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National Centre for Sport & Exercise Medicine
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#EasierToBeActive

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

Phase 3 Report

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Executive summary

This report shares the findings of the third phase of the #EasierToBeActive project which was held 10 May – 7 June 2021. During this time, we held a second national online conversation for anyone with a health condition and anyone with a passion for empowering people to be active. The aim was to check and refine the key themes that had emerged from what people had told us so far in phases one and two, about what would make it easier to be active with a health condition.

This allowed us to continue to engage the physical activity sector, including those in health and care, community and leisure, and physical activity and sport, to get their buy-in to the final co-produced guidance, that the overall project sought to develop, while ensuring we were also hearing from those with lived experience of health conditions.

Reports from phases one and two can be accessed at https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/ETBA

What we did

The #EasierToBe Active project included a combination of in-depth qualitative research delivered over three phases which included a digital crowdsourcing approach, interviews, focus groups and face-to-face discussions to give as many people as possible an opportunity to have their voice heard. In doing so, we heard the lived experiences and ideas of over 600 people from diverse backgrounds and were able to distil their collective insight into a better understanding of what would make it easier to be active with a health condition.

In phase one, the first online conversation, we heard from a range of people largely with a professional interest in making it easier to be active with a health condition. Whilst we generated significant insight, we felt we needed to hear more from those with lived experience of health conditions and their carers to feel confident that our findings reflected their voice and experiences too.

In phase two, through a series of qualitative interviews conducted by NCSEM-Sheffield, we were able to dig deeper with key stakeholders and underrepresented groups, sense check the draft findings from the first online conversation and explore any new or absent themes.

This report summarises findings from phase three, a second national online conversation to further validate, check and challenge what we had learnt from the first online conversation and the qualitative interviews combined, and to test messages and themes that could form part of the final guidance.

What we heard

Over half of the participants in the second conversation (133, 54%) indicated they had a personal interest in the conversation, and of these, 1 in 5 stated they had one or more health conditions. We also heard from people across various roles, work settings, and regions.

There were five cross-cutting themes – the 5 Is – that emerged through the collective insight of the crowd in phase one, these were tested and refined through phases two and three, and were supported across all data sets.

The 5 I's – individual, inclusive, influencer, informed, and integrated – are a set of high-level, guiding principles and our research suggests that if put into practice by the health, sport and physical activity sectors it would be easier to be active with a health condition.

What this means

We asked people how we can make these 5 I's a reality and participants responded with a range of ideas. It was evident from the feedback that the 5 I's are overlapping principles. There is no clear split between each of the 5 I's as many of the actions needed to achieve one principle also transfer and overlap across others.

Therefore, the practical actions, the 'how' the sector can change to better support people with health conditions on their journey to becoming more active fall under four main areas: Support, Access, Strengthening the System and Communication.

Support - peer-to-peer support, co-create the journey to being more active with people with long term health conditions and professionals

Access to activities - evidence-based, individualised and inclusive to ensure a person can choose an activity that suits them

Strengthening the system - build an inclusive workforce, provide training and networks for professionals to learn, connect and communicate to better support those with long term health conditions

Communication - ensure marketing is inclusive in language, imagery and modes of delivery, highlight benefits of physical activity and broaden its definition, and create searchable centralised databases for physical activity offerings, and for professionals to pull up patient histories

#EasierToBeActive has enabled us to listen to the voice of those with lived experience of health conditions and those who are passionate about empowering people to be active. Now we must act in response to what we've heard, so we can continue to put people at the heart of the change that is needed.

1. Background

The Advanced Wellbeing Research Centre at Sheffield Hallam University, on behalf of the National Centre for Sport & Exercise Medicine – Sheffield (NCSEM), want to make it easier to be active when living with a health condition. This work has been funded by Sport England and the National Lottery. Further information about the study can be found in the phase one report https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/ETBA

The work aimed to explore how the system itself could make it easier for people with health conditions to become active and stay active. When we refer to 'the system' we mean the structures, organisations, people and processes that offer physical activity opportunities. The focus was not on the individual components that enable or restrict physical activity, but about the organised, structured offers of activity support and the interactions people with health conditions have within the system. The focus of the work and the development of the guidance is for adults with long term health conditions.

We wanted to:

- Understand what was needed to create 'friction-less' experiences for people with health conditions interfacing with the system
- Create consensus about what quality physical activity experiences look like for people with health conditions
- Involve a wide community of stakeholders to co-create solutions
- Generate new insight and recommendations to those who provide, design and commission physical activity and health and care services
- Get the sector working together better to improve the interactions people with health conditions have within the sport and physical activity sector
- Co-create guidance for the sport and physical activity sector to make it easier to be active with a health condition.

We knew there was a huge amount of collective experience, insight and dedication across the health, sport and physical activity sectors and recognised the need to listen and learn –at a national scale –to get as many people's input and ideas as possible. It was also essential to co-create with people with lived experience of health conditions.

1.1 Our Challenge

One in three people in England lives with a long-term health condition[1].

Those of us with health conditions are twice as likely to be inactive[1] despite evidence that being active can help manage many conditions, reduce the impact and severity of symptoms, and prevent further issues or complications. Even small amounts of activity can make a significant difference to our overall health and wellbeing.

However, many of us with health conditions who may have taken the critical first step to get active are being 'lost' in the journey through process failures including the design and delivery of services, lack of signposting/referral to appropriate options, and requirements for certification that we are 'safe' or 'fit' to undertake such activities.

[1] Public Health England Guidance, Health matters: physical activity -prevention and management of long-term conditions, published 23 January 2020

We know that there is much more the system needs to do to better work together to encourage and enable everyone to be active on their own terms.

1.2 Our journey

Our overarching project objective was to explore how the health, sport and physical activity sector and its partners can improve the experience of being active for people with health conditions.

To understand more about what change was needed, our project was made up of three key phases:

1. Phase one – a national online conversation
2. Phase two – qualitative interviews and focus groups with stakeholders
3. Phase three – a second national online conversation

Objectives of phase one (first national online conversation)

To hear from as many people as possible about their experiences and ideas to make it easier to be active with a health condition, by:

- Gaining insight into the interactions people with health conditions have with the 'system' (the structures, organisations, people and processes that offer physical activity opportunities);
- Understanding the barriers (practical or logistical) they face particularly around accessing organised, structured offers of activity support;
- Building up a picture of what good experiences look like.

Our focus was not on the individual components that enable or restrict physical activity including personal motivations.

The first national online conversation was live from 16 March - 29 May 2020. **351** people joined in and shared over **1,100** contributions (see section 3. Participant analysis for more information on participants who contributed to the conversation).

Key areas of discussion were around:

- Intrinsic factors
- Key actors
- Pathways and referrals
- Service design
- Marketing and communications
- Culture around sport and physical activity
- Integration and collaboration within the system

Five cross-cutting themes also emerged as reflective of the whole conversation – a set of principles that, if put into practice, would make it easier to be active with a health condition:

- Individualised
- Inclusive
- Informed
- Innovative
- Integrated

The report of the findings from phase one can be found at https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/ETBA

Objectives of phase two (qualitative interviews)

To hold individual and group interviews with organisations to sense check the key themes from phase one and determine whether anything was missing, by:

- Check and challenge the 5I's developed from phase one with key partners and
- Exploring how different organisations work to address the impact of health inequalities;
- Collating case studies and examples of good practice;
- Exploring what resources would help make the learning from this project actionable.

Representatives from **15** organisations were interviewed including: Chartered Institute for the Management of Sort and Physical Activity (CIMSPA); Royal College of General Practice; UK Active; Public Health England; Local Government Public Health; UK Coaching; Physical Activity Clinical Champions Programme; Richmond Group of Charities; Sport England Local Delivery Pilots; Active Partnership Network; Activity Alliance; Carers UK and Sport England. This aimed to ensure a spread of organisations across the health, sport, physical activity and charitable sectors and rebalance where some organisations may not have been contributed to phase one.

Key areas of discussion were around:

- The need to be person-centred
- Competencies of the workforce
- Integration and collaboration

The report of the findings from phase two can be found at https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/ETBA

Objectives of phase three (second national online conversation)

To share and validate a set of principles based on what we had learnt from the first online conversation and the qualitative interviews combined, by:

- Demonstrating that we had listened to what people had told us and sharing this insight back with everyone;
- Ensuring that people with lived experience of health conditions had their voices heard and reflected in the findings;
- Further exploring what these principles mean in practice and collectively agreeing what needs to happen to make it easier to be active with a health condition.

2. Methodology

Clever Together uses crowdsourcing as a qualitative research method. It provides the scaling potential of technology and the co-creative potential of co-operative inquiry while allowing us to create space to hear an individual's experience of their world. Crowdsourcing provides a model for participative problem solving by blending an open creative process with a traditional, top-down, managed process. In our experience, it is particularly useful for local knowledge problems, where the information required for action is spread among individual actors and sits outside the knowledge of any central authority.

2.1 Co-creation through online conversations

An online conversation is similar to a physical workshop but it's more flexible and inclusive, which is really important where you have people working across the country.

- Everyone can join to make their voice heard.
- Everything shared in the workshop is anonymous; names are not attached to anything.
- Everyone can read, rate and comment upon the ideas of others.
- Everyone can join the online workshop from a PC, tablet or smart phone.
- When it is live, the online workshop is accessible 24 hours a day, 7 days a week.
- People can 'buy into' change because they play a role in shaping it; innovation happens from the ground – up.
- People across the nation are brought together to work collectively towards a shared goal.

2.2 Platform design and ethical approval

The design of the conversation platform and the challenge questions[2] were co-created by the NCSEM project team working in partnership with Clever Together. As part of this process, ethics approval was granted by Sheffield Hallam University Faculty Ethics Committee.

The conversation asked people who had registered their interest to share their views on how we can make the following 5 themes a reality:

- **Individual**
  You told us to put the individual at the heart of everything we do – to acknowledge and understand where those of us with health conditions are coming from, to map personal journeys and goals, with support that is specific to our needs and preferences.
- **Inclusive**
  You told us to ensure opportunities to be active are inclusive – that the physical activity workforce is representative of our communities and those of us with health conditions, with inclusive marketing that uses language and images that we can all relate to, and services that remove barriers to getting involved.
- **Influencer**
  You told us that there are a range of people who influence your ability and desire to be active – from healthcare and fitness professionals to your social and support networks such as family, friends and carers, and this needs to be recognised.

[2] Online conversations, like physical workshops, require questions to be posed to the participants to frame the conversation and present a challenge or issue that needs their feedback or support. These initial framing questions are referred to as "challenge questions".

