

# #EasierToBeActive

## Making it easier to be active with a health condition: a national conversation

Report of findings from Phase one - September 2020

### Executive summary

#### Background and rationale to the research project

One in three adults in England live with a long-term health condition and those of us that have them are twice as likely to be amongst the least physically active<sup>1</sup>.

Supporting people with long-term health conditions into activity is critical in increasing population physical activity levels and reducing inequalities for people with long-term health conditions.

We know that being active can make a significant positive impact on our health and wellbeing, and help to manage conditions, reduce the impact and severity of symptoms and increase our quality and length of life. However, there are a range of barriers preventing people with conditions from getting active, including personal barriers like confidence and the unpredictability of conditions. But there are also external barriers, that are often practical or logistical challenges, within the sport and physical activity system itself.

We need 'a 'friction-less' experience for people with long term health conditions to engage with and participate in physical activity opportunities. This project aims to co-produce guidance with the physical activity and health sectors. This guidance will support high-quality physical activity experiences for people with long term health conditions that are consistent in their approach, safe and person-centred.

The work is underpinned by the following principles.

1. Explore and develop a deep understanding of current physical activity pathway for people with long term health conditions
2. Be driven by the wants/needs of the sector, a collaborative, coproduction approach will underpin this project.
3. Coproduce universal guidance that will support the wider physical activity sector (including healthcare, community and fitness/leisure services) to improve physical activity experiences for people with long term health conditions.

The delivery of this project has been adapted as a result of the Covid-19 pandemic. This report is based on the findings of phase one of a three phase project and has been led by the National Centre for Sport and Exercise Medicine – Sheffield, Sheffield Hallam University Advanced Wellbeing Research Centre and Clever Together. Phases two and three will be delivered in the Spring and Summer of 2020/21 with findings of the overall project to be available for Winter 2021.

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<sup>1</sup> Public Health England Guidance, Health matters: physical activity - prevention and management of long-term conditions, published 23 January 2020

## About the project partners

The National Centre for Sport & Exercise Medicine – Sheffield (NCSEM) is focused on the design, implementation and evaluation of whole-system approaches to increasing physical activity across the population.

NCSEM is committed not just to delivering its purpose, but to engaging the people it works with and for so that together, they can co-create new insight and recommendations to those who provide, design, commission and deliver sport, physical activity and health and care services.

In January 2020 Clever Together was commissioned by the National Centre for Sport & Exercise Medicine to design and host an online workshop to generate insight from those who have a passion for empowering and inspiring people with health conditions to be active, and looking at how the system can make this easier. This project was called #EasierToBeActive.

The aim was to use the insight generated to co-create guidance for the sport and physical activity sector so that we can improve the experience of being active for people with health conditions.

This report shares the insight generated from the national online workshop.

The first national online workshop, which ran from 16th March 2020 - 29th May 2020, created a space for everyone to anonymously contribute their ideas and experiences about how the system can make it easier to be active with a health condition.

The following paragraphs can only provide an introductory and high-level view of a wide-ranging discussion. More detail and nuance can be found in the full report. This summary has been written to orient readers to the key themes of the conversation.

## Overview of participants and contributions

The online workshop was open to anyone with an interest to self-register and join the national conversation. Over 350 people logged in to share their ideas and to read and vote on what others had shared.

Participants were invited to contribute ideas about what could be done differently to make it easier to be active with a health condition, how they or their organisation have succeeded in making an impact, how they were adapting their physical activity or physical activity offers during the Covid-19 lockdown period, and any other ideas to improve the experience of being active for people with health conditions.

Together they shared over 1,100 contributions – a combination of ideas, comments and votes.

## Key themes from the workshop

Analysis of the contributions identified five cross-cutting themes that were reflected throughout the whole conversation. They cover the intrinsic factors linked to motivation and the various user touchpoints within the system, right through to the wider system and cultural environment. These are set out below.

### **Individualised**

Participants in the online workshop were very clear about their desire for an individualised, person-centred approach when it comes to helping people with long-term conditions to be more active. They want to see individualised pathways that map their own personal journeys and goals, they want services that respond to their specific needs and the ability to choose amongst them based on their

interests and preferences. They want individual support that can tap into their personal motivations, help them through difficult times and celebrate successes.

### **Inclusive**

The need for inclusivity kept emerging throughout the conversation. Participants want to see an inclusive workforce that represents those that it serves. They want inclusive marketing that uses language and images that diverse populations can relate to. They also want services that remove barriers to inclusion whether they are related to socio-economic factors, language, digital literacy, accessible facilities or anything else. The system also needs to be inclusive in the process of designing new services, processes and systems, involving a wide array of stakeholders and particularly people with long-term conditions.

### **Informed**

The need for information and education was also evident in the conversation. It is needed at schools when initial attitudes towards physical activity are shaped; it is needed at the doctor's office where healthcare professionals need to give advice or recommend a service; it is needed by people with conditions who want to understand the benefits of physical activity or make a choice about specific offerings, judge the qualifications of an instructor or learn about the experience of a peer.

### **Innovative**

The recent global health crisis demonstrated that in order to be sustainable and effective, the system and the actors within it should engage in continuous improvement and innovation, adapting to changing external circumstances and the evolving needs of the people it serves. More creative ways should be employed in designing services that appeal to and meet the needs of wider audiences, reaching and informing diverse populations, as well as transforming cultures and cities to support physical activity.

### **Integrated**

Integration and coordination of efforts and information throughout the system is necessary to achieve our shared goals. At the local level, integration may mean healthcare professionals connecting and exchanging knowledge with local instructors. At the national level, it may mean the creation of information systems and platforms that aid collaboration and knowledge exchange or help measure impact and promote good practices.

## [Summary of recommendations](#)

The disruption of COVID-19, the challenges around communications and promotion, and the relatively low levels of engagement overall had led to a change in the follow on phases of the project. As such the next phase will test and validate the themes that emerged from the first online workshop and to ensure that the groups who were underrepresented have their voices heard and reflected in the findings.

In phase two we need to engage:

- those with lived experience of health conditions and their carers
- people from BAME backgrounds, economically deprived communities, older people, and those who are digitally excluded.

Additional areas to explore:

- where any gaps may be in the themes from the first online workshop
- the importance of an inclusive workforce that represents those that it serves
- the need for more education and support for carers
- the impact of socio-economic status and health inequalities

In order to achieve this, we will conduct a series of qualitative interviews with key stakeholders or underrepresented groups. The aim will be to sense check the emerging findings and themes from the first online workshop and explore any new or absent themes. Phase three would be a second online workshop to share and validate what we have learnt from the first online workshop and the qualitative interviews combined. This would also help to test messages and themes that could form part of the final guidance and open a discussion about what format would be most useful to the sector.

Holding a second online workshop is a valuable way to demonstrate, quickly and transparently, that we have really listened to what stakeholders have shared. It is also the first step in taking action to respond and continuing to engage the sport and physical activity sector to get their buy-in to the final co-produced guidance.

Lastly, a more coordinated and proactive approach to communications is needed to try and get as much reach as possible, especially as the focus would likely still be on generating interest remotely. It will be vital for us to work with the project partners to leverage meaningful engagement and ensure specific communications resource is allocated for the success of the project.