

VERSUS ARTHRITIS

Versus Arthritis response to HM Government consultation 'Advancing our health: prevention in the 2020s'

October 2019

1. Versus Arthritis welcomes the opportunity to provide input into the Government's consultation 'Advancing our health: prevention in the 2020s'.¹ We supported stakeholder events during the consultation period and would welcome the opportunity to discuss the points below in further detail.
2. Versus Arthritis is the charity formed by the merger of Arthritis Research UK and Arthritis Care. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.²
3. Arthritis and related musculoskeletal conditions affect 18.8 million people in the UK and are the single biggest cause of pain and disability.³ In 2014, we published our policy report 'Musculoskeletal health: a public health approach' which argued that 'for too long, the focus has been on the end stages of musculoskeletal disease' and emphasised the need for 'a change: promotion of lifelong healthy bones, muscles and joints'.⁴ Our response to this consultation builds on opportunities to support life-long musculoskeletal health set out in that report. We focus particularly on: appropriate physical activity for people with musculoskeletal conditions⁵, maintaining a healthy weight and workplace support for musculoskeletal health.
4. Versus Arthritis works closely with Public Health England (PHE). In June 2019, NHS England, PHE and Versus Arthritis jointly published 'Musculoskeletal health: 5 year prevention strategic framework'.⁶ This provided shared commitments to promote musculoskeletal health and to prevent musculoskeletal conditions which are directly relevant to this consultation. We continue to support its implementation.
5. This submission outlines:
 - **RESPONSE TO CONSULTATION QUESTIONS:** Versus Arthritis' response to relevant questions in the consultation.
 - **CROSS-SECTOR WORKING:** Versus Arthritis works collaboratively with other charities, organisations and coalition groups that are active in public health policy. This section provides an overview of wider work which we support.
6. **Summary points:**
 - **Introduction:** The lifestyle factors that contribute to musculoskeletal health are well understood. A public health approach is now essential to support the behaviour change needed to improve musculoskeletal health across the whole population.
 - **NHS Health Checks:** We would welcome the opportunity to contribute to the proposed review and to discuss the musculoskeletal content of an improved NHS Health Check.

- **Maintaining a healthy weight:** The link between overweight, obesity and poor musculoskeletal health should be acknowledged. When consulting with people who are overweight or obese, as well as providing brief advice on weight loss, healthcare professionals should also routinely ask about joint pain.
- **Staying active:** Our report 'Providing physical activity interventions for people with musculoskeletal conditions' provides realistic solutions for local physical activity provision and includes a focused checklist to empower local decision-makers to map, and identify gaps in, current levels of physical activity provision, and take action. A list of local schemes that help people to do strength and balance exercises is included at Annex A.
- **Mental health:** Action to make addressing mental health an integral part of managing musculoskeletal conditions includes making 'Improving Access to Psychological Therapy' (IAPT) services for people with musculoskeletal conditions or pain available in every Clinical Commissioning Group (CCG) area.
- **Prevention in the NHS:** Improved support for people with musculoskeletal conditions from the NHS would be warmly welcome. Versus Arthritis is currently supporting research to understand how care and support planning (C&SP) can be implemented at scale for people with musculoskeletal conditions throughout the NHS.
- **Creating healthy places (workplace health):** There is a need to align the activity on musculoskeletal health in the workplace proposed in the current consultation with that in the 'Health is Everyone's Business' consultation. It is essential that future work builds on and extends existing materials, and that promotion of actionable musculoskeletal advice for employers is adequately resourced by Public Health England (PHE) and the Work and Health Unit (WHU).
- **Housing:** The Department of Health and Social Care should commission an expert body to develop a centralised resource focused on home aids and adaptations. This should include updated best practice guidance for the provision of aids and adaptations, including information and advice, and evidence of return on investment.
- **Research:** There is a need for careful consideration of opportunities for novel approaches to public health, such as genomics and predictive prevention.
- **Public health funding:** Government must deliver a long-term, increased and sustainable funding settlement for public health as a matter of urgency at the next Spending Review.