- **Informed**
  You told us that you want to be better informed about what your options are and how to be active, and you want professionals to be informed too so they can advise and support you.
- **Integrated**
  You told us that efforts need to be integrated – to ensure you are connected with the right support and information, to work together to share knowledge and best practice locally, regionally and nationally.

Seed ideas[3] were created for the online conversation to get the discussion started and to set the tone for the quality and breadth of the discussion. These were informed by ideas shared during the first online conversation in 2020.

2.3 Use of a gateway questionnaire

Data about participants, including their protected characteristics, was also requested when they first joined the online conversation. The purpose of the questionnaire was:

- to help us better analyse the views shared in the online discussions, and
- to provide assurance about the reach and diversity of the discussions.

All participants were allocated a randomly generated user identification number, to allow for analysis of the conversation without identifying individuals.

2.4 Generating interest

The most critical part of taking people on a journey and getting their buy-in, is creating interest so that we can generate insight.

The aim was to get as much reach as possible, especially as the focus was largely on generating interest remotely. We created an animation to explain what the project was about, to share what we had learned to date, and to ask people to join the second online conversation.

On 10 May Clever Together sent a launch email from the online platform, on behalf of Professor Rob Copeland and Dr Anna Lowe as project sponsors, containing individual login details to all those who had registered their interest. Reminder emails were also sent throughout the conversation at timely intervals to keep people updated about what was being discussed and to encourage them to login and contribute.

Partners in the project, Sport England and Public Health England, provided support with communications and engagement while the online conversation was live, facilitating connections with key people to ensure the project would land well and was linked in with other pieces of work.

On 18 May a workshop was held with Active Partnerships[4] to explore the 5 I's, to hold smaller group discussions, and to feed these ideas into the online conversation. Active Partnerships also considered how they could work together to maximise the voices of those with lived experience and engage a broad range of sport and physical activity sector and health partners in the online conversation.

[3] Seed ideas are ideas already pre-populated in the #EasierToBeActive online workshop to help stimulate, or 'seed' the conversation.

[4] To find out more about Active Partnerships click on this link to visit their website Home | Active Partnerships

Sheffield Hallam University issued a press release[5] on 26 May.

The #EasierToBeActive project was raised and discussed on a number of webinars, largely arranged by Sport England and the Active Partnership Network. It featured in newsletters and blogs, was cascaded through email networks, and we had specific virtual sessions with the physical activity leads from the Richmond Group of Charities and the Active Partnership Network.

2.5 Approach to coding and analysis

Clever Together explore data using a thematic analysis approach[6] - a method for identifying, organising, analysing and reporting patterns or rich themes within qualitative data. All ideas and comments were coded against a ground-up thematic coding framework. This is a pragmatic process of data clustering to make sense of the full conversation and the volume of data that has been captured.

We also looked specifically at the ideas, comments and votes shared by participants in relation to each of the 5 question areas. This helped us to determine where there was support, mixed feelings, or contention, and what people felt was strong, wrong, or missing from each of the themes.

More information on the coding frame used in this analysis is included below in the section *Analysing the data from the conversation*.

[5] https://www.shu.ac.uk/news/all-articles/latest-news/national-conversation-launched-to-help-people-with-health-conditions-to-become-more-active

[6] Similar to the approach by Braun and Clark (2006)

3. Participant analysis

Participants were asked to self-register to receive login details so they could join the online conversation. We were also able to invite the 643 people who registered their interest in the first online conversation.

In total, there were 851 people who registered their interest. Just under one third (246, 29.0%) completed the gateway survey and logged onto the platform to share their ideas and to read and vote on what others had shared. Over half (136, 55%) were active participants by sharing an idea or comment or voting on someone else's contribution.

Of the 246 people who joined the second online conversation, 239 were new participants, in that they hadn't joined the first conversation. This means we engaged 590 people across both online conversations. A comparison of who we heard from in the first and second conversations is shown below. We were able to generate much more engagement from those with a personal interest during the second conversation. This has helped us ensure we have heard from those with lived experience of health conditions.

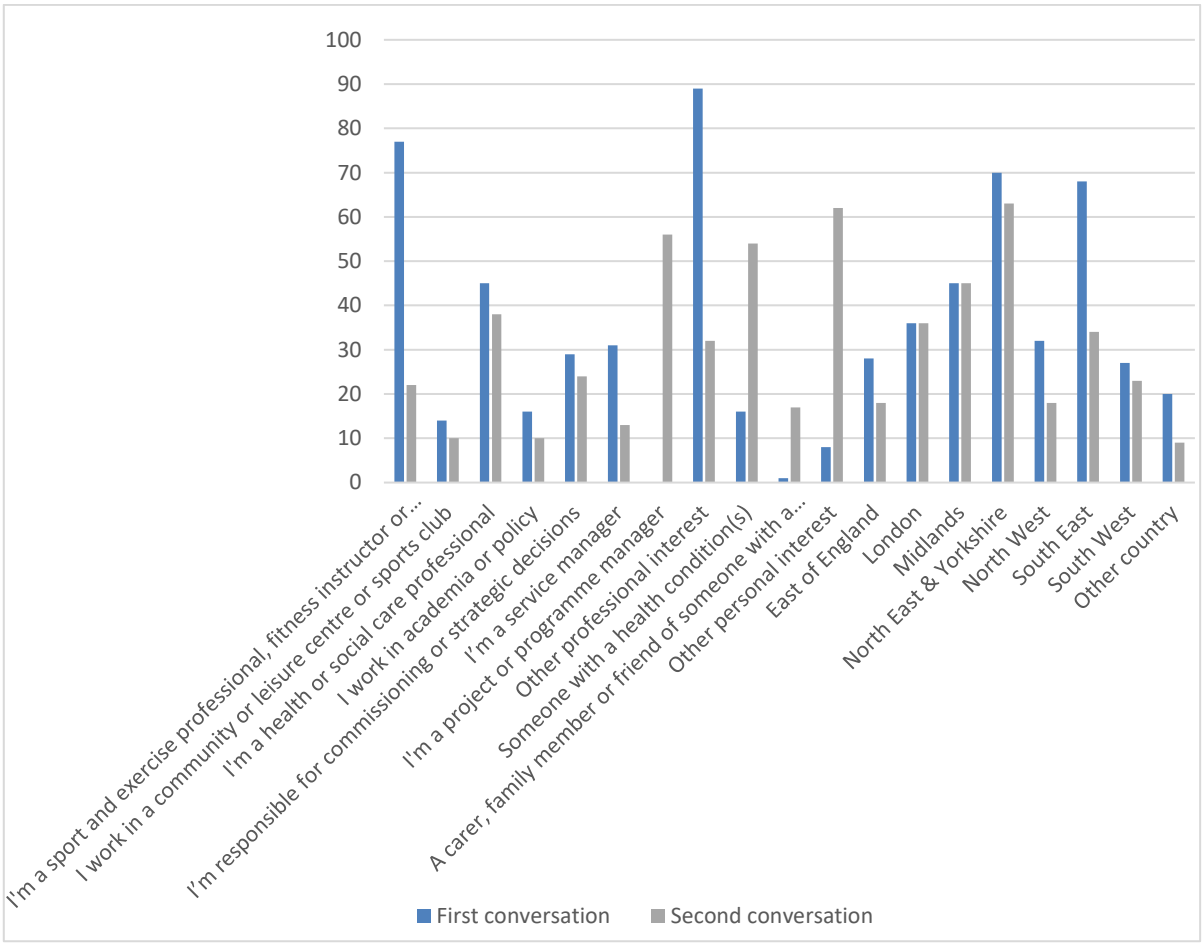

Figure 1: Participant comparison between first and second conversations

In a slight change to the previous conversation, participants in the second conversation were given the option to select whether they had both a personal and professional interest, or purely a personal interest, or professional interest. 92 (37%) participants selected that they had both a personal and professional interest and when this is combined with the 17% with a personal interest it shows that over half (54%) had a personal interest in the conversation.

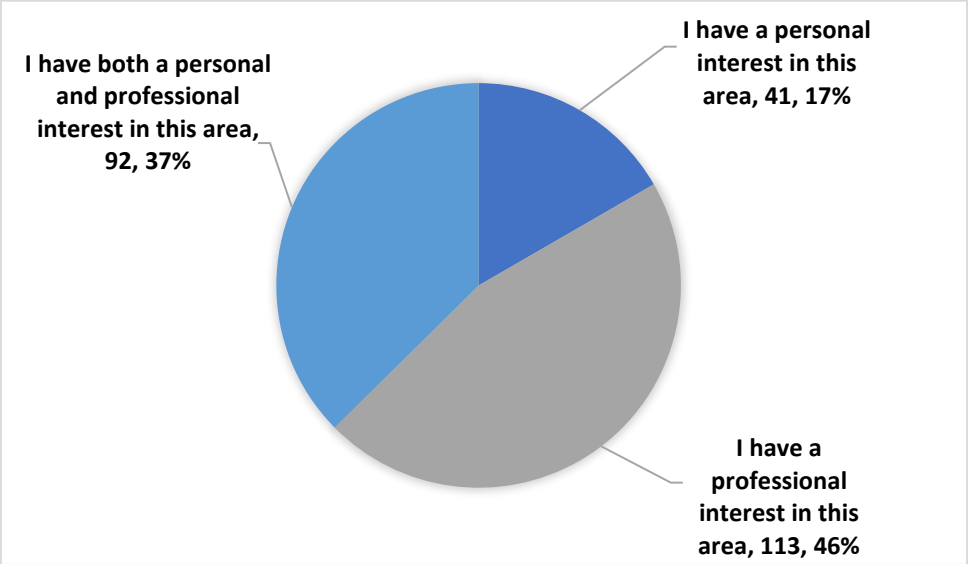

Figure 2: How participants best described their interest in the second conversation

Of those who indicated they had a personal interest, 55 (22%) identified as having one or more health conditions. Figure 3 below shows the types of health conditions participants stated they have.

