Supplementary material

Appendix 1

HORIZONS

4GLOBAL

DESIGNING AN ACTIVE FUTURE

MAY 2022

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When we sat down with Steve and Eloy at 4Global to discuss what it would take to increase physical activity for everyone, we realised it was going to take something special. It is too easy to say that physical activity is everyone's individual responsibility; it is more complex than that. It is not enough for each party to play its part; we need to work together to ensure that we can make it easier for everyone to be active. This event connected a group of people passionate about this goal. We have generated new and actionable insights beyond the boundaries of our own experience. These insights and the partnerships that formed are taking action and I look forward to being able to share the results of our activities in the future.

Sasha Karakusevic
Project Director,
NHS Horizons

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The Designing Active Futures event facilitated leaders from different disciplines to come together not just to tackle how to increase physical activity but to do so without inadvertently increasing health inequalities. It was a rare but crucial opportunity to cross boundaries and work systematically and creatively with a range of experts from the commercial, public and voluntary sector to find multi-layered solutions which leave no one behind.

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Jane Caldwell
CEO of Age UK East
London

EXECUTIVE SUMMARY

> **Covid has made formerly active people inactive, and they are struggling to get active again.**

Months of lockdowns and working from home have worsened the serious and costly problem of physical inactivity in the UK. Even before the emergence of Covid-19, inactivity was responsible for one in six deaths – equal to the toll taken by smoking. It was costing the economy an estimated £7.4 billion a year, and taking up nearly a billion pounds of the NHS annual budget[1].

As the country begins to move out of the acute phase of COVID-19, one of the biggest health challenges faced by the UK is being explored by leading thinkers, experts and practitioners, who have pooled their knowledge and expertise to explore ways to make the country more physically active.

A meeting in December organised by NHS Horizons and the sports data firm 4Global gathered together an extraordinarily diverse range of companies, local authorities and sports bodies to begin exploring radical options for confronting physical inactivity, and the health inequalities and costs to the health service that follow in its wake.

The conference was led by Professor Steve Evans, Director of Research in Industrial Sustainability at the Institute for Manufacturing, University of Cambridge. He told delegates:

> **Our job now is to take what we have learned, and the connections we have made, back to our organisations to inform our conversations. "Together we really can tackle and solve this challenge.**

1 Physical activity: applying All Our Health - GOV.UK (www.gov.uk)

INTRODUCTION

HOW CAN WE PREVENT ILLNESS BY SOLVING THE CHRONIC PROBLEM OF PHYSICAL INACTIVITY? WHAT IS THE ROLE OF HEALTHCARE AND OTHER DISCIPLINES IN ACHIEVING THIS OUTCOME?

In early December 2021, 4Global and NHS Horizons convened a remarkable workshop to address two critical questions about the health of the nation.

The workshop was led by Professor Steve Evans, Director of Research in Industrial Sustainability at the Institute for Manufacturing, University of Cambridge. He adopted a 'systems analysis' approach which had 40 workshop participants identifying the possible variables in fostering physical activity and the connections and relationships between them. This cross-sectoral group was selected and invited with the intention of breaking disciplinary siloes. It included senior experts from the NHS, World Health Organisation, the Office for Health Improvement and Disparities, Sport England, local government, academia, medicine, "big data", technology, medical research, architecture and housing, fitness centres and consulting. Lively interaction among the attending representatives of these disparate groups generated a range of actionable insights and a blueprint for collaboration which has the potential to build an active future for all.

LET'S GET MOVING

Physical inactivity is making millions of people sick. It costs the UK billions and is not sustainable. Humankind has made tremendous progress in treating illness in recent decades, but healthcare provision in the United Kingdom has not managed to successfully harness the positive impacts of physical activity. The focus is in this area has been insufficient and people face increasing barriers, whether they are social norms, difficulty of access, cost or stress. To get people active, we need a systematic approach that is both well-conceived and highly coordinated. Plenty of good initiatives have been launched over the years to promote physical activity, but too many are piecemeal, or not well-targeted.

The COVID-19 pandemic gives us a one-time opportunity to rethink how we help people achieve and maintain good health. Now is the time to redesign how we live, how we work and play, and how we plan cities and create systems that will support good health and avoid preventable illness.

Individual work on physical activity has led many in the healthcare sector to realise that important connections should be made to strengthen our contribution to an active future. The big idea behind Designing an Active Future was to get all the right people together to think through this challenge using a systems design approach. Response to our call was enormous, and the conference was an unmitigated success.

This document outlines what we did, how we achieved it, and the next steps we intend to take to get Britain off the sofa and into a fit and healthy lifestyle.

Eloy Mazon
Chief Executive
4Global

ACTIVITY AND THE NHS

How can the NHS be more successful at encouraging physical activity? How can we make a difference to activity levels across the community? A whole series of programmes and initiatives have attempted to solve the inactivity challenge, but we've not yet moved the dial.

In our work on physical inactivity we have identified three current priorities, each of which raises questions about the promotion of exercise.

1. MAXIMISE THE IMPACT OF INTEGRATED CARE SYSTEMS. The ICSs will be the emphasis of a new NHS organisational structures to be formally introduced in July 2022. Each area will be responsible for one or two million people. How can we make them more active?

2. EXPLORE INNOVATION. The focus here is greater than health and care pathways, to encompass prevention. What's the best way of tackling the inactivity problem?

3. FACILITATE GREATER CONNECTIVITY.
It is easy for NHS – and others too – to remain in their bubbles. Jumping between them can be immensely difficult. Nobody and everybody own physical activity. Do we all see it in the same way? We need to discover what's getting in the way of increased physical activity for all. Is it a lack of knowledge? Competing messages? Sketchy data? Silos? An absence of connectivity?

We lack answers, but there's no shortage of individual passion. Designing an Active Future did not magically reveal a simple or a single solution, but it created a several ideas and themes to take forward. Perhaps most important of all, it exploded our bubbles to engender ongoing collaboration between stakeholders concerned about the health of the population.

Sasha Karakusevic
Project Director
NHS Horizons

THE WORKSHOP – DAY 1

THE CHALLENGE

Individual incentives to perform physical activity are lacking for a great many British people. One impact of our inactivity is that diabetes has become a leading cause of premature mortality in the UK. It now causes more than 22,000 additional deaths each year, since diabetes doubles an individual's risk of cardiovascular disease. The disease costs the NHS more than £10 billion every year to manage – about 10% of its budget. Diabetes UK predicts that 5.5 million of us will have diabetes by 2030, up from 4.9 million today. "Spending less time sitting down and more time being active is key to preventing type 2 diabetes," the charity says, but somehow the system isn't successfully increasing activity.

SYSTEMS THINKING

Systems thinking acknowledges that multiple factors contribute to an individual's decision to adopt or sustain a sedentary lifestyle. These factors are diverse, myriad, context-dependent, and constantly changing. To get to grips with the challenge, we need to consider not individuals and their conditions, but the holistic system and the dynamic relationships, diverse perspectives, and invisible boundaries that exist within it. Changing one factor may have a cascading effect – positive or negative – on one or many more of the others.

The systems approach to solving problems begins by putting people with relevant expertise together in a room to search for insights. But rather than mapping the incredibly complex system that influences decisions about activity, the idea of systems mapping was explained to the workshop.

CREATING INSIGHTS

This traditional representation of systems thinking comprises variables and connections, and shows the relationships between variables through their connections. Every aspect of the map can be examined, including:

- the importance of individual variables or groups of them;
- the relationship between two specific variables;
- the relationships between multiple connected variables;
- interrelationships, perspectives, and boundaries; etc.

Such explorations can deliver insights which may be useful in problem-solving – that's the primary goal of the exercise – but participants were warned early on not to expect a structured or analytical approach!

INTRODUCTORY INSIGHTS

Instead, to begin, each was asked to introduce themself and to share a single insight, based on their career experience, into the challenge of designing an active future. They revealed the following:

"For some people, it's much easier to change their environment than to change their mind about physical activity."

"There's huge, undeveloped potential in the physical activity sector."

"Physical activity is a means to an end, not the end-point. The activity itself is secondary."

"Physical activity is simultaneously the symptom of, and the input to, a healthy community."

"Chronic stress is a major enemy of physical activity."

"The NHS must learn how to become more collaborative."

"Major events like the Olympics address a huge audience and can be used for social impact."

"Personalisation is critical."

"We could design better for an active future when building new communities."

"We may realise benefits from an outcomes-based payment methodology."

"Organisations do not collaborate well."

"People know they should be active, but many lack the tools."

"Discussions tend to be about cost much more often than they are about value."

"A tension exists between competition and collaboration."

"Education is good but slow at changing behaviours."

"Plenty of evidence shows behavioural change is beneficial but telling people that doesn't make a difference."

"The system tends to target the more confident and able-to-engage, which helps hit targets, but increases inequalities."

"Sport is now seen as transformational not just for individuals, but for communities and cities."

"People understand the benefits – but don't always know how to get them."

"Courage is needed among communities to do things differently."

"Data can help to drive changed behaviours."

"Physical activity includes many activities we do not think about, often established through habit and unconscious process."

"What works for children – like a cul de sac to play in safely – may not work in the same way for adults."

"We need to focus not only on increasing organised activities but also on reducing sedentary behaviours."

"We don't well understand the connection between physical activities and peoples' priorities."

"We can be too focussed on a single benefit, and over-medicalised."

"Our work often goes after low-hanging fruit."

"Government is very good at providing, denying, and taxing things, but not good at changing what people think."

"Data has value only when it is converted into intelligence, then into actionable insights."

"Covid has made formerly active people inactive, and they are struggling to get active again."

"If someone wants to be active, they ought to be able to be active easily."

"Marketing is difficult, so the call to action has to be very easy."

THE SUPERMARKET STORY: VARIABLE RELATIONSHIPS AND THE UNEXPECTED

Seven years ago, workshop leader Professor Evans ran an experiment in an UK supermarket. The store managers were hotly opposed to the venture since it involved removing shelving and replacing it with sewing machines and operators. People were invited to come into the shop to mend something, to learn to make, say, buttonholes, and to share the space. Managers expected that having fewer products on display would lead to lower sales, but in the end, they loved the experiment. It increased footfall and broke the silence that characterised the vast shopping hall. People laughed, and laughing people are more likely to buy socks! A critical lesson was learned: a changed relationship between variables may deliver positive outcomes that do not match expectations.

