SUPPORTING PEOPLE TO MOVE

BUILDING A CASE FOR DEVELOPING A FRAMEWORK FOR PHYSICAL ACTIVITY FOR HEALTH PATHWAYS.

SUMMARY REPORT

CONTENTS

What's in this report

ABOUT MOVE CONSULTING

Who we are

Move Consulting are a learning and development organisation with a specialist interest in physical activity related behaviour change. We help our clients to understand the application of behaviour change theory and support them to develop cost effective service solutions and practice that can engage and support the least active people in society.

We believe 'how' physical activity interventions are designed is as essential as 'what' is delivered. Tapping into our insights of physical activity commissioning, development, and delivery, we can help you to understand what works when designing physical activity strategies and programmes, as well as giving your workforce the confidence to deliver great experiences that keep people coming back for more.

You can learn more about Move Consulting, our services, and products via our website **www.moveconsulting.co.uk**

Thankyou,

Craig & Elaine

MOVE consulting

PHYSICAL ACTIVITY FOR HEALTH PATHWAYS

Summary

Physical activity is a strongly evidenced solution to supporting people to improve and sustain their health and wellbeing. The past three years have seen significant increases to the strain placed on core health services within the NHS and the need to reduce the financial burden has never been greater.

Varying models have been developed to integrate physical activity into health services, previously these have focused on exercise referral schemes, facilitated through systems which may limit the range of opportunities for people to engage with activities and have been predominantly commissioned and governed by policies influenced by medical risk factors.

New models and ways of working have emerged in recent years, with the likes of social prescribing and campaigns to promote the benefits and reduced risk factors for engaging in activity for key audiences. However, there are several challenges faced by physical activity stakeholders in how to make stronger connections with health services to create pathways to support people to benefit their health through movement.

Moving beyond the more 'traditional views' and models of exercise referral, the physical activity system is calling for the need to unlock the potential in connecting people with local community provision.

Enhancing the connectivity between health and physical activity systems and creating a supporting framework to deliver a more consistent approach to enable people to develop and sustain their health through an active lifestyle is needed.

A Physical Activity for Health Pathway is a broad encompassing term to describe the processes that help people who have been identified to benefit their health from being more active to receive behaviour change support and access to a range of structured opportunities to be more active.

This concept is inclusive of traditional exercise referral models and aims to reflect the changing landscape and wider ambition expressed by physical activity and health stakeholders to bring physical activity and health closer together, merging specialist support provision with community-based activity into one connected offer for people.

Examples of pathways like these do exist, however models are inconsistent and greater coordination is required to develop a stronger network of stakeholders who can share and learn together, creating greater synergy, a core practice and supporting framework for delivery.

MOVE consulting

THE COMMISSION

What we were asked to do

In January 2023, Move Consulting were commissioned through a joint strategic investment from the Active Partnership for the Oxfordshire region, Active Oxfordshire and the Active Partnerships national team to explore the challenges being experienced by stakeholders in delivering physical activity pathways.

Our Aim

To create an operational framework and resource to support providers to consistently deliver quality assured physical activity for health pathways. The focus of which is to reach people in their community, making it easier for them to access the right type and level of individualised support they need to remain active, independent and healthier for longer.

Our Objectives

The project objectives are to;

- explore existing practice in the delivery of various existing pathways.
- identify key delivery challenges from physical activity and health partners.
- collate tools and resources being used in the delivery of pathways.
- explore examples of common practice in the delivery of pathways.
- develop a draft Framework for Physical Activity for Health Pathways.
- identify future development needs for the Framework, tools and resources.

