**EXPLANATORY MEMORANDUM ON EUROPEAN UNION DOCUMENT**

**13277/13**

**Council Recommendation on promoting health-enhancing physical activity across sectors**

**Submitted by the Department of Health on 28October 2013**

**SUBJECT MATTER**

1. This Council Recommendation responds to the 2011 Communication on Developing the European Dimension in Sport and the Council conclusions of 27 November on promoting Health Enhancing Physical Activity (HEPA).
2. The Recommendation highlights the significant burden of premature mortality and disease arising from insufficient physical activity across the European Union and its attendant economic costs. Alongside this, there is emerging evidence for the negative impacts of sedentary behaviour (long periods of sitting), which are independent of physical activity participation levels. The Recommendation acknowledges that inactivity across the European Union remains unacceptably high; despite the increased efforts of authorities in some Member States to reduce inactivity. This problem is likely to be exacerbated by an ageing population.
3. Existing data tells us that there are large discrepancies in physical activity levels across the Member States. There are also differences in the extent to which the Member States have taken on this problem, with some able to increase the proportion of their citizens who meet the minimum levels of exercise to derive health benefits. Despite this, the European Union has failed to take a coherent approach to improving physical activity and has failed to make progress on reducing physical inactivity levels across Europe as a whole. This runs counter to the Europe 2020 growth strategy, as well as the European Union’s stated policy ambitions in the areas of sport and health, and threatens to widen health inequalities.
4. The EU Physical Activity Guidelines published in 2008 called for an integrated, cross-sectoral approach to HEPA. In addition to sport and health, this recognises the key areas of public policy which influence participation in all forms of physical activity; such as transport, planning, education, workplace and wider environmental policies. This document was developed by experts from across Europe, including UK representatives, and identifies 41 guidelines for action.
5. This recommendation seeks to address shortcomings in the development and implementation of HEPA policies, based upon recognition both that this is a relatively new area for public health intervention and of the complexity of the relationships that need to be established to deliver a coherent set of actions. These are a) an inconsistency in the implementation of sufficiently cross-sectoral approaches and adoption of clear objectives and goals for HEPA by Member States and b) gaps in the monitoring and evaluation of HEPA rates and policies.
6. The recommendation calls for Member States to
   * Work towards effective HEPA policies by taking a cross-sectoral approach that includes all the policies that have a bearing on physical activity participation.
   * Develop national strategies and action plans to deliver improvements in HEPA levels based upon these policies.
   * Monitor population levels of physical activity for adults, children and young people, as well as progress in the implementation of cross-sectoral policies, using a range of indicators based upon the EU Physical Activity Guidelines and set out in the Annex.
   * Provide a national ‘focal point’ for reporting these data, which will feed into the World Health Organisation (WHO) database on nutrition and physical activity (NOPA).
   * Co-operate amongst themselves and the Commission to share best practice.
7. The Commission will play a supporting role, helping Member States to implement the actions set out in paragraph 6 above. It will develop a HEPA monitoring framework, working closely with WHO, with a view to producing statistics on European levels of physical activity every three years based upon the data submitted by the Member States. Finally, it will work with WHO to produce country-specific overviews of HEPA and analysis of HEPA trends. The Commission will also report every three years on the implementation of the Recommendation and its added value.

**SCRUTINY HISTORY**

1. There has been no previous scrutiny of this Recommendation.

**MINISTERIAL RESPONSIBILITY**

1. The Secretary of Statefor Health has lead responsibility. The Secretary of State for Culture, Media and Sport also has an interest since the Council Recommendation will be put to Sports Ministers at the Education, Youth, Culture and Sport (EYCS) Council meeting on 26th November.

Whilst the Department of Health leads on Health Enhancing Physical Activity, the recommendation implies the co-ordination of all policies across government which have a bearing upon physical activity.

**INTEREST OF THE DEVOLVED ADMINISTRATIONS**

1. The Scottish Parliament, Welsh Assembly and Northern Ireland Assembly have an interest relating to their responsibilities for public health, and the officials representing the devolved administrations have been consulted in the preparation of this EM.

**LEGAL AND PROCEDURAL ISSUES**

1. There are no legal or procedural issues. This is not a proposal for legislation. With regard to the objectives of the proposed Recommendation and to support Member States in their efforts to promote HEPA, the European Union will draw upon Articles 165 and 168 of the Treaty on the Functioning of the European Union (TFEU) both of which assign a supporting competence to the Union.