Some key insights

From the discussion that followed the introductions and insights, several headlines' insights were drawn:

- Poverty, inequality, and age are more important to people than activity
- We focus too much on organised activities over simpler non-sedentary behaviour
- People believe things are done for the benefit of the system, rather than for themselves
- We cannot experiment if we are not permitted to fail
- Cost versus value must consider the duration of the return on investment
- We can think too much about symptoms and too little about the root causes of inactivity
- We are sure neither which attitudes to change, nor whose
- Needs vary between individuals based on multiple factors
- A major issue affecting outcomes

"Physical activity is an essential input for a thriving healthy community and this requires system thinking to make sense of the complexity and variables involved. To become active, a person needs to feel safe by trusting those around them in a supportive environment and a reason that makes sense to them."

Dr William Bird
MBE, CEO of Intelligent Health

Increasing physical activity levels across all ages and backgrounds would be transformative to the physical, mental, and social wellbeing of our nation. This ambition is within our grasp if we marry strong partnerships with strong leadership, and place the importance of physical activity at the heart of our national renewal.

Huw Edwards
CEO, UKActive

THE SPITFIRE STORY: ASKING THE RIGHT QUESTIONS.

During the Second World War, ground engineers noticed that many Spitfires came back from sorties with multiple bullet holes in their wings. They set out to determine why this was the case and quickly concluded that the wing material was not strong enough, relative to the material used to make the engines and cockpits. Spitfires never came back with bullet holes in those parts of the plane. However, after a few days of deliberation, the penny dropped. The engineers realised they had missed an important factor when considering the problem and had been asking the wrong question. The wings were fine – it was the cockpits and engine cowlings that needed rethinking. By stretching the boundaries of their system, the Spitfire engineers gained a much better understanding of the problem.

Forgetting your ABCs

Systems thinking focuses on variables and the connections between them. But any discussion of variables and the connections are typically hampered by the 'ABCs': assumptions, boundaries, and constraints. The ABCs limit our ability to conceive of new solutions by shutting doors to possibilities based on embedded biases. Sometimes an assumption, boundary, or constraint may be a genuine immovable obstacle, but in many other cases they are more mutable, and in every case, they can be ignored for a thought experiment. Constraints, for example, may come to form political baggage. A topic may have been 'closed for discussion', but such decisions can be reversed. They are much more likely to be removed with good reason – such as the proposal of a programme which is politically favourable. Such options can be conceived only when constraints are removed at the early discussion stage.

What do we have a lot of?

To make tangible the practice of ignoring the ABCs, the workshop next participated in an exercise in 'Asset-Based Problem Solving'. The approach is simple: solve problems by spending something abundant, rather than something that's constrained. Doing so removes the usual need for efficiency. The norm – which we are very good at – is the opposite: rationing limited resources to solve problems by circumventing constraints.

WHAT DO WE HAVE A LOT OF THAT MAY BE USEFUL IN DESIGNING AN ACTIVE FUTURE? ENCOURAGED TO THINK WITHOUT CONSTRAINT, PARTICIPANTS, NOW DIVIDED INTO WORKING GROUPS, IDENTIFIED THE FOLLOWING:

Homes – Pavements – Mobile Phones – Shops – Excuses – Footwear – Activity Types – Cars – Information – Volunteers – Carers – Messages – Children – Village Halls – Food – Green Spaces – Schools – Places Of Worship – Data – Mental Health Awareness – Under-Utilised Capacity – Technology – People With New Ideas – Information – Leisure Centres – Videos – Reservoirs – Games – Talent – Legs – Governance And Rules – Images Of Activity – Roads And Pavements – Dogs – Office Space – Park Runs – Crime – Ignorance – High Streets – Silos – Red Tape – Buildings – Restrictions – Cinemas – Gold Medals – Healthy Intentions – Lamp Posts – Universities – Wearables – Lottery Funding – Knowledge – Ill People – Community Groups – Gym Coaches – Poor Facilities – Wearables – Media Platforms – Old, Experienced People – Blue Tits – Active People – Online Training – Stairs – Influencers – Momentum – Academic Expertise – Green Space – Calories – Social Media Channels – Charities

Internalising abundant assets

The system in which we will design an active future – comprising everything from park runs to the NHS to Urban landscapes to leisure centres – has many components, but it doesn't encompass everything that could be an asset. To join the dots, workshop participants were asked, in their groups, to identify assets – especially abundant ones – that lie outside the system but should be included to add fuel and power. Among many suggested, these stand out:

Start-ups. The pharmaceutical industry enlists these businesses, comprising people who will work hard for below-market-rate, but healthcare does not.

Care workers. This huge asset is underutilised as a distribution and motivation network.

Transport and schools. Both are in the system but disconnected and should be joined up.

City planners. They include green space in urban plans, but not with a view to physical activity, which should be considered from the outset.

Political leadership. This group, for the most part, absent from the system, needs to be introduced into it positively.

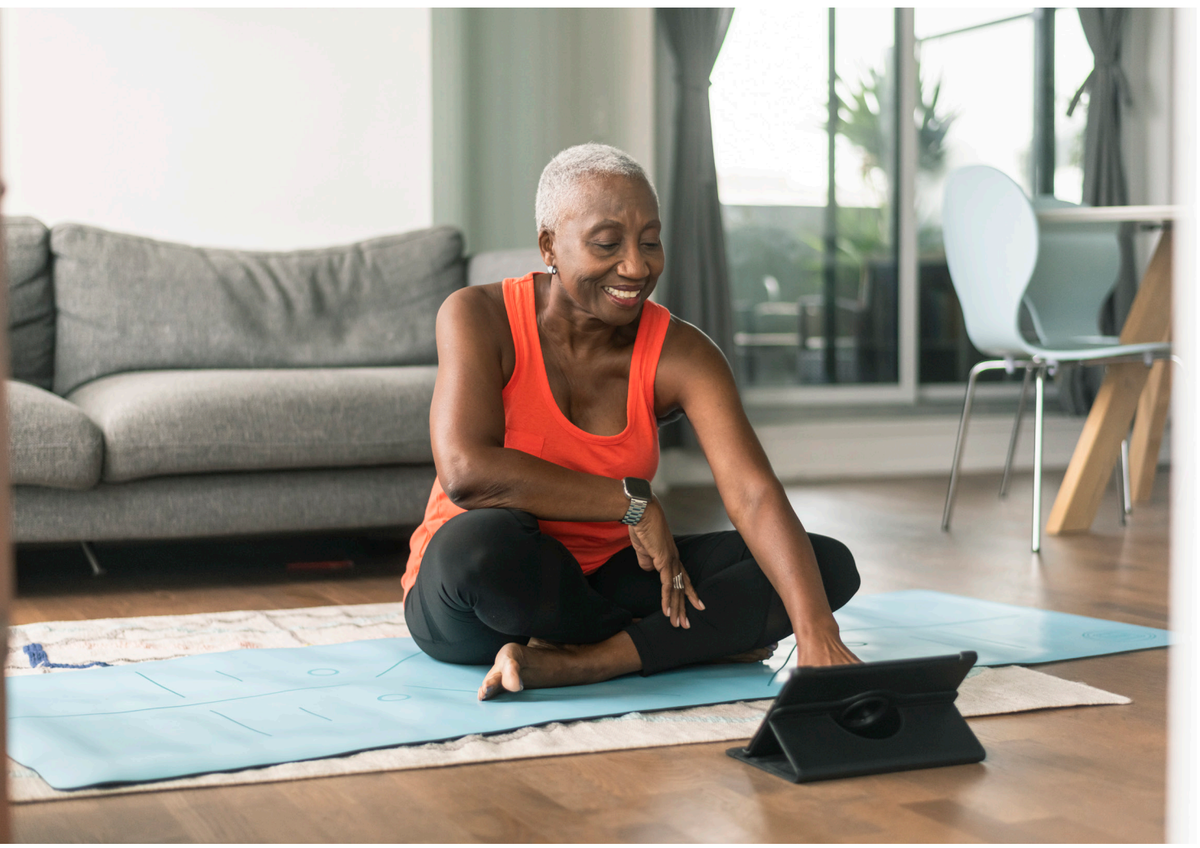
Data. We possess much data on both sides of the coin – health and fitness – but it is missing at the local authority level, where it could help to balance the emphasis and re-join disconnects.

Benefits programmes. In the fight against inequality in active futures, it may be possible to link benefit programmes to physical activity for children.

Mental health. A rise in public honesty means we are now able to discuss the role of physical activity in mental health.

ASSETS TO INTERNALISE IDENTIFIED BY THE WORKING GROUPS INCLUDE:

City Planning – Utility Bills – Health Data – Families Of People Impacted By Chronic Disease Due To Inactivity – Voice Of The Younger Generation – (Political) Leadership – Food Industry – Regulation – Facilities Management – Gambling Industry – Tfl – Care Industry – The Law & Insurance – Real-Time Data – Social Norms – Developers – Entertainment Sector – Individual Personal Pressures – Climate Change – Assisted Tech – Care Industry – Smart Cities – Businesses – Politics – Crime – Nature – Advertising – Arts & Culture – The Dating Industry – Transport – Schools – Mental Health Experts – Physios Coaches Counsellors & Teachers – Journalists



WAYS FORWARD

Democracy took over in Day 1's final act. Workshop participants were asked to select actionable insights from the scores generated during the conversations over the course of the day and to group them thematically. Individuals were then asked to vote on the potential initiatives they preferred for further discussion. They then reformed into groups of two or more to discuss strategies and tactics over the course of the evening, dinner, and during the next day's session.

In the simplest possible terms, everything boiled down to these four challenges:

1. SHIFT THE NARRATIVE

2. INVOLVE MORE STAKEHOLDERS

3. DEPLOY DATA

4. DEVELOP LEADERSHIP

THE WORKSHOP – DAY 2

The morning of Day 2 was spent in four large groups that spent two hours refining specific actionable insights. They intended to use what they had learned on Day 1 to shape ways to change the system by considering variables and the connections between them, utilising abundance, and breaking down the ABCs. By the afternoon, their ideas had matured dramatically, as plenary presentation of their conclusions showed.

Group 1: Shifting the narrative

A narrative is between parties, between an 'us'. But who is 'us'? Group 1 concluded that 'us' in the context of narratives about physical activity comprises local communities, local authorities, and the NHS. The Group then chose to explore the link between narratives about physical activity and the NHS Core20PLUS5 strategy around inequalities.2

They proposed convening local conversations with the NHS around the five clinical areas of CorePLUS5 to highlight how physical activity can reduce health inequality. Collaboration over at least two years would be needed, and data incorporated in various ways, for example, to let different communities reach their conclusions about progress and possibilities, and to link the benefits of activity to inequality reduction in the five areas.

Ultimately the programme would shift the narrative around Core20PLUS5 within each community through natural connections and embedded partnerships (for example, through local maternity experts). It would become a conversation about physical activity AND health, AND maternity, AND mental illness, AND the other topics at the centre of the NHS programme, held in the context of local policies and systems.