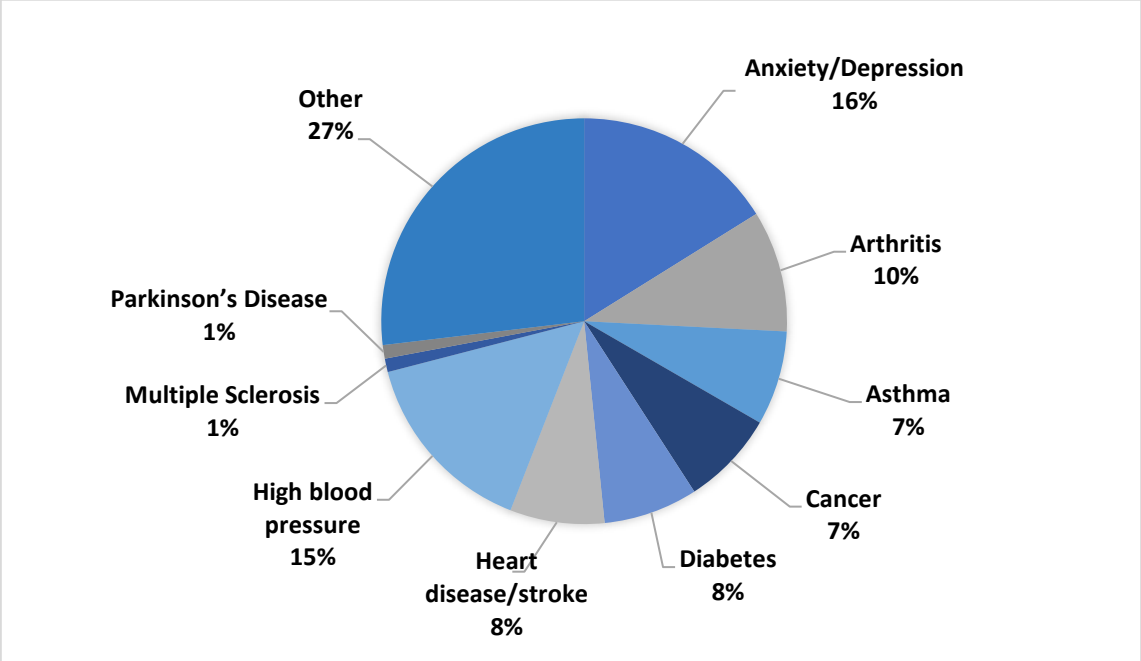

Figure 3: Types of health conditions reported by participants in the second conversation

Participants who stated they have a health condition were also asked 'Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?'. Nearly three quarters responded yes, either a little or a lot.

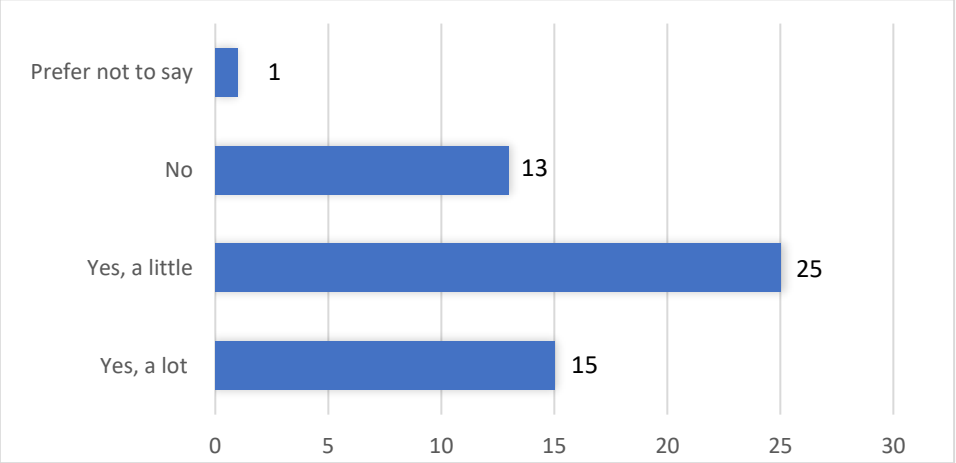

Figure 4: Response of those with a health condition or illness on whether it reduces their ability to carry out day-to-day activities

In addition to this question, those with a health condition or illness were also asked 'In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?'

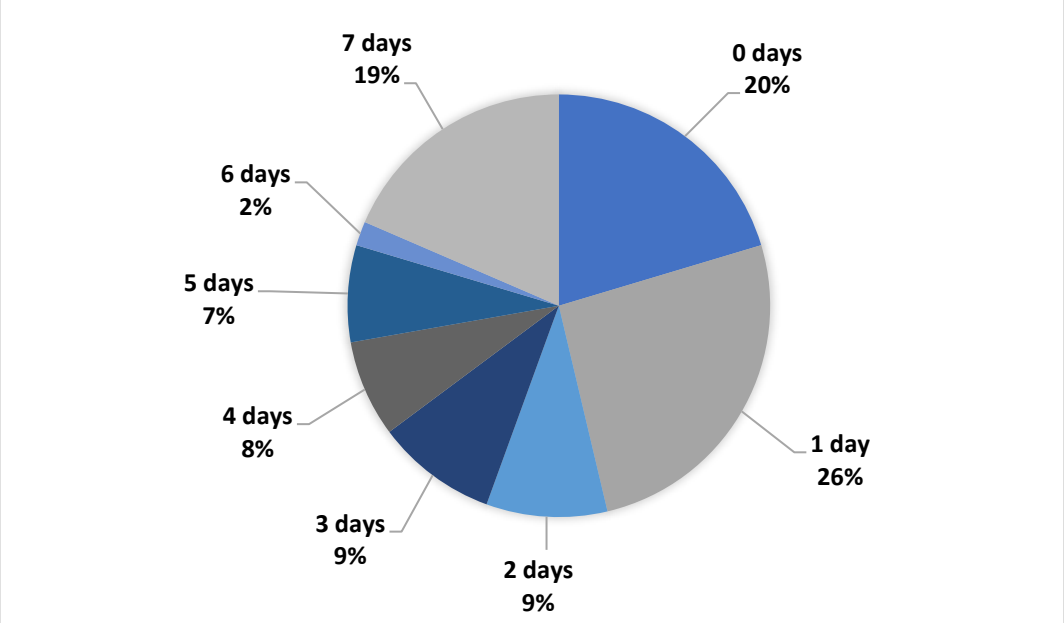

Figure 5: Response of those with a health condition or illness on their level of activity over the past week

It was reassuring to see that through the online conversation, we heard from people with health conditions who ranged from not active at all (20% had done 0 days of activity in the last week) to very active (19% had done 7 days of activity in the last week) and various levels in between. This response suggests that we were able to engage with people who had different experiences of the ease of being active.

Of those who indicated they had a professional interest, participation was greatest from people who identified as project and programme managers (56, 28%), healthcare professionals (38, 19%), and those responsible for commissioning and strategic decisions (24, 12%). The 'Other' category included retired professionals and those working in public health.

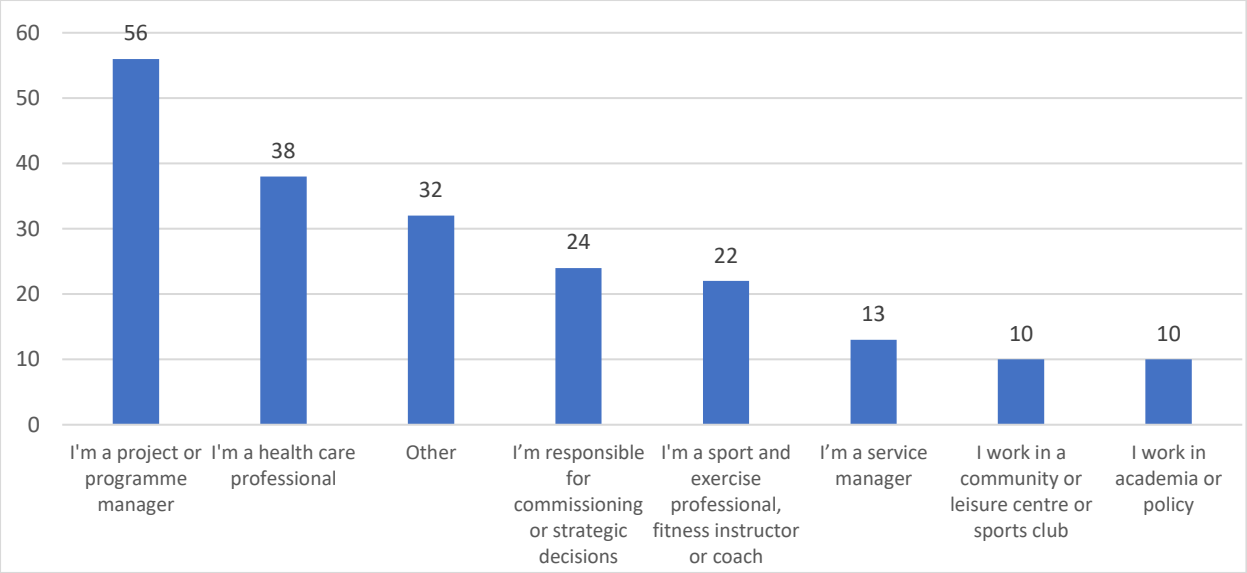

Figure 6: Primary role of those with a professional interest in the second conversation

In contrast to the previous conversation, most professionals in phase three identified as working in the NHS (18%), closely followed by Local Government (16%). We also had participation from Charities representing people with health conditions (12%) and voluntary and community organisations (10%). Active Partnership engagement was bolstered by a workshop held with them at the midway point in the conversation. Activity on the platform increased on the day of the workshop and on following days so it was clear that this was a good use of time and effort.

In total we had participation from 11 different sectors. The 'Other' category included those participants who selected 'Other' and those who described themselves as retired, working for an arm's length government organisation and a charitable trust.

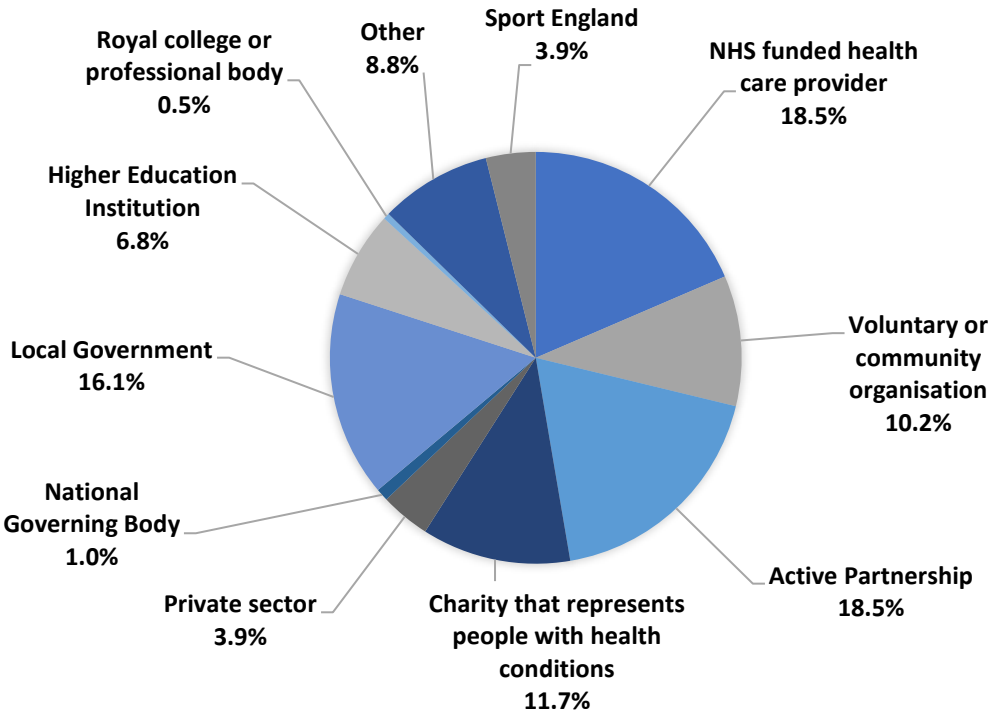

Figure 7: Primary work setting of those with a professional interest in the second conversation

We saw participation from across the country, as shown in Figures 8 and 9 below. The highest levels of participation came from the North East & Yorkshire (63, 26%), which is not surprising given NCSEM's location and networks, and the Midlands (45, 19%) with comparatively less from the North West (18, 8%) and the East of England (18, 8%).

