

A group of women in athletic wear are smiling and high-fiving outdoors. The woman in the foreground on the right is wearing a grey and pink long-sleeved shirt and black leggings, with her arms raised in a high-five gesture. Other women in pink and orange tops are visible in the background, also smiling. The background shows a blurred outdoor setting with trees and buildings.

**Sheffield
Hallam
University**

Advanced
Wellbeing
Research Centre

Delivering the Prevention Legacy for the NHS

Innovations that help people move

The Advanced Wellbeing Research Centre

Acknowledgements

We extend our sincere thanks to the AWRC’s academics and professional services staff, our partners across industry, academia, education, healthcare, and the public and community sectors, as well as the communities with whom we work closely.

We are grateful to everyone who has contributed to our mission to transform lives through innovations that help people move.

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Foreword

The rising tide of preventable conditions, widening health inequalities, and increasing pressure on our healthcare system demands a revolutionary reimagining of how we improve and maintain population health.



For too long, we have prioritised investment in a reactionary model of healthcare, ignoring the fact that only by addressing the social determinants of health can we truly keep people well and achieve equitable economic growth.

At the Advanced Wellbeing Research Centre (AWRC), based at Sheffield Hallam University, our mission is to transform lives through innovations that help people move. We believe that physical activity can play a central role in delivering the UK Government's prevention ambitions and help drive economic growth. We believe this starts with a fundamental shift in perspective to see movement and physical activity not as optional extras but as essential aspects of everyday life that are accessible to all. This means we need to redesign our places and communities, prioritising everyday movement and creating the conditions that support people to live healthier, more active lives.

It's increasingly clear that the biggest barriers to better health often lie in the systems and structures that make healthy behaviours like physical activity difficult for many communities. The stark reality is that your postcode largely determines your health outcomes, following a social gradient. This is an injustice that has no place in a 21st century United Kingdom. To address this, communities need to be placed at the centre of our approach to health and care, with a commitment to place-based working and organisational policies, structures and processes that support collaboration and community led action.

At the AWRC, our work brings together diverse perspectives - from engineering and psychology to elite sport and community health - creating a unique innovation environment where curiosity-based research meets real-world impact. Our greatest strength, however, lies in our determination to place power and decision-making in the hands of the people and communities who best understand their own needs, challenges, and aspirations. This is why listening to residents, building on what is already strong and co-designing solutions with communities is at the heart of everything we do. We believe this is the only way to deliver the prevention agenda and drive lasting change in population health.

The vision and recommendations outlined in this report are both ambitious and achievable. They echo previous calls to immediately prioritise health equity across government policy¹ as well as outlining innovations that will reshape practice. Through our work with communities across the UK, including our own region of South Yorkshire, we've seen how prevention-focused place-based approaches can transform lives while delivering clear economic benefits. We know that adopting systems-thinking and putting communities in control can lead to better, more sustainable ways to stay healthy. We've witnessed how bringing healthcare services closer to communities can break down barriers to access and tackle inequalities. And we've demonstrated how training healthcare professionals in prevention can create lasting cultural change.

The opportunity before us is to use this insight to inform initiatives across the country, helping shape change throughout our healthcare system and eradicate health inequalities within a generation. Our approach isn't about reinventing the wheel or parachuting interventions into places. It's about learning from what works based on a shared understanding of context and working alongside communities to ensure that the conditions we collectively create benefit everyone in terms of their health and wellbeing. The evidence is clear, the methods are established, and the time for action is now.

Together, we can create a health and care system that doesn't just treat illness but delivers health and wellbeing. A system that serves all communities equally and builds a healthier, more active future for generations to come.

We invite policymakers, healthcare leaders, and communities to join us in this vital mission.

Professor Rob Copeland, Director of The Advanced Wellbeing Research Centre, Professor of Physical Activity and Health, Sheffield Hallam University

Executive summary

The case for prevention is clear.

Without decisive action, by 2050 England faces unprecedented increases in healthcare costs: **40% for cancer, 54% for coronary heart disease, 100% for dementia, and 85% for stroke**². These four conditions already account for 59% of all deaths in England and 5.1 million disability-adjusted life years. The economic burden extends far beyond healthcare - from £8.3 billion in lost productivity through cancer-related missed working years to 75 million hours of informal care provided annually to stroke survivors².

Evidence clearly shows that prevention works. **Physical activity interventions generate nearly £100 billion in annual wellbeing value³, with 3.9 million early deaths averted worldwide every year by people being physically active⁴**. If tackled through preventative approaches, seemingly straightforward conditions like high blood pressure, affecting more than one in four adults and costing the NHS over £2 billion annually, could see savings of £850 million over a decade⁵.

Our recommendations are underpinned by the principle of proportionate universalism¹ – ensuring opportunities and interventions reach all populations while concentrating efforts on those facing the greatest health inequalities. Informed by our work with Sport England and the National Evaluation Learning Pilots⁶, we advocate the importance of place-based approaches which recognise that the ability to be physically active is shaped by the unique communities, needs, and assets that exist in each specific place.