Group 2: Battling underlying causes

Group 2 set out to tackle the causes of early death, including chronic stress, chronic inflammation, and negative life conditions, which may in parallel hamper physical activity. The goal, they concluded, must be to give people greater control over their lives by fostering supportive environments. This would be achieved by creating a generic but mutable model to be implemented based on local contexts.

Group 2's action plan also involved a change in conversation. They identified the need to shift narratives about communities from negative to positive. The goal is to improve social norms, increase social cohesiveness, and foster trust. To reframe the narrative requires local programmes of positive storytelling and listening that encompass the past, present, and future. The community will be the key driver of a conversation with schools and teachers, GPs, councils, community groups, and many others – with none isolated.
This process will be self-refreshing: as conversations evolve, they will be fed back to inform the next round of listening and storytelling, refocused to reflect what has been learned. At each stage, authorities can use the insights gleaned from conversations to invest in communities in areas that create more positive community environments. They are then again reframed, with more storytelling, before starting the process anew, using it to introduce physical and social assets that support physical activity, with a focus first on the most disadvantaged communities.

2 Core20pPLUS5 is an NHS strategy to reduce health inequalities among a target cohort – the 'Core20PLUS' – in '5' clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension case-finding.

Group 3: Getting people active

Too often those in a position to encourage physical activity work in silos, according to Group 3. To design an active future demands environments that are more accessible and requires that referrers have faith in activity environments. Trust the medical professional and the individuals who deliver its services may be lacking, which should be the first area of focus.

To build trust – and engender effectiveness – such individuals need the ability to deal with everything they may see, rather than simply specific conditions so that they can determine and supply what is likely to work for a specific individual. They must ask themselves and especially the individuals in their care if they are giving them the support, they need throughout their activity journey. Too often, too little time is dedicated to these essential catalysts of success. That support can be underpinned by a continuous, instantaneous feedback loop of biometric and qualitative data that maintains motivation and keeps them coming back.

Those charged with delivering activity services need the same things: trust, the ability to deal with anyone sent their way and a data feedback system. In addition, training and qualifications within the fitness sector need to be built in as standard. The doors to physical activity can then be opened to all, but Group 3 recognised challenges in where and how individual physical activity support is commissioned, in surmounting barriers between primary, secondary, and social care, and in the design and implementation of a single process which makes it happen.

Group 4: Digital leadership

No national authority coordinates physical activity, Group 4 observed. Social prescribing, education, leisure centres, and other elements of the system are the remit of local governments, which suffer a major coordination problem. They are poorly linked with the NHS and its prevention programmes. Physical activity has a part in social cohesion, but it is low down the list, no one's number-one tool.

The combination of data and people can push physical activity up the social agenda. This can be achieved through a new national strategy on physical activity, supported by a major public, open, political commitment, fuelled by multiple organisations backing and echoing a single voice. Cross-governmental support will be needed from departments including education, business, and the Treasury. The agenda could be advanced by a national physical activity czar, with celebrities to drive it forward to the public.

Group 4's target is to launch this National Strategy during the Prime Minister's Commonwealth Games opening speech, just 200 days after the week of the workshop. The London Olympic Games ten years ago created a burning platform that, with a sprinkling of magic dust that could be provided by the combination of organisations represented in the workshop, has the power to overcome the challenges of implementation and follow-through.

Closing thoughts

Professor Evans concluded the workshop, which he described as an exercise in thinking and shared enthusiasm, with the observation that its goals were fulfilled, and that any next steps were entirely up to the participants.

He predicted that interactions going forward may create a groundswell of enthusiasm, but also tensions. Fortunately, tensions can be helpful to systems since they drive a collective sense of purpose by identifying where it stalls.

To immediately take the group's work forward, the workshop recognised, in a final discussion, the importance of place – a place to start – as a catalyst for the thinking that remains and a useful middle ground between a national strategy and the individual. "This is just the beginning of the beginning," Professor Evans declared. "I am encouraged by the calibre of the people who are here, a first interaction between the different organisations represented. Our job now is to take what we have learned, and the connections we have made, back to our organisations to inform our conversations. Together we really can tackle and solve this challenge."

APPENDIX 1: ORGANISATIONS REPRESENTED

Academia:
Advanced Wellbeing Research Centre, Sheffield Hallam University
MRC Epidemiology Unit, University of Cambridge
National Centre for Sport and Exercise Medicine

Public Bodies:
NHS England and NHS Improvement
Office for Health Improvement & Disparities
Sport England

Local authorities:
Active Leeds
Blackpool Council

NGOs:
Age UK
Better/Greenwich Leisure Limited
UK Active
World Health Organisation

Private Sector:
4Global (activity data)
EGYM (activity tech)
Everyone Active (leisure centre operator)
EXI (activity tech)
Imin (activity data)
Intelligent Health (activity programme designer)
Legacy Delivery (consultancy)
Places for People (property owner/manager/developer)
RYSE Asset Management (digital health investor)
Sensum (social change consultancy)
SLM (leisure management)
SuperSapiens (Continuous blood glucose monitoring technology)

“This exercise wasn’t designed to deliver all the answers. What we have tried to demonstrate here is the way to get to those answers - combating physical inactivity is our collective responsibility, through all layers of society. It’s only by coming together, like in this workshop, that we can really unearth impactful solutions to this critical challenge.”

Nishal Desai,
Commercial Lead,
Imin

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HORIZONS

4GLOBAL

Appendix 2

26 May, 2022 | 3 minutes read

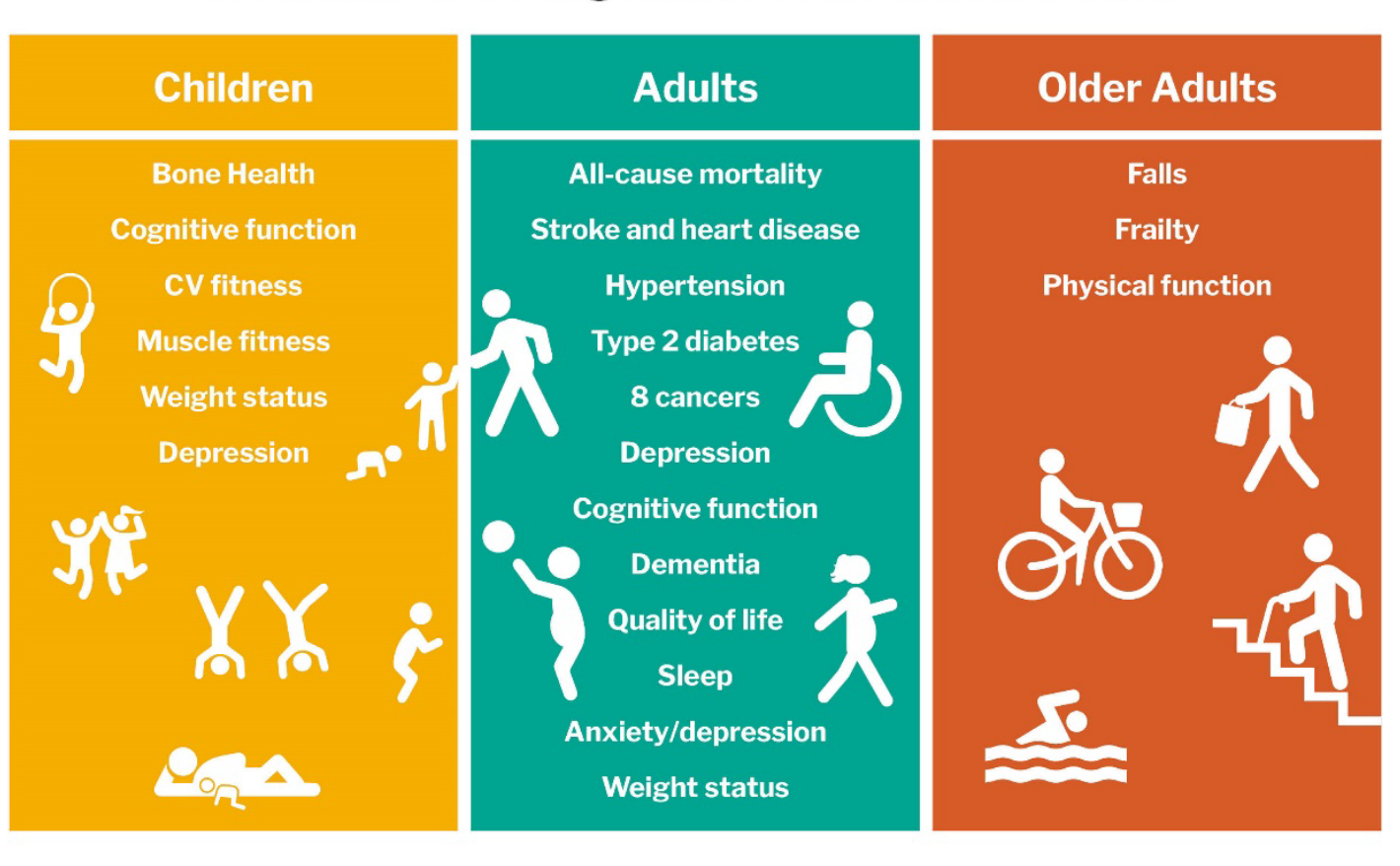
Designing an Active Future

Sasha Karakusevic

CO-AUTHORS

TU Tom Underwood

All the evidence is telling us that doing more physical activity is good for us. This doesn't mean we all have to start running, going to the gym or cycling to work (although all of these have benefits). Activity like walking around the house, doing housework or walking to meetings all count. Local initiatives such as Parkrun have mental as well as physical benefits with the opportunity to run, jog, walk, or volunteer. Being active may result in occasional injuries and even taking these in to account the benefits massively outweigh the risks.



The Chief Medical Officers' Physical Activity Guidelines which can be found here outline the amount and type of physical activity people should be doing to improve their health.

#SolvingTogether

#SolvingTogether

How do we in the NHS play our part in increasing physical activity? This is the question that the Office for Health Improvement and Disparities (OHID) and Sport England asked the Horizons team. We are working to discover the answer and it is a project that has taken us in many surprising directions.

In our first meetings, we quickly realised it was going to take more than sharing the facts. We found that there are many barriers to overcome. Clinicians don't have time to cover all of the information and don't have access to information on what opportunities are available locally, despite the myriad of physical activity services on offer. Our workforce doesn't have the time to focus on general health and wellbeing, especially in the middle of a pandemic, so we had to think more laterally about how to tackle the project.