Figure 8: Where participants logged in to the online conversation from

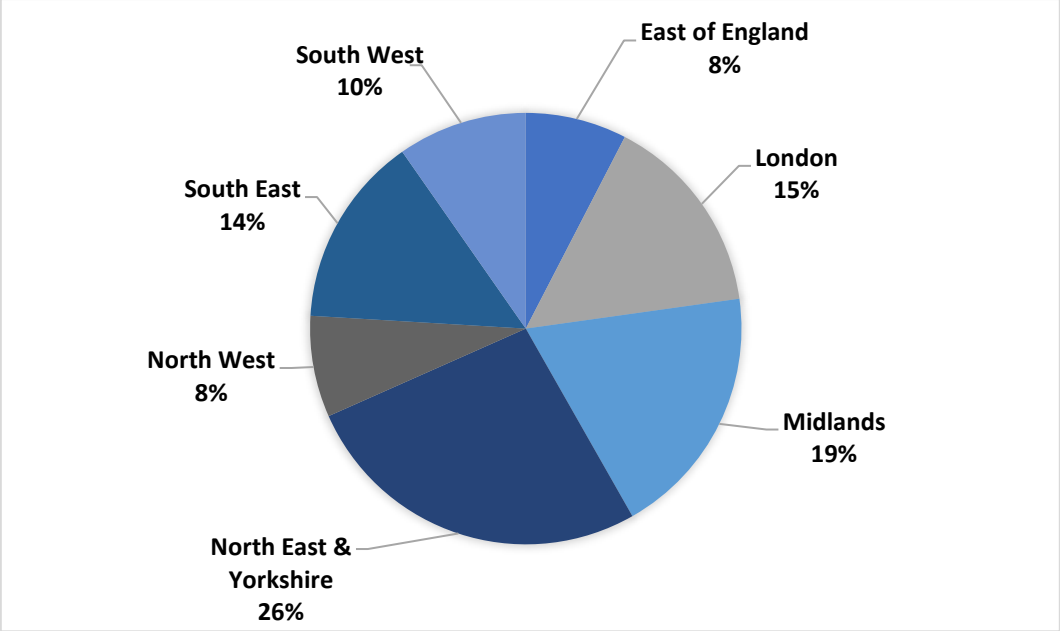

Figure 9: Regions of England where participants in the second conversation live

Data about participants' protected characteristics was also analysed.

More women (177, 72%) joined the online conversation than men (67, 27%).

Most participants identified as having a white background (225, 91%). We had less participation from those from minority ethnic groups.

We saw participation from every age group, from 20 – 70+. Participation was highest from people in their 30s and 40s, closely followed by those in their 50s.

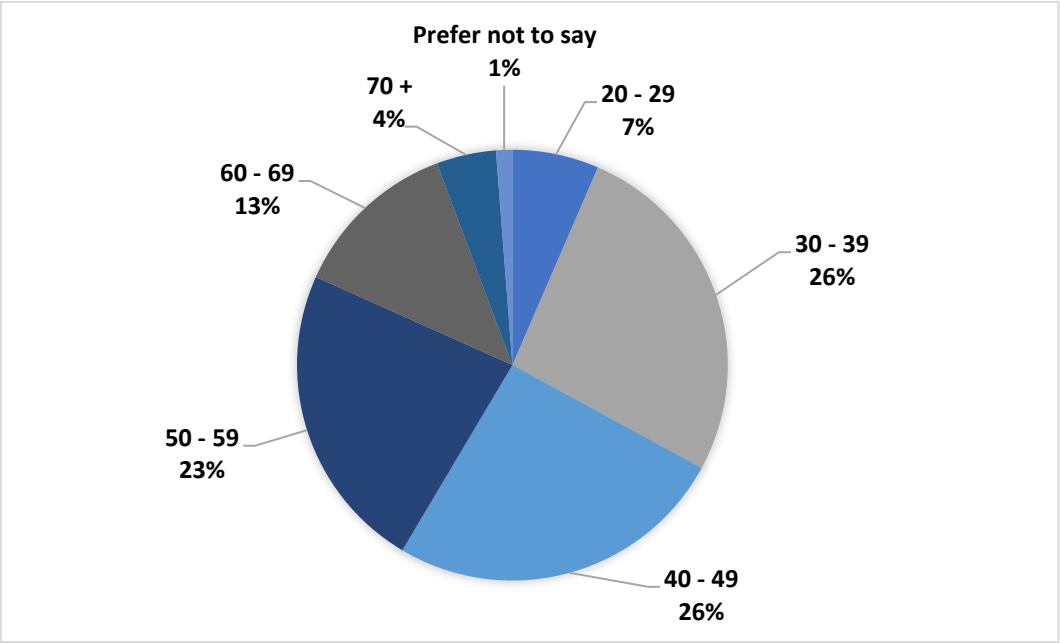

Figure 10: The age groups of participants in the second conversation

Comparatively, we heard more from younger people with a professional interest in the conversation and older people with a personal interest in the conversation.

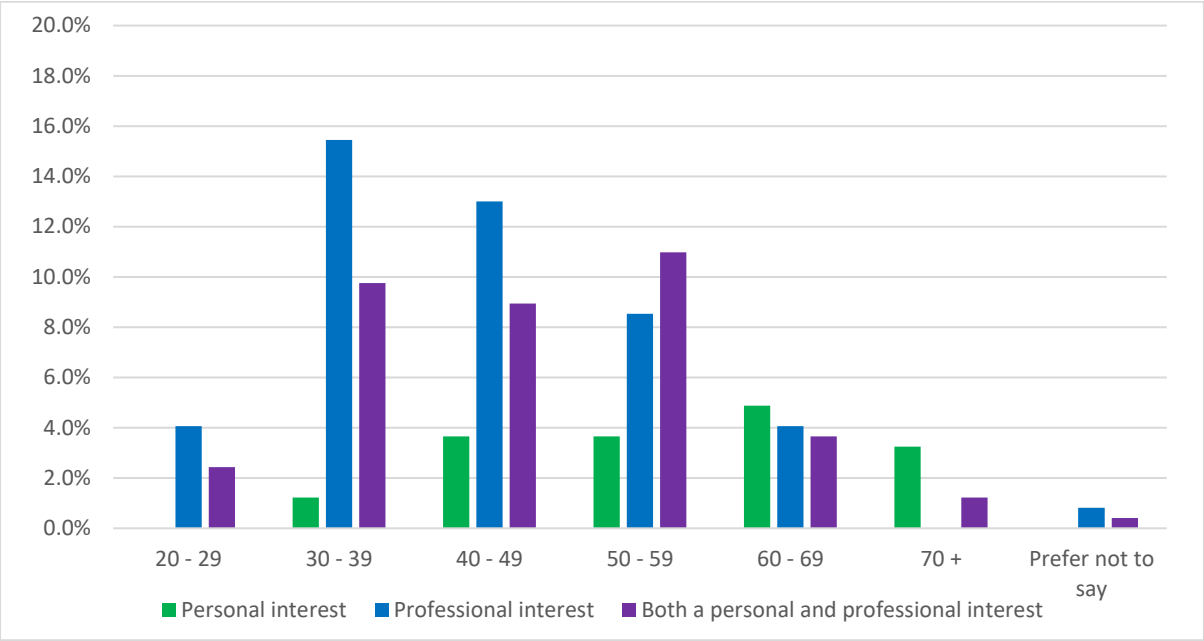

Figure 11: The age groups of participants by how they described their interest in the conversation

4. Analysing the data from the conversation

The experiences and voice of people with health conditions needs to be at the centre of designing services, activities, and communication materials to help them be more active. This is why, through the second online conversation, we made a concerted effort to engage people with lived experience of health conditions, including carers, family and friends of someone with a health condition, and to find out about what is important to them and how different actors in the system can help them on their journey of becoming more active.

"...the health professional/gym staff /whoever, needs to understand that only the person living with the condition truly knows what it feels like. This must be acknowledged." (27 likes)

We asked people what practical actions need to be taken to ensure each of the 5 Is – the guiding principles – can be put into practice by everyone.

Collectively, 246 participants contributed 87 ideas and 172 comments and voted 1,484 times.

We used a ground-up thematic coding framework to analyse the data. Each written contribution was read and assigned a thematic code (or 'split', so that several codes could be assigned in the cases where multiple ideas were found in one contribution). Our goal was to preserve all relevant detail.

This method resulted in 20 distinct codes that were subsequently organised in four major categories. The categories were created:

i) so that there was a logical clustering of the codes that had emerged;
ii) with the aim to answer the questions most relevant to the purpose of the conversation;
iii) to allow for the extraction of practical recommendations for different stakeholders.