Based on the pioneering work of the AWRC and its partners, we propose three system-shaping recommendations to contribute to the prevention ambitions of the UK government.

These recommendations are based on evidenced approaches that optimise existing resources while delivering significant additional impact. Through our work in South Yorkshire, we've demonstrated how this transformation is possible – from investing in community health building to **facilitating over 120,000 annual community-based clinical appointments** in leisure facilities to implementing an NHS-embedded cancer rehabilitation service, **which has an estimated net saving to the NHS of £366.36 per surgery**.

By supporting the government to implement these recommendations, we can build an NHS fit for the future - one that is proactive in preventing disease and which helps all individuals lead healthier, more active lives. Through collaborative action with communities and sustained commitment to prevention, we can create a system for health that truly serves all communities and addresses the stark health inequalities we face today.

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This report outlines the critical actions necessary to enable the delivery of this prevention legacy through the advancement of research and innovation focused on physical activity and tackling health inequalities. Drawing on compelling evidence from our research in places across the UK, we demonstrate how putting communities at the centre of decision-making, alongside regional collaboration and innovative approaches, can transform health outcomes across the UK.

Recommendations to deliver the prevention legacy

1. Prioritise investment in community health building and community-driven health initiatives by:

- Requiring Integrated Care Boards to create long-term, sustainable plans for investment in and coordination across community assets⁷, to maximise community health building, as well as the reach and impact of social prescribing.
- Ensuring the majority of the UK population has access to co-located health and leisure services within 20 minutes of their home⁸.

2. Expand established and evidence-based rehabilitation (including prehabilitation) programmes by:

- Introducing a rehabilitation (including prehabilitation) guarantee across all Integrated Care Boards by the end of this Parliament, ensuring everyone has access to high-quality, community-based services.
- Integrating rehabilitation earlier in care pathways, particularly for high-risk groups and those referred under urgent pathways, to maximise preventive benefits.

3. Develop a workforce equipped to prioritise physical activity in healthcare by:

- Sustaining the national Physical Activity Clinical Champions (PACC) framework supported by at least one place-based PACC in each Integrated Care Board region and with greater investment in communities of greatest need.
- Integrating physical activity promotion into the pre-registration healthcare curriculum. This needs to include clear guidance on how this is embedded into continuing professional development (CPD) initiatives and related professional body standards that underpin the healthcare workforce.





Policy context

While national policy provides the framework for transforming our healthcare system, it is regional innovation and implementation that drives meaningful change. The government's vision to **'Build an NHS Fit for the Future'** and the 2024 Darzi review both emphasise prevention as key to reducing long-term healthcare costs, improving population health, and addressing health inequalities. In addition, the forthcoming NHS 10-Year Plan will address citizen-centred challenges including how **'I can stay healthy and manage my health in a way that works for me.'**

Regional innovation in practice

South Yorkshire, where the AWRC is based, demonstrates how regional collaboration, innovation, and research can catalyse the shift towards prevention. Under Mayor Oliver Coppard's leadership, the region has set out a bold vision to become the healthiest place in the UK and remove inequalities within a generation⁹.

Through strong partnerships between communities, healthcare providers, local authorities, academic institutions, voluntary, community and social enterprise (VCSE) organisations, and industry partners, South Yorkshire shows how transformative approaches to delivering prevention can be achieved. All parts of the system work together while listening to communities and prioritising investment in their needs.

The region provides a blueprint for national transformation by prioritising community-led change and cross-sector collaboration. The success of this approach offers valuable lessons for other regions seeking to embrace prevention.



Key principles¹⁰ underpinning our ways of working as a region to deliver the prevention agenda include:

- **Understanding Barriers and Enablers:** A deep, shared understanding of what supports or prevents physical activity is essential for effective action.
- **Enabling Place-Based Working:** Organisational policies, structures and processes support collaboration and community-led action.
- **Collaboration and Leadership:** Productive partnerships leverage diverse skills, reduce duplication and drive innovation. Leadership is distributed with policymakers, workforce and communities working together. Community-led approaches increase ownership, engagement and sustainability.
- **Creating Supportive Environments:** Cultural and social norms should encourage physical activity in inclusive ways. The built and natural environment should be accessible, attractive and safe for movement, ongoing learning and adaptation improve place-based efforts over time.



The AWRC's role in prevention: from research to impact

Our research focuses on innovations that increase people's physical activity across their life course. We adopt whole systems approaches¹¹ and consider how the communities we live in can be better designed to support movement in all its forms, from active travel and well-designed public spaces to policies that give children an active start in life and promote healthy and sustainable places to live and work. This ensures that the benefits of movement extend beyond healthcare settings, shaping healthier, more connected communities and contributing to economic growth.

Our approach is distinctive in three ways:

1.

We bring together academic expertise across disciplines – from engineering to psychology - with industry partners, healthcare providers, and community organisations all working under one roof. This co-location model accelerates innovation and ensures solutions are both scientifically robust and practical to implement.

2.

We prioritise health equity in everything we do. Our work is driven by the understanding that prevention must work for everyone, not just those who already have the means and motivation to be active. By working closely with communities facing the greatest health challenges, we co-develop place-based solutions that address real barriers to physical activity and healthy living.