RESPONSE TO CONSULTATION QUESTIONS:

Introduction

Q - Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

7. Musculoskeletal conditions are more prevalent among people in the most deprived areas.^{7,8,9} Pain is one of the most common symptoms experienced by people with musculoskeletal conditions and is also more prevalent among people in lower income groups.¹⁰ Interventions, including leisure facilities and weight management services, which can support people to maintain their musculoskeletal health are vital in addressing health inequality. Policy makers and providers of these services must take into account the additional barriers which people with musculoskeletal conditions may face in accessing support, such as difficulty in physically accessing services and the motivation to exercise when in pain.

Problems with joints, bones and muscles

8. The consultation recognises that ‘for the last 30 years, problems with joints, bones and muscles have been the most common cause of years lived with disability in England.’¹¹ Given rising levels of obesity, physical inactivity and an ageing population the prevalence of musculoskeletal conditions is set to increase. However, **the lifestyle factors that contribute to musculoskeletal health are well understood. A public health approach is now essential to ‘support the behaviour change needed to address this across the whole population.’**¹²

Other long-term health conditions

9. The consultation recognises that, together, musculoskeletal and mental health conditions account for almost 40% of the total years lived with disability in England, and that these and other long-term conditions often cluster together (‘multimorbidity’). Our 2017 report ‘Musculoskeletal conditions and multimorbidity’ explored the link between arthritis and many other long-term conditions and how people’s needs can be met.¹³ The Richmond Group are collaborating to better understand and respond to the reality that many people struggle with the impact of more than one condition on their lives.¹⁴

Chapter 1: Opportunities

Focused support and advice: Intelligent health checks

Q - Do you have any ideas for how the NHS Health Checks programme could be improved?

10. We welcome the Department of Health and Social Care’s review of the NHS Health Check, in particular their intention to explore ‘increasing the range of advice the checks can offer – for example, prevention of musculoskeletal problems.’¹⁵ The NHS Health Check is currently targeted to adults in England aged 40-74 and designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia.¹⁶ It has no musculoskeletal component.
11. **We would welcome the opportunity to contribute to the review and to discuss the musculoskeletal content of an improved NHS Health Check.** It would be important to consider the most relevant questions/screens for inclusion; the appropriate age-groups to target; the availability of advice and follow-up support and the return on investment. As an example, it may be most effective to use the NHS Health Check to identify and direct support to people who are at risk of becoming unable to work, or unable to undertake activities of everyday living, due to poor musculoskeletal health.

Chapter 2: Challenges

Maintaining a healthy weight: Support for individuals to achieve and maintain a healthier weight

Q - How else can we help people reach and stay at a healthier weight?

12. The trend of increasing levels of overweight and obesity in England is clear and is a particular concern for those with other health conditions. Seven in ten people who report having a musculoskeletal condition are overweight or obese.¹⁷ The impact of obesity in children was specifically highlighted by the Chief Medical Officer (CMO)’s recent special report.¹⁸ This report highlighted that children who are overweight or obese are more likely to experience a range of musculoskeletal problems including knee pain, lower back

pain, increased risk of some types of fractures and damage to cartilage and certain orthopaedic conditions ... which may require surgery and cause osteoarthritis later in life. The consultation recognises that being overweight or obese is a major risk factor for conditions including diabetes, heart disease, stroke and some cancers. However, **the association between overweight, obesity and poor musculoskeletal health is not explicitly acknowledged in the consultation.**