The four categories are:

- **Support** - What does good support look like?
- **Access to activities** - What does good access to activities look like?
- **Strengthening the system** - What systemic changes are needed?
- **Communication** - What does good communication look like?
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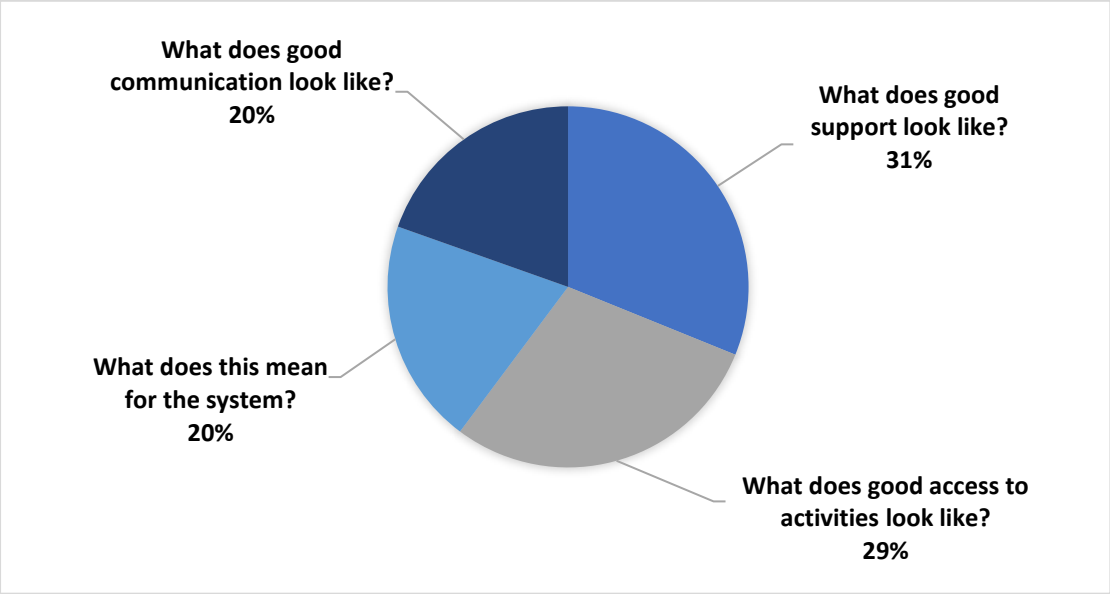

Figure 12: Weight of the online conversation by themes discussed

The following table shows the distribution and laddering up of all 20 themes that were identified in our analysis.

Theme	Likes	Dislikes	Written Contributions	Total
What does good support look like?				
Listen to me	176	0	25	201
Peers and buddies	135	0	24	159
Every appointment counts	114	2	27	141
Carers and family	34	0	4	38
Everyone an influencer	27	0	3	30
Personal mindset	9	0	5	14
Follow up on me	6	0	3	9
Improve nutrition	0	0	1	1
What does good access to activities look like?				
Evidence-based, individualised, inclusive activities	187	0	32	219
Expand provision of activities	92	1	17	109
Environments - e.g. city infrastructure and facilities	92	0	9	101
Affordability	72	0	6	78
Remove bureaucratic barriers	38	3	9	47
How can we strengthen the system?				
Train and educate professionals	133	5	23	156
Joined-up services	58	0	12	70
Collaborate across sectors	54	0	9	63
Inclusive workforce	47	1	4	51
Facilitate knowledge exchange	39	0	5	44
What does good communication look like?				
Inclusive, smart, fun communication	179	3	29	208
Information at my fingertips	137	4	25	162

5. Findings and recommendations from the online conversation

The findings in this section are organised around the logic of the four main themes - Support, Access to activities, Strengthening the system, and Communication. Each section ends with a list of practical recommendations derived from the data that can be used by various stakeholders in the system.

Quotes referenced in this report have been colour coded:

- Green are from people with a personal interest in the conversation: those with health conditions, their carers, family and friends, and those who indicated 'other';
- *Blue are from people with a professional interest in the conversation;*
- *Purple are from people with both a personal and professional interest in the conversation.*

5.1 Support

What does good support look like? 92 written contributions and 503 votes were used to inform this section.

Peers, buddies, carers and families

Participants with health conditions told us that it is important to be able to have people around them who can **inspire, motivate, support, and keep them accountable** at different parts of the journey. This social aspect is also important because it gives people **a sense of belonging and opportunity to have fun** during the process. Different people can play these roles - from peer support groups to work-out buddies, friends and family members.

"In my work as a personal trainer, I often "buddy up" people with similar goals and abilities (who I think may get on), to encourage them to train together in their own time outside of sessions with me. I think it would be positive to have a way for people to advertise amongst a safe community that they are looking for an exercise buddy or a forum where people can post that they will be doing something active and inviting any others to come along. Would be nice for people to be able to fill out a survey including age, whether they have children, whether they want to bring children to this activity, etc. to create a sort of profile that could be used to offer suggestions for partnerships or small groups that may find each other helpful and supportive but which doesn't require organisation and facilitation from professionals much moving forwards." (14 likes)

It's important that there are ways to **connect people with health conditions to these networks** as well as to **provide guidance to the people who support them** on how they can best do that.

"I think the healthcare system as it is sees relatives and carers as instrumental - we are there to give lifts, or not give lifts, to report on medications or perform other perfunctory tasks. I don't think that carers are really seen as part of the team - for example, why shouldn't a carer come along?! It would make the person more comfortable and it would educate the carer about exercise so that they could continue some exercises at home." (3 likes)

"Families can have a strong influence, not only on decisions to be active, but can also provide support systems to maintain activity levels... I am not sure how I would find out about information that would help me understand physical activity in relation to the condition ... I would value, for example, advice on starting conversations about how and why being active is beneficial, and personal stories." (1 like)

Being able to **hear the personal stories of others** who are on the same journey can also be very empowering. Ultimately, **everyone can be an influencer**.

"Promote circumstances such as socialising after exercise to create opportunities for shared experience." (1 like)

"Perhaps unified messaging that everyone might be an influence? For example, Anyone might influence you, for better or worse. Who's your better? Is it a Buddy? Friend? Neighbour? etc. Or, Who's your Move More Motivator? Testimonials from individuals pictured together might be featured."

Inquire, listen, follow-up

People repeatedly told us how important it is that those who meet them on the journey **take the time to listen, understand, take into account what they've heard and incorporate it in a personalised journey.** This approach builds trust, confidence and motivation along the way.

"Link a person centred MI type conversation into diagnosis and management of conditions like hyper tension don't just refer to a gym - explore how each individual can be best supported to exercise and what are their unique barriers they need to overcome whether that is lack of kit, confidence, transport, menopause issues for some women body confidence s etc etc or other psychological barriers." (20 likes)

"Take the time to speak to a person and understand their needs and what they want to achieve" (15 likes)

Some noted that the **timing of some of these conversations is critical**. A discussion about options for staying active at the point of diagnosis may be welcomed by some, but lost on others who are still processing the potential impact of some much larger lifestyle changes.

"Understanding when the best time might be to provide support and when not based on individual. Is having a conversation at point of diagnosis most appropriate/beneficial? Does a PA conversation need to wait? Consider the individual grief cycle for dealing with the condition and psychological impact..." (3 likes)

"... Whilst being active can benefit overall health and can impact positively on mental health, the wrong message at the wrong time can be detrimental. Especially if I feel that I am 'not doing enough' exercise because I can't do what others are doing/meet the 'guidelines'." (2 likes)

People also told us that **following-up is important to them**, because it makes them feel valued and may prevent the person from giving up on being active due to unpredictable circumstances.

"Healthcare and other professionals who recommend or prescribe physical activity should then instigate regular check ups to see how the person is doing - are they sticking to it, what have any barriers been, do goals need to be re-set? (etc)" (6 likes)

"My Mum needs to exercise in a wheelchair, but doesn't. This is partially because due to Covid-19, she lost touch with hospital-based physio and so no one has been in touch with her about exercise, but also because she feels intimidated by gyms and leisure centres....." (2 likes)

Ultimately, the approach should instil **a sense of a partnership** between the person with a health condition and all other actors they interact with across the system. Participants acknowledged that this approach may also **require training and development for practitioners** to help them understand how to engage and listen, as well as more tools and resources to **enable co-creation of services, and design of facilities, with people with health conditions.**

"Work in partnership to learn together. Professionals building up experience of conditions and how they impact on people and the public learning more about how to manage exercise and their conditions." (4 likes)

"Having a meaningful discussion (...) is a skill in itself. Engaging and listening to people who may not be forthcoming in a conversation will require training and development." (1 like)

"Co-production is key to understanding peoples wants and needs. How can the community be supported to design services and opportunities for themselves, but supported in the background by organisations, rather than the organisations being front and centre?" (1 like)

Every appointment counts

People with health conditions told us that every appointment counts - it is an opportunity to encourage or demotivate and this should be kept in mind by every professional. This also means that **professionals need to have the information, systems, training and time to make the most of every encounter with a person with a health condition**.

"Every appointment with a health care professional should talk about how to become less sedentary and more active and signpost appropriately." (2 likes)

"it's "make every contact count". Not just GP's but everyone supporting users in managing their long term conditions should be able to give simple messaging about the benefits of activity and where to go to find out more." (1 like)

" ... once diagnosed in a primary care setting you aren't given any advice or information about the support that is available. I understand the resource and capacity issue at a primary care level but there is a real opportunity to provide information/contact details/ awareness of local support in the charities working with service users." (18 likes)

Making every appointment count also means that in the cases **where health professionals may not have the capacity to provide the necessary guidance, other options and resources need to be deployed**, such as providing access to 'get active specialists', organising info sessions' at GP practices, etc.

"Healthcare professionals may not have the time to talk enough about physical activity or help with finding suitable activities. Hertfordshire had "get active specialists" who were trained in giving exercise advise and motivational support over a longer period..." (3 likes)

"... Public Health England's Physical Activity Champion (PAC) training is great for Health Care Professionals too, again not person centred at this point but equipping health professionals with the knowledge could be a good place to start. This can then be filtered down to link workers and social prescribers who could then offer that more tailored approach depending on peoples likes, barriers etc." (3 likes)

Supporting people with health conditions - Recommendations for stakeholders

- Ensure people with health conditions belong to communities of peers where they can socialise, motivate each other, and have fun. These can be peer-support groups, work-out buddies, and support from friends and family members. Help to create these connections and provide guidance to the people who manage such networks.
- Find ways to share individual success stories as these are sources of inspiration. Everyone can be an influencer.
- People from all sectors should take the time to ask questions, listen and take into account individual stories and circumstances which include holistic needs as well as clinical. Co-create the journey of being active together. Make sure to follow-up.
- Training and development should be provided to enable people from health, sport and physical activity practitioners to engage in meaningful conversations and partnerships with people with health conditions.
- Develop the right cultures, processes and tools to enable co-creation of services, activities, sessions, individual programmes with people with health conditions.
- Every appointment with a professional counts, so ensure professionals have the necessary resources to motivate and support people with health conditions - information, systems and training. Where capacity is an issue, additional services may need to be put in place such as providing access to 'get active specialists' or organising information sessions' at GP practices, etc.

5.2 Access to activities

What does good access to activities look like? 73 written contributions and 485 votes were used to inform this section.

Evidence-based, individualised, inclusive activities

For our participants, this means that **a variety of activities are offered** that are appropriate for people of different ability and skill levels and that **instructors are capable of adapting classes to the needs of different people** (or making it clear that people can adapt certain recommended activities themselves). Some participants want to be **reassured that the instructor is qualified** and that the activity is evidence-based - meaning that it can support their condition.

