September 2022

# Activating NHS Systems

## Final Report

National Centre for Sport & Exercise Medicine – East Midlands

## Contents

# 1.0. Executive summary

## 1.1. Background to Activating NHS Systems (ANHSS)

In 2021, Office for Health Improvement and Disparities (OHID) and Sport England commissioned NHS Horizons to raise the visibility and embed the importance of physical activity promotion, as part of a whole system approach, consistently across the National Health Service (NHS), making physical activity for the prevention and management of long-term conditions a part of the norm, rather than the exception. This is being done to accelerate the pace of change (deliver the NHS Long-Term Plan faster), improve population health outcomes, reduce health inequalities, reduce financial expenditure of the NHS, and enhance evidence-based practice. NHS Horizons used three methods to reach this aim: Building Wide Bridges, The NHS Model for Large Scale Change, and Driver Diagrams for Summarising the Theory of Change. Four programme events were held to facilitate this change process and was a core output from the workstream (see 2.2. Significant events).

### 1.1.1. Evaluation Objectives

Taken together, this report seeks to describe:

a. The opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS
b. The perceived value of the programme events undertaken so far by NHS Horizon and the future directions

## 1.2. Methods of Evaluation

Focus groups and interviews were conducted to explore participant opinions and thoughts surrounding opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS, as well as the activities undertaken by NHS Horizons, and future recommendations for promoting physical activity within the NHS. An interview guide was created and used to lead conversations with these objectives in mind. Key stakeholders and representatives were initially contacted via email inviting them to share their opinions in either a 1:1 interview or

focus group. Interviewing ran in July and August 2022. Two focus groups and four in-depth interviews were conducted with representatives from OHID, Sport England and NHS Horizons (n=6) and with external key stakeholders to the programme (n=3). These external stakeholders were made up of two different roles and attended one programme event each out of four (Accelerated Design Event or NHS England & NHS Improvement (NHSE&I) Roundtable).

## 1.3. Key Findings

The findings reflect the opinions and perceptions of the key stakeholders and representatives involved in the ANHSS workstream and were divided into the following categories: a) the challenges and facilitators to a whole systems approach; b) the perceptions of the activities seeking to contribute to a whole systems approach; and c) recommendations for future practice.

## 1.4. Contributions

The evaluation and the report were conducted by NCSEM- East Midlands (EM). NHS Horizons provided the preliminary text for the background to the ANHSS (section 2.0). NCSEM-EM provided typographical and formatting correction on this section. NHS Horizons (NHSH) were able to read an early draft of the report and highlight any inaccuracies, but this input was minimal. Finally, NCSEM-Sheffield and Ipsos also provided some modest input on the final draft of the report.

## 1.5. Conclusions

The findings reflect the opinions and perceptions of the key stakeholders and representatives involved in the ANHSS workstream.

Interviewees commented that good work had been done by NHSH to foster a whole systems approach to promoting physical activity within the NHS (e.g., the value of engaging a wider group of stakeholders and bringing relevant parties together to engage in novel conversations about physical activity). Interview responses highlight that change was on the horizon.

However, alongside the promising work, there were multiple persisting challenges and barriers perceived by stakeholders to a whole systems approach to promoting physical activity within the NHS that needed to be considered. For example, interviewees

shared a perceived **misalignment between local and national parts of the system**. They also observed a lack of consistency in **language and messaging** across health and physical activity sectors which made the work more challenging. Further, the interviewees identified that more funding was needed to have an individual organisation to cut across systems (i.e., to convene).

**To combat these barriers** and create an alignment and connection between the sectors, interviewees suggested **creating shared goals across partners** (e.g., a shared focus on tackling inequalities). It was suggested that **purposeful communication** with Active partnerships was needed. **The importance of certain players**, such as involving stakeholders on boards of Integrated Care Systems (ICSs), to drive change was also stressed.

**Four programme events** were undertaken by NHS Horizons as part of the ANHSS work package, and most interviewees understood these were valuable for broadening the number of stakeholders and partners from different parts of the system to be involved in conversations about the importance of physical activity. For example, the roundtable workshop with NHS England as part of this workstream brought together upwards of 30 senior representatives within the organisation to discuss the physical activity agenda. However, not all individuals agreed about the **usefulness of programme events**. Some commented that activities did not have **clearly communicated outcomes**. Interviewees commented that other 'types' of voices may be relevant to have in attendance at the activities (e.g., patient representatives). Findings highlight that more **collaborative approaches** including patient representatives and community voices may be needed when designing future events for long-term system change for the promotion of physical activity within the NHS.

Recommendations made by interviewees included the importance of working with **other workstreams** within The Moving Healthcare Professionals Programme (MHPP), and **the use of data** to build knowledge about the importance of physical activity. The competing priorities of systems were recognised which meant physical activity promotion was often deprioritised. It was recommended that physical activity needed to be pitched across sectors as a supplement, not as a competitor to other sectors. The importance of **connecting and convening between sectors** and system levels was continuously stressed. Therefore, interviewees recommended that

convening needed to continue to be considered in the future. Finally, the group recommended that Physical Activity Champions (PACCs), managed by ICSs, were needed to advocate for the promotion of physical activity by pushing conversations about physical activity.