OUR APPROACH

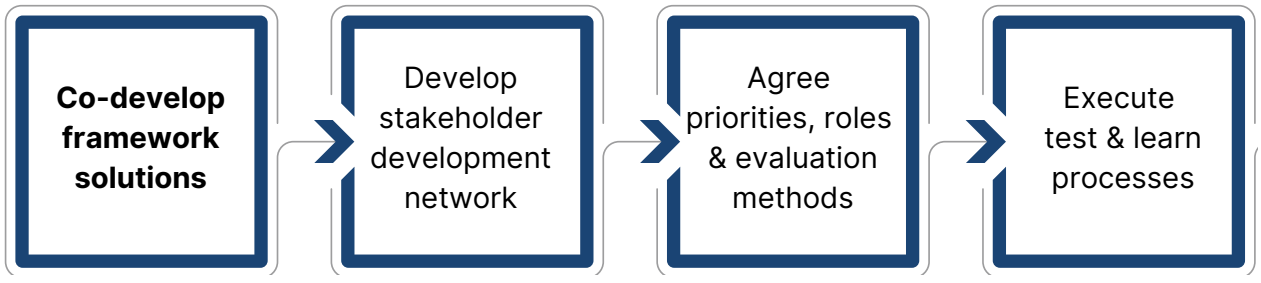
What we did

Approach Overview

The approach taken for this project was split into two stages of work which made up the Primary Development phase.

Primary Development Phase

Proposed Secondary Development Phase



Primary Development Phase

The primary development phase of this project outlines work to consult with key physical activity pathway stakeholders to understand the existing working practices, challenges and areas for success in realising physical activity pathways for health. Using the insights generated, the outcome of this phase is to define an initial framework for physical activity pathways, cataloguing examples of existing practices, information and resources within the framework, and to identify opportunities for its continued development.

A summary timeline for the project delivery can be seen to the right (Fig.1), with further detail available overleaf.

Note: For the initial investment into the project, and the focus detail of this report, we are looking at the primary phase only.

Proposed Secondary Development Phase

The secondary development phase proposed a continued collaboration with relevant and interested stakeholders to refine the identified framework, develop required practice examples, guidance or tools and develop and deliver on a programme of test and learn innovations for new solutions to support in the delivery of physical activity pathways. this would lead to the creation of a toolkit to support the delivery of a consistent model for Physical Activity for Health Pathways.

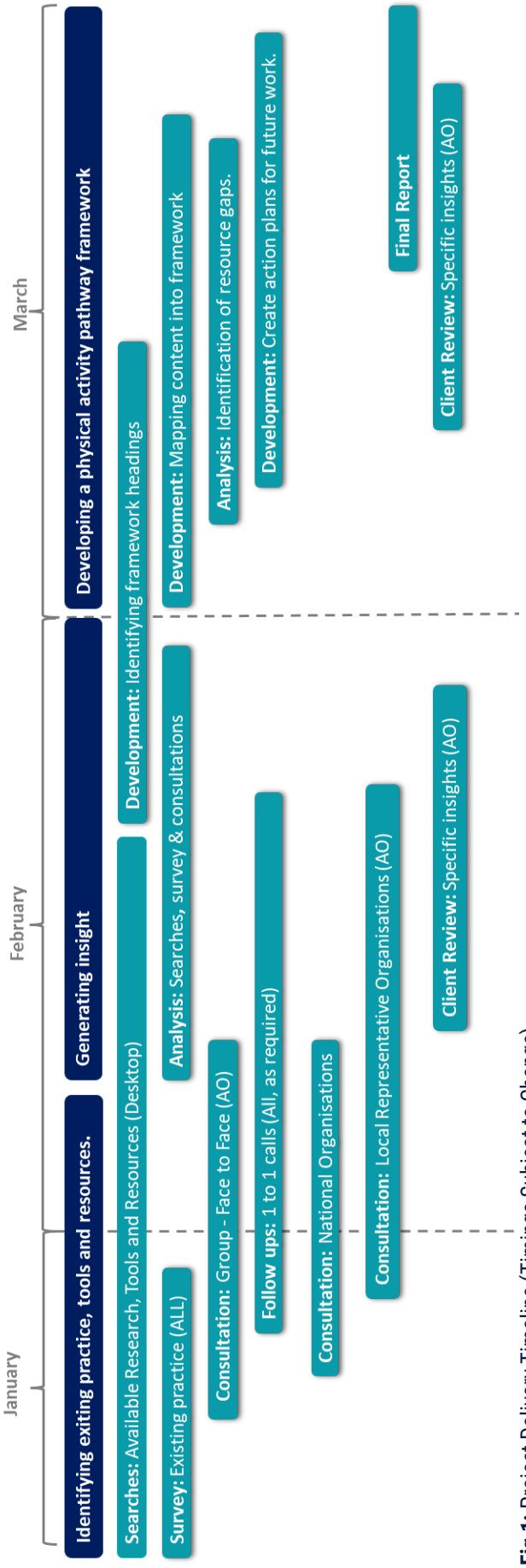


Fig 1: Project Delivery Timeline (Timings Subject to Change)

A summary of learnings

1 - Pathway Design Characteristics

The ideal physical activity for health pathway should include a uniform, clear and simple engagement process with multiple entry and exit points.

