campaign' includes targeted messaging aimed at the least active and people approaching older age.

"These messages should demonstrate how movement can be incorporated into daily habits, use relatable role models, and focus on examples of movement that will increase strength and balance."

Government response to recommendation 13

The government accepts this recommendation. As set out in the 10 Year Health Plan, former Olympic medallist Sir Brendan Foster is working with a group of experts to focus on getting people to move more.

Older adults will benefit from the initial focus of the upcoming campaign, which will be to provide practical, relatable messaging that shows how movement can be incorporated into everyday routines through drawing on examples and role models that resonate with different communities.

As the campaign develops over time, there will be opportunities to incorporate the promotion of strength and balance activities as part of the campaign's messaging, which we know support healthy ageing by reducing the risk of falls and fractures, helping people retain their independence as they reach older age.

From a health perspective, increasing activity among those who are currently inactive remains a top priority, given the significant benefits that even small changes can achieve.

Recommendation 14

In paragraph 80 of its report, the committee recommends the following:

"Designing a built environment that promotes physical activity for everyone, including older people, must become a core requirement when designing public spaces.

"We recommend that the revised National Planning Policy Framework and the Design and Placemaking Planning Practice Guidance embed Sport England's Active Design principles."

Government response to recommendation 14

The government recognises the important role that the built environment plays in supporting physical activity, health and wellbeing across all age groups, including older people.

Active design offers a way to integrate physical activity into daily life, making it easier for everyone to move and promoting healthy ageing.

The government's [National Planning Policy Framework: proposed reforms and other changes to the planning system](#) and [Design and Placemaking Planning Practice Guidance](#) (PPG) consultations closed on 10 March 2026.

The consultation draft PPG includes references to Sport England's [Active Design](#) guidance. Sport England's Active Design principles include providing activity infrastructure, such as toilets and seating, to facilitate activity for all, and are also referenced in the most recently published version of [Building for a Healthy Life](#), which Homes England has adopted as its primary design quality indicator.

The new [National Planning Policy Framework](#), published on 17 August 2026, is clear that development plans should set local standards for the provision of different types of recreational land and facilities, including for play, sport, informal recreation and allotments. In doing so, plans should draw upon relevant national standards and best practice, tailoring these as necessary to local circumstances and evidence, including published Sport England guidance (such as its [Assessing Needs and Playing Pitch Strategy guidance](#)).

In June 2026, the Department for Transport and Active Travel England published [Active Travel - Active England: the third cycling and walking investment strategy](#), which sets out the government's vision for walking, wheeling and cycling to be safe, easy and accessible choices for everyone, with over £4.5 billion projected to be invested in active travel up to 2030.

The vision is underpinned by 3 strategic objectives:

- enable more people, particularly the least active, to benefit from physical activity through active travel
- make active travel the easy and integrated choice
- improve safety for people walking, wheeling and cycling

This directly enables healthy ageing and supports older adults, who we know are among the least active groups to move more, through addressing common barriers by improving pavements and providing safer crossings.

Recommendation 15

In paragraph 87 of its report, the committee recommends the following:

"The government should restore the health mission and develop a cross-government 10-year plan to embed prevention and reduce inequalities in healthy life expectancy that prioritises physical activity.

"This should include creating pooled budgets that require multi-department bids to access, supported by shared outcome and accountability measures to encourage joined-up action to address public health challenges, such as addressing barriers to healthy ageing."

Government response to recommendation 15

The government agrees with the committee that a long-term cross-government plan to embed prevention and reduce inequalities in healthy life expectancy is required. The government's 10 Year Health Plan, published in July 2025, does exactly this by setting out how we will deliver our mission through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

Since the publication of the 10 Year Health Plan, we have moved quickly into delivery mode.

The plan sets out the government's ambition to reduce the stubbornly high levels of physical inactivity across the country, with 11.8 million adults classed as inactive (with less than an average of 30 minutes activity a week), and 2.1 million children and young people as less active (with less than an average of 30 minutes activity a day).

It recognises the physical and mental health benefits this would bring to people and the positive impact on relieving NHS pressures, which is worth an estimated £15.9 billion in savings a year.

The government continues to invest in grassroots sport, leisure facilities, cycling and walking infrastructure. We:

- announced, in May 2026, more than £1 billion of investment in PE, school sport and physical activity by 2029, including £530 million to launch the new PE and School Sport Partnerships Network, which will support all children to have fun and reap the benefits of movement
- are working with Sir Brendan Foster on a national movement campaign to get millions moving more
- are exploring options to develop a scheme modelled on the UK City of Culture to name the UK's most physically active community each year, which will showcase how places are supporting people within communities to increase their activity levels

All of this will contribute towards the shift from sickness to prevention.