# 2.0. Background to ANHSS

NHS Horizons were commissioned in July 2021 to support a whole systems approach to embed physical activity as a 'norm' for prevention in the NHS. The workstream involved four programme events (see Chapter 2.2) and the building of connections and relationships across the system. It has been iterative in design, with activity following momentum rather than prescribed deliverables.

Since its conception, the focus of Activating NHS Systems (ANHSS) has changed considerably. Initially the workstream (then called 'Scalable Approach') had planned to 'shift HCP skill and practice at scale', with a primary focus on two local health systems (one urban, one rural) to systematically integrate the promotion of physical activity in these areas. The change of name reflected a shift of focus to wide scale change, reaching the NHS to influence and persuade using various levers for change. Therefore, the workstream has changed from its original conception in recognition of what would be of greatest value to the system which was driven by requirements from Sport England.

## 2.1. How is change being accelerated?

Activating NHS Systems takes a **systems convening**[1] approach to enabling large scale change to happen. This builds on the innovative work of individuals, groups and organisations working to already reach this aim. ANHSS was built on the premise that a systems convening approach helps to do more, faster. Three of the main methods that NHS Horizons is drawing from to do this are through Building Wide Bridges, The

[1] NHS England » Systems convening

NHS Model for Large Scale Change, and Driver Diagrams for Summarising the Theory of Change, discussed in turn below.

### 2.1.1. Building Wide Bridges

This approach is from the work of sociologist Damon Centola on the science of behaviour change (Centola, 2018). Narrow bridges are tenuous connections between people in diverse social groups. By building "wide bridges", even small groups can build coalitions and coordinated actions to reach a critical mass (see Figure 1).

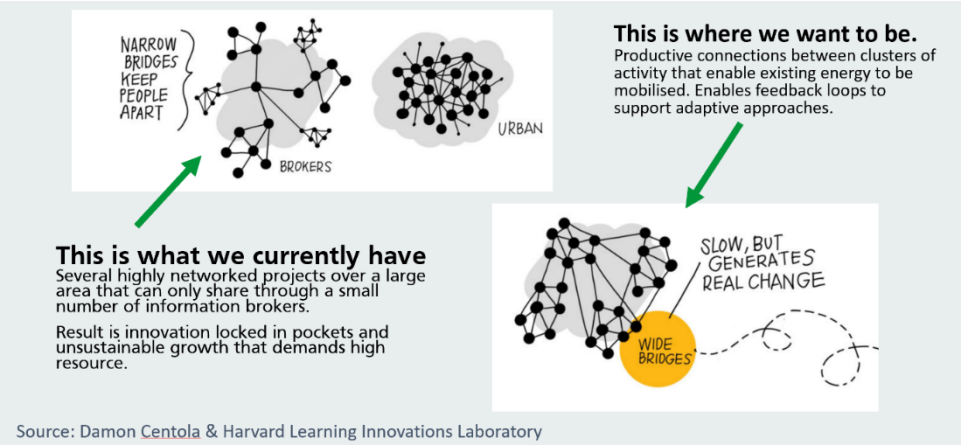


**Figure 1. Building Wide Bridges.**

### 2.1.2. The NHS Model for Large Scale Change

The model for large-scale change (see Figure 2) helps support transformational change across complex environments. The model has emerged from the learning and lived experience of many system leaders who have strived for sustainable transformational change (NHS Sustainable Improvement Team; NHS Horizons Team, 2018).