3.

We focus relentlessly on evidence and impact. Our state-of-the-art laboratories and research facilities enable us to test and validate interventions rigorously, while our partnerships with healthcare providers including NHS hospitals, clinics, and communities allow us to implement and evaluate solutions in real-world settings.

This approach has already delivered significant results, from improving patient outcomes through services like Active Together¹² - a pioneering programme designed to help people with cancer prepare for and recover from treatment - to generating insight regarding the features or conditions that may be necessary for place-based approaches to address inequalities and deliver population-level change in physical activity⁶.

Through these efforts, and in partnership with organisations across South Yorkshire and beyond, we're helping to create a future where prevention is truly at the heart of health and care.





Building healthier communities through local action

Community health building, as well as community-based healthcare and social prescribing - an approach that connects people to support in their community - is demonstrated to relieve pressure on GPs and hospitals while making physical activity more accessible to all. This is particularly crucial given that in many parts of the UK, **life expectancy can differ by as much as 9.5 years between the least and most deprived areas¹³**, a gap that continues to widen. **With 22.6% of adults¹⁴ and 31.3% of children¹⁵ classified as inactive**, bringing services closer to where people live is essential. These rates are significantly higher in our most deprived communities.

The need for community-based solutions is particularly evident in mental health care. **The NHS in England spent £16 billion on mental health services in 2022/23** (14% of local NHS funding allocations), **with an estimated 1 in 6 adults experiencing a 'common mental disorder' like depression or anxiety in the past week¹⁶**. Social isolation compounds these challenges, with one in 15 people aged 50+ often lonely, rising to one in three for those who are widowed, and one in four for those in poor health¹⁷.

Our research underlines the **value in devolving power to community-led initiatives, through investing in local capacity building**. This not only leads to more effective and sustainable physical activity initiatives, but wider benefits through higher levels of social cohesion, mental wellbeing and confidence, economic and employment opportunities, greater trust in public institutions and ultimately reduction in health inequalities. For example, **social prescribing schemes can deliver up to £8.56 in social and economic value for every £1 invested¹⁸**, while community-based delivery helps reach those most in need. For example, in our cancer rehabilitation programme Active Together, 43% of referrals came from the most deprived communities¹⁹.

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National Centre for Sport and Exercise Medicine: creating empowered, active communities



Created to help deliver the London 2012 Olympic Legacy, the National Centre for Sport and Exercise Medicine (NCSEM) is committed to improving the health and wellbeing of the nation through sport, exercise, and physical activity. NCSEM Sheffield demonstrates **how place-based approaches can transform participation in physical activity and deliver health improvements** in the city.

The impact of the NCSEM approach has been significant. For example, by co-locating healthcare services within leisure centres in communities of disadvantage, NCSEM has made it easier for people to access support where they live, while building valuable evidence about what works in reducing health inequalities. **In Sheffield, this has led to over 120,000 clinical appointments being delivered in communities every year.**

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NCSEM collaborates with voluntary, community, faith, and social enterprise organisations across Sheffield, focusing specifically on communities with the lowest levels of physical activity. Rather than imposing pre-designed solutions, NCSEM works alongside local communities to understand:

- **The systemic enablers of physical activity within defined locations**
- **Which factors affect participation in different communities**
- **How to help people be active in ways and places that suit them**

The promotion of person-centred approaches helps to ensure that organisations are well-equipped to understand people's individual needs, allowing them to address specific barriers to physical activity. One local mother shared how a local community group had enabled her to attend an exercise class which would not otherwise have been possible without childcare support:



“I said ‘I’d love to do that, but I’ve got no childcare’, and she said, ‘well bring her - just bring her in the car seat’. I was like ‘really? That’s amazing.’ I used to come all the time, and it just lifts you. I felt like I was sinking into a pit where I’m going to have to go and see the doctor, it’s so hard to find something for yourself when they are little. This is literally all I can do because we can’t do anything in the evenings. When I come out, I feel like my head is in a better place, and if I feel better about myself mentally, I’m going to be a better mum”.

Beyond the physical health benefits, enabling participation in physical activity plays an essential role in building stronger communities by bringing people together and fostering social connections.

“It has grown to be more than just an exercise class. Mums bring babies and children, women exchange ideas, skills, cooking, shopping, and inform each other of other events going on in Sheffield. It has created a feeling of connection to our community and surroundings. We have a sense of purpose and feel valued. It makes you feel good about yourself, allowing us to function well as individuals. We have all created some real friendships who support, advise, and help each other.”