It should include an equitable, local offer, providing a menu of activities delivered by a workforce with experience and a level of confidence in working with people with health conditions and a strong understanding and application of behaviour change processes.

The service offer should be clearly communicated with referrers and participants, targeting both those engaged in a health pathway, or at risk of developing a long-term condition to both highlight the benefits of physical activity and the service itself.

For more see **Page 49** of full report

2 - Operating models (Local Stakeholder Consultations)

There are a range of different types of pathways operating across England. In most cases areas have more than one pathway active at any one time. The majority of examples are multiple condition specific pathways. However, these were not designed primarily in mind of working in synergy, some are in fact perceived to compete for the same potential audiences.

As well as a range of pathways operating in an area, operating models also vary in terms of number of weeks of support provided and level of supervision and these can use various charging models – even within one pathway or area, depending on who delivers the activity and concessionary rates.

Integrated pathways are a common aspiration for many of the stakeholders consulted as part of this project, but there is a lack of understanding in how to achieve this in a complex system with several competing priorities amongst commissioning partners and pathway owners.

The pathways reviewed as part of this project are most commonly coordinated by multiple organisations though partnerships, with different organisations managing different elements of a pathway, or independent pathways as part of a multi-pathway offer locally. Great efficiency can be found through co-designing and working on a cohesive joint pathway, as well as simplifying processes and reducing administrative barriers where possible.

The varying roles fulfilled by system level coordination partnerships seen across pathways fall into two categories;

roles include:

- Research and insight
- Stakeholder management
- Pathway design and development
- Pathway commissioning
- General Advocacy

roles include:

- Promotion / Recruitment
- Referring / Signposting
- Pathway coordination or management
- Direct delivery
- Evaluation

Many of the pathways are operating with short term funding arrangements and need more sustainable models of delivery and well as greater financial security – longer term funding – to support this evolution.

Effective pathways must provide the opportunity to join up pathways across systems and make best use of existing community assets.

Work is needed to simplify processes and remove confusion as to appropriate opportunities to include for both participants and referrers.

3 - Recruitment

Recruitment processes vary across different pathways with scope often being determined by local need, commissioning arrangements and the professional remit and capacity of delivery staff.

Pathways are receiving referrals from broader health and social care roles including social prescribers, social care workers, but also voluntary organisations, employment services and housing associations, however the most common referring routes are from Primary and Secondary Care.

Self-referral is being provided in some places and anecdotally this is believed to help address capacity challenges for health and care professionals. Self-referral is also perceived by coordinators to improve adherence due to the higher motivating factors, or readiness to change, seen in the service users. Further research into this insight is advised.

3.1 - Data collection processes

While several methods are evident in signposting people to a pathway, there are characteristically similar challenges presenting around sharing data across varying pathway partners.

Most areas have a 'somewhat integrated' referral/application systems, but challenges are present for both participants and referrer where more than one system or form is in place. This is often resulting in duplication in processing of data, which is reducing efficiency and impacting on service user experiences.

The core information collected includes personal, demographic and medical information. The use of a Physical Activity Readiness Questionnaire (PARQ) was the most commonly used screening tool, but few examples looking at broader motivation or mood data were being collected. What was not clear from the responses, was the pace and timing of data collection, most responses suggested all data was capture at the entry point to a pathway.

3.2 - Awareness of referrers

General awareness and understanding of a pathways processes is a fundamental for all people connected to a pathway. The main approach used by Coordinators is awareness raising and education for referrers, general marketing and sharing examples of practice with referrers on how to engage with a pathway. However, the greatest challenge presented is around a lack of confidence in the quality of pathways, often driven by lack of clarity and/or the presenting complexity of multiple pathways.

3.4 - Awareness of public

Participants' knowledge and understanding of the provision of a physical activity pathway is noted as an area of challenge in most cases. Generally, this is inclusive or broader awareness of the benefits of physical activity and core principle of supporting behavioural change. For example, people who may benefit from the support from a physical activity pathway not perceiving the service to be right for them or not having the confidence to engage.