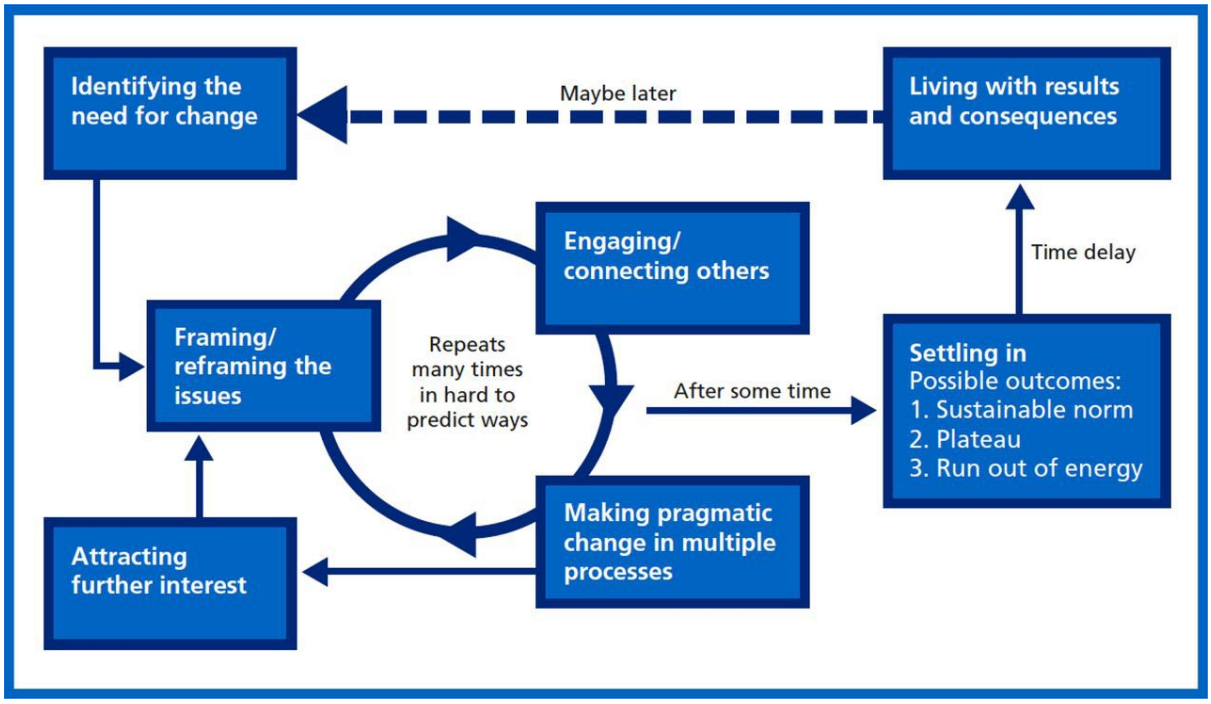


**Figure 2. The NHS model for Large Scale Change.**

### 2.1.3. Driver Diagrams for Summarising the Theory of Change

When dealing with complex change it is often difficult to differentiate between cause and effect and it is rare to be able to attribute a particular outcome to one particular change made. Driver diagrams can be used to show theories of cause and effect in a system – i.e., theories about what changes will likely cause the desired effects and achievement of the aim. Over the course of the work so far, four primary 'drivers' or overarching activities have been developed that are important for bringing the complex work together (see Figure 3).

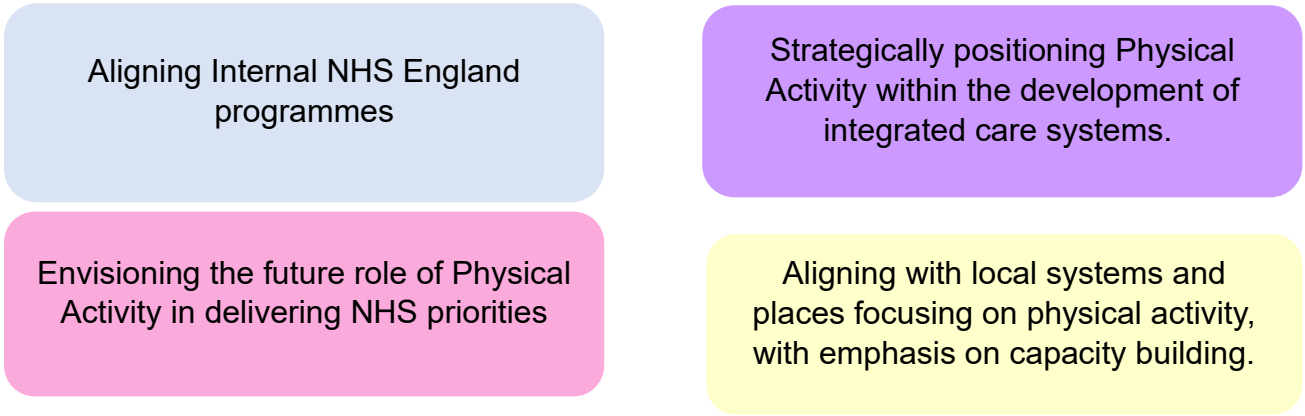


**Figure 3. Primary Drivers.**

## 2.2. Programme Events

In addition to the continuous systems convening activity and the facilitating of conversations between stakeholders, there have been some focused events in the change process. Four events (both in person and online) have taken place since September 2021 to convene stakeholders across the system and discuss new ways to approach systems working, and how to enable the sustainable spread and adoption of physical activity across the NHS. These included an Accelerated Design Event, an event in Cambridge entitled 'Designing an Active Future', and a data workshop. A round table with NHS England was held in January 2022 to align senior leaders and programmes within the organisation in their approach to physical activity. A further roundtable with NHS England is planned for October 2022.

### 2.2.1. Accelerated Design Event – 27th September 2021

**Aim:** To craft a process to enable sustainable spread and adoption of physical activity. This event brought together an existing community of those working in and around the Moving Healthcare Professionals Programme (MHPP) to co-design the approach and priorities for the rest of NHS Horizon's work.