We soon discovered that there was a lot of interest in our communities and in the 43 Active Partnerships that have been established around the country. Listening to stories from people working in this area, we realised that creating better ways to engage with our communities could unlock a huge amount of resource for the health and care system. Through our networks, we were lucky to find a number of people with a shared interest to work with and this led to a workshop held in Cambridge in December 2021. We hosted this alongside 4Global, a sport and health technology and data company and the report of the event *Designing an Active Future* has just been published.

The key recommendations from the report are:

- **MAXIMISE THE IMPACT OF INTEGRATED CARE SYSTEMS.** The ICSs will be the emphasis of a new NHS organisational structures to be formally introduced in July 2022. Each area will be responsible for one or two million people. How can we make them more active?
- **EXPLORE INNOVATION.** The focus here is greater than health and care pathways, to encompass prevention. What's the best way of tackling the inactivity problem?
- **FACILITATE GREATER CONNECTIVITY BETWEEN MORE STAKEHOLDERS.** It is easy for NHS – and others too – to remain in their bubbles. Jumping between them can be immensely difficult. Nobody and everybody own physical activity. Do we all see it in the same way? We need to discover what's getting in the way of increased physical activity for all. Is it a lack of knowledge? Competing messages? Sketchy data? Silos? An absence of connectivity?
- **SHIFT THE NARRATIVE TOWARDS REDUCING HEALTH INEQUALITIES.** Physical activity has a vital role to play in reducing health inequalities, and the Core20PLUS5 framework for ICSs provides a great foundation for targeted action.
- **DEPLOY DATA.** This would enable better decision making for and connect citizens to physical activity opportunities and support. In particular, building on the highly successful legacy of the vaccination programme for data-driven disease prevention.
- **DEVELOP LEADERSHIP.** Success is already being seen by those who are able to construct shared narratives based on local experience.

We are working on these now, and we are finding out that there are lots of interrelated programmes we can connect to. This will enable us to play our part in Uniting the Movement and we will share more of our findings over the next few months.

This is one of the most complex programmes I have worked on, and has used all of the expertise the Horizons team has developed over the years. It is exciting to be breaking new boundaries and great to feel that we are making progress. There is a long way to go so it was very encouraging to hear from Professor William Bird MBE after the event:

"Thank you for putting together such a stimulating two days. I have to admit expectations were low as I have been in these workshops on exactly the same subject many times for years. But this was so well organised by Steve and such an eclectic group of people that some really big, completely new insights came out."

Read the Designing an Active Future report here.

TAGS

wellbeing

TWEETS ON THIS SUBJECT

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'I continue coming because it helps me get through.'

Dr @BolaOwolabi8 visited Blackpool to see how the @EFLTrust are using football to reach into communities to support those at risk of health inequalities.

Watch the full film on YouTube. 🎥 youtu.be/GCV8bAmmd7M pic.twitter.com/ShqONv07YJ

8:00 AM · Apr 21, 2022

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Sasha Karakusevic @karas01 · Follow

Are you thinking about how to increase physical activity? We can all take action at every level and this clip from @NorthumbriaNHS shows great work from the @OHID Active Hospitals Programme. Great to be supporting this programme @HorizonsNHS eur03.safelinks.protection.outlook.com/?url=https%3A%

9:01 AM · May 25, 2022

9 Reply Share

Read 1 reply

Devon Elliott @Devon_NHSI · Follow

A start is keeping swimming pools and leisure centres open....Let's support keeping people moving in and out of the water 👍 #BestMSKHealth #MotionIsLotion

> **Swim Eng...** @Swim_Engl...
> 💬 I can walk by myself, swim by myself, just do everything in the water by myself ... it really promotes my independence
>
> Dominic explains why aquatic physiotherapy is so important to him ... as Swim England backs a @thecsp campaign to keep hydrotherapy pools open #RightToRehab

1:27 PM · May 3, 2022

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Fascinating discussion yesterday with @JimBethell @mikebewick911 and @DrSteveMann on increasing physical activity. This great illustration from hubs.ly/Q01b_LmF0 and work on #HumanLearningSystems by @tobyjlowe beautifully sums up the challenge. What @HorizonsNHS is doing TF pic.twitter.com/4metSW3YcV

9:45 AM · May 25, 2022

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'I never thought I would be part of an exercise club that uses something so culturally accessible to people.'

Dr @BolaOwolabi8 met with @pnecommunity to hear about their fantastic work with the Sahara women's group to support lifestyle management. pic.twitter.com/1FwYC9yBFj

3:00 PM · Apr 13, 2022

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Andrew Power @behaviourch... · Follow

A3 #SolvingTogether Over the last 8 years @swim_england have developed and deployed a multi-component program with training and resources to support pool operators around the Country to support people with health conditions to benefit from inclusive aquatic opportunities

7:20 PM · Feb 9, 2022

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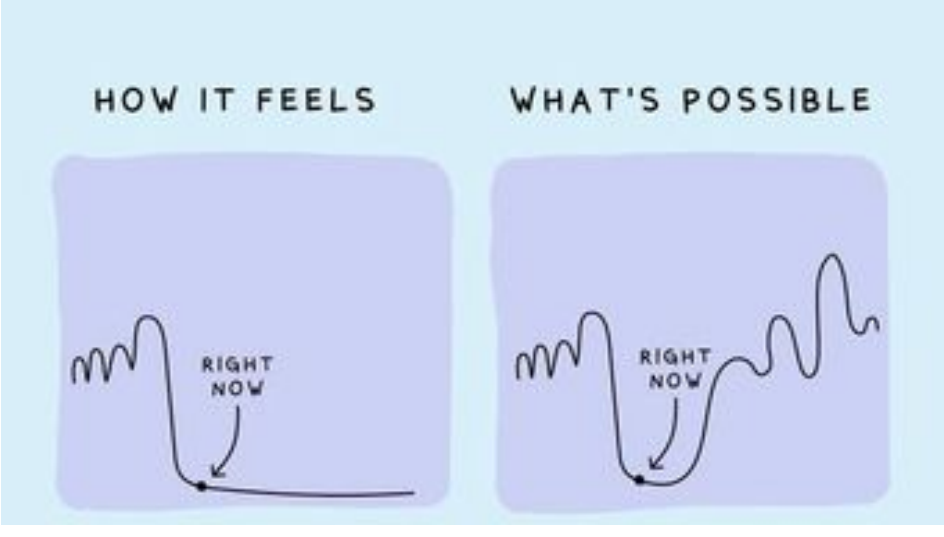

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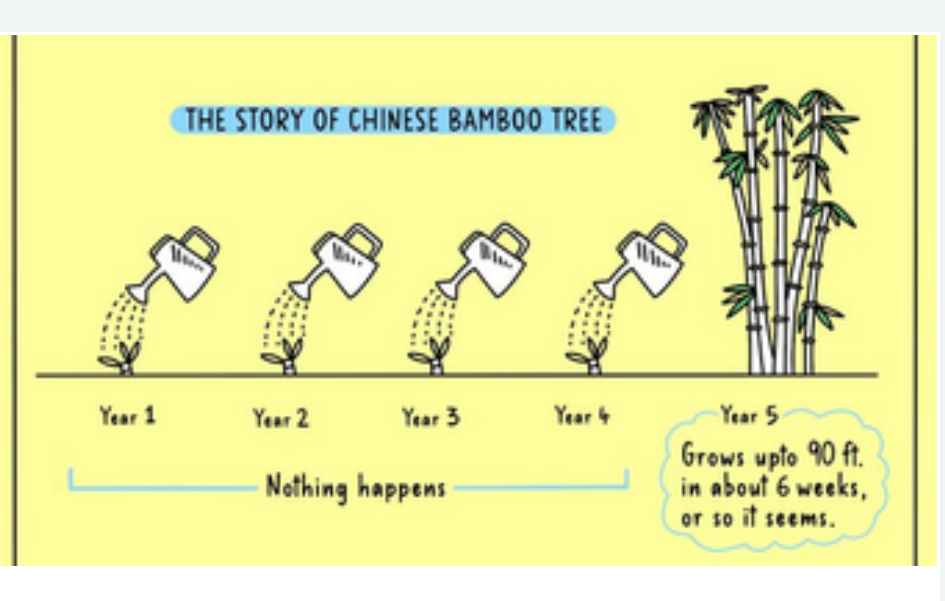

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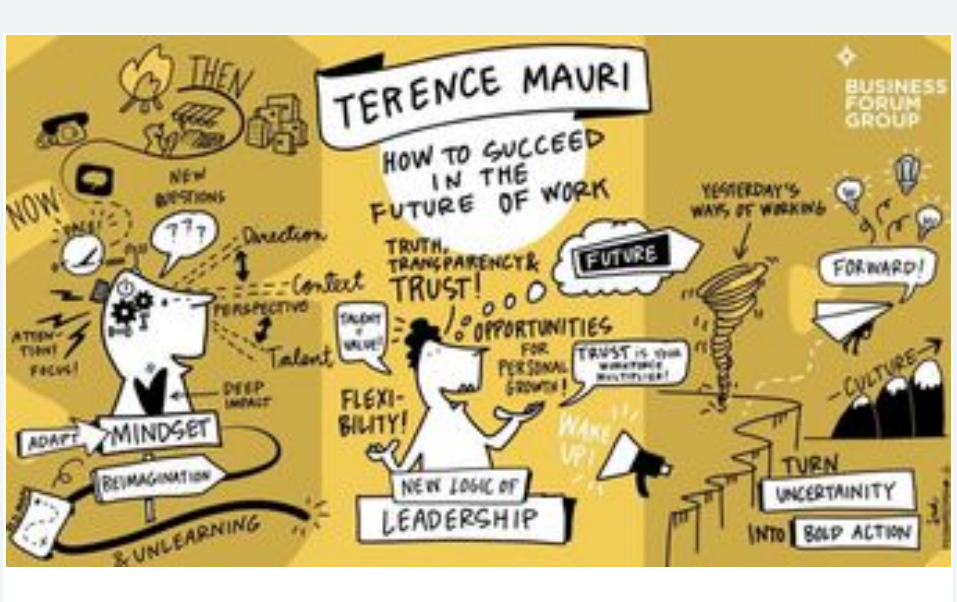

15 Jul 2022

Tweets of the Week 15th July, 2022

26

Appendix 3

NHSE&I roundtable on physical activity: Event report

18th January 2021, 10:00-12:00

NHS England and NHS Improvement

1

Exec summary

This roundtable brought together 30 leaders form NHS England & Improvement, the Office for Health Improvement and Disparities and Sport England. The conversation was chaired by Professor Yvonne Doyle, Medical Director NHS Public Health, NHS England & NHS Improvement.

