System Connector

A tool to support the integration of physical activity with social prescribing

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Introduction

Purpose

The System Connector has been co-produced by Active Lancashire and London Sport to supply physical activity, social prescribing, VCFSE and health leads, with a tool to help visualise and then navigate the complexity of social prescribing systems, supporting discussions associated with the integration of physical activity. It offers an initial starting point through which actors can begin to explore social prescribing ecosystems, presented in a simplified framework featuring only the essential and common place components (levels and steps). It pre-populates these components with a menu of options, which leads can then choose from and decide which to incorporate into the template accompanying this tool.

Need

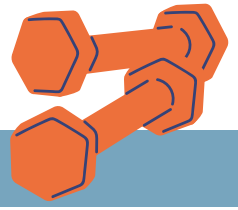
Social prescribing pathways differ from place to place. They represent a series of direct contact points between service providers and individuals, for example, between patients and GPs > Link Workers > physical activity providers. This is where the numerous decisions made at various strategic levels manifest. These pathways therefore, sit within complex wider ecosystems, that are supported and shaped by a great many stakeholders, agencies and organisations, without direct contact with service users. Therefore, while it is crucial to know how services are operating at the point of their delivery (e.g. Link Worker-patient / physical activity provider-participant), it is also important to understand what is occurring across these diverse systems, in order to better integrate social prescribing and physical activity. Similarly, while it is important to understand what is occurring within any component of the system, it is similarly important that stakeholder efforts taking place at each level and step in the system, are communicated and coordinated between other actors operating elsewhere within it. The NHS Longterm Workforce Plan advises that there are approximately 3,600 Link Workers currently in post, and that this is estimated to increase to 9,000 by 2037, indicating the role of social prescribing in promoting health is set to grow substantially, this possibly presenting an opportunity for the physical activity sector to respond proportionally.

System Connector – framework overview
(stakeholder involvement and functions)

Stakeholder Intel

	Initial Contact →	Social Prescription →	Activity Provision
County / ICS (System Support Stakeholders)	SYSTEM SUPPORT	SYSTEM SUPPORT	SYSTEM SUPPORT
Place (System Support Stakeholders)	SYSTEM SUPPORT	SYSTEM SUPPORT	SYSTEM SUPPORT
Neighbourhood (Direct