**Attended by:** ~125 participants virtually. Organisations included: Active Partnerships, Academia, NHS Trusts, Leisure Trusts, Third Sector organisations (e.g. Activity Alliance, Richmond Group), Sports Data Businesses, Local Government, OHID, NHS Regions, NHS England, Sport England.

### 2.2.2. Designing an Active Future, Cambridge – 2nd-3rd December 2021

**Aim:** A workshop to explore possibilities and generate new ways of approaching systems working and promoting physical activity within the NHS.

An in-person meeting held in Cambridge was organised by NHS Horizons and gathered together a 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.

From the event discussion, several introductions and insights were drawn:

- Poverty, inequality, and age are more important to people than activity.
- There is too much of a focus on organised activities over simpler non-sedentary behaviour.
- People believe things are done for the benefit of the system, rather than for themselves.
- Cost versus value must consider the duration of the return on investment.
- Too much thought about symptoms rather than the root causes of inactivity.
- There is uncertainty on which attitudes to change and whose.
- Needs vary between individuals based on multiple factors

See Appendix 1 for full report and appendix 2 for blog post about the event.

### 2.2.3. NHSE&I Roundtable on Physical Activity – 18th January 2022

**Aim:** A virtual workshop held with the aim of aligning senior NHS England & NHS Improvement (NHSE&I) leaders and programmes in their approach to physical activity. To identify where in the system the NHS can have the most impact.

The roundtable brought together 30 leaders form NHSE&I, OHID and Sport England. The conversation was chaired by Professor Yvonne Doyle, Medical Director NHS Public Health, NHS England & NHS Improvement.

5 themes were derived from the discussion that identify where in the system the greatest impact with physical activity can be had and how this could be delivered. These include:

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

See appendix 3 for PowerPoint slides used during the event.

### 2.2.4. Data, Physical Activity & Healthcare Workshop – 29th June 2022

**Aim:** To form 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. The focus on data for the event was deemed important as in previous workshops and conversations, data emerged as a key enabler for aligning the delivery of the healthcare and physical activity sectors.

During the workshop held in-person in Birmingham, the content of the discussion focused on how to better use data in aligning healthcare and physical activity in order to help 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.

The three takeaway messages from the workshop were:

- Creating a compelling shared narrative around the importance of physical activity across all the sectors and how it can support the NHS.
- Thinking about how local physical activity services can offer the four priority areas for Integrated care.
- Continue community building with all sectors to look at integration of physical activity within healthcare pathways.

Overall, it was concluded that all sectors needed 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.

See appendix 4 for summary blog, and appendix 5 for PowerPoint slides used for the day.

### 2.3. Focus areas for embedding physical activity as a norm for prevention within the NHS and Integrated Care Systems

Since the start of ANHSS, a large number of conversations and workshops have been continuously synthesised into an overall framework (see Figure 4). The framework attempts to provide a high-level summary of the local and national initiatives and opportunities to embed physical activity as a norm for prevention and management of long-term conditions within the NHS and Integrated Care Systems.

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

**Figure 4. Overall framework synthesised from conversations and workshops.**

# 3.0. Methods of Evaluation

## 3.1. Procedure

In May 2022, individuals identified as thought leaders within the system and involved in the ANHSS workstream were initially contacted via email inviting them to share their

opinions in either a 1:1 interview or a focus group. Of those who were contacted, 9 responded and interviewing ran in July 2022 and August 2022. Two focus groups and four in-depth interviews were then conducted with representatives from OHID, Sport England and NHS Horizons (n=6) and external key stakeholders to the programme (n=3). These external stakeholders were made up of two different roles and attended one programme event each out of four (either the Accelerated Design Event or the NHSE&I Roundtable).

In order to meet evaluation objectives, focus groups and interviews were identified as the most appropriate data collection method to elicit insight. Focus groups have been found to be particularly insightful as they can enable individuals to share opinions on a topic as they capitalise on the interactive and naturalistic nature of a discussion. Focus groups capture the communication and interaction between the individuals taking part in the focus group (e.g., common views, disagreements).

## 3.2. Data Collection

The emphasis of the focus groups and interviews was to explore participants' opinions and thoughts surrounding opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS, as well as the activities undertaken by NHS Horizons, and future recommendations to promoting physical activity within the NHS. Therefore, an interview guide was created and used to lead conversations with these objectives in mind. Interviews were structured into the following sections:

a) Introduction (to explore the role and knowledge of each interviewee)

b) Experiences and impact of ANHS events

c) Barriers and facilitators to a whole systems approach to promoting physical activity with the NHS; and,

d) Reflections (on ANHSS).

A PowerPoint presentation was used as an aid during interviewing to elicit interviewees perceptions on ANHSS activities and synthesised framework (see Appendix 6).