"Make it clear that activities are suitable for people living with health conditions and or that instructors are able to offer adaptations where necessary." (22 likes)

"Healthcare and fitness professionals should provide research-based and actionable activities/programmes with clear guardrails in place to encourage safe, progress based activity based on people's conditions." (3 likes)

It was important for participants to be able to understand whether a class is suitable for them, and whether their needs can be accommodated (e.g. wheelchair users). Suggestions were made for *"a tiered system/traffic lights/common language to discuss difficulty levels of activity type- across fitness classes, organisations, HCP and providers, charities etc." (4 likes)*

Some participants supported *"offering more options for friends* ***to join classes for free in order to trial them****. Encourage* ***people already taking part to refer others*** *in, perhaps for a financial or other incentive for them."* (9 likes)

"Initial engagement options should also include the option to take part online/in print in a more anonymous fashion for those without the confidence or time to engage directly, and should be useful in themselves to start someone on the pathway to becoming more physically active. They should be aimed at building confidence and awareness of the support on offer, encouraging people to take the next step when they feel ready."

On the one hand, **existing sport groups and activities should aim to be more inclusive and open for people** with various abilities and on the other, there is a need to **create more groups tailored for people with specific health conditions**.

"..people feel more comfortable being active with others who have similar challenges." (8 likes)

Several contributors asked for **tools for people to map out their individual pathways themselves** and one suggests creating "how-to" workshops that allow individuals to work with professionals and create their own activity plan:

"Workshops could be run which cover the basics of how to design an appropriate and tailored physical activity or training plan. Templates could be given out with broad examples and each individual (with the help of a carer if necessary), could follow a step-by-step workshop which encourages people to think about the barriers they are encountering and ways to work through them (e.g. how to include activity into already necessary tasks to address time; how to include something scalable which can be altered according to pain levels etc.). Leaving at the end with a training plan which is personalised to (and appropriate/realistic for) them, which they designed themselves." (7 likes)

Participants also shared that they feel **informal activities are undervalued and not recognised** enough, while *"a simple conversation with someone to help recognise perceived domestic activities as informal exercise can potentially be a springboard to someone then gaining confidence to actively seek formal physical activities." (1 like).*

Several participants raised the point that **in order for services, sessions and environments to be individualised, we need to design them based on people's wants and needs.** For example, helping the individual find out what physical activity they already do, or love to do, and finding ways to increase or adapt it for a greater result.

Expand provision of activities

Participants want to have access to activities in different settings, especially in their localities, for example in leisure and community settings. The transition between the clinical and community setting was voted as very important.

"Taking physical activity services out of hospitals but ensuring the links to healthcare professionals remain would help. More co-location of AHP services in leisure and community settings." (38 likes)

"Ensuring patients can move smoothly between clinical and community provision. Clinicians need support to know what community provision is out there and what is suitable. There needs to be appropriate community provision too - sometimes moving from clinical to community provision can be a big step so there needs to be appropriate activities -i.e services that offer enough support that people don't feel it's too big a jump from things like physiotherapy." (6 likes)

Other places were brought up in the conversation as potential locations for partners or providers of physical activities - **voluntary and community organisations, local clubs, walking groups, bowling**

facilities, school facilities, village halls, even places of worship. Being able to **access services at home** was also brought up by a few participants.

"Who cares if it's 'whizzo gym plc' or ' the local good-hearted charity' or 'bogshire district council leisure enabling unit' - it's the offer to residents that matters." (1 like)

"I would like to see less reliance on gyms and swimming pools as the go to answer to get people active. These facilities are for those who can get to them and who have disposable income. Taking activity to people at home should also be an option."

Several participants raised the problem of the short-term provision of certain programs that are piloted but then discontinued after 6 or 12 months. Alternatives or continuity plans should be offered in such cases.

Environments (city infrastructure and facilities) and affordability

Participants want **environments (city infrastructure, sports facilities, green spaces, residential and office spaces) and services that are designed in ways that allow people to be more confident and independent** and that provide them with opportunities to be active everywhere and in various ways.

"Making use of local community centres, greenspaces, linking up paths with green areas that are accessible by all. Also cost - making physical activity affordable for all not just those with LTCs" (3 likes)

Making sure existing facilities, such as swimming pools, stay open is important as well as broadening access (e.g. reducing cost) and increasing use such as through attracting children by working with schools. Attention should also be paid to residential settings and designing ways to make them active spaces.

".. making footpaths, cycle paths, buildings accessible and easy to navigate for all will help to drive a culture of inclusivity not inconvenience." (11 likes)

"I think the environment is a really important consideration. I don't want classes in a gym. Gyms are intimidating for me. Walking groups and outdoor activities would be something I'd be more likely to join in with."

There was a call to redesign facilities with the help of the people they aim to reach. Cost was specifically mentioned as a barrier by several participants and calls for **making services more affordable** are widely supported.

"Having taken a massive cut in salary due to being unable to work, I am unable to afford membership anywhere with a pool, gym etc or attend classes which leaves me with walking or online options that aren't the best for accountability, enjoyment etc. I believe this is a barrier for many people dealing with chronic conditions. I think it would be great if there could be discounts for people or if doctors could 'prescribe' a discounted membership somehow, conditional on attendance. eg the local health board could perhaps negotiate discounts with local facilities provided the patient then attends a minimum number of times which could easily be administrated by the facility. In this way it would become more inclusive for people whose disability condition is preventing access to facilities." (18 likes)

Remove bureaucratic barriers

Several participants brought up the issue of **medical clearance that could be a barrier to accessing activities more easily**. At the same time, for some people it is exactly the **reassurance of a professional that they need to feel safe doing activities.** Both of these should be easy to obtain - quick clearance for those who are confident or have already spoken to a healthcare professional and an easy way to consult a professional for those who are not.

"I manage my conditions pretty well. I really don't see why a GP needs to sign a form to say I can go to the gym. My GP knows nothing about me really, all my care is from the hospital. The GP signing the form is a hoop I shouldn't have to jump through. I make life or death decisions about my medication every day but I can't be trusted to make a decision about my own ability to exercise? It is so disempowering. The medical approval forms MUST be reviewed."

"Some people, especially older people like me, have concerns about becoming more active. A short, individual, face-to-face appointment with a physiotherapist can overcome fears and also demonstrate and check that basic exercises and activities are done safely. It is not always obvious. I have been fortunate to get such help in the past and I can testify to the importance and benefits of it." (12 likes)

Improving access to activities - Recommendations for stakeholders

- Provide a variety of activities suitable for different ability and skill levels.
- Information on who the activity is suitable for; on the qualifications of the instructor; on the evidence-base for the activities should routinely be provided.
- Ensure instructors / coaches are capable of adapting classes to the needs of different people.
- Provide opportunities for people to trial classes for free as well as incentives for people to refer others.
- Make sure that new and existing classes are inclusive and supportive environments that can support the needs of those that take part, are made more inclusive as well as creating new classes that are tailored to the needs of specific groups.
- Provide tools for people to create and follow their personal activity plan (e.g. templates, workshops, apps), created on the basis of their preferences and needs.
- Recognise and encourage “informal” physical activity - walking, domestic activities, informal exercises.
- Expand provision of activities in new localities and settings (e.g. community centres, local clubs, school facilities, etc.). Broaden access to existing facilities such as swimming pools.
- Improve city infrastructure to support physical activity and make it more affordable and accessible (e.g. public sports facilities, green areas, etc.)
- Ensure that medical clearance is not an obstacle to being more active.

5.3 Strengthening the system

How can we strengthen the system to better support people with health conditions? 53 written contributions and 337 votes were used to inform this section.

Train and educate professionals

As is already evident in previous sections, **investment in the training and development of professionals** is needed to better equip them to support people with health conditions. This should be incorporated starting with their **undergraduate studies**. Participants also suggest **embedding training into health and care professionals CPD** such as Making Every Contact Count and Public Health England's Physical Activity Champion training.

"We need to ensure HCPs are aware of the influence they have on people's ability and desire to be active. This is covered in the PACC programme but needs to be more systemically embedded throughout undergraduate education for all." (28 likes)

During their careers, professionals should also be **willing to learn along the way from people with health conditions themselves and other practitioners**.

"Professionals working with long-term conditions need to be able to learn from different people - don't expect them to know all the answers." (17 likes)

Participants highlighted that many workshops and courses aimed at clinical and non-clinical roles are already available from various organisations. The aim is to raise awareness about physical activity and to raise confidence in practitioners to have conversations about physical activity (e.g. motivational interviewing). Efforts likely need to be made to **connect practitioners with already existing opportunities.**

Target groups, specifically mentioned by participants, that should have access to additional training include coaches and instructors, school teachers, community facing professionals, medical, nursing and midwifery, higher education providers, social prescribers and link workers.

Finally, one contributor points out that professionals also need **role models and backing from leadership to have the confidence and skills** to take a person-centred approach, and knowledge on what to recommend locally.

"...invest in training and support for all community facing professionals especially those working in health and social care. Work with medical, nursing and midwifery higher education providers to enhance the curriculum. Support exercise training providers to develop holistic elements to courses rather than prescriptive exercise by condition or ability." (4 likes)

Joined up services, collaboration and knowledge exchange across sectors

The need for joined-up services and collaboration between people with the same goals was clearly supported. Appropriate **communication infrastructure** needs to be put in place as well as **fostering collaborative cultures and relationships** in order to support this. For example, some instructors were frustrated about not being able to advertise services in GP offices.

"Make the boundaries between healthcare and community invisible to users." (1 like)

Participants discussed the need for **new roles** to be created to act as the links between the different parts of the system.

"The healthcare sector should be working closely with other sectors such as public and community sectors to draw together links - roles in personalised care such as social prescribing link workers, health and wellbeing coaches and care coordinators are being placed in the NHS and voluntary sector organisations to do just this. Connected care and a holistic approach to healthcare from medical and non-medical staff in healthcare is crucial. Time, money and other resource investment, alongside

dedications from individuals/staff more widely across sectors is needed for these roles to succeed." (4 likes)

Uniting around a **common purpose, sharing resources, facilitating knowledge transfer, adopting inclusive practices, and understanding the collective impact** are also pointed out as necessary components that support collaboration.

"...Joined-up-ness is actually delivered by individuals being determined to look out for opportunities to co-operate that deliver more than the cost of co-operation. Organisations don't do joining-up only wilful individuals do." (4 likes)

"Different sectors and groups around the country need to share and learn from each other as to what is working." (15 likes)

Inclusive workforce

Contributors agree on the importance of an inclusive workforce, which will allow better understanding of the needs of people with health conditions and more role models.