Green social prescribing: nature-based solutions for better health



Our national research into green social prescribing demonstrates how connecting people with nature-based activities can improve both physical and mental health. The evidence is compelling - these interventions have been associated with **a reduction in depression symptoms from 8.1 to 5.6 on the Hospital Anxiety and Depression Scale and an increase in physical activity levels from 84% to 95%²¹.**

The success of these programmes lies in their ability to:

- Make physical activity accessible and enjoyable
- Create social connections within communities
- Provide sustainable, cost-effective solutions that harness existing community assets
- Address both physical and mental health needs
- Build cross-sector partnerships based on shared mission, vision and values

The transformative power of green social prescribing is illustrated by one participant's journey. Following a violent assault that left him with permanent disabilities, 'Fred' had experienced significant weight gain and social isolation, severely impacting his confidence. His journey began with joining a walking group, primarily to address his social isolation. The experience proved transformative – he not only improved his physical and mental wellbeing but discovered new interests, including nature photography.

As his confidence grew, 'Fred' took the initiative to train as a Walk Leader. He now leads regular walks and uses his personal experience to support others facing similar challenges. His involvement has expanded beyond walking groups; he now actively contributes to several community organisations, creating a ripple effect of positive change in his local area. This case demonstrates how green social prescribing can create both individual and community-wide benefits, fostering social connections while improving physical and mental health outcomes.



Summary

By co-locating services and delivering healthcare within our communities, we can:

- Improve access to healthcare services
- Reduce pressure on hospital facilities
- Create more sustainable health solutions
- Build stronger, more resilient communities

Our experience shows that this approach works. **With over 120,000 clinical appointments that used to be hospital-based now delivered annually in community settings**, we're demonstrating how bringing services closer to people

can transform healthcare delivery while addressing health inequalities.

Through these community-driven health initiatives, we're showing how **local action can drive national change**. Ensuring clinical appointments and a wide range of community activities are accessible within 20 minutes of people's homes means we can create a more preventative, equitable healthcare system that truly serves all communities. These initiatives can only thrive and be sustainable within a place-based model that prioritises distributed leadership and decision-making between policymakers, workforce and communities.

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Transforming healthcare through prehabilitation and rehabilitation

The integration of prehabilitation and rehabilitation programmes into clinical pathways represents one of the most significant opportunities to improve health outcomes while reducing pressure on NHS services and saving millions annually. Through our research and implementation work across South Yorkshire, we've demonstrated how these interventions can be effectively delivered in community settings, improving accessibility while generating considerable cost savings.

The key to success lies in addressing common barriers to access - from geographic location and socioeconomic status to service availability and cultural relevance.

By bringing these services closer to communities and integrating them throughout the patient journey, we can ensure everyone who needs rehabilitation support can access it effectively.

Our flagship programmes demonstrate this approach.

The key to success lies in addressing common barriers to access - from geographic location and socioeconomic status to service availability and cultural relevance



Active Together: transforming cancer care through prevention



The Active Together programme is funded by Yorkshire Cancer Research and delivered in partnership with Sheffield Teaching Hospitals NHS Foundation Trust. It is an evidence-based programme designed to harness the transformative impact of integrated rehabilitation in cancer care. By providing exercise, nutrition, and psychological support before, during, and after treatment, the programme has¹⁷:

- Observed one-year survival rates of 95% (85% observed for non-participants)
- Estimated net savings of £366.36 per patient through reduced hospital stays and less time in critical care
- 97% of patients report improved health and wellbeing
- 93% of healthcare professionals rated it well-integrated into care pathways

The programme brings vital cancer care services closer to where people live, demonstrating the shift from hospital to community-based care.

“I had an eight-hour operation that was life-changing, including having two stomas fitted. Active Together held my hand right from the beginning, starting with pre-surgery preparation. My recovery programme was tailored to me - the support was completely personalised.

“What makes this programme so special is how it creates a complete support network - physical, nutritional, and emotional. When you’ve had such massive surgery, you’re thinking on an hour-by-hour basis. Having a team that truly sees you as an individual and understands exactly where you are in your recovery journey is invaluable.”



Karen Nile,
50, from Sheffield,
was diagnosed with bowel cancer in March 2023. After being referred to Active Together, she received personalised support to prepare for major surgery.



Expanding the model: from cancer care to wider health conditions



Building on the success of Active Together, we're translating this rehabilitation (including prehabilitation) model across multiple conditions and pathways. One such example is a programme called Active Wait. Active Wait was co-designed with people awaiting knee and hip surgery to help manage their physical and mental wellbeing. With average elective waiting times in Sheffield between 6-12 months, a patient's physical and mental health often deteriorates during the waiting period, leading to poorer surgical and health outcomes. Our 12-week online programme was designed to provide patients with the knowledge, skills, confidence and support to manage their health and prepare for surgery. It also tested the additional benefit of having 1-1 sessions with a health coach.

Results from patient surveys reported:

- Increased active minutes per week
- Reduced sitting time of more than an hour per day
- No worsening of their condition during waiting periods
- Improved confidence in continuing to exercise despite pain

“The coaching helped me understand what to expect before and after surgery and took away a lot of the fear I had. I was in a dark place before, blaming myself for my condition, but the support made me realise it wasn’t my fault. It also helped me accept what was ahead and feel more prepared and less anxious.”

Although Linda initially struggled with some exercises, the guidance she received helped her commit to them and focus on building strength.

Now, after surgery, she says:

“Walking and movement are back to normal. I’d hate to think what I would have been like without help. I don’t believe I would have recovered as well or as quickly without this support.”