### 3.3. Data Analyses

Interviews and focus groups were conducted online, and audio recorded. These lasted between 42 minutes and 79 minutes. Following the interviewing process, recordings were transcribed verbatim, ready for analysis. Using principles of thematic analysis (Braun & Clarke, 2006), the research team organised data into categories and themes to reflect stakeholders' perceptions and opinions. Given our interest in the challenges and facilitators to a whole systems approach, as well as the ANHSS activities, we organised data during analysis into these distinct categories.

### 3.4. Evaluation Objectives

Taken together, this evaluation seeks to describe:

a. The opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS.
b. The impact of the activities undertaken so far by NHS Horizon and the future directions

## 4.0. Key Findings

The following findings reflect the opinions and perceptions of the key stakeholders and representatives involved in the ANHSS workstream. To address the objectives of the evaluation, the key findings have been divided into the following categories: a) the challenges and facilitators to a whole systems approach; b) the perceptions of the activities seeking to contribute to a whole systems approach; and c) recommendations for future practice (see **Table 2** for summary).

**Table 2.** Key findings divided into categories, with associated themes and a brief description.

| Categories | Themes | Description |
|---|---|---|
| **Challenges** | Misalignment between partners and sectors | There was a perceived misalignment between local and national partners' priorities, as well as sectors which acted as a barrier for change. |
| | Lack of resources (funding) | Funding needed for the purpose of convening between sectors and systems levels. |
| | Inconsistent language and messaging. | Communication and collaboration important across systems to create consistent messaging about the importance of PA. |
| **Facilitators** | Creating shared goals | Creation of shared goals around prevention and inequality could drive change. |
| | The role of key players | Key players (e.g., stakeholders on boards of ICSs and commissioners) are key to addressing barriers and facilitating whole systems approach. |
| | Tackling systemic inequalities | More than just conversations needed – there should be a bigger focus on tackling inequalities. |
| **Perception of ANHSS events** | Connecting stakeholders/partners | Activities were valuable for bringing stakeholders/partners together from different parts of the system. |
| | Facilitating rare PA conversations | Activities allowed for conversations to be had about physical activity between leaders that had not been had before. |
| | Objectives were unclear | The objectives of the activities were unclear/not clearly communicated. There was not enough time to tackle specifically how to overcome certain barriers. |
| | Not wholly inclusive | A need to liaise with patient representatives, which are currently underrepresented at events. This will require more communication with such groups to ensure they attend events. |
| | Critique of large events | Many people in attendance had an array of skill sets all presenting different challenges - created confusion on how change can actually be achieved. |
| **Recommendations** | Different workstreams can complement each other | The Moving Healthcare Professionals programme, as well as others, important to consider. There is value in different workstreams within MHPP working together. |
| | The use of data | Data is a key enabler in – creation of interventions and for integrating physical activity promotion in the NHS. Identification of data capability at each level of the system was needed. |
| | Convening across sectors | Competing priorities of health and physical activity systems means meant PA not seen as priority. Connecting and convening between systems recommended. Further events recommended to do this. |

## 4.1. Challenges and facilitators to a whole systems approach

Interviewees commented that good work was being done to promote a whole systems approach to promoting physical activity within the NHS. Namely, stakeholders stated the value of engaging a wider group of stakeholders and bringing relevant parties together to engage in novel conversations about physical activity. For example, interviewee 2 described: *"the tide is turning. I don't think it's turned yet. [But] I think we're on the cusp of an opportunity here".* This demonstrated that change was on the horizon, however, despite the promising work, there were still challenges perceived by stakeholders to a whole systems approach to promoting physical activity within the NHS that needed to be considered.

### 4.1.1. Challenges

Several challenges to a whole systems approach to promoting physical activity within the NHS were identified by interviewees. Firstly, the majority of interviewees perceived there was a **misalignment between local and national partners' priorities**, as well as within sectors. This meant that the **language and messaging** were not consistent between (and within) sectors, and across systems. For example, interviewee 1 questioned where and how physical activity is a priority within other sectors: *"where does physical activity sit alongside the CVD (cardiovascular disease) programme, the diabetes programme, the obesity programme, the health and well-being programme?".* As such, it was recommended that a consistent approach toward physical activity promotion was needed across partners and sectors as interviewee 2 notes: *"We need that connection across the system partners and that therefore physical activity is seen across clinical care pathways".* It was understood that there continued to be a reluctance to make that connection across system partners:

> *"All of the evidence is out there that shows us that lifestyle intervention you know including physical activity is not the default, it's that immediate response to drugs and medication. There's lots of those messages that could come through from the NHS as a wider body obviously through organisations such as the RCGP. It just needs to be some consistent standardised approach across those key organisations including like national clinical directors, all these people*

> *have got a key role to raise awareness. You know if we're here to support people, to self-care and self-manage, a fundamental part of that is physical activity. So, utilise those people in that world… But let's just make a consistent simplistic approach to embed physical activity across systems." (Interview 2)*

This interviewee perceived that the messaging around the importance of physical activity was not consistent across systems (and sectors), which was problematic. Therefore, in order to create systems change, the language and messaging around physical activity needed to align.