3.5 - Workforce & provision

Challenges with staffing, including turnover, have been resulting in skills gaps which have hampered some referral pathways with waiting lists, impacting on equality due to imbalances in availability and provision across geographical areas.

General partnership working and communication have formed part of a solution in this area – and others – helping to ensure solutions are co-created and skills and workforce blockages have the potential to be solved through local collaborations, this has also seen positive impacts in developing co-ordination/triage roles and streamlining systems.

3.6 - Screening

Challenges remain on the topic of risk screening and wider policies – this includes knowing the minimum information required, and advice on how national policy translate to implementation e.g. NICE guidance.

Areas of concern centre around the potential operational implications raised by the Consensus Statement on risk and the effective application of policies in light of this new evidence. The main impacts relate to understanding deployment requirements when working with people with health conditions and helping the system to develop effective needs assessment processes, rather than prioritising risk.

4 - Triage

The triage process can vary according to the design of the pathway and who is responsible for this stage. From those surveyed, triage processes are most typically used to check eligibility and consent, and to gather background and lifestyle information, including preferences, needs and goals.

Triage is most commonly led by health and fitness professionals with a varied range of knowledge, understanding and skills. Although no specific criteria or processes were highlighted for those fulfilling these types of roles. I.e. standardised questioning framework, orientation training or qualifications for completing a triage with a service user.

Poor quality and inappropriate referrals were commonly mentioned as an area of challenge that was impacting on triage. Specific causes included feelings of a lack of knowledge of specific pathway criteria from referrers, or lack of clarity relating to scope and remit of pathway deliverers leading to mis-referrals.

One of the most common areas of challenge referenced by those involved in triage was being able to assess an individual's level of motivation to engage with the pathway or service. There was no single process or examples of behaviour change interventions to support this behaviour and further research is suggested to identify solutions.

In general improving the service user experience during the triage stage is highlighted as an area of practice to refine. Examples include;

- streamlining the processing tasks during triage.
- prioritising the questions and data collected.
- developing a practice model focused on developing connection with people.
- using technology to enhance speed and efficiency in triage.

5 - Behaviour change support

Most of the pathways reviewed stated the use of some form of behaviour change intervention a part of their pathway design.

5.1 - Mode and Format

The mode of behaviour change support varied depending on the capacity of the workforce, or the provision in place. This ranged from automated emails to 1-2-1 support from a health trainer.

5.2 - Behaviour Change Techniques

Multiple behaviour change techniques were referenced, with progress monitoring and feedback to the service user being the most popular, followed by goal setting and planning future touch points.

Habit formation support was less readily mentioned, with little to no reference to developing action plans and strategies to manage setbacks.

5.3 - Workforce Capacity and Skill

Key challenges identified relate to the capacity and skill set of the workforce, knowing how to support people with wholly complex challenges, broader than lack of active habits.

The key skills sought from the workforce are the ability to motivate and maintain engagement with service users, and greater understanding of simple and easy to apply approaches.

Ongoing area of challenge relate to attracting and employing/deploying the right people in the workforce (behaviour change skills) as well as the provision of training and ongoing support.

6 - Physical Activity Opportunities

6.1 - Pathway Provision

There are a limited range of opportunities available across the pathways reviewed. Cost, geographical spread and range of activities vary depending on key factors such as existing local community assets and staffing.

Pathways are increasingly offering a broader range of opportunities beyond physical activity alone, such as access to education, resources, peer support groups as well as alternative therapies. However there are calls for a greater range and number of activities to be included, helping to strengthen connections with community-based activity.

Yet, there are concerns expressed by respondents in that achieving a level of provision proportionate to need is not always possible, due to lack of facilities or workforce skills, which can lead to widening local health disparities.

6.2 - Quality Assurance

The transition from traditional exercise referral programmes to broader physical activity pathways is general inhibited by quality assurance concerns. In most cases, this is resulting in a smaller pool of potential providers being regularly used.

Quality assurance processes across pathways are not widely referenced in the pathways reviewed. Comparative to the level of rigour applied to exercise referral pathways, comparatively, other than qualifications and insurance checks little is in place.