We derived **5 themes** from the discussion which identify where in the system we can have the greatest impact with physical activity and how this could be delivered:

1. **Physical activity will be key to the delivery of ICS priorities**
2. **Physical activity interventions must improve health inequalities**
3. **Using data and the latest evidence will maximise the impact of physical activity interventions**
4. **Connecting leaders across health and physical activity sectors will create system opportunities**
5. **NHS staff health and wellbeing is a big opportunity**

Building on these themes, we are proposing these next steps for action:

- **Test our thinking with ICSs and regions to develop what is useful locally**
- **Develop a shared NHSE&I narrative on physical activity, in collaboration with OHID and Sport England**
- **Revisit the evidence base for physical activity, particularly in relation to NHS priorities**
- **Continue to make connections across teams and organisations**

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Attended by…

Name	Role
Alison Tedstone	Deputy Director Diet, Obesity and Physical Activity/Chief Nutritionist, OHID
Allison Streetly	Deputy National lead Healthcare Public Health, NHSE&I
Amy Bleakley	Private Secretary to DCMO, Jeanelle de Gruchy, OHID
Beth McGeever	Programme Manager at the Adult MH Team at NHSE&I, leading Physical Health and EIP programmes
Caitlin Thomas	National Programme Manager, Physical Activity, Physical Activity Team, OHID
Debbie Stark	South West Regional Director, OHID
Emma Hadley	Healthcare Inequalities Improvement Team Clinical Fellow on behalf of Dr Bola Owolabi, NHSE&I
James Sanderson	Director of Personalised Care, NHSE&I
Jamie Blackshaw	National Lead, Physical Activity and Healthy Weight, OHID
Jeanelle de Gruchy	Deputy Chief Medical Officer, OHID
Jennifer Keane	Director Hospital Discharge & Rehabilitation, NHSE&I
Karen Thirsk	Maternity Transformation Programme, NHSE&I
Kiran Loi	Head of Prevention, leading on the Obesity Programme, NHSE&I
Krystal Hemingway	Programme Lead for Primary Care in Learning Disability and Autism Programme, NHSE&I
Marilena Korkodilos	Deputy Director Health Improvement, OHID London, deputising for Kevin Fenton

Name	Role
Matt Fagg	Director of Prevention, NHSE&I
Merrilyn Williams	Personal Assistant to Yvonne Doyle, NHSE&I
Nick Linker	NHS Clinical Director for Heart Disease, NHSE&I
Rachel Snow-Miller	Head of LeDeR, NHSE&I
Roger Davidson	Director of System Partnerships, NHSE&I
Rosalind Nerio	Head of ICS Development, NHSE&I
Sarah Ruane	Strategic Lead for Health, Sport England
Sasha Karakusevic	Project Director, NHS Horizons, NHSE&I
Shahed Ahmad	National Clinical Director for Cardiovascular Disease Prevention; Medical Director SIPS SE Region NHSE&I
Stephanie Roocroft	Project Manager, National Health and Wellbeing team, NHSE&I
Sue Dewhirst	National Healthcare Public Health team, NHSE&I, chair of the National Falls Prevention Coordination Group (NFPCG)
Tom Newbound	Director for Diabetes, NHSE&I
Tom Underwood	Project Manager, NHS Horizons, NHSE&I
Yvonne Doyle	Medical Director NHS Public Health, NHSE&I
Zoe Lord	Deputy Director, NHS Horizons, NHSE&I

3 |

3

Aims of the roundtable

Our aim for the session is to build connections and an overall understanding of our work and the extent to which increasing physical activity is important to its success. We will do this by:

1. Developing an overall understanding of the current role of physical activity within healthcare and our programmes
2. Building connections between work programmes relating to physical activity
3. Considering our roles in relation to physical activity and the actions we should take to deliver on this
4. Identifying where in the system we can have the greatest impact and how this can be delivered.

4 |

Photo by Niklas Tidbury on Unsplash

4

The opportunity

Summary of opening statements from Yvonne Doyle, Jeanelle de Gruchy & Alison Tedstone

The health benefits of physical activity are so many that it is often called the "miracle" or "wonder" drug - pointing to the wide variety of proven benefits that it provides with relatively few side effects.

Physical activity presents us with a **huge opportunity to leverage greater improvement for populations and health inequalities** in the work that we are already doing.

By aligning across existing programmes where physical activity already plays a role, we can **consolidate the benefits of physical activity for those in society who have most to gain** from it. We can also be strategic about making physical activity recommendations more palatable, more enjoyable and more culturally appropriate for different audiences.

Through sharing our respective, existing approaches to physical activity and taking advantage of the **offers of partnership from Sport England and the Office for Health Improvement and Disparities**, we can coordinate on the **most effective ways to deliver our Long Term Plan priorities**.

The opportunity

COVID-19 has had a huge impact upon the physical activity levels across the population, whilst simultaneously raising its importance. This has been particularly **acute for those groups who can benefit the most** from being physically active, such as the young or the elderly.

COVID-19 has also shown what we can do to shift behaviour and bring improvements to population health by working collaboratively at scale and with urgency. So we need to **recognise this opportunity to do things differently** by building on our existing partnerships with the Office for Health Improvement and Disparities and Sport England.

Reduction in GP visits, better management of waiting lists, better socio-economic outcomes in places and making progress in tackling health disparities across the UK, which will in turn reap later rewards for population health.

We need to work collaboratively across the system to focus on driving an **evidence based approach to physical activity that will have the most impact**. We also need to do this in a way that **makes the best use of the vehicles of ICSs**.

5 Themes identified

There is already lots of physical activity related work going on in NHSE&I, and physical activity levels have implications for the work of all those on the call. We identified **5 themes** from the discussion which help us in our roundtable aim of identifying where in the system we can have the greatest impact and how this can be delivered.

1. Physical activity will be key to the delivery of ICS priorities

The ICS ambition is about joining up services for patients and improving population health, so it is a **direct enabler of increased physical activity and social prescribing**. Physical activity is also a key part of the story for how we take advantage of the ICS opportunity due to it's **impact on population health & health inequalities, and its reliance upon the success of systems leadership, strong data and local decision making**.

As such, it is both an opportunity and a necessity for **developing better local partnerships**. We heard that ¾ of all the referrals to social prescribing activities are not coming through general practice, but they're coming through other parts of the community. If we can get physical activity right at the system level, many things will follow.

Several programme leads also pointed out the **massive opportunity cost for our workforce** if we don't think about how to make better use of the provision available outside of the health system for improving population health.

2. Physical activity interventions must improve health inequalities

Physical activity has an impact on all of the 5 key clinical areas that are part of the Core20PLUS5 framework – NHSE&I's national strategy for reducing health inequalities at a national and ICS level. There are specific parts of the Core20PLUS5 offering which physical activity can contribute to and benefit from:

- **The community connectors programme** which identifies and connects with leaders in local communities, to give them a voice in liaising with organisations and policymakers. This provides us with an excellent opportunity to find out what's limiting people's access to physical activity and give us support in delivering any physical activity interventions.
- **The collaborative programme** which convenes think tanks, academics, improvement and behavioural science experts, patient organisations and systems leadership experts. This network could be a key ally in designing and implement physical activity interventions to deliver on the Core20PLUS5.

The foundational support levers behind the Core20PLUS5 framework including the Health Inequalities Improvement Dashboard, Anchors and Social Value and Education and Training are all important drivers to **ensure that physical activity interventions are targeted at improving health inequalities**.

5 Themes identified

3. Using data and the latest evidence will maximise the impact of physical activity interventions

Population health outcomes need to be the organising principle by which we prioritise how the NHS approaches physical activity. Firstly a clear and coherent understanding of the evidence base must drive the work; whilst we heard about the benefits for a wide range of patient needs, there were **varied understandings of these benefits, for example on obesity.**

Tailoring physical activity services and advice to ensure they are personalised and proportionate to clinical need is crucial. We have to be able to share the physical activity message to a varied audience to enable behaviour change, to help enable people to grow well, work well and age well, and adjusting focus for those who are well, those with LTCs, those who have become de conditioned during the pandemic and those awaiting interventions.

However, this requires more work to allow us to leverage maximum impact for population health.

- Firstly, a clear, coherent and up to date understanding of **the evidence base must drive the work**. A systematic evidence review of physical activity, and how this links to NHS priorities, was something that was of interest to several people on the call.
- Secondly, there are significant **opportunities for a better and new applications of existing data** at the local level to enable flexible decision making around physical activity that is based upon actionable insight about what is working in place. Particularly, these need to be in a way that reduce burden on the service user compared to current methods for evaluating physical activity levels.

By combining the latest evidence around the benefits of physical activity alongside better data and understanding of actual physical activity levels, we can drive better decision making national and locally and devise priorities for action. For example, we heard multiple examples of the benefits for being physically active later in life, such as in falls prevention, yet the prevalence of physical activity in the over 70s is known to be low from existing data. Bringing these together gives direction for priority action.

5 Themes identified

4. Connecting leaders across health and physical activity sectors will create system opportunities

We need to model the partnerships that we want to see at all levels of the system, through engaging with VCSE, Leisure Sector, Local Govt, Govt Departments, Directors of Public Health etc. in order to develop and build support for our approach. A successful physical activity approach will rely on the support of leaders at national, regional and local levels and ensuring there is a shared narrative about the NHS's role in enabling physical activity.

We must also think more widely about **codesigning narratives with those who know the territory**, but who we may not typically work with. This means many more public advocates via influencers, social media and members of the public. We have a long way to go in normalising physical activity as part of everyday life for everyone.

One idea presented in the workshop was to connect leaders in the leisure and physical activity sectors with the NHS leadership offers and networks. The shared benefit would be to give access to world class leadership programmes for the physical activity sector whilst improving their knowledge of health and care priorities as well as better connections with NHS leaders.

Another opportunity is the VCSE Health & Wellbeing alliance, who are currently open to bids for their work in 22/23. Working with this network would aid in meeting the needs of clinicians and service users whilst also **building stronger connections with VCSE leaders** who are pivotal in the delivery of physical activity provision for some of the most underserved communities and groups.

5. NHS staff health and wellbeing is a big opportunity

Importantly, **physical activity needs to represent an opportunity for a healthy and productive workforce** in any industry. There lies significant economic potential for having a more physically active workforce if delivered in a way that appeals to staff.

There are already several initiatives being run by the People Directorate in NHSE&I as well as lots going on in NHS organisations across the country to support staff wellbeing through physical activity provision. NHS staff attitudes towards physical activity are vital in enabling any change in referrals to physical activity and **the NHS workforce represents a huge percentage of the population** with whom we have direct access.

What's next?