However, the challenging logistics of consistent approaches and messaging were also acknowledged, in that, different parts of the system have different goals and priorities which mean they operate differently with regards to promoting physical activity:

> *"What we found out from talking across NHS England and colleagues was very much: NHS England focuses on calories in and other organisations like councils, etcetera. focus on calories out. Now, if we focused collectively on physical activity, especially across healthcare professionals, but also across communities, there would be some alignment there. It would be so much more powerful." (Focus group 1)*

As such, the perception was held that there was insufficient connection between the physical activity sector and the NHS. This was stressed in focus group 1:

> *"Really kind of aligning at the top level but at the bottom level too and diagonal slices, people sometimes call it, across the system… I wouldn't want to say there was kind of a lack of interest or energy for people to do it but kind of we need to create that direction." (Focus group 1)*

This focus group also identified **a lack of resources**, for example, funding for an appointed individual organisation to cut across systems and coordinate (i.e., to convene). Increased funding would create opportunities for an individual organisation to adopt a convening role to bridge the gaps between the networks at different levels:

> *"There's a very few of us doing that kind of convening level resource. So yes, it's resource, but it's not kind of more funding in the way that people are demanding for, for more money to pay for the interventions. But just that kind of level of convening resource." (Focus group 1)*

These findings highlight the importance of a shared vision toward a whole systems approach to promoting physical activity given that different organisations and sectors have different perspectives, approaches and expectations. Although it was understood by some that there is still a lack of shared vision, many stakeholders were optimistic that it was closer to being achieved than ever before.

### 4.1.2. Facilitators

To combat these barriers and create an alignment and connection between the sectors, interviewees suggested **creating shared goals across partners** would ultimately help facilitate change. These goals included a shared focus on tackling inequalities which can "*bring these people together, you know who have a serious stake in physical activity and health who haven't talked together before"* (Focus group 1). An interviewee in focus group 1 went onto add:

> *"I don't think the NHS will come up with a solution and manage to do this in itself. I think it really is that connection with wider partners to help the NHS realise what it can do more of... you know building those shared goals around, you know improving population health essentially. But doing those actually across sectors." (Focus group 1)*

Interviewees also suggested that **purposeful communication** with Active Partnerships was needed and worked to facilitate change. Interviewee 3 acknowledged the current work that was being done in order to forge these connections was important:

> "The design group… what I think has been really interesting is the way that they've been working to try to connect in with what's happening locally in different places and to sort of to kind of promote some of the innovations that's happening as well as to try to sort of facilitate and enable that"

Although system change was hard to measure and quantify, signs that progress toward long-term system change was being made included: building relationships, communicating with meaningful partners and collaborating across different systems and levels (local and national):

> *"We're all responsible for this and there's a lot of experience and expertise within our area. So let's utilise that and consolidate that and work collectively with the national leads to be able to truly embrace this collectively" (Interview 2).*

However, interviewee 3 also suggested that change needed to go beyond just being "*connected with partners".* This interviewee perceived that a focus on communication solely may limit a focus on the wider systemic barriers to a whole systems approach to promoting physical activity within the NHS:

> *"There is no opportunity to think about actually some of these fundamental disparities in society. There's an opportunity there to sort of think, how do you work with an institution in a way which actually distributes some of that resource and tackles some of those fundamental inequalities that will have a line of sight to physical activity inactivity." (Interview 3)*

Although interviewees acknowledged that disparities in societies were nearly impossible to solve, they stressed **the importance of including certain players**, such as stakeholders on boards of ICSs, to be involved in work to solving such disparities.

> *"We kind of uniformly don't engage with people like commissioners or administrative functions or information specialists or something like that. The people that you know kind of sit behind the system, as it were." (Interview 3)*

## 4.2. Perceptions of ANHSS activities

As described within the background section (Chapter 2.2) of this report, multiple activities were undertaken by NHS Horizons as part of the ANHSS work package. Most of the interviewees understood that these activities in general were valuable for the purpose of bringing different stakeholders and partners together from different parts of the system:

> *"I think that's a really good idea … I think it's important to get a range of views from the different parts of the system, so it's very important to get the national and the regional and local." (Interview 4)*

Bringing different stakeholders together was described as *"difficult"*; but as mentioned above, most interviewees suggested engaging key stakeholders in conversations around the importance of physical activity was a facilitator to promoting physical activity within the NHS. Feedback from these events reflected this, as NHS Horizons described the benefits of bringing these stakeholder views together and having conversations about physical activity that had not been had before:

> *"Feedback post-event… You know people saying how grateful they are to be part of a conversation that they haven't been part of before. The Cambridge event… that evolved and that was a whole brand-new set of people that were brought together. The roundtable was the first time that many people, everybody knew each other generally, but they've never had a conversation about physical activity. So that was completely new." (Focus group 1)*

