

HORIZONS



DESIGNING AN ACTIVE FUTURE

MAY 2022





//

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.

//

Jane Caldwell
CEO of Age UK East
London

//

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

//



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 budget¹.

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. ”

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 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

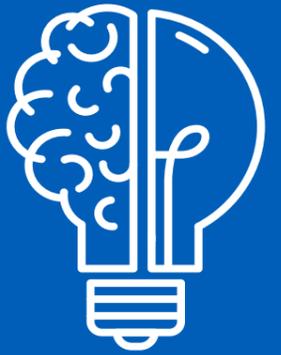
This traditional representation of systems thinking comprises variables and connections, and shows the relationships between variables through their connections. Every aspect of the map can be examined, including:

- 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 themselves 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.



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



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



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.



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



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



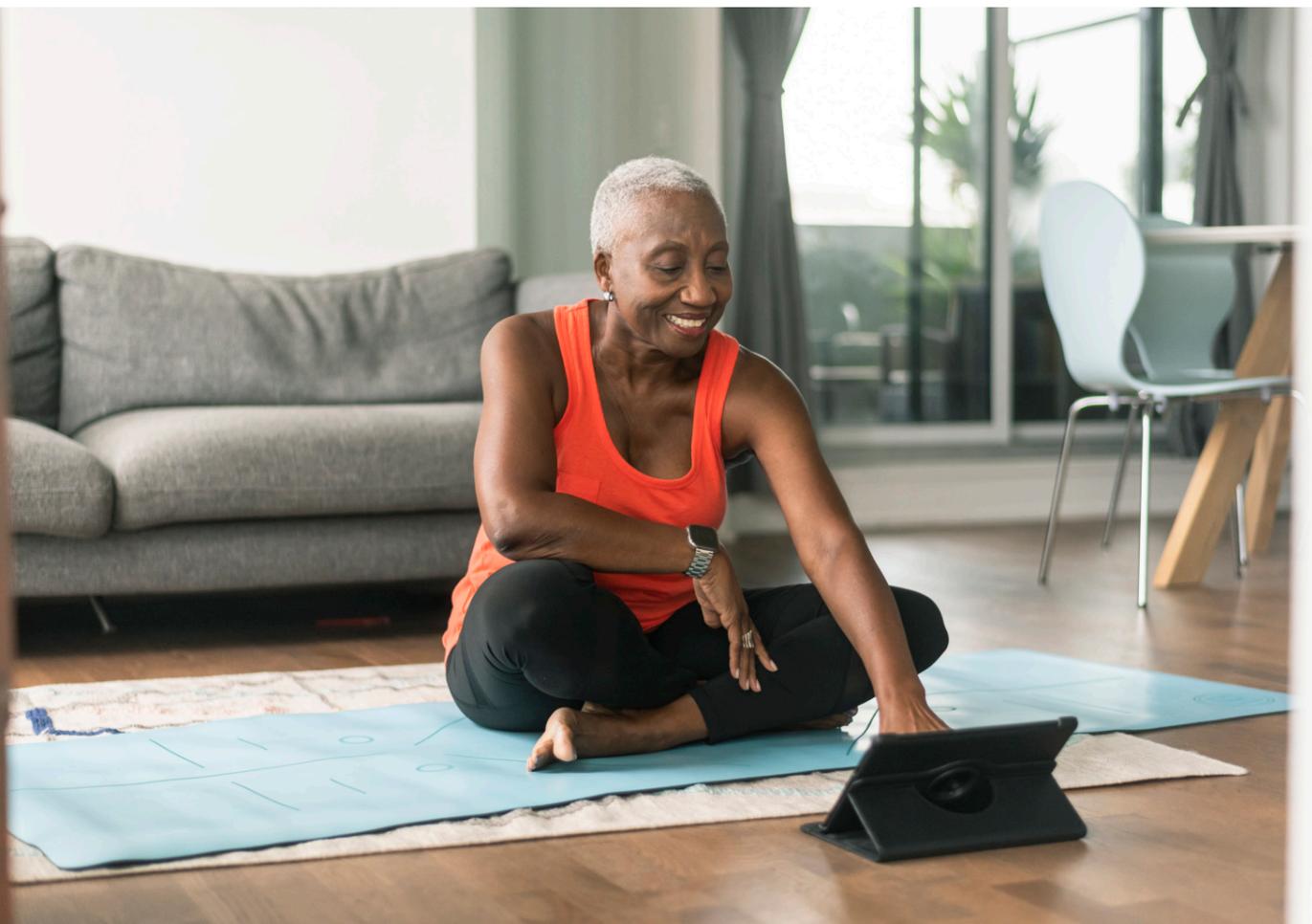
City planners. They include green space in urban plans, but not with a view to physical activity, which should be considered from the outset.



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*



FOR FURTHER INFORMATION CONTACT:

Sasha Karakusevic, NHS Horizons: england.si-horizons@nhs.net

Eloy Mazon, 4GLOBAL: movingcommunities@4global.com



HORIZONS