The government also recognises that the UK faces significant health inequalities, with life expectancy and healthy life expectancy varying widely both within and between communities.

Addressing this is a central ambition of our 10 Year Health Plan, which is aiming to:

- confront the social determinants of health
- improve healthy life expectancy for everyone
- halve the gap between the richest and poorest regions

This will allow us to build a fairer nation to ensure people can live well for longer and spend less time in ill health, regardless of where they are born or their financial circumstances.

Achieving this requires solving the root causes of the healthy life expectancy gap through:

- action within the NHS and wider health service and by local authorities to make it easier for people to access joined-up, proactive and personalised care through the neighbourhood health service
- tackling the major drivers of poor health such as obesity and smoking

It also includes co-ordinated action on the wider conditions that shape health (the wider determinants of health) including:

- warm and decent homes
- good work

- cleaner air
- support with the cost of living and suitable housing for our ageing population

Cross-government action includes the [Warm Homes Plan](#), the [Keep Britain Working Review](#) and [A National Plan to End Homelessness](#). Beyond this, we are also considering what more we can do across government to improve provision and choice for older people in the housing market.

This cross-government action should help to prioritise opportunities for people experiencing homelessness, rough sleeping and multiple disadvantages. These groups experience some of the poorest health outcomes in society. According to the Museum of Homelessness's [The Dying Homeless Project 2024 findings](#) report, among people experiencing homelessness in England, the average age of death is 49 for men and 47 for women - more than 30 years earlier than the general population. Addressing the barriers they face supports the government's wider ambition to confront the drivers of poor health, increase healthy life expectancy and reduce persistent health inequalities.

Together, this reflects our view that reducing inequalities in healthy life expectancy requires sustained, co-ordinated action across government - not action by the NHS alone.

By embedding action on health in the policies that shape people's daily lives - from the homes people live in to the air they breathe - we are taking a whole-of-government approach to reducing inequalities in healthy life expectancy.

While joined-up action across government is essential to address public health challenges, such as addressing physical inactivity, DHSC does not consider creating new pooled budgets as being necessary to achieving these ambitions.

DHSC continues to work closely with departments across government on programmes - such as the new PE and School Sport Partnerships Network where funding has been pooled across DHSC, the Department for Education and DCMS - to successfully ensure proper governance processes are in place and supported by shared outcome and accountability measures.

Recommendation 16

In paragraph 90 of its report, the committee recommends the following:

"While we welcome the government's recent increase to the public health grant, we remain concerned that public health teams have been left with inadequate funds to carry out preventive interventions vital to healthy ageing.

"The shift to prevention will require a long-term, whole-system response. As part of this shift, the government must commit to shifting resources towards preventive interventions, including an immediate commitment to restoring the public health grant to 2016 to 2017 levels in real terms.

"Such an investment is proven to save money by preventing people developing ill health and reducing demand on health services."

Government response to recommendation 16

The government shares the committee's view that the shift to prevention will require a long-term, whole-system response and recognises the importance of working across organisational boundaries with partners in different sectors - including, for example, the leisure, fitness and physical activity sector - to keep people fit and healthier for longer.

On 9 February 2026, the government published multi-year ringfenced public health grant allocations up to 2028 to 2029 to local authorities in England (see annex E of [Public health grants to local authorities: 2026 to 2027](#)). This is the first 3-year public health settlement in a decade - giving local authorities far greater certainty over their future funding and supporting their ability to plan ahead.

Over the 3 years from 2026 to 2027, we will be providing over £13.4 billion of public health funding for local government through a consolidated ringfenced public health grant to reduce bureaucracy, as well as funding for public health included in business rate retention arrangements for the 10 Greater Manchester authorities.

The consolidated public health grant will see a 5.6% total cash increase over the 3-year [Spending Review 2025](#) period, supporting vital local health services such as:

- smoking cessation
- drug and alcohol prevention, treatment and recovery
- health visiting
- school nurses
- sexual health clinics

Local authorities, with their understanding of their local areas and their needs, are well placed to plan and direct spend on preventative measures effectively for their local communities.

Prevention is a core theme within the 10 Year Health Plan, and the shift from sickness to prevention is integral to keeping people healthy and independent for longer, reducing the

unsustainable burden on hospitals and narrowing the growing gap in healthy life expectancy.

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