Reflecting on the experience, she notes the importance of personalised support before surgery, adding that it gave her hope and confidence during a challenging time.

**Linda Walsh,
61, from Sheffield,**

had surgery for a double total knee replacement in March 2024 after an eight-month wait. Early in her wait, she received personalised support through health coaching.

Summary

Through these initiatives, we’re demonstrating how prehabilitation and rehabilitation can be effectively embedded within existing healthcare pathways while delivering clear returns on investment and improving patient outcomes. By bringing services closer to communities and ensuring they’re accessible to all, we’re helping create a more preventative and efficient healthcare system.

Building on this success, we are actively expanding our research partnerships to investigate how artificial intelligence, and digital technologies can further transform rehabilitation pathways. Our current research explores how these technologies can provide more personalised interventions, enable remote monitoring and support, and help predict which patients will benefit most from specific prehabilitation approaches.



Developing a prevention-focused healthcare workforce

With **social care facing 152,000 unfilled roles and nearly 400,000 annual departures**, and projections indicating the workforce will need to grow by 25% by 2035, the traditional approach to healthcare workforce development is no longer sustainable. **Primary care funding has dropped below 10%**, creating an urgent need to attract talent, reform training, and fundamentally reimagine how we prepare healthcare professionals for the challenges of the future.

Based at Sheffield Hallam University, one of the UK's largest healthcare workforce training providers, **the AWRC recognises that embedding prevention within the NHS requires a workforce equipped with the skills, knowledge, and resources to integrate physical activity into everyday practice.** Our experience shows that systematic training and professional development can transform clinical practice, leading to better patient outcomes and more efficient use of NHS resources.

Embedding prevention within the NHS requires a workforce equipped with the skills, knowledge, and resources to integrate physical activity into everyday practice



Physical Activity Clinical Champions: leading change from within



The Physical Activity Clinical Champions (PACC) programme demonstrates how peer-led training can promote prevention and transform healthcare practice. Originally developed as part of the Moving Health Professionals Programme, run by Sport England and Public Health England (now Office for Health Improvement and Disparities), this national initiative has upskilled over 58,000 healthcare workers in physical activity promotion. Through free clinician-to-clinician training, PACC has increased health professionals’ knowledge and skills of physical activity, as well as their confidence to enact physical activity conversations with patients.

The programme’s impact is evidenced in its potential to change clinical practice and improve patient outcomes. Healthcare professionals report greater confidence in discussing physical activity, with many noting how the training has transformed their approach.

The programme has been recognised by the World Health Organisation global action plan on physical activity (2018 -2030) as good practice.

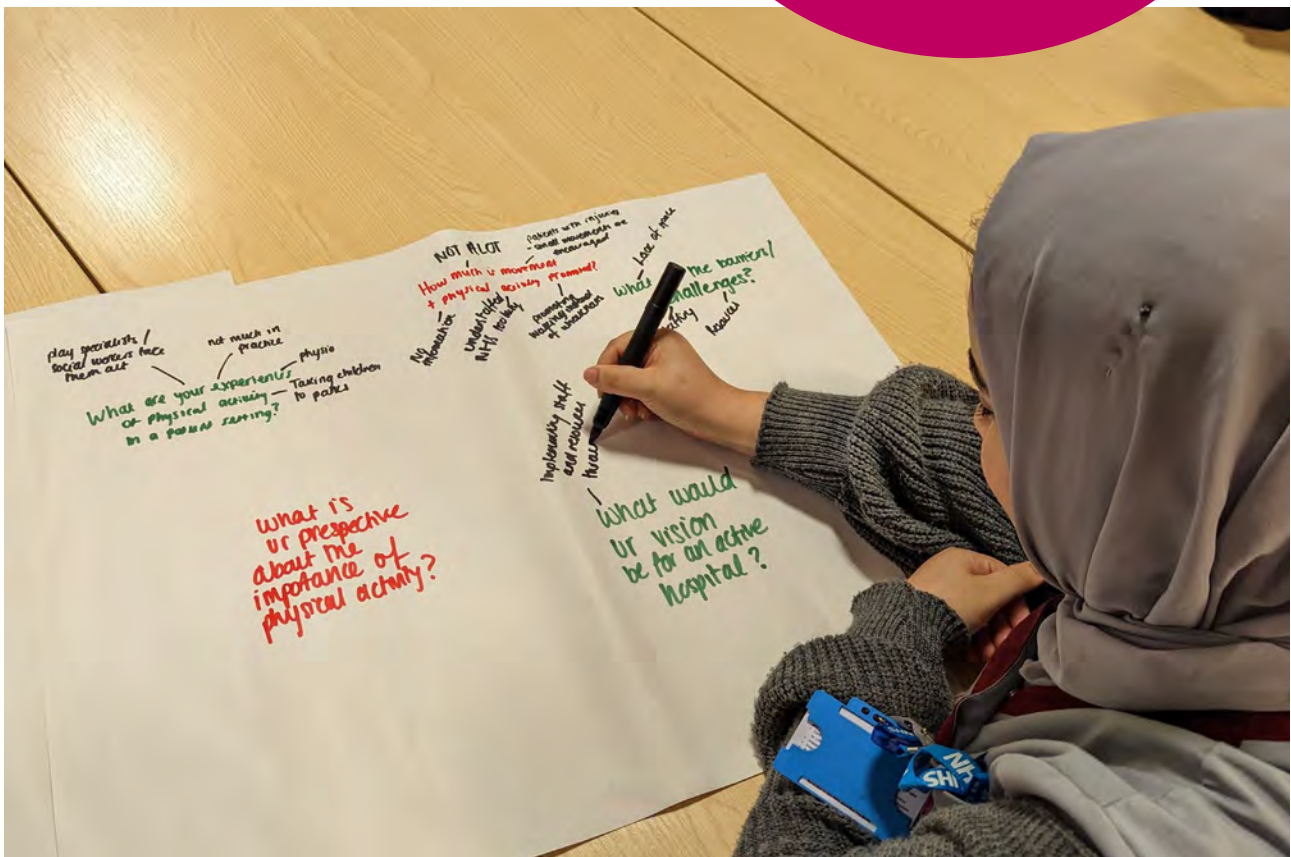
This place-based approach to training delivery:

- Targets specific health priorities and integrates training within local clinical pathways
- Builds a network of champions who understand their local communities’ needs
- Ensures consistent, evidence-based messaging about physical activity
- Maximises impact through peer-to-peer learning

The programme’s success demonstrates how equipping healthcare professionals with the knowledge and confidence to have meaningful conversations about physical activity can help create lasting change. Working with Sport England and supported by a robust national infrastructure, we have established the foundations for a network of place-based PACCs, with at least one champion within every Integrated Care Board region, which will ensure this expertise reaches all parts of the healthcare system.

One mental health nurse explained:

“What really helped me is the advice to call it movement rather than exercise, because that can be really off-putting for people. Now I really put the emphasis on making people aware that any kind of movement is good, any kind of movement can have a beneficial effect on mental health and wellbeing.”



Inspiring the next generation: integrating physical activity promotion into healthcare



Sheffield Hallam University delivers an Integrated Care Curriculum for all health students. This comprehensive approach ensures that core healthcare knowledge and skills, including a focus on preventing illness and promoting health and wellbeing, are embedded throughout each student’s educational journey.

At the AWRC, we are seeking to enhance this foundation through the development of a dedicated physical activity promotion learning package. Designed to integrate into all healthcare students’ core curriculum, this package will provide consistent, evidence-based training while allowing flexibility in implementation across different healthcare disciplines.

Our pre-registration radiotherapy and oncology programme demonstrates this integrated approach in action. Students receive specialised training in cancer risk factors and prevention, with physical activity promotion embedded within their study of cancer as a long-term condition. The AWRC supports this through dedicated ‘Physical Activity Promotion in Radiotherapy Practice’ training, which has been successfully delivered for the past two years.

Plans to expand this training as a CPD offer to oncology professionals are in progress, enabling physical activity to be embedded as an integral component of the cancer care pathway.

This integration aligns with professional standards, which increasingly recognise physical activity promotion as essential to healthcare delivery. By embedding these principles within pre-registration education and supporting ongoing professional development, we can ensure healthcare practitioners are equipped to promote physical activity effectively within their specific areas of practice.

To strengthen this approach further, we are conducting research with final year health students exploring their experience of physical activity promotion training and their readiness to implement these practices once qualified. This evidence will inform the continued development of our educational approaches, ensuring we prepare healthcare professionals who see physical activity promotion as fundamental to their role.

Summary

Through these initiatives, we're demonstrating how workforce development can transform healthcare delivery. By equipping existing and future healthcare professionals with the skills and knowledge they need to prioritise prevention, we can create a healthcare system that is truly focused on keeping people well rather than just treating illness.

The evidence shows this transformation is possible. Through systematic training and professional development, we can create a workforce that sees physical activity as a fundamental part of healthcare delivery. Sheffield Hallam University continues to explore innovative approaches to skills development, with plans to create advanced training environments that could further support the healthcare workforce evolution. This shift is essential for building an NHS that is fit for the future - one that can prevent illness as effectively as it treats it.



Recommendations to deliver the prevention legacy

The evidence presented in this report demonstrates that prevention works - delivering clear returns on investment and improved patient outcomes. Building on successful programmes and partnerships across South Yorkshire, we propose three system-shaping recommendations that can transform how the NHS delivers preventative care.

These recommendations are underpinned by a commitment to proportionate universalism¹ - ensuring our interventions reach all populations while concentrating efforts on those facing the greatest health inequalities. This approach was championed by Professor Sir Michael Marmot whose research underlines that to reduce the steepness of the social gradient in health, actions must be universal but with a scale and intensity proportionate to the level of disadvantage.

Together, these recommendations provide a practical roadmap for embedding prevention at the heart of the healthcare system. They build on successful and evidenced approaches, optimise existing resources, and focus on areas where immediate action can deliver significant impact. Most importantly, they ensure that preventative healthcare reaches those who need it most, helping to create a more equitable and sustainable NHS.