6.3 - Workforce scope & availability

Most pathways are experiencing capacity challenges. Whether a lack of staff or the right levels of appropriately trained staff, this is impacting on access to services or leading to congestion within a pathway. There are calls for the ability to widen the ‘traditional remit’ of instructors to work more flexibility with different audiences.

6.4 - Risk / Insurance

The Consensus Statement on the Risk [4] has caused confusion relating to which deliverers and qualified professionals can offer support to different audiences. The main challenges are centring around litigation as well as some challenges between providers, as potential changes to remit could cause commercial impacts.

---

[4] Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions | British Journal of Sports Medicine (bmj.com)

7 - Signposting an exit routes

All of the respondents noted signposting opportunities were provided to service users, although this was often to a limited number of trusted sources.

Like the opportunities included within a pathway, quality assurance of exit routes was rarely used, although ambitions to address this through contract terms and conditions with providers were mentioned.

It was also noted that there may be a reluctance for both service users and deliverers to signpost people to other offers, often leading to additional classes being set up by instructors themselves.

There is a general felling of lack of trust in signposting service users to other activities, despite a pathway or scheme of support coming to an end for them. A number of key factors could be compounding this issue;

- quality of available information about exit routes.
- no clear quality assurance processes or concern relating to reputational risk.
- absence of support to develop peoples skills to become independently active.
- conflicts relating to commercial motivations.
- low confidence in efficacy.

8 - Evaluation

The survey identified a range of tools being used to evaluate pathways, but there is no consistency with variations seen within the same pathways or areas in terms of which tools are used.

Challenges exist in agreeing evaluation plans with commissioners at the start of a pathways development or funding cycle. This is sometimes leading to scope creep for evaluation with last minute requests for additional research questions, often on unrelated health topics. e.g. Smoking cessation within a physical activity programme.

In general, data collection is a key area of challenge highlighted by those managing pathways. Specific concerns centre around low confidence in knowing what to collect, having the appropriate capacity to collate and analyse data and not wanting to make the process burdensome for service users.

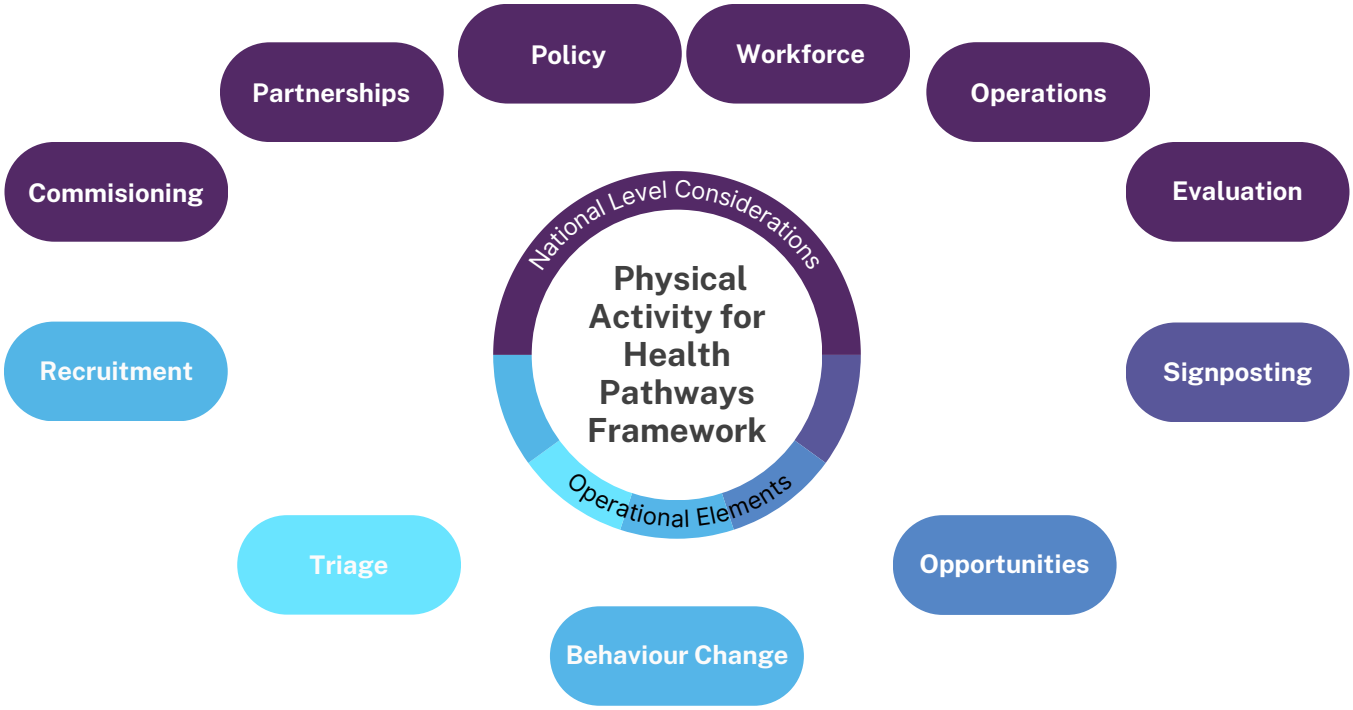
Within local areas, moving towards standardised processes, electronic solutions and single databases have helped alleviate some challenges, however there is value to exploring consistent recommendations for a preferred framework across all pathways.