However, while participants agreed that the events held to date were important interviewees hinted that simply more action was needed:

> *"There's a wealth of evidence out there and I struggled to find sometimes the reasons why we're not just getting on with this and making things come to action in relation to being physically active" (Interview 2).*

Further, although the aim of events was to bring people together who were not yet connected, interviewees noted that some activities did not have the objective clearly communicated. It was suggested that more time was needed to tackle and talk through specifically about how to overcome certain barriers and challenges. For example, in reference to the Accelerated Design Event:

> *"What I felt like it did was it got a lot of the issues and challenges out, but there wasn't really time to really kind of dig into them and understand why and then think, well, what do we do about that." (Interview 3)*

Interview 2 shared these understandings in their reference to Accelerated Design Event as a *"bit of a non-event… a lot of us didn't really think that we got anything out of it".* Focus group 2 echoed these thoughts suggesting the purpose and objectives of

the Accelerated Design Event and 'Designing an Active Future, Cambridge' were unclear: "*I'm not sure what the outputs are, particularly from those first 2 events".* These findings highlight that perhaps more clearly communicated objectives were needed when designing future events for long-term system change for the promotion of physical activity within the NHS. Despite these not necessarily being clear initially, there were many unintended outcomes including several initiatives and actions that were created as a direct result of events.

Some events were held with the intention that there needed to be a large attendance in order to bring many people together. Through this, it would be possible to identify the multiple needs of different stakeholders in an attempt to create alignment between these stakeholders' needs and understanding the complexities in doing so. However, interviewee 3 went onto question the value of large events, perceiving that these may lead to confusion on how long-term system change can happen given the amount of people in attendance with an array of skill sets who all present many challenges to consider:

> *"I'm not sure of the value of big events like that where there's lots of people with different kind of skill sets because all it kind of tends to do is make you think about how difficult it is to do everything and it doesn't really lead you into a kind of change." (Interview 3)*

Interviewees commented that perhaps some voices also relevant to have in attendance within activities, such as community voices, were underrepresented. For example, in reference to the Designing an Active Future, interviewee 3 states "*Great to have people talking about these things… but there was no representation of communities as far as I could tell"* (Interview 3). These findings highlight the need for additional focus within events on tangible action and outputs in order to feel constructive.

## 4.3. Suggested recommendations for the future of a systems approach to integrating physical activity promotion in the NHS

Interviewees suggested a range of recommendations for the future of a whole systems approach to integrating physical activity promotion in the NHS. As an interviewee reiterated, these were proposed with the aim of: *"making physical activity kind of part of the norm within systems rather than an exception".*

Several **other workstreams** within the Moving Healthcare Professionals Programme were mentioned including Moving Medicine, Physical Activity Clinical Champions (PACCs) and Active Hospitals. These were recognised within interviews as key for the future, for example: *"I think the other thing is Moving Healthcare Professionals is an important part of that jigsaw"* (Focus group 2). However, how ANHSS could complement or enhance these and other workstreams (and vice versa) were, on the whole, not considered as part of the ANHSS workstream.

**The use of data** was also recommended by all interviewees as a key enabler for facilitating change. Not only did they mention the important role of data in enabling the design of interventions, but it was also described as an enabler for integrating physical activity promotion in the NHS. For example, interviewee 3 suggested data was a useful tool to stress the importance of physical activity for local levels:

> *"It is very clear that in the vast majority of cases, people being more physically active is better for their health, it means they're better prepared for operations, it means they recover better, it stops them using GP surgeries. So how do you get that data to be just easily available for everybody who wants to write and make that case for other people?" (Interview 3)*

Again, interviewees recognised that although physical activity is important to many programmes and organisations, the competing priorities of systems meant physical activity, at times, could seem like a lower priority. This stresses the importance of relying on whole system approaches as prioritising physical activity rests on the coordination of many groups and organisations to create action. Interviewee 1 recommended that physical activity needed to be pitched across sectors as a supplement, not as a competitor to other sectors:

> *"Our job to be done is physical activity, that's not the job most systems are trying to do… but it's about recognising that it has to be an 'and' not an 'or'… physical activity it's not necessarily in competition to, you know, blood pressure management or, you know, sugar control or whatever. It's an additive so we've got*

*to make sure that it's developed in a non-competitive way in terms of the overall public health infrastructure." (Interview 1)*

The importance of **connecting and convening between sectors** and levels was continuously stressed throughout interviews, as discussed earlier. Therefore, many interviewees recommended that this needed to be carefully considered further in the future:

*"Who is going to in the future be that national driving force, knowing that in the NHS it's only a small part of a lot of people's programmes?... We need resources and the people with the knowledge and the right place at the right time. So, having someone at a national level who is pushing this forward, having the conversations and then somebody at ICS level who is the font of all knowledge with the data, the knowledge, the experience and the networks and the connections to push this out through local organisations both in and out of the NHS." (Focus group 1)*

For example, focus group 1 recommended that physical activity champions (PACCs), managed by ICSs, were needed to champion the promotion of physical activity by pushing conversations about physical activity.