13. Maintaining a healthy weight is important for musculoskeletal health as excess weight places stress on the joints, particularly weight-bearing joints like the back, knees, hips, feet and ankles.¹⁹ Obesity is the largest modifiable risk factor for knee osteoarthritis – compared to someone of healthy weight, obese people are more than twice (and up to 4-6 times) as likely to develop knee osteoarthritis compared to people of a healthy weight.²⁰ Children who are overweight or obese are at greater risk of developing musculoskeletal conditions, and adolescents who are obese are more likely to experience persistent or recurrent joint pain.²¹
14. Our policy statement includes recommendations for PHE, local authorities, healthcare professionals and others to support people with musculoskeletal conditions to maintain a healthy weight, these include:
 - Local authorities must work with local service providers, clinical commissioning groups and health and wellbeing boards (HWBs) to ensure that appropriate lifestyle weight management services and interventions for people with musculoskeletal conditions are commissioned, available, accessible and integrated.
 - Healthcare professionals should take into account the strong relationship between excess weight and musculoskeletal conditions, particularly conditions of musculoskeletal pain such as osteoarthritis. **When consulting with people who are overweight or obese, as well as providing brief advice on weight loss, healthcare professionals should also routinely ask about joint pain.**²²
15. The consultation indicates that work will take place with NHS England to develop approaches to improve the quality of brief advice given on health issues (including weight management) in general practice, and to test innovative proposals through the new Primary Care Network Testbeds. This work should take into account the association between overweight, obesity and conditions of musculoskeletal pain such as knee osteoarthritis.

In 2019/20, Sport England are supporting Versus Arthritis to work with people with musculoskeletal conditions to co-develop a long-term, sustainable programme to support those living with these conditions to increase their physical activity levels and improve their quality of life, particularly those who are least likely to be physically active and most at risk of discontinuing physical activity due to pain or comorbidities.

Staying active

Q - Have you got examples or ideas that would help people to do more strength and balance exercises?

Q - Can you give any examples of any local schemes that help people to do more strength and balance exercises?

16. Keeping physically active can help maintain musculoskeletal health by strengthening muscles, keeping bones healthy and prolonging the life of joints. It can help both to prevent the development of musculoskeletal conditions and to reduce the impact of symptoms for those with existing musculoskeletal conditions. However, much of the population is at increased risk of developing a long-term musculoskeletal condition due

to their physical inactivity.²³ Over four in ten people who report living with a long-term musculoskeletal condition are inactive.²⁴

17. In 2017, Versus Arthritis, the Department of Health, PHE and NHS England published 'Providing physical activity interventions for people with musculoskeletal conditions', a report which was also endorsed by the Local Government Association (LGA), Royal College of General Practitioners (RCGP) and the Chartered Society of Physiotherapists (CSP).²⁵ The report reviews the benefits of physical activity both for people with musculoskeletal conditions and wider society and provides a framework that supports a tiered approach to intervention. **It provides realistic solutions for local physical activity provision and includes a focused checklist to empower local decision-makers to map, and identify gaps in, current levels of physical activity provision, and take action.**
18. Versus Arthritis welcomes the Chief Medical Officers Physical Activity guidelines (2019) which placed strength and balance centre focus.²⁶ There is no single approach to helping people to do strength and balance exercises. Many people can benefit from self-directed physical activity using community facilities that are equipped to meet the needs of people with musculoskeletal conditions. There are also a range of community rehabilitation programmes available locally for people with musculoskeletal conditions to help them to do strength and balance exercises. These programmes may produce long-lasting symptom reduction and can be an important route into self-management for people with musculoskeletal conditions. **A list of examples is included at Annex A.**
19. The consultation indicates that a digital design challenge will be launched for strength and balance exercises. The focus on those with existing health conditions is welcome; the needs of people with musculoskeletal conditions should be considered in this work.
20. The consultation notes the work with the UK's leading health charities and Sport England to support the launch of a new physical activity campaign, seeking to empower and inspire those living with health conditions to be more active. Versus Arthritis was pleased to support the #WeAreUndefeatableCampaign²⁷ in September 2019 and looks forward to receiving an evaluation of its impact among people with musculoskeletal conditions.