Working in partnerships with commissioners and other key organsiations to take a pragmatic approach to research and evaluation is widely recognised as a positive step, but the practical steps of how to negotiate this transition is a potential area for further review.

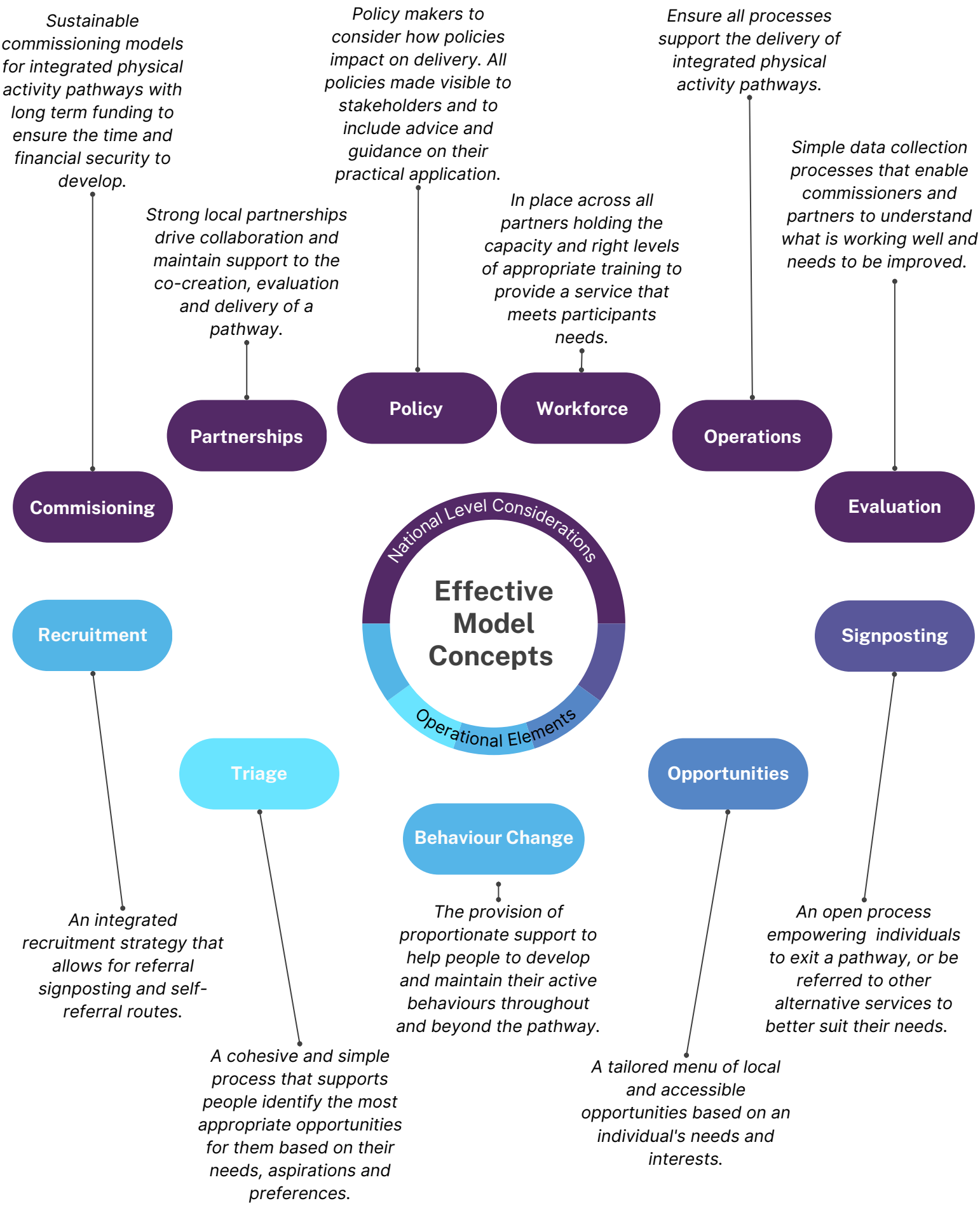
PHYSICAL ACTIVITY FOR HEALTH PATHWAYS

The Framework

A Framework for Physical Activity for Health Pathways provides the core design characteristics for a consistent model of delivery for stakeholders to follow, allowing for a clearer and more coordinated approach in the development and cataloguing of any guidance, tools and resources to support in the delivery of a pathways.



Through the development of this framework over 40 national to local physical activity stakeholders have helped to define a clear concept of an effective model of practice for each element of the framework and the core elements that can help to realise this.



Activating the Framework

An initial outcome from this project was to populate this framework with available information, tools and resources to support the consentient delivery of the model. However, through the research phases it was identified that operating models had shaped tools specific to the characteristics of their individual pathways.

Therefore, under each heading of the Physical Activity for Health Pathway Framework we have been able to highlight the initial considerations to realise the effective model concepts from the diagram on the previous page.

All considerations are stated in mind of working with national and local stakeholders to co-design effective application processes, tools and resource.

For more see **Page 24** of the full report.

National Level Considerations: Commissioning

Sustainable commissioning models for integrated physical activity pathways with long term funding to ensure the time and financial security to develop.

To be realised through...

- Commissioners should not fund multiple physical activity pathways in one area, alternatively they should create pooled funding pots with joint agreements and KPI's to commission a single, integrated physical activity pathway.
- Commissioners should consider the holistic needs of their population and where physical activity may form part of a solution to meet the needs of people living with, or at risk of, long-term conditions.
- Consideration should be given to lengthening the funding periods made available to pathways operators to provide security for developing sustainable delivery models.