Testing our thinking with ICSs and regions to develop what is useful locally

- South East region – Shahed Ahmed
- South West opportunity to explore ICS engagement and Health Inequalities board - Debbie Stark
- West Yorkshire & Harrogate – relationships between the ICS and Yorkshire Sport Foundation
- Birmingham – the commonwealth games and uniting all the work going on there
- London Region

Develop a shared NHSE&I physical activity narrative, in collaboration with OHID and Sport England

Physical activity needs to be framed as a means for tackling both health & socioeconomic problems, particularly for the ICS. We need to build on the ICS & region conversations to:

- Establish a clear and core message about how the NHS/Health sees physical activity. We can then identify a single policy solution to get us started on a united approach around this core message.
- Be clear on the secondary prevention role of physical activity

Revisit the evidence base for physical activity, particularly in relation to NHS priorities

There is already **work underway by OHID and Sport England to update the evidence base on the physical activity benefit** for clinical areas, arranged according to NHS priorities. Comments at the workshop suggest this would be welcome and used by attendees and other stakeholders such as Active Partnerships and ICSs.

As part of any future partnership, we must ensure that the wider physical activity research agenda is ongoing to ensure contemporary evidence is translated quickly into messages and practice.

Continue to make connections across teams and organisations

This work has arisen as a result of conversations across teams, organisations and sectors. This needs to continue if we want to think differently about the relationship between physical activity and healthcare.

Appendix 4

#DesigningAnActiveFuture – Using data to bring physical activity and healthcare together

We know that a more physically active population will improve people's quality of life and reduce demands on the NHS. But how can the NHS and its partners do more to enable people to lead more active lives?

This June, NHS Horizons, ukactive, Sport England and the Office for Health Improvement and Disparities convened a workshop to explore the role that data and partnerships could play in this.

The event attracted leading experts from health and care, the leisure and fitness sector, data sector, third sector, academia and lived experience partners, all excited to think differently about improving the health of the population.

As discussed in our previous blog and report, reaping the many benefits of physical activity is going to take much more than facts and guidance driven from the top of the NHS.

We need to:

- Build shared goals across the healthcare and physical activity sectors
- Identify where better local collaboration is already leading to improved health outcomes
- Foster an environment in which innovation can be deepend locally and scaled nationally in line with the approach of Uniting the Movement

The opportunities are multi-sided – success will mean improved health outcomes, building & supporting communities, reduced demand on NHS & local authority services and increased supply for physical activity providers.

Integrated Care Systems or ICSs are the new partnerships designed to facilitate local cross-sector collaboration in the delivery of health and care. Everyone in attendance recognised the opportunity to help ICSs maximise their impact through being more 'active'. They also recognised the significant role that data has to play in achieving this.

Below we have summarised the content of the discussion around how better use of data in aligning healthcare and physical activity could help to achieve the 4 ICS priorities of:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

A synthesis of the overall discussion can be found in the appendix.

Improve outcomes in population health and healthcare

Much of the conversation in Birmingham focused on the multitude of opportunities to improve outcomes for a range of health conditions.

For example, we heard about *Swim England's Water Wellbeing programme with Good Boost to create personalised, affordable and accessible exercise programmes for muscoskeletal conditions. These are a proven way of improving such conditions, sometimes even leading to a reduction in need for surgery when provided at the right time to those on waiting lists. They can also come at a fraction of the cost of equivalent NHS services.*

An example already utilised by the healthcare profession is the Moving Medicine platform which provides clinicians with tailored advice about physical activity conversations to have with patients tailored to their specific conditions.

The problem is not that there aren't enough physical activity interventions on offer, but that those on offer aren't connecting with the patients and people that can benefit from them the most.

Crucially, physical activity interventions could also be better targeted towards the greatest health needs in local areas. This could be achieved through better sharing of the need through population health data to enable collaboration between physical activity and health professionals to agree and address the most pressing priorities locally. For example, sharing waiting list data to ensure that interventions are targeted around reducing the biggest backlogs of care where physical activity interventions can play a role in reducing demand.

One idea for how data could be used better to align physical activity in healthcare is the creation of a physical activity intervention formulary. Dr Anant Jani spoke about the importance of building robust and systematic coding of physical activity interventions into health data sets to allow healthcare professionals and commissioners to expand their use of such prescriptions. These can also be used to help guide clinicians towards the right interventions for their patients, as well as having the secondary benefit of being able to measure the outcomes of prescriptions for physical activity which in turn can build greater confidence in their efficacy and also allow for a proper costing of the services.

One action that is already being taken forward by the physical activity team at OHID is to produce an up-to-date review of the evidence base for physical activity interventions, mapped against the health priorities identified in the NHS Long Term Plan.

Tackle inequalities in outcomes, experience and access

A big theme within the data workshop was that physical activity as part of health needs to be inclusive and accessible to all. We know that certain groups e.g. people with learning disabilities can be excluded from sport and other forms of physical activity, despite evidence suggesting physical activity would benefit their health. Often those who can benefit the most from physical activity interventions are the least likely to have access to them.

For example, data presented by ukactive showed that the most deprived cohort in our society are accessing public leisure facilities less than the least deprived cohort. We also heard that the older you are, the less likely you are to be using these facilities, despite being more likely to benefit from physical activity interventions. Such data can help us co-design a better way of supporting older people in the community, which may lead to a more efficient use of NHS services.

Core20PLUS5 is NHS England's approach to reducing health inequalities. The NHS Healthcare Inequalities Improvement Dashboard uses the Core20PLUS5 framework to take concerted action to improve health inequalities through key strategic indicators relating to healthcare inequalities all in one place. Is there a role that physical activity could play in these indicators?

Participants also suggested that we can make better use of social listening data to really engage with communities in their experience of accessing and using physical activity services to manage their health conditions.

Enhance productivity and value for money

The health & care workforce..

We know that physical activity is beneficial for all, including our health & care workforce. The wellbeing of staff is a top priority for NHS organisations and ICSs, with physical activity already playing a role in how support is provided. This is not only key for a happier workforce, but for a more productive one with reduced absenteeism. A representative from the Richmond Group of Charities also highlighted the importance of ensuring those who are encouraging physical activity are representative of the population they serve. Staff who are regularly participating in physical activity can also support to model behaviours.

Ideas to improve current offers included utilising data from rota platforms to tailor physical activity offers for NHS staff that fit their shift patterns.

Help the NHS support broader social and economic development.

In 2018, NICE estimated that physical inactivity costs the NHS £1 billion pounds/year; as inactivity is rising so is this cost. Not only does increasing physical activity save the NHS money, it also generates a wider contribution to society through subjective wellbeing, education, crime, social capital and volunteering.

This impact is something that has been made measurable by ground-breaking work of Sheffield Hallam, Sport England, the DCMS and Higher Education Innovation Fund through Social Return on Investment for Sport and Physical Activity. At Birmingham, sports and

activity data company 4Global showed us how they have turned this into a calculator through which specific geographies (including over ICS boundaries) can measure the social and economic value of increased activities in leisure facilities in real time.

Physical activity services themselves can generate both formal and informal employment in local communities. Whilst the demand for these services clearly exists, people need to be able to find them. This can prove challenging as they are often provided by a high number of small-medium organisations in a place. In many instances, this relies upon some form of 'referral' pathway between private, public and voluntary organisations.

Colleagues from the Open Data Institute informed us about a significant amount of work going on already to standardise the data about physical activity services as a part of the OpenActive programme. These standards could be used by healthcare organisations to make it much easier for patients to find the most relevant services for them in their local areas. This could be provided locally via PCNs or ICSs, or at a national level, for example through the NHS app.

What now?

It feels like there is much more work to be done to align physical activity and healthcare, and many opportunities to achieve that. This will require working towards common goals in the short and long term.

We can all start today to move towards a more active future collaboratively by considering the 3 top takeaways from the workshop:

1. Creating a compelling shared narrative around the importance of physical activity across all the sectors and how it can support the NHS

2. Mapping to what and thinking about how your local physical activity services can offer/benefit the 4 priority areas for Integrated care

3. Continue community building with all sectors to look at integration of physical activity within healthcare pathways

All sectors need to connect and collaborate so that the right data and information is on hand to inform thinking and design about how physical activity can link in with current health priorities, care pathways and commissioned services. This workshop felt like a success, and it was fantastic to bring a variety of people from different sectors with diversity of thought to come together and start to develop shared goals.

Key themes from the data workshop 29/06/22

- **Matching the data to the needs of the NHS/OHID**

- Data standards for health – what is it that health want?
- Clinical parameters
- Key indicators
- What data exists already & can this be matched to any priorities e.g. waiting lists/prehab
- Considering different types of data e.g. case studies
- Where is the stopping point for data?
- Personal vs local vs population data
- Accessibility of data

· **Convening power and priorities**

- Connecting with NHS priorities
- Looking at priority areas within the NHS/OHID
- Figuring out who is who – connections
- Shared narrative

· **Building trust & cocreation between the sport, recreation & physical activity sector and the NHS/OHID**

- Bust biases between the sectors to support clinicians increasing referrals
- Improve the referral accessibility
- Non-registered workforce often run pulmonary rehab with unwell patients, but have been skilled to look for clinical measurements e.g. oxygen sats/heart rate

· **Networking further & connecting in appropriate areas which already exist**

- Weight management services
- Desmond

- Considering diversity internally & externally e.g. Care home/ICS/NHS digital/Digital companies & more!

- **Health & care workforce**
  - Workforce fitness, health & wellbeing to reduce the staff absence and shortage
  - Offer links
  - Modelling behaviours

- **Health inequity & a personalised model**
  - Innovation with working with minoritized groups – virtual, F2F, going into communities, liaising with faith leaders
  - Inclusive representation of workforce
  - Personalised approach – different exercise per conditions/needs
  - Considering protected characteristics & who needs the support most (CORE20+5)

3 take homes (collated from all participants) were:

- Increasing awareness -> data standards, open referral, provider and clinical staff referring
- Building evidence and insight -> appropriate activity,
- Monitoring individual activity by tech
- Participants
- Private gyms find providers -> connect to NHS data/NHS digital, CSUs, EMIS
- Schools
- Create compelling narrative re: importance of physical activity in delivering top priorities of the NHS -> immediate & long term

- Continue with right partners to work – OHID and NHS -> develop prototypes & test, models that work -> take time to scale. Aligning with NHS needs (elective care, discharge)

- Immediate offer that's mapped onto the 4 priority areas by Amanda Pritchard

- Adoption and continuous process of data standards and alignment

- Tailoring of offers more focused towards particular needs rather than generic offering

- No of people at risk of missing surgery because of deterioration

- Challenge to physical activity sector is.. what can we do to support these people

Actions the workshop attendees said they would take forward:

- Input into place based work

- Build the amazing contributions in to our plan

- Connect with members in this room from OHID + NHS to convene with Sport and Recreation Providers - shared learning and collaboration is needed to start creating a new narrative and way of working

- Consider the narrative for nhs senior leaders

- Apply insights to work with my local care partnership board at Place level

- Feedback back key points to the SE physical Activity Group. Look at how we can continue the conversation and take action

- Talk to ukactive data colleagues about the consensus statement activation and adverse event data possibilities.