Taking care of our mental health

Q - There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

21. Physical and mental health cannot be separated. People with musculoskeletal conditions often have mental health problems, and the two can exacerbate each other. One in six people with rheumatoid arthritis have a major depressive disorder; one in five people with osteoarthritis have symptoms of anxiety and depression.^{28,29}
22. The response from the Arthritis and Musculoskeletal Alliance (ARMA) to this consultation (see 47 below) sets out actions to ensure addressing mental health is an integral part of managing musculoskeletal conditions. These build on their 2018 position paper³⁰, and include:
 - **Making 'Improving Access to Psychological Therapy' (IAPT) services for people with musculoskeletal conditions or pain available in every Clinical Commissioning Group (CCG) area.**
 - Local provision of community and secondary mental health support for people with musculoskeletal conditions;

- Enabling secondary care musculoskeletal services to refer directly to mental health support;
- Training all clinicians working with people with musculoskeletal conditions in mental health.

23. Mind and the Mental Health Foundation are collaborating on a new project, through Q Lab, that focuses on supporting people with a long-term physical and mental health problem, specifically the experiences of people living with both mental health problems and persistent back and neck pain, and how care can be designed to best meet their health and wellbeing needs.³¹

Prevention in the NHS

24. The consultation recognises the role the NHS must play in helping to prevent health problems, and the commitment made to prevention in the NHS long-term plan.³² It proposes further options to achieve change at pace and scale, including ‘improving support for people living with musculoskeletal conditions, and increasing the join-up across mental and physical health services’.

25. **Improved support for people with musculoskeletal conditions from the NHS would be warmly welcome.** There are opportunities to drive improvement in NHS services to support people with a range of different musculoskeletal conditions, including inflammatory forms of arthritis; conditions of musculoskeletal pain including osteoarthritis and back pain; and conditions of weak bone including osteoporosis. NHS-England were partners in the ‘Musculoskeletal health: 5 year prevention strategic framework’ (See 4 above).

26. The consultation notes the ‘Comprehensive Model for Personalised Care’ published by NHS England.³³ Personalised care and support planning (C&SP) is one of six evidence-based components of this model. **Versus Arthritis is currently supporting research to understand how C&SP can be implemented at scale for people with musculoskeletal conditions throughout the NHS.**³⁴

Chapter 3: Strong foundations

Creating healthy places (workplace health)

27. In the UK, almost three-quarters of working age adults are in work and spend on average a third of their waking hours in the workplace.³⁵ Workplaces are therefore one of the most important settings for actively promoting well-being and health, including musculoskeletal health.

28. Musculoskeletal conditions are the most common long-term conditions in the UK working-age population.³⁶ They limit people’s mobility and dexterity and cause pain, often affecting people’s ability to work. However, although having a musculoskeletal condition can make working life difficult, many people with musculoskeletal conditions want to work, and can thrive in the workplace. Work is a determinant of health and the social and economic benefits that good work can bring are also greatly valued.³⁷

29. Versus Arthritis responded to the Government’s recent consultation ‘Health is Everyone’s Business: a consultation on measures to reduce ill health-related job loss’. Our response set out our priorities for supporting people with musculoskeletal conditions to remain in, or return to, work.³⁸ **There is a need to align the activity on musculoskeletal health in**

the workplace proposed in the current consultation with that in the ‘Health is Everyone’s Business’ consultation.

30. A focus on aligning support for people with mental and physical health conditions across the NHS, employers and occupational health is welcome.
31. Versus Arthritis supports the ambition set out in the consultation to ensure that all businesses are equipped with the knowledge and tools they need to support people with musculoskeletal conditions in the workforce. We will contribute to the ‘MSK expert reference group’ proposed in this consultation and provide advice on guidance for employers. **It is essential that future work builds on and extends existing materials, and that promotion of actionable musculoskeletal advice for employers is adequately resourced by PHE and the Work and Health Unit (WHU).**

Q - What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

32. The consultation acknowledges that ‘there is already robust evidence on various aspects of musculoskeletal health, including how conditions like back and neck pain can be prevented and managed.’ In terms of supporting staff in the workplace it is vital that any new call builds on, and extends, previous reviews such as: ‘Improving Lives: the work, health and disability green paper’³⁹, RAND Europe/PHE’s review of health and wellbeing interventions available to employers⁴⁰ and the emerging findings of the Work and Health Challenge Fund.⁴¹ There would be value in the collection and collation of evidence from employers to understand how best practice can be incentivised and implemented in practice in different employment sectors, and in identifying gaps (perhaps including return of investment studies) where new research is needed to strengthen the case for action.
33. Versus Arthritis hosts the National Musculoskeletal Health Data Group, and we work to increase the quality and availability of data about musculoskeletal conditions and the health and care services needed to address them. We promote the use of data in driving national improvements in musculoskeletal health. We are pleased that the Public Health Outcomes Framework 2019-20 included ‘Percentage reporting a long-term MSK problem’ as an indicator (C27).⁴² Greater use of prevalence data about the musculoskeletal conditions should be used to understand local relationships between conditions and risk factors (obesity/physical inactivity/multimorbidity, and to inform commissioning of preventative services to meet local needs.
34. In 2017, in response to the NHS Mandate 2017-2018, an advisory sub-group was formed, bringing together professional and patient organisations, policymakers and researchers. The group aimed to prioritise opportunities for data collection that would be both trackable and impactful, and lead to higher value services and better outcomes for people with musculoskeletal conditions. At the heart of these are data items relating to work, particularly improving data from fit notes about work absence, but also collecting new data about work participation and work interference. The full recommendations were presented to NHS-England in December 2017, are available on-line, and should be implemented.⁴³

Homes and neighbourhoods

35. Housing is widely understood to be a major determinant of health. The World Health Organization’s (WHO) Housing and Health Guidelines state that improving housing conditions can ‘save lives, prevent disease, [and] increase quality of life’.⁴⁴ However, although 80% of the homes we will be living in by 2050 are already built, only a minority

(7%) of housing stock is accessible and there is a need to ensure housing will meet the needs of the future population.⁴⁵

36. Versus Arthritis has focused on the role of home aids and adaptations, and their value in improving the quality of life of people with arthritis and related conditions. Our 2019 policy report 'Adapted home: empowered lives' found that home aids and adaptations can have a hugely positive impact on the quality of life of people with arthritis and can help them to maintain their independence.⁴⁶
37. The Care Act (2014) made it a legal duty for Local Authorities to provide aids and minor adaptations to people who qualify, free of charge. Yet too few people realise that they are entitled to this help and too many pay for items themselves or go without. Our report set out six recommendations for local and national government to improve the current system for providing aids and adaptations, including that:
- **The Department of Health and Social Care should commission an expert body to develop a centralised resource focused on home aids and adaptations. This should include updated best practice guidance for the provision of aids and adaptations, including information and advice, and evidence of return on investment.**
38. Versus Arthritis collaborates with Care & Repair England (see 46 below). Their response to this consultation highlights five headline domestic dwelling factors that need to be addressed to improve health and address health inequalities. These are:
- Overcrowding;
 - Cold/ poorly insulated housing;
 - Overheated housing;
 - Home safety and injuries in the home;
 - Accessibility of the home.⁴⁷

Active ageing

Q - What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

39. The consultation states that the Government believes that the 2020s 'needs to be a decade of active ageing.' Healthy Ageing is also one of the challenges within the 'Industrial Strategy Challenge Fund', which brings together leading researchers and businesses to tackle today's most important societal issues. This Challenge is intended to support the development of new products and services that delay the need for additional care and support an ageing society.⁴⁸
40. Many musculoskeletal conditions, including osteoarthritis, are more prevalent among older people. Versus Arthritis co-funds two leading research centres focused on ageing: the MRC-Arthritis Research UK Centre for Musculoskeletal Ageing Research (CMAR) and the MRC-Arthritis Research UK Centre for Integrated Research into Musculoskeletal Ageing (CIMA).⁴⁹ Research at these centres seeks to understand why our musculoskeletal system functions less well as we age and why older people develop conditions such as arthritis, osteoporosis and muscle weakness. It also seeks to identify new drugs and lifestyle changes that can maintain a healthy musculoskeletal system and keep individuals healthy and active for longer.

National action: Prevention in wider policies

41. The CMO for England recommended the development of a Composite Health Index to provide a visible, top-level indicator of health.⁵⁰ As musculoskeletal conditions are the

single biggest cause of pain and disability in our population, this composite should include a marker of musculoskeletal health.⁵¹

World-class research

42. The consultation notes that ‘transformative change in prevention will only be achieved if it is underpinned by high-quality research.’ We support the response from the **Association of Medical Research Charities (AMRC)**⁵² to the current consultation (see 48 below).

Conclusion

Q - What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

43. Local authority budgets for public health services are under increasing pressure. The 2015 Budget included a £200 million in-year cut to the central public health grant and this was followed by a real-terms cut averaging 3.9% annually, until April 2020.^{53,54} The 1% uplift announced in the 2019 Spending Round was insufficient to halt this trend and placed additional responsibilities on local authorities.⁵⁵ Versus Arthritis has particular concerns that non-prescribed functions, including physical activity facilities and weight management services that are vital to support musculoskeletal health will be lost as difficult local funding decisions are made.
44. Leading charities have called for the Government to ‘urgently restore £1 billion to the public health grant’ (see 49 below). The Local Government Association has put forward the view that, with greater autonomy at a local level, there are opportunities for greater innovation and more effective ways of delivering public health services.⁵⁶
45. However it is achieved, **local authorities need a long-term, increased and sustainable public health settlement so that they can plan and deliver public health functions. This should be secured in the next Spending Review.**

CROSS-SECTOR WORKING

46. Versus Arthritis works collaboratively with other charities, organisations and coalition groups that are active in public health policy, including **Public Health England (PHE)** (see 4 above), the cross-Government **Work and Health Unit (WHU)**, the **Society of Occupational Medicine (SOM)**⁵⁷ and **Care and Repair England**.⁵⁸ In respect of the current consultation:
47. We are members of the **Arthritis and Musculoskeletal Alliance (ARMA)**.⁵⁹ We support their response to the current consultation, in particular their recommendations to address the mental health impact of musculoskeletal conditions (see 22 above).⁶⁰
48. We are members of **Association of Medical Research Charities (AMRC)**.⁶¹ We support their response to the current consultation, including:
- the need for research to underpin the UK’s prevention and public health agenda;
 - **the need for careful consideration of opportunities for novel approaches to public health, such as genomics and predictive prevention.**⁶²
49. We support ‘**A joint statement on public health funding**’ co-ordinated by Cancer Research UK (CRUK). In particular, we support their call:⁶³

- ‘For Government to deliver a long-term, increased and sustainable funding settlement for public health as a matter of urgency at the next Spending Review.’

50. We are members of **Richmond Group of Charities**.⁶⁴ We support their response to the current consultation and contributed to their previous submission.⁶⁵

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Annex A:

Examples or ideas that would help people to do more strength and balance exercises

Versus Arthritis recently published exercise information factsheets which include a variety of movements for strength and balance. These are included on our new physical activity landing page linked to the 'We Are Undefeatable' campaign <https://www.versusarthritis.org/undefeatable>

The Chartered Society for Physiotherapy (CSP) have a number of resources on their website focusing on strength and balance including [Physiotherapy works: a community approach](#). They have also announced a new partnership with Sport England and the Centre for Ageing Better to find the best ways to promote the benefits of maintaining and improving muscle strength for people visiting their physiotherapist.

Moving Medicine is a PHE partnership which seeks to ensure Healthcare Professionals are confident in understanding and providing advice on physical activity interventions for patients with musculoskeletal pain or at risk of falls or fractures. <http://movingmedicine.ac.uk/>

Examples of any local schemes that help people to do more strength and balance exercises

[ESCAPE-pain](#) (Enabling Self-management and Coping with Arthritic Pain using Exercise) improves Physical function and creates benefits that can be sustained for up to 30 months after the end of the programme. ESCAPE-pain is a NICE approved rehabilitation programme for people with chronic joint pain.

[Walk with Ease](#) (WWE) is a walking intervention (developed in the United States) specifically designed for people with arthritis and MSK conditions. It has been shown to be effective in reducing arthritis-related symptoms and improving physical function when delivered in either a group or self-directed format. Researchers recommend wider implementation of this programme to help physical health and well-being of people with arthritis.

[Rotherham Active for Health](#) aim is to improve long term health and identify how a condition specific Physical Activity pathway can contribute to a patients recovery from a long term condition. Exercise professionals work directly with patients to motivate referrals from rehabilitation and acute services in to Active for Health.

[Walking for Health](#) and Paths for All <https://www.pathsforall.org.uk/walking-for-health/strength-and-balance> 'Walk Your Way to Strength and Balance Programme' combines simple exercises with advice on walking to help adults stay active and independent. Many Health Walks promote strength and balance exercises that can be done as a group on a walk or at home using a take-home leaflet.

Tai Chi for Arthritis https://taichiforhealthinstitute.org/programs/tai-chi-for-arthritis/ – studies have found practicing Tai chi in a community setting leads to significant differences in the pain, stiffness and physical function improving markedly more over time.
Yoga for Healthy Lower Backs - https://www.yogaforbacks.co.uk/ is an evidence based 12-class specialised back-care course taught over 3-4 months, results demonstrated significant improvement in strength and balance.
Versus Arthritis Wales Get Active service is a Big Lottery Funded project running across North and Mid Wales, to help people living with Arthritis to take control of their condition and become more active, healthier and enjoy a more fulfilling life. The service runs taster sessions including boccia, tai chi and chair based activity which has seen 92% of group members reported being more active as a result of the sessions, 96% were better able to manage their condition and 97% stated that they intended to stay active in the future.
parkrun for people with MSK - This Facebook group is for parkrunners affected by arthritis and MSK conditions to share advice, tips, opinions and stories on all things related to parkrun including strength and balance tips.
National Governing Bodies of Sport offer gentle reintroduction to the sport, opportunities examples include – Love to Move , Walking Netball , Walking Football A mix of sporting activities, Tai Chi, dance and aqua-aerobics, for example, would contribute to both the aerobic and the strength and balance guidelines.
The Swim England report - in 2017 Swim England commissioned major new research into the health benefits of swimming. The Health and Wellbeing Benefits of Swimming report is an independent study that fully explores the impact of swimming on physical, mental and social wellbeing. This includes reference to strength and balance recommendations.
10 Today - involves short ten-minute routines to get you stretching and moving and will be broadcast on the radio and online.
Sporting Memories Using images of sport and memorabilia, older people are assisted to stay connected to their friends and communities, cognitively stimulated and physically active. The volunteer led, intergenerational Sporting Memories groups help people over the age of 50 age well and remain as healthy as possible.
Cycling against hip pain - The aim of the programme was to reduce pain and encourage mobility through a six-week programme of education and static cycling sessions, to equip participants with the confidence to self-manage their condition. The study demonstrated improvement in strength and balance.
Green Gym - Unlike other conservation projects, the emphasis is very much on health and fitness – volunteers warm up and cool down in preparation for a range of light to vigorous activities to suit all abilities.
EFL Trust Extra time hubs provide opportunities for older adults to develop their strength and balance.
NHS approved apps supporting people with strength and balance include – Couch to 5K , One You , Active 10 , I prescribe
Nuffield Health Joint pain wellbeing programme offers a Joint Pain Wellbeing Programme to help people with joint pain lead more independent lives.
Charity programmes offer great opportunities for people to improve their strength and balance – Arthritis Action , Age UK , BLF Active Steps , Mind Get Set Go