- Consideration should be given to evaluation requirements to ensure they are not burdensome to the participant, feasible to implement and collect essential information.
- All additional research requirements should be supported with the relevant capacity and expertise required. E.g. Utilising external evaluators.

National Level Considerations: Partnerships

Strong local partnerships drive collaboration and maintain support to the co-creation, evaluation and delivery of a pathway.

To be realised through...

- Joint working groups should be developed to co-create pathways and ensure appropriate governance.
- Clear roles should be defined for partners in the delivery of a pathway and should be provided with appropriate resources to fulfil this role.
- One agency should be appointed/agreed to co-ordinate the pathway and should have the appropriate resources to undertake this role.

National Level Considerations: Policy

Policy makers to consider how policies impact on delivery. All policies made visible to stakeholders and to include advice and guidance on their practical application.

To be realised through...

- Guidance on relevant policies should be developed to support integrated physical activity pathways.
- Policy makers should involve pathway stakeholders and participant views in the development of new policies.

National Level Considerations: Workforce

A workforce in place across all partners holding the capacity and right levels of appropriate training to provide a service that meets participants needs.

To be realised through...

- All pathways should undertake a skills audit to understand the skill set of all the delivery agencies/roles alongside training, development, and deployment needs.
- Guidance should be provided on the qualifications/training required to support participants with a range of needs. (Scope of practice)
- Activity providers should consider workforce diversity strategies, succession planning and associated funding requirements to ensure workforce capacity is maintained.
- Long term, ringfenced strategic funding streams should be prioritised to support workforce development and pathway delivery.

National Level Considerations: Operations

Ensure all processes support the delivery of integrated physical activity pathways.

To be realised through...

- All areas should develop operating procedures that spell out the processes, roles and responsibilities and the tools used in the delivery of the pathway.
- Operating procedures should be developed and reviewed on a regular basis in partnerships with local stakeholders.