- Share the discussions with members…encourage them to start considering what they can do from either a national or local perspective to understand priorities and think differently about outcomes from being physically active

- Increase the confidence for HCPs to refer into the sports, fitness and leisure sector through The Active Standard data

- Work with the UKActive team and the NHS and care system leaders to tangibly deliver an impactful programme of increasing physical activity for all

- Meet with relevant team to think about how we can influence and incentivise ICS action - what are their planning frameworks, payment systems etc

- Engage in more dialogue and share what we are doing at the Open Data Institute to achieve the outcomes together

- "Begin work on designing a physical activity formulary for use across all sectors.

- Link up with primary and secondary schools via Chartered College of Teaching on kids physical activity"

- Establish with ODI if we are moving in the right direction with some of our systems - e.g. PoolFinder

- Help make the actions happen around supporting NHS priorities

- Share with colleagues to explore how we can integrate into current/future projects + collaborations

- Engage with NHS team to better understand the priorities, KPIs and barriers for ICS at national and local level and identify ways how to support those with data we have in physical activity sector

- Need to find out more about how to engage with most inactive/ in need

- Continue to make connections with other attendees

- Follow up conversations with new contatcs

- Join the WhatsApp community

- Follow up conversations

Appendix 5

HORIZONS

Data, Physical Activity, Healthcare

A collaboration by Sport England, Office for Health Improvement and Disparities, ukactive, NHS Horizons

1

Our agenda for today

Time	What	Detail	Who
09:30 - 10:00	Coffee		
10:00-10:20	Welcome & Scene setting		Tom, Sasha, Jamie, Huw
10:20 - 10:50	Size and scale of the opportunities for us to consider today		Matt, Lizzie, Utku, Anant Menti
10:50-11:50	World Cafe	Six tables to move around	Everyone
11:50-12:00	Break		
12:00-12:30		Each table to produce summary statement	Everyone
12:30-13:00	Shaping the partnership opportunities		Jamie & Huw

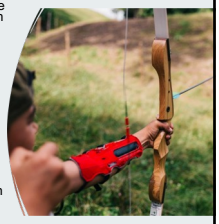
2

Aims

This workshop brings together a broad group of people who are considering how data can be used to improve population health through increasing physical activity.

We will:

- Understand and share the data that is currently available relating to physical activity and health
- Collectively establish what data needs to be in place to enable the NHS to increase physical activity
- Develop an overall understanding of the current role of physical activity data within healthcare:
  - What is already working well
  - What could be improved
- Build connections between those who are already involved in physical activity, health & data and identify those who aren't but should be
- Shape the collective partnership opportunities.



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3

Ground rules for this workshop:

HORIZONS

This is a safe space: what we say in the workshop stays in the workshop

Everyone has a voice (no HIPPOs)

Focus on the future we want to create, rather than today

Focus on strengths and solutions

We collectively take responsibility for achieving the tasks

Everyone helps everyone else

Be kind

4

What is the NHS seeking to do?

- Continued focus on prevention in keeping with long-term direction (Wanless/Marmot/Long Term Plan etc)
- Revised structures come into operation on 1st July when 42 ICSs will be the key body leading local systems and accounting for NHS performance locally AND nationally
- Significant work underway to refresh Long Term Plan, workforce strategy and digital plans in keeping with mergers of NHSX/NHSD/HEE in to NHSE
- A focus on people, place and performance

5

Amanda Pritchard's (CEO of NHS England) priorities for the ICS Executives

1. **Supporting better health outcomes**
1. **Improving access to services (of all types, primary, secondary etc)**
1. **Reducing health inequalities**
1. **Improving the social and economic value of the NHS**

6

Jamie Blackshaw

National lead for physical activity and healthy weight, Office for Health Improvement and Disparities

7

UK active More people More active More often

Size and Scale of the fitness and leisure sector

8

What do we mean by the fitness and leisure sector

9

01

The Size and Scale

10

Size of the sector

Total Gyms

2019: 7,239 → (-2.4%) → 2022: 7,036

Total Members

2019: 10.4m → (-4.7%) → 2022: 9.9m

Penetration Rate

2019: 15.6 % → (-1% point) → 2022: 14.6 %

Market Value

2019: £5.1bn → (-4.3%) → 2022: £4.8bn

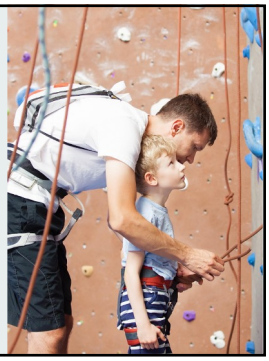
*State of the UK Fitness Industry Report 2019 & 2022

11

Facilities

Public	2,607 (37%)
Private (multi-site)	2,249 (31%)
Independent	2,207 (32%)

State of the UK Fitness Industry Report 2022



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02

Public Sector

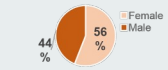
13

What do we know about these users?

3 million members

Who?

Gender



Age

Average - 41 years 2 months

Aged 55+: 23% members vs 37% population

Aged 75+: 3% members vs 10% population

Ethnicity

% white: 74%

% population: 86%

Social Deprivation

IMD 1 (most deprived): 8%

IMD 10 (least deprived): 14%

Public Sector Leisure users: 2019 Moving Communities report

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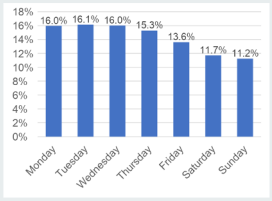
What do we know about these users?

When?

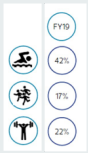


15

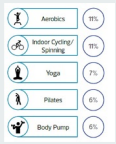
What do we know about these users?

What?

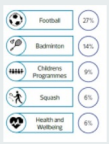
% of total visits



% group workouts



% of sports



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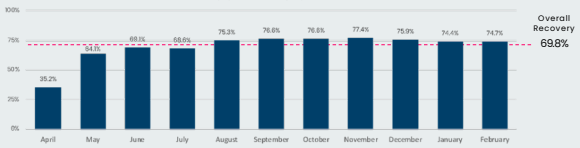
Throughput Recovery

- **Time Period:** Pre-Covid (Apr 19 – Feb 20) vs Post Covid (Apr 21 – Feb 22)
- **Total Sample Size:** 1,030 leisure centres

AVRG. THROGHPUT PER MONTH	
14.0m	20.1m
Post-Covid	Pre-Covid

AVRG. VISITS PER PERSON	
4.01	3.69
Post-Covid	Pre-Covid

Throughput Recovery by Month



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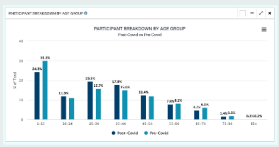
Participant Recovery

- **Time Period:** Pre-Covid (Apr 19 – Feb 20) vs Post Covid (Apr 21 – Feb 22)
- **Total Sample Size:** 790 leisure centres

TOTAL PARTICIPANTS
69.5%

SPORT ENGLAND TARGET SEGMENTS		
66.8%	49.3%	64.1%
FEMALE	65+ YEAR OLDS	LOWSEG



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Financial Recovery

- **Time Period:**
  Pre-Covid (Apr 19 – Feb 20) vs
  Post Covid (Apr 21 – Feb 22)
- **Total Sample Size:**
  570 leisure centres

SUBSIDY PER VISIT	
£0.43	£0.28
Post-Covid	Pre-Covid

% COST RECOVERY	
92.6%	94.0%
Post-Covid	Pre-Covid

SOCIAL VALUE

TOTAL SOCIAL VALUE
£921.3 million

SOCIAL VALUE BREAKDOWN	
8.1m	£113.4
Total Participants	SV Per Person

PHYSICAL AND MENTAL HEALTH	£154.3m
SUBJECTIVE WELLBEING	£529.9m
INDIVIDUAL DEVELOPMENT	£7.9m
COMMUNITY DEVELOPMENT	£242.1m

19

03
Private Sector

20

What do we know about these facilities?

REGION	Total sites	Membership volume	Membership volume vs Q2 2019
England	1,146	3,148,169	-8.1%
Northern Ireland	-	-	-
Scotland	84	269,184	-2.7%
Wales	30	78,725	8.9%
TOTAL	1,260	3,517,079	-7.4%

REGION	Total sites	Membership income	Membership income vs Q2 2019
England	1,146	£271,192,508	-21.2%
Northern Ireland	-	-	-
Scotland	84	£17,549,087	-19.5%
Wales	30	£4,530,008	-15.7%
TOTAL	1,260	£293,271,603	-21.1%

- Historically much harder to collect data from private facilities
- Began data collection in 2021:
  - Site volumes
  - Membership figures
  - Membership revenue

21

04
Independents

22

What do we know about these facilities?

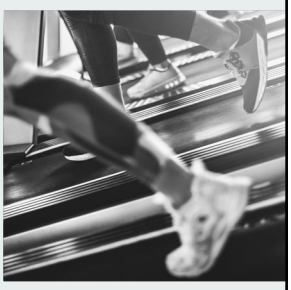
- High volume of sites makes data collection more of challenge than public/ private sites
- Independent benchmarking exercise in 2021 covering:
  - Members
  - Visits
  - Attrition / joiner rate
  - Yield

ATTRITION RATE	-10.9%
JOINER RATE	12.0%
LEADS	28%
AVERAGE YIELD	£22.05

- 627 clubs
- 289,000 members
- 460 members per club
- 3.9 million visits
- 5.6 visits per month (average excluding months closed)
- £31.7m total revenue

23

05
Supporting data



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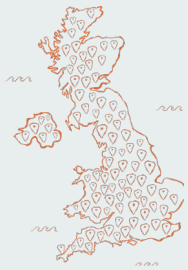

Safe and essential: COVID-19 Tracking

- Need to benchmark and highlight the safety of the sector with accurate and live data.
- ukactive Research Institute began to collect data on customer visits and COVID-19 cases from operators across the fitness and leisure sector in July 2020.
- Between 25th July 2020 and 27th February 2022:
  - **241 million visits**
  - **2,605 user COVID-19 cases**
  - **1.080 user COVID-19 cases per 100,000 visits**
- This data was instrumental in ukactive's lobbying work to support, protect and inform our members and demonstrate the safety of the sector in a way no other sector was able to do.