*"It's really hard to get a conversation in the NHS if we don't know who to speak to. And actually, it's really hard for the NHS to get a conversation with somebody outside the NHS if you don't know who to speak to about physical activity. So we've got integrated care systems, we've got these ICBs and the boards there already. I would suggest that we've got physical activity champions whether they sit in the NHS or not on the NHS, but they're part of that integrated care system, there's a champion there, there's a network there, there's communication there, so that people at local level know there is a point person." (Focus group 1)*

Further activities and events were recommended with the focus on forging these necessary connections and conversations. Echoing recommendations proposed within Focus group 1 above, a convenor role is needed to cut across systems to forge such connections and should therefore be heavily considered in the future.

However, there were some tensions across interviews with some perceiving that conversations about physical activity across sectors and pathways was simply not

enough. Other interviewees found it difficult to make recommendations, due to the *"scale of the challenge"* (Interview 3) to promoting physical activity within the NHS. Interviewee 3 went onto add:

> *"The root cause of physical inactivity is structural inequalities, full stop. So if I'm really honest. I think the idea of just introducing physical activity directly into more pathways for say, you know, physios or cancer or what have you, it's great and it will have an impact, but that impact will still be limited because you're not tackling the underlying cause." (Interview 3)*

Again, interviewee 3 challenged others to think about the role of the NHS in reducing structural inequalities to make *"meaningful change":*

> *"What I think is important here is thinking about the role of the NHS per se in a place that tackles that taps into things like an inclusive economy and their role as an employer, their role as a contributor or what might be seen as an asset in a community and how that can be maximised to actually really sort of fundamentally tackle some of these inequalities." (Interview 3)*

## 5.0. Limitations

Although findings present insight into the opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS, as well as the perceived value of ANHSS events, it is important to consider these findings in light of the study's limitations. Firstly, we were unable to give further information regarding the composition of the groups due to confidentiality purposes. To protect interviewees identities, we were unable to provide information regarding their job titles and who attended which activities.

Only three stakeholders external to the programme contributed their views and not all were present at all events. For this reason, views surrounding the events were not representative of all activities given their attendance was limited to the Accelerated Design Event and NHSE&I Roundtable.

## 6.0. Conclusions

This report sought to describe:

a. The opportunities, barriers and facilitators to a whole systems approach to promoting physical activity within the NHS.
b. The value of the activities undertaken so far by NHS Horizon and the future directions.

The findings reflect the opinions and perceptions of the key stakeholders and representatives involved in the ANHSS workstream which are outlined below.

Interviewees shared their perceptions on the challenges to a whole systems approach to promoting physical activity within the NHS which included a **misalignment between local and national partners'** (and sectors') priorities. **Language and messaging** were not consistent between the sectors which reinforced this misalignment. The group also identified that there was **a lack of resources** to fund positions with the aim to specifically cut across systems (i.e., to convene). These findings highlight the difficulties in having a shared vision toward a whole systems approach to promoting physical activity given that different organisations and sectors have different perspectives, approaches and expectations.

**To combat these barriers** and create an alignment and connection between the sectors, interviewees suggest that **creating shared goals across partners** would ultimately help facilitate change. These goals included a shared focus on **tackling inequalities**. Interviewees also suggest that **purposeful and meaningful communication** with Active Partnerships were needed. **The importance of certain players**, such as stakeholders on boards of ICSs, to drive change was also stressed.

**Multiple programme activities** were undertaken by NHS Horizons as part of the ANHSS work package, and most interviewees understood these were valuable for the purpose of bringing different stakeholders and partners together from different parts of the system. However, not all individuals were in alignment about the extent of **the value of the activities**. Some individuals commented that activities and the conversations within certain events did not have clearly communicated objectives. Interviewees commented that perhaps other types of voices may be relevant to have

in attendance within activities, such as community voices. Findings highlight that perhaps more clearly communicated objectives may be needed when designing future events for long-term system change for the promotion of physical activity within the NHS.

Recommendations were made by interviewees. Several **other workstreams** within the Moving Healthcare Professionals Programme were mentioned within interviews. However, how ANHSS could complement other workstreams (and vice versa) was not considered. **The use of data** to increase knowledge of the importance of physical activity was also recommended by all interviewees for the future. The competing priorities of systems were recognised which meant physical activity at times was perceived to be of lower priority. It was recommended that physical activity needed to be pitched across sectors as a supplement, not as a competitor to other sectors. Further, the importance of **connecting and convening between sectors** and levels was continuously stressed. Therefore, it was recommended that these connections needed to be heavily considered further in the future. PACCs were recommended to push conversations about physical activity further. However, there were some tensions across interviews with others perceiving that conversations about physical activity across sectors and pathways was simply not enough due to the scale of the challenge.

## References

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