National Level Considerations: Evaluation

Simple data collection processes that enable commissioners and partners to understand what is working well and needs to be improved.

To be realised through...

- Review the tools being used for evaluation and if they provide what is needed.
- Consider ringfenced funding pots to support expert evaluation support.
- Seek to deliver evaluation processes that do not negatively impact on the service users experience.
- Ensure evaluation is appropriately resourced and staffed.
- Consider developing standardised processes, electronic solutions, and single databases to enhance the efficiency and effectiveness of evaluation.

Operational Elements: Recruitment

An integrated recruitment strategy that allows for referral signposting and self-referral routes.

To be realised through...

- Design of a single Integrated process to receive applications ideally making use of electronic systems but also catering for individuals who do not have access to digital technology. The key aim is that neither the referrer nor the individual self-referring should have to navigate multiple entry points.
- The data collected at this point should be to integrate with the triage process to prevent multiple collections of the same data. The application should be quick and simple to complete, process and awareness of the opportunity marketed through multiple channels targeted at the referees/participants.
- Consideration should be given to linking and delivering marketing alongside a campaign that educates participants on the benefits of activity for their condition (tailored and localised version of We Are Undefeatable) alongside Clinical Champions training which educates on benefits of physical activity and creates reassurance in the local provision. This should be provided for health professionals but broadened to other non-health professional referral organisations.
- Consideration should be given to direct referrals from screening programmes, social prescribers and other participant support programmes.

Operational Elements: Triage

A cohesive and simple process that supports people identify the most appropriate opportunities for them based on their needs, aspirations and preferences.

To be realised through…

- Consideration should be given to the triage process, the points of contact with the participant and the information required for each stage of this process

The full triage process should aim to;

- Ensure participants meets inclusion criteria.
- Identify participant activity preferences and goals.
- Identify risk and levels of support/instructor required.
- Identify behaviour change support needs and prescription considerations.

Triage should incorporate opportunities for trained staff to be able to contact participants directly to collect information, commence the first step of behaviour change support by identifying needs and ensuring they are signposted to the right support (this could include signposting to non-physical activity services).

Operational Elements: Behaviour change Support

The provision of proportionate support to help people to develop and maintain their active behaviours throughout and beyond the pathway.

To be realised through…

- All staff involved in the recruitment, triage and delivery of the pathway should have behaviour change training.

- Considerations should be given to one-to-one skills of deliverers and the design of interventions and opportunities to promote equality, diversity and inclusion, supporting the customer journey, reducing barriers and enhance adherence.

- Consideration should be given to ensuring participants are supported to develop the capability, motivation and opportunity to be able to be independently active by the end of the intervention, therefore consideration should be given not just to the opportunity delivered but also the participants ability to develop their own action plans, manage set back and create activity habits.

- Pathways should be designed with flexibility to adapt to the behaviour change support needs of the participants with considerations to the length and type of support needed, or the ability to receive additional support outside of the core service of the pathway if circumstances change e.g. changes in conditions.

Operational Elements: Physical Activity Opportunities

A tailored menu of local and accessible opportunities based on an individual's needs and interests.

To be realised through...

- Consideration should be given to the range of opportunities. For example, expanding beyond the traditional gym/ leisure centre-based offer.
- A wide range of providers should be considered - including community clubs and other local deliverers which can be catalogued and managed on an accessible database of opportunities.
- Consideration should be given to developing processes to ensure that participants are matched to opportunities that are proportionate to their levels of need and the skills, experience, and qualifications of instructors.
- Providers should be supported through quality assurance processes and offered training on key topics including supporting people with health conditions and understanding behaviour change.
- Consideration should be given to the cost of activities to ensure this is not a barrier to participation.
- Consideration should be given to geographical spread alongside equality of opportunity and where gaps in provision exist or areas of increased demand are likely to develop, plans should be put in place to address these.

Operational Elements: Signposting

An open process empowering individuals to exit a pathway, or be referred to other alternative services to better suit their needs at a time that works for them.

To be realised through...

As well as all the considerations stated in the above section (Opportunities);

- Instructors should seek to ensure that participants have a smooth transition to activities this should be incorporated to behaviour change support and/or working with exit routes to develop materials or workshops that create reassurance of the offer being provided.

Report compiled by Craig Blain and Elaine McNish of Move Consulting Ltd.