1. Prioritise investment in community health building and community-driven health initiatives

Community health building, as well as community-based healthcare and social prescribing – which connects people to support in their community – relieves pressure on GPs and hospitals while promoting healthier lifestyles at the neighbourhood level. Our experience shows that stronger community engagement in health promotion makes physical activity more accessible, particularly in deprived areas.

We call on Integrated Care Boards to create long-term, sustainable plans for investment in and coordination across community assets⁷, to maximise community health building, as well as the reach and impact of social prescribing.

Invest in the development of community-based facilities that bring together health and leisure so that the majority of the UK population has access to co-located services within 20 minutes of their home⁸.

The National Centre for Sport and Exercise Medicine (NCSEM) in Sheffield exemplifies how this approach works in practice. By co-locating healthcare services within community spaces, we've facilitated over 120,000 annual clinical appointments in community settings while building valuable evidence that shows this approach successfully reduces health inequalities. We've also demonstrated that community-led approaches increase ownership, engagement and sustainability. Only by working with local communities can we meaningfully transform outcomes for some of the poorest in society. To achieve this requires a genuine commitment to seeking a deep and shared understanding of what supports or prevents physical activity in local communities. Productive partnerships that leverage diverse skills, reduce duplication and drive innovation are also required. This can only be facilitated through effective leadership that is distributed with policymakers, workforce and communities working together.



2. Expand established and evidence-based rehabilitation (including prehabilitation) programmes

Integrating prehabilitation and rehabilitation programmes into existing clinical pathways and delivering these in the community helps create resilient populations. Our research shows that addressing barriers such as geographic location, socioeconomic status, and availability of resources promotes inclusivity and achieves better health outcomes for all.

We call for a rehabilitation (including prehabilitation) guarantee across all Integrated Care Boards by the end of this Parliament. This will ensure everyone has access to high-quality, community-based rehabilitation services that include prehabilitation.

We also recommend integrating rehabilitation earlier in care pathways, particularly for high-risk groups and those referred under urgent pathways, to maximise preventive benefits.

The success of programmes like Active Together and Active Wait demonstrates the positive impact of this approach. By providing exercise, nutrition and psychological support before, during and after treatment, we've seen notable outcomes, including observed differences in one-year survival rates and cost savings from reduced hospital stays and critical care use. Building on this success, we are now expanding this model across multiple conditions and pathways, from musculoskeletal health to the management of long-term conditions.



3. Develop a workforce equipped to prioritise physical activity in healthcare

Healthcare professionals need the skills, knowledge and resources to integrate physical activity into their practice. Integrating physical activity promotion into the healthcare curriculum alongside regular competency updates through continued professional development ensure physical activity remains central to health promotion and disease prevention.

Sustain the national Physical Activity Clinical Champions (PACC) framework supported by at least one place-based PACC in each Integrated Care Board region but with greater investment in communities of highest need.

Integrate physical activity promotion into the pre-registration healthcare curriculum with clear guidance on how this is embedded into continuing professional development (CPD) initiatives and related professional body standards that underpin the healthcare workforce.

Our experience delivering healthcare workforce training as part of one of the UK's largest providers has shown how this systematic approach can transform clinical practice. Through programmes like PACC, we're already demonstrating how upskilling healthcare professionals can help contribute to better patient outcomes and more efficient use of NHS resources.







A call to action: delivering the prevention legacy

As the NHS develops its 10-Year Plan and Physical Activity Position Statement, policymakers have a unique opportunity to transform how we deliver healthcare in the UK. The recommendations in this report align with and support the Government's vision to **“Build an NHS Fit for the Future”** and the findings of the 2024 Darzi review, offering practical, evidence-based approaches to embedding prevention at the heart of our healthcare system.

The AWRC stands ready to support the government in realising this prevention legacy. Our unique position - combining academic expertise, industry partnerships, and community engagement - enables us to:

- Provide evidence-based guidance on implementing preventative interventions
- Share best practices from successful regional programmes
- Support workforce development and system change
- Evaluate outcomes and demonstrate value for money
- Help scale effective solutions in ways that work for different regions and contexts

By working together, we can create a future of more equitable health, achieved through a sustained and systemic shift towards prevention. We believe in a future where a child born today can expect to live 100 years of healthy, active life. The AWRC offers its expertise, research capabilities, and proven track record of delivery to support policymakers in making this vision a reality.

The path forward is clear.

Through collaborative action between government, healthcare providers, academic institutions, and communities, we can build an NHS that not only manages and treats illness but actively promotes health and wellbeing for all. The AWRC is committed to supporting this transformation, ensuring that preventative healthcare becomes a practical reality for all communities across the UK.