"I think it would be extremely valuable to have more people with disabilities and long-term conditions working in physical activity and sport." (1 like)

Strengthening the system - Recommendations for stakeholders

- Provide training for professionals, focusing on higher education, CPD and continuous learning opportunities.
- Connect professionals with other existing opportunities for professional development.
- Put communication infrastructure in place to connect the different parts of the system.
- Foster collaborative cultures and relationships between different actors.
- Create new or allow existing roles the flexibility to act as links between different parts of the system such as connections between health and leisure.
- Share resources, knowledge, and practices.
- Understand and communicate the collective impact.
- Build an inclusive workforce that is more representative of the communities it serves.

5.4 Communication

What does good communication look like? 54 written contributions and 322 votes were used to inform this section.

Inclusive, smart, fun communication

The importance of **inclusive marketing in terms of language and imagery** was again reiterated in this conversation. Making **communication inclusive through modes delivery (the use of infographics, photos, podcasts, braille**) is also important. The use of case studies and videos is preferred to make communication more interesting.

"There has to be a good mix of easy read marketing and particularly colourful photos, infographics and podcasts, including braille so people can see, read and hear at a glance what is on offer etc very important for different languages and cultures and for people living with dementia." (1 like)

Information and messages that are considered important by participants include the fact that every activity counts; broadening the understanding of the places and ways that physical activity happens; promoting healthy living in a wider sense (including nutrition, sleep, mental well-being, social contact etc.); understanding the benefits of physical activity for different health conditions and reassuring that there are no disadvantages; emphasising the joy and fun in physical activity.

"Language and images should reflect the wider benefits of moving our bodies, instead of appearing to encourage more structured PA that may not be for some people..." (11 likes)

"Marketing needs to show non-elite/accessible and aspirational voices with lived experience - figures of inspiration with LTC's" (27 likes)

Participants pointed out the need to **understand communication through the lens of different cultures**, giving examples of some groups who don't like to identify as people with health conditions for fears of perceived risks (such as losing a visa). Additionally, some participants encourage a more nuanced understanding of the relationship between physical activity and mental health, especially when there are other health conditions present.

"Need to include wider positive benefits. Not just from a physical health perspective - mental well-being, social contact, overall health, skills development." (2 likes)

Information at my fingertips

Easy access to information through digital and live touchpoints is important to participants. The use of **various information channels** is necessary to achieve this. Being able to get information during a medical exam or a visit to the gym is equally important.

Information should be searchable by location, physical activity level, type of activity, facilities, instructor qualifications, etc.

"It should be possible to access a network of inspiration and available classes etc that you can then drill down to your local area from, to see what's available near you." (7 likes)

"I'd like information to be available on a website that is really easy to search. I'd like to be able to find out what's on where and when." (2 likes)

Medical professionals also need integrated information systems to allow them to easily pull up information on the patient as well as on local opportunities for physical activity.

"Clinicians need support to know what community provision is out there and what is suitable." (6 likes)

"We used to have exercise on prescription available to us as GPs to prescribe. This is a great way to get people into exercise opportunities who do not or cannot join by themselves."

One participant shared an example of good practice within a hospital trust – **a drop-in centre for staff, visitors, and patients where they can get lifestyle advice** and be signposted to local support services to help with physical activity and other services such as smoking cessation, weight management, and alcohol services.

Staying up to date with all local offerings by various organisations was identified as a challenge. A request was made for a centralised point where such information can be collected and searched. Better coordination between organisations is required to achieve this.

"The challenge is for one 'go to place' in a local community to find out what's on offer that everyone knows about. Unfortunately there is a huge mish mash of inconsistent, out of date, duplicated messages and offers alongside the constant flow and promotion of new information." (1 like)

Improving communication - Recommendations for stakeholders

- Ensure that marketing is inclusive in terms of language (no jargon), imagery (using real people with health conditions), and modes of delivery (appropriate for neurodiverse people, blind people, those who don't understand English, etc.).
- Emphasise the importance of every activity and broaden the definition and understanding of physical activity.
- Highlight the benefits of physical activity both in the context of health conditions and wider benefits.
- Take into consideration cultural differences when crafting messaging.
- Provide information at various digital and live touchpoints.
- Create searchable, centralised databases where local information can be found about physical activity offerings, including location, instructors, facilities, suitability based on different conditions, etc. This could be at a local and / or national level.

6. Validation of the 5 Is

In our analysis of the first online conversation, we identified and proposed five overarching principles that emerged from the discussions and intersected the full dataset. These were Individualised, Inclusive, Innovation (which became Influencer after phase two), Informed, and Integrated.

It was felt that these principles could be applied by any individual or organisation to any part of the system to make it easier to be active with a health condition and should therefore be taken into consideration before any change initiative or new intervention is implemented.

We examined the second conversation to ensure that these principles remained valid.

There was support for all 5 I's in the second online conversation and participants shared a range of ideas and comments to further build on what they each encompass. It was evident from the ideas shared in response to each of the 5 I's that there is no clear split between them. Many of the actions needed to achieve each theme also transfer and overlap across other areas. Therefore, if people working within the physical activity sector use the 5 I's as guiding principles for their work, they will be able to make it easier for everyone to be active, including people with health conditions.

During the first online conversation, an additional 'I' emerged, which was that of 'innovation'. After much deliberation and following additional testing and feedback from the stakeholder interviews, this theme was replaced in the second online conversation with 'Influencer'. It was felt that innovation emerged from the first online conversation largely because of its timing in relation to the global Covid-19 pandemic. Participants had spoken a lot about new models of service delivery (particularly online), and more generally about the need to continuously improve, to adapt to changing circumstances, and to be creative in designing services that appeal to diverse populations. Whilst this sentiment still holds true, the theme of innovation did not specifically come out in the second online conversation.

The descriptors of the 5 I's tested through the second online conversation were written specifically to apply to the wider crowd, i.e. 'you told us that we need to..' and largely focused on what people with health conditions want and need. The descriptors below have been changed stylistically to read appropriately for the physical activity workforce.

6.1 Individualised

"Put the individual at the heart of everything we do – acknowledge and understand where the person is coming from, map their personal journeys and goals, with support specific to their needs and preferences."

This theme saw significant discussion with 21 ideas, 42 comments and 375 votes.

Participants supported the need to work with the individual, to personalise and adapt their activity based on what is appropriate for them.

"..rather than just understanding but sticking with rigidity, there is a need to ADAPT the exercise/training/whatever. So it is manageable, enjoyable, and doesn't cause further pain. Work with the individual with whatever condition they have, listen to them and trust what they are saying, finding appropriate adaptations. Reducing fear, increasing trust, and finding exercise which is achievable, realistic and empowering." (27 likes)

"It is important to set realistic, achievable targets based on a client-led interaction, that takes into account each person's starting point, rather than encouraging them to attain generic 'standards' or checkpoints." (9 likes)

"[gym instructors] still recommend 30 repetitions of any exercise... I do not think this appropriate for older people, as almost all of my contemporaries whom I approach about coming to the gym say it's boring. The major problem as far as we are all concerned is having to do 30 repetitions. I am sure in the physio and rehab situation, 30 repetitions are necessary, but not in the health maintenance scenario… I have mild osteoarthritis from my neck to my toes, confirmed by x-rays, which was first diagnosed when I was 45, and I am now 70. Physios tell me that arthritis cannot be improved…even completing a gentle routine, in a supportive environment, with lots of people with back/knee/health issues is where we should be aiming." (15 likes)

6.2 Inclusive

"Ensure opportunities to be active are inclusive – that the physical activity workforce is representative of our communities and those of us with health conditions, with inclusive marketing that uses language and images that we can all relate to, and offers that remove barriers to getting involved."

This theme saw the most discussion with 19 ideas, 44 comments and 408 votes.

Participants supported activities that are open for people of all abilities, in places that allow them to feel confident, with people they can relate to working there.

"Ensure more sports groups and activities are inclusive and open for people with all abilities. This needs to be clear/advertised so that people feel confident in joining." (8 likes)

"Leisure centres really need to start focussing on this, so many images still about young, fit lycra clad and non ethnically diverse populations." (1 like)

"'service' feels medical. Activity needs to be part of everyday life, not just part of the medical framework." (4 likes)

6.3 Influencer

"Recognise there are a range of people who influence someone's ability and desire to be active – from healthcare and fitness professionals to their social and support networks such as family, friends and carers."

This theme saw 19 ideas, 28 comments and 254 votes.

Participants acknowledged the role of healthcare professionals in promoting active lifestyles as well as wanting to hear from people with health conditions or disabilities about their experiences of making these lifestyle changes. There was also discussion about the role of carers, family, teachers, and the media.

"It would be useful to hear from people with long term health conditions, disabilities or other barriers to becoming more active about their experiences in making lifestyle changes and how they have incorporated activity into their everyday lives - AND more importantly, the benefits they have enjoyed." (12 likes)

"Other people are incredibly influential to how people form and shape their views and beliefs about things like health care, and physical activity, alongside the media. Support can help in rationalising

whether to do something that is perhaps different to that which has been experienced before and having someone do something alongside you is also a great motivator." (5 likes)

"Ensure school teachers are equipped and have the knowledge to deliver inclusive PE sessions and can adapt their sessions for anyone. This training should be part of their PGCE… Schools should be provided with the resources to deliver PE in an interesting and fun way and get the kids hooked." (3 likes)

"I don't think that carers are really seen as part of the team - for example, why shouldn't a carer come along?! It would make the person more comfortable and it would educate the carer about exercise so that they could continue some exercises at home." (3 likes)

6.4 Informed

"Help people with health conditions to be better informed about what their options are and how they can be active, and help other professionals to be informed too so they can advise and support them."

This theme saw 14 ideas, 31 comments and 253 votes.

Participants discussed the need for professionals to learn from each other and from people with health conditions. They want them to be qualified and trained, and able to offer advice on what options are available. There were mixed opinions about whether exercise referrals and prescribing by condition are the best approach. Some welcomed the specific guidance while others thought it more important to be treated equally, to focus on movement and activity, acknowledging people know their own limits.

There was also acknowledgment that people with health conditions need to be informed about the positive impacts of being active on their condition(s).

"We need to understand what information needs to be passed to a person that will be working with a person with a long-term condition, so that they feel comfortable/confident to work with them? What does a person with a long-term condition expect a potential physical activity champion to know about them when they meet for the first time?" (13 likes)

"People often don't know what's out there and don't know where to start looking and it can be a very daunting industry for people not used to or embedded in it. A more open, inclusive and fun/ individual focus may be beneficial in encouraging people 'through the door'." (8 likes)

"Raise awareness on how physical activity can have a positive impact on long-term health conditions. Some people with health conditions are worried that their condition will get worse if they exercise/that it's not safe, when in most cases it's the opposite." (7 likes)

"I need to feel confident that the instructor has had some level of training around particular long-term health conditions. I have inflammatory arthritis, which is an autoimmune system disease, but when I tell instructors they just respond about osteoarthritis - which is a different condition requiring different movement exercises." (2 likes)

"I do think there is still benefit to prescribing by health condition though. For example someone who has had a heart attack will be more likely to trust the guidance of a cardiac rehab trained instructor that they have been referred to, and will certainly be less risky than getting the advice of a young PT in a budget gym (generally)." (1 like)

"agree with this approach in training community health professionals, investing in this model rather than referral programmes which seems easier to attach numbers to in order to show the perceived impact that they have. longer term change needs to come from a difference of approach and thinking."