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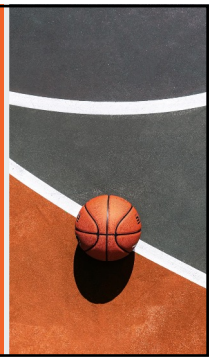
Social Value

- ukactive's 2017 analysis of social value for community (public) leisure in the UK was estimated at £3.3bn
  - **Swimming provided £229 million**
  - **Fitness providing £202 million**
- The Gym Group (private) created £1.8bn in social value between 2016 and 2021
  - **£490 in social value per member per year**
- Social value takes into account improved health, reduced crime, increased educational attainment and improved life satisfaction (subjective wellbeing).

£3.3bn
Community leisure's social value contribution in 2017

£1.8bn
The Gym Group's social value from 8% of the private sector over 5 years



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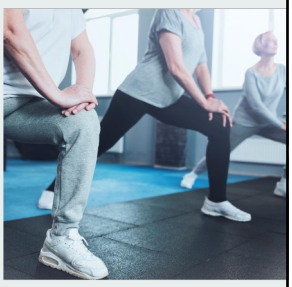
06
Relieving NHS pressures



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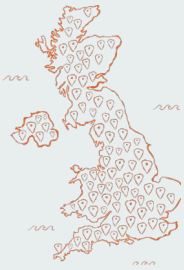
Connecting fitness and leisure with healthcare



- Transforming gyms into community MSK Hubs – utilising facilities to support MSK outpatient services
- Co-location of healthcare and fitness within a single facility – Portway Lifestyle Centre has the GP practice within the Leisure Centre
- National Referral Database – examining exercise referral effectiveness provided with a fitness facility via a GP referral

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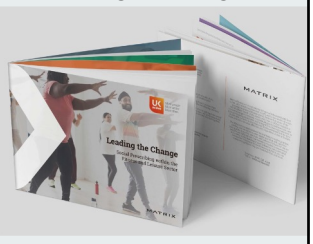
Case studies:

Life in our Years

Leading the Change



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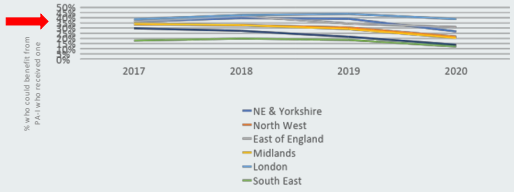
Missed Opportunities: Variation & underuse of physical activity

% of individuals* who could have benefitted from a Physical Activity Intervention (PA-I) that received one



* Those with a diagnosis of a Non-Communicable Disease

Manuscript in prep.

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Missed Opportunities: Underuse of Lifestyle Interventions in England

Analysed GP practice data for over 770,000 patients from 2010-19 with an initial diagnosis of high blood pressure, high lipids/cholesterol or obesity to determine what proportion received lifestyle interventions

	Received lifestyle intervention (2-year time frame)	Received no intervention (including medications)
High blood pressure	55.6%	12.2%
High lipids/cholesterol	45.2%	32.2%
Obesity	52.6%	43.9%

https://journals.sagepub.com/doi/10.1177/0141076822107738 1?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

31

Size and Scale: Key messages

7,036 facilities, 9.9 million members
Huge footprint across the UK and capacity to relieve the pressure on the NHS – but which groups need the most support? (Table 4)

Mon-Weds and 9-10am/6pm most popular
Insights across the sector allows for decisions to be made based on data – but what needs to improve to help connect the sectors? (Table 3)

£3.3bn social value for public leisure
The opportunity to connect the fitness and leisure sector to health could increase this figure - but what outcomes best demonstrate impact? (Table 5)

Leading examples of connections exist
Fitness and leisure and healthcare are connecting – but how can fitness support NHS priorities and utilise existing physical activity insight currently used? (Tables 1 and 2)

32

Case study:
Life in our Years

- Healthy ageing can be achieved through physical activity participation and is essential to supporting older adults to lead independent lives, increasing healthy life expectancy, and reducing pressures on the overstretched NHS and social care system, but activity levels are low.
- The fitness and leisure sector has a unique position to support the activity levels of older adults. This report provided an understanding of what the fitness and leisure sector is currently doing and how this is perceived by older adults.
- Key themes:
  - Accessibility
  - Atmosphere
  - Socialising
  - Instructors
  - Categorisation and promotion
  - Longer term support for physical health following the pandemic
- Report recommendations provided clear and tangible actions for all parts of the fitness and leisure sector as well as any interconnected sectors to continue to develop and evolve their activity offerings, ensuring that older adults are supported to lead a healthy, independent life for as long as possible.
- Full report can be accessed here.

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Case study:
Leading the Change

- 'Leading the Change: social prescribing within the fitness and leisure sector', calls for the Government and its agencies to help unlock the potential of fitness and leisure facilities to serve more people through social prescribing.
- The fitness and leisure sector already plays a major role in community healthcare, such as providing rehabilitation from COVID-19 and cardiac, pulmonary and musculoskeletal conditions, as well 66% of the nation's cancer prehabilitation and rehabilitation services.
- Recommendations include:
  - Raise awareness of the role of gyms, pools and leisure centres in social prescribing
  - Increase the knowledge of social prescribing among the physical activity workforce
  - Connect more gyms, pools and leisure facilities to community networks
  - Align the sector-wide measurement of social prescribing to NHS England's Common Outcomes Framework
- Connecting facility utilisation data with data from the Social Prescribing Observatory could help understand what support could be provided for those most in need.
- Full report can be accessed here.

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World Cafe

Table 1: What do the physical activity & leisure sectors need to do support current NHS priorities?

Table 2: Where is physical activity data already being used well within healthcare?

Table 3: How could the use of physical activity data be improved within healthcare to better meet priorities?

Table 4: Identifying those people/groups who could be more involved in physical activity, health & data.

Table 5: What health or wellbeing outcomes could physical activity, sports, fitness and leisure partners be capturing to demonstrate impact against health priorities?

Table 6: What can the NHS/Office for Health Improvement & Disparities do to support the physical activity sector to achieve our shared objectives?

Further Option: Let's not forget…

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Your insights – 5 emerging themes

Structure and context – how we describe our community
Presenting actionable data – connecting people to activity
Data structures and interoperability
Insights and qualitative data
Impact and telling the story

(and Post-its aren't as sticky as they used to be!)

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Some ideas to get you started…

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Table 1: What do the physical activity & leisure sectors need to do support current NHS priorities?

- Local healthcare connections (ICS, ICP, ICB)?
- Local VCSEF connections
- Workforce
- Report recommendations (i.e. Life in Our Years) - easy and accessible offerings

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Table 2: Where is physical activity data already being used well within healthcare?

- Exercise referral
- 66% cancer prehab
- Cardiac
- Pulmonary
- Don't forget about the millions per week that reach CMO guidelines through the sector!

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Table 3: How could the use of physical activity data be improved within healthcare to better meet their priorities?

- Address the unmet need
- Increase access to facilities
- Links with Leisure Management Systems

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Table 4: Identifying those people/groups who could be more involved in physical activity, health & data.

- Best MSK Programme
- Personalised Care
- IAPT
- Falls Prevention
- Fragility
- First diagnosis of a LTC
- SMEs

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Table 5: What health or wellbeing outcomes could physical activity, sports, fitness and leisure partners be capturing to demonstrate impact against health priorities?

- NHS Framework
- ONS4?
- IPAQ?
- Inequalities

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Table 6: What can the NHS/OHID do to support the physical activity sector to achieve our shared objectives?

- Assist with local healthcare connections (ICS, ICP, ICB)?
- Develop the workforce with the industry
- Health checks
- OHID - Jamie's paper

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Producing summary statements

We would like each table to produce a summary statement to bring together the themes identified.

Think about one question that this raises for you to ask.

45

Shaping partnership opportunities

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Staying connected

#DesigningAnActiveFuture

Designing Active Future
WhatsApp group

Scan this QR code **using the whatsapp camera** to join our whatsapp community for Designing An Active Future.

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Further prompt questions

What health or wellbeing outcomes could/should physical activity, sports, fitness and leisure partners be capturing/measuring to demonstrate impact and give confidence to healthcare professionals and commissioners that they are delivering against health priorities?

Sub questions/probing questions could be:

- Is measuring changes in physical activity enough? If not what else should/could we do?
- What measures/tools are recognised/used most frequently by health partners?
- How important is social value/return on investment in decision making/trust?
- What opportunities are there for combining data systems so that patient data captured in health settings can inform services about their impact?

6. 'what can the NHS/OHID do to support the physical activity sector to achieve our joint objectives'

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Appendix 6

HORIZONS

Activating NHS Systems: Evaluation

22.06.22

1

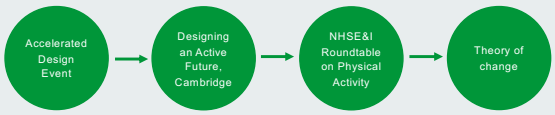
Background

- May /June 2021 – NHS Horizons commissioned to **support large scale change to embed physical activity as a 'norm' for prevention in the NHS.**

- Mapping (July 21– September 21)
- Discovery Phase (October 21 – August 22)
- Development Phase (February 22 – August 22)

2

Major milestones



Craft a process to enable sustainable spread and adoption of physical activity
27th September 2021

Explore possibilities and generate new ways of approaching systems working and enabling the NHS to maximise its impact.
2nd – 3rd December 2021

Aligning senior NHSE&I leaders and programmes in their approach to physical activity. Identify where in the system the NHS can have the most impact.
18th January 2022

Forming the basis of a physical activity narrative that the NHS can use in partnership with OHID and Sport England to bring coordination to the work of systems.
Spring 2022

OHID: Office for Health Improvement & Disparities; **NHSE&I:** NHS England & NHS Improvement

3

Major milestones

Explore how data can be used to improve population health through physical activity. Understand the partnerships needed to enable this.
29th June 2022

4

Key themes & principles emerging

Work to be done	**New methods for systems leadership** • Exploring innovation in whole system approaches to physical activity • Facilitating greater connectivity within healthcare and with system leaders across health and physical activity sectors will create system opportunities • Maximising the impact of the ICS set up; physical activity key to delivery of ICS priorities	**Evidence & maximising impact for population health** • Mapping physical activity evidence against NHS & ICS strategic priorities and planning • Building a physical activity narrative using **health inequalities** as a focus
Enablers	**Data** Using **data in line with the latest evidence** to maximise the impact of PA interventions Identifying the data capability needed at each level of the system to be able to embed physical activity.	**The health and care workforce** **NHS staff and wellbeing** is an important opportunity due to size and influence in the community. The wellbeing and corresponding productivity of staff is also a significant NHS priority.

ICS: Integrated Care System