Notes and references

- ¹ Marmot, M., Allen, J. Goldblatt, P. et al. (2010) *Fair society, healthy lives: the Marmot Review*. Institute of Health Equity, London <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- ² Landeiro, F., Harris, C., Groves, D., O'Neill, S., Singh Jandu, K., Tacconi, E. M. C., Field, S., Patel, N., Göpfert, A., Hagson, H., Leal, J., and Luengo-Fernández, R. (2024). The economic burden of cancer, coronary heart disease, dementia, and stroke in England in 2018, with projection to 2050: an evaluation of two cohort studies. *The Lancet Healthy Longevity*. 5. Pp e514-523. [https://doi.org/10.1016/S2666-7568\(24\)00108-9](https://doi.org/10.1016/S2666-7568(24)00108-9)
- ³ Sheffield Hallam University (2024). *Sport and physical activity generate over £100 billion in social value*. <https://www.shu.ac.uk/news/all-articles/latest-news/sport-social-value>
- ⁴ Strain, T., Brage, S., Sharp, S. J., Richards, J., Tainio, M., Ding, D., Benichou, J., and Kelly, P. (2020). Use of the prevented fraction for the population to determine deaths averted by existing prevalence of physical activity: a descriptive study. *The Lancet Global Health*. 8(7). Pp e920-930. [https://doi.org/10.1016/S2214-109X\(20\)30211-4](https://doi.org/10.1016/S2214-109X(20)30211-4)
- ⁵ Public Health England (2014). *New figures show high blood pressure costs NHS billions each year*. <https://www.gov.uk/government/news/new-figures-show-high-blood-pressure-costs-nhs-billions-each-year>
- ⁶ Shearn, K., Harris, K., and Vincent, R. (2024). *Overview of NELP conceptual model and conditions for tackling inequalities in physical activity*. <https://evaluatingcomplexity.org/resources/c-1>
- ⁷ By assets we mean places, spaces, networks and organisations that local residents identify as supporting them to be active and stay well.
- ⁸ Scottish Government (2024). *Local living and 20 minute neighbourhoods: planning guidance*. <https://www.gov.scot/publications/scottish-government-planning-guidance-local-living-20-minute-neighbourhoods/documents/>
- ⁹ South Yorkshire Mayoral Combined Authority. (2025) *Mayor's Priorities*. <https://www.southyorkshire-ca.gov.uk/Mayor-s-Priorities>
- ¹⁰ Informed by our work with Sport England on whole systems approaches
- ¹¹ For a definition see 20
- ¹² Humphreys, L., Myers, A., Frith, G., Thelwell, M., Pickering, K., Mills, G.H., Kerr, K., Fisher, P., Kidder, J., Keen, C., Hodson, S., Phillips, G., Smith, R., Evans, L., Thornton, S., Dale, E., Maxwell, L., Greenfield, D.M., Copeland, R. (2024) The Development of a Multi-Modal Cancer Rehabilitation (Including Prehabilitation) Service in Sheffield, UK: Designing the Active Together Service. *Healthcare (Basel)*.12(7):742. <https://doi.org/10.3390/healthcare12070742>
- ¹³ Marmot, M., Allen, J., Boyce, T., Goldblatt, P., and Morrison, J. (2020). *Health Equity in England: The Marmot Review 10 Years On*. Institute of Health Equity, London. <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
- ¹⁴ UK Government (2024). Department for Health and Social Care, **Fingertips | Public Health Profiles**
- ¹⁵ Youth Sport Trust (2021). *New data showing 2.3 million children inactive highlights urgent need for national plan*. <https://www.youthsporttrust.org/news-listings/news/new-data-showing-2-3-million-children-inactive-highlights-urgent-need-for-national-plan>
- ¹⁶ Baker, C. and Kirk-Wade, E. (2024). *Mental health statistics: prevalence, services and funding in England*. House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/SNo6988/SNo6988.pdf>
- ¹⁷ Age UK (2018). *All the Lonely People: Loneliness in Later Life*. https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report_final_2409.pdf
- ¹⁸ Polley, M., Seers, H., Toye, O., Henkin, T., Waterson, H., Bertotti, M. and Chatterjee, H. (2023). *Building the economic case for social prescribing*. National Academy for Social Prescribing. <https://socialprescribingacademy.org.uk/read-the-evidence/building-the-economic-case-for-social-prescribing/>
- ¹⁹ Advanced Wellbeing Research Centre (2024). *Active Together: Prescribing Exercise to Help People with Cancer Prepare for and Recover from Treatment*. <https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/active-together>
- ²⁰ Grinvalds, N., Shearn, K., Humphreys, H., Lowe, A., De Vivo, M., Brown, B., and Copeland, R. J. (2025). The co-location of health care and leisure as part of a whole-system approach to physical activity promotion. *Exercise, Sport, and Movement*, 3(1S). <https://www.doi.org/10.1249/ESM.000000000000035>
- ²¹ Haywood, A., Dayson, C., Garside, R., Foster, A., Lovell, R., Husk, K., Holding, E., Thompson, J., Shearn, K., Hunt, H. A., Dobson, J., Harris, C., Jacques, R., Witherley, D., Northall, P., Baumann, M., and Wilson, I. (2024) *National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project: Final Report*. Department for Environment, Food and Rural Affairs (London). <https://randd.defra.gov.uk/ProjectDetails?ProjectId=20772>

Images

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