"I don't want the professionals to try to be experts in my conditions."

6.5 Integrated

"Efforts need to be integrated – ensure people with health conditions are connected with the right support and information, work together to share knowledge and best practice locally, regionally and nationally."

This theme saw 14 ideas, 28 comments and 194 votes.

Participants supported place-based working and collaboration between everyone working towards the same goal including the joining-up of health and care, sport and physical activity, and community and voluntary sectors. They wanted to see central information points with details about additional support available.

"By partners coming together at a community/neighbourhood level and together working out how to best share knowledge of what is going on in the place. This would mean no single organisations being looked at as being the one to hold and own this information but collectively take responsibility for sharing and connecting. Where you have partners doing this, it could make it far easier for that information to then be passed on in a variety of ways to the people living in that place." (2 likes)

"I'd like all the various options in my area to be on one searchable website. I don't want to have to look at Our Parks for info and then look at Better Leisure's website and then search a couple of private company websites to get an idea of what activities are on where." (2 likes)

"Running 12 week programmes in GP surgeries where there's space has shown to be an effective way to introduce exercise to the hardest to reach people. Once they've experienced the benefits in a safe space they are more likely to then go on to join community classes. The return on investment would make it worthwhile for NHS to fund." (5 likes, 1 dislike)

"It's not realistic to expect systemic change just because it's 'the right thing to do' there needs to be tangible benefit to the professional as well, so a culture piece around how it can make their job easier."

7. Conclusion

This report presents the findings from the second national online conversation about how to make it #EasierToBeActive for the one in three people in England who live with a long-term health condition.

Throughout the three phases of this project, we heard from over 600 people across the physical activity sector and those with lived experience of health conditions, representing different backgrounds and experiences, from across the country.

While the first conversation was largely focussed on professionals working in physical activity and sport, community and leisure, and health and care, the second conversation explicitly sought the views of those with lived experience of health conditions.

Together, their collective insight led us to identify and validate a set of high-level, guiding principles – the 5 I's – that make clear what is needed:

- Put the **individual** at the heart of everything we do
- Ensure that opportunities to be active are **inclusive**
- Recognise there are a range of people who **influence** activity
- Help everyone to be **informed** about their options
- Work together to provide **integrated** services

It was felt that if these 5 I's – individual, inclusive, influencer, informed, and integrated – were put into practice by the physical activity sector, it would make it easier to be active with a health condition.

Participants also shared a range of ideas about how to make these 5 I's a reality. These have been developed into practical actions that every person and organisation within the physical activity sector can take to support people with health conditions on their journey to becoming more active. They cover:

- What good **support** looks like
- What good **access to activities** looks like
- What systemic changes are needed to **strengthen the system**
- What good **communication** looks like

It will be for key stakeholders to consider this insight and what matters most to people with health conditions to determine how they will embed the 5 I's across everything they do.

The outputs of this work, the co-created guidance for the physical activity sector, should share what we have learnt, in a range of formats, to inform, integrate, influencer, include and individualise.

Case studies should bring to life examples of individual journeys and successes and continue to shine a spotlight on the many fantastic people and organisations working hard to make it easier to be active with a health condition.

"Case studies don't have to be boring literature - videos are much more fun to watch and you get a better sense of the person. Podcasts would also be good."

By co-creating our ambitions for the future, the physical activity sector can respond effectively, not just to what we perceive to be the issues, but to the genuine barriers for those who face them. By holding transparent and inclusive online conversations, we have been able to bring people together

to share their ideas, experiences, and stories, not just with NCSEM-Sheffield and Sport England, but with each other.

#EasierToBeActive has enabled us to listen to the voice of those with lived experience of health conditions and those who are passionate about empowering people to be active. Now we must act in response to what we've heard, so we can continue to put people at the heart of the change that is needed.

8. Appendix 1: Participant data tables

Participants have been categorised as those who logged into the online conversation and completed the gateway questionnaire. We do not have any data for those who registered but never logged in. Participants are broken down by their interest in the conversation, work setting, location, and protected characteristics.

Because of the sensitive nature of some of data, for example on protected characteristics, cells with 12 or fewer participants have been expressed as ≤12. Only available data has been reported. Cells with no data are marked with a dash.

Participation rates

1. Participants by participation in the second conversation

Participation	No. of participants	% of participants
I have a professional interest		
I'm a sport and exercise professional, fitness instructor or coach	22	6.5%
I work in a community or leisure centre or sports club	≤12	3.0%
I'm a health care professional	38	11.2%
I work in academia or policy	≤12	3.0%
I'm responsible for commissioning or strategic decisions	24	7.1%
I'm a service manager	13	3.8%
I'm a project or programme manager	56	16.6%
Other professional interest	32	9.5%
I have a personal interest		
Someone with a health condition(s)	54	16.0%
A carer, family member or friend of someone with a health condition(s)	17	5.0%
Other personal interest	62	18.3%

2. Participants by primary work setting (for those with a professional interest)

Primary work setting	No. of participants	% of participants
NHS funded health care provider	38	18.5%
Voluntary or community organisation	21	10.2%
Charity that represents people with health conditions	24	11.7%
Private sector	≤12	3.9%
National Governing Body	≤12	4.9%
Local Government	33	16.1%
Higher Education Institution	14	6.8%
Royal college or professional body	≤12	0.5%
Other	18	8.8%
Active Partnership	38	18.5%

3. Participants by location

Region	No. of participants	% of participants
National		
East of England	18	7.3%
London	36	14.6%
Midlands	45	18.3%
North East & Yorkshire	63	25.6%
North West	18	7.3%
South East	34	13.8%
South West	23	9.3%
International		
Scotland	≤12	0.4%
Wales	≤12	1.2%
Northern Ireland	≤12	0.8%
Other country	≤12	1.2%

Protected characteristics

4. Participants by age

Age	No. of participants	% of participants
20 – 29	16	6.5%
30 – 39	65	26.4%
40 – 49	63	25.6%
50 – 59	57	23.2%
60 – 69	31	12.6%
70 +	≤12	4.5%
Prefer not to say	≤12	1.2%

5. Participants by sex

Sex	No. of participants	% of participants
Female	177	72.0%
Male	67	27.2%
Prefer not to say	≤12	0.8%

6. Participants by gender

Gender	No. of participants	% of participants
The same as the sex I was registered at birth	244	99.2%
Different to the sex I was registered at birth	-	-
Prefer to self-describe	-	-
Prefer not to say	≤12	0.8%

7. Participants by ethnicity

Ethnicity	No. of participants	% of participants
White, includes any White background	225	91.5%
Asian or Asian British, includes any Asian background, for example, Bangladeshi, Chinese, Indian, Pakistani	≤12	2.0%
Black, African, or Black British or Caribbean, includes any Black background	≤12	1.6%
Multiple of Mixed background, includes any Mixed background	≤12	1.6%
Other Ethnic Group, includes any other ethnic group, for example, Arab	≤12	1.2%
Prefer not to say	≤12	2.0%

9. Appendix 2: Gateway questionnaire

The gateway questionnaire is a series of questions that participants complete as a gateway to the online conversation. The purpose of the questionnaire was:

- to help us better analyse the views shared in the online discussions, and
- to ensure we have attracted a representative mix of people to the discussions.

1. **I have read the participant information (under the 'About this project' tab) and am happy to continue**
   Yes

2. **How would you best describe your participation in this conversation?**
   2.1. I have a personal interest in this area
   2.2. I have a professional interest in this area
   2.3. I have both a personal and professional interest in this area

3. If 2.1 or 2.3, **I'm joining primarily as…**
   a. Someone with a health condition(s)
   b. A carer, family member or friend of someone with a health condition(s)
   c. Other

4. If 2.1a, **What type(s) of health conditions do you have? Please tick all that apply.**
   - Anxiety/Depression
   - Arthritis
   - Asthma
   - Cancer
   - COPD (Chronic Obstructive Pulmonary Disease)
   - Dementia
   - Diabetes
   - Heart disease/stroke
   - High blood pressure
   - Multiple Sclerosis
   - Parkinson's Disease
   - Other
   - Prefer not to say

5. If 2.1a, **Does your condition or illness\do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?**
   - Yes, a lot
   - Yes, a little
   - No
   - Prefer not to say

6. **In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that is part of your job.
   - 0 days
   - 1 day

- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

7. If 2.2 or 2.3, **What is your primary role?**

- I'm a sport and exercise professional, fitness instructor or coach
- I work in a community or leisure centre or sports club
- I volunteer in a community or leisure centre or sports club
- I'm a health care professional
- I'm a social care professional
- I work in academia or policy
- I'm responsible for commissioning or strategic decisions
- I'm a service manager
- I'm a project or programme manager
- Other

8. If 2.2 or 2.3**, What is your primary work setting?**

- Independent health care provider
- NHS funded health care provider
- Voluntary or community organisation
- Active Partnership
- Charity that represents people with health conditions
- Private sector
- National Governing Body
- Local Government
- Higher Education Institution
- Royal college or professional body
- Physical activity insurer or underwriter
- Other

9. Where do you live?

- England
  - East of England
  - London
  - Midlands
  - North East & Yorkshire
  - North West
  - South East
  - South West
- Northern Ireland
- Scotland
- Wales
- Other country

10. **What is your sex?**
    - Male
    - Female
    - Prefer not to say

11. **Is your gender the same as the sex you were registered at birth?**
    - Yes
    - No
    - Prefer to self-describe
    - Prefer not to say

12. **What is your age group?**
    - Under 20
    - 20 - 29
    - 30 - 39
    - 40 - 49
    - 50 - 59
    - 60 - 69
    - 70+
    - Prefer not to say

13. **Which one of the following best describes your ethnic group or background?**
    - White, includes any White background
    - Asian or Asian British, includes any Asian background, for example, Bangladeshi, Chinese, Indian, Pakistani
    - Black, African, Black British or Caribbean, includes any Black background
    - Multiple of Mixed background, includes any Mixed background
    - Other Ethnic Group, includes any other ethnic group, for example, Arab
    - Prefer not to say

14. **Would you like to be kept informed about this project, including when the co-produced guidance is published?**
    Yes/No