**APPLICATION TO THE EUROPEAN ECONOMIC AREA**

1. None.

**SUBSIDIARITY**

1. We agree that it is appropriate for the European Union to act in this developing area in order to help reduce health inequalities across the Union by disseminating good practice, benchmarking policies and outcomes, and co-ordinating the collection and collation of internationally comparable data. By helping to reduce the significant social and economic costs of physical inactivity, and by addressing key factors contributing to active and healthy ageing, a healthy workforce and ultimately higher productivity, they will strengthen Member States’ ability to achieve the growth objectives set out in the Europe 2020 Strategy.

**POLICY IMPLICATIONS**

1. The areas of policy addressed by this Recommendation are devolved matters. The extent to which the policies of the Devolved Administrations already align with this Recommendation will differ. Similarly, commitment to the national strategy model set out in the Recommendation will vary across the UK. For example DH Ministers have eschewed policies in England that would mandate local areas to deliver HEPA, rather delegating responsibility for local public health planning to Local Authorities. UK officials and other national delegations have secured the inclusion of caveats to the text of the Recommendation to the effect that the actions taken by the Member States will depend upon national legislation and practice.
2. Variation in approach across the UK also introduces complications for supporting the monitoring framework, which is likely to require separate datasets for England, Scotland, Northern Ireland and Wales. There may be a case for harmonisation of these data across the UK, but this would create resource and cost implications. It is also unlikely that we would be able to provide data for all of the indicators for the whole of the UK. Our approach will be to offer the best available data to support the Monitoring Framework. We have established the principle that the Monitoring Framework will build upon existing data and this is reflected in the text of the Recommendation, indeed most of the quantitative indicators are already supported by data available and validated within the WHO database on nutrition and physical activity.
3. The Recommendation is non-binding, but rather seeks to encourage best practice across the Union in a way that takes account of differing arrangements within the Member States. Some countries, including the UK, have established policies for physical activity and existing arrangements to monitor population physical activity levels across the life course. However, co-ordination of policies across sectors remains an issue.
4. This Recommendation is likely to require some administrative resource to receive and collate UK data to support the monitoring framework. We anticipate that DH, with support from Public Health England would fulfil this role. The appointment of the HEPA focal point would need to be made within six months of the adoption of the Recommendation and the Commission informed. We would engage in the process of regular exchange of information and best practice on HEPA promotion via existing channels with relevant European Union level structures for sport and health.
5. The Recommendation commits the Commission to examine the possibility to use data collected in the context of the monitoring framework to potentially produce European statistics on physical activity levels every three years. The variability in methodology and quality of Member States’ data on physical activity levels will offer challenges in terms of an accurate assessment of HEPA levels across the Union or comparison between Member States. We will urge the Commission to continue with EU-wide measurement of physical activity via the Eurobarometer survey, unless a satisfactory means of aggregating data from the Member States can be developed.
6. Where this Recommendation adds most value is in providing a driver of HEPA policy in those Member States not yet committed to a strategic, cross-sectoral approach. Such an approach, which should extend beyond government to civil society, business and other strategic partners, is essential to address the social and economic determinants of physical inactivity and thereby tackle health inequalities.
7. It is desirable that any new data collection should align with the monitoring framework. The Commission has committed to make expertise available to Member States developing their monitoring arrangements and support capacity building through the Sport Chapter of the Erasmus+ programme for the period 2014-2020. The sharing of best practice on HEPA between Member States through the national HEPA focal points will also enhance the support available to Member States and the Commission. Indeed research and evaluation are vital for countries to develop and implement evidence-informed policies. Finally the availability of more and better data on physical activity levels and HEPA promotion policies will help to inform European and WHO policy on HEPA.
8. In summary, we should welcome this Recommendation, which supports the adoption of well-developed and comprehensive policies to drive up HEPA across all member States.

**CONSULTATION**

1. No consultation with outside bodies has taken place or is planned.

**IMPACT ASSESSMENT**

1. An impact assessment is not applicable in this instance.

**FINANCIAL IMPLICATIONS**

1. Financial implications of this Recommendation are limited to modest administrative costs associated with collating and communicating existing data.

**TIMETABLE**

1. The Recommendation will go to Committee of Permanent Representatives (Coreper) on 6th November 2013 and thence to the EYCS Council meeting on 26 November.

*[Minister’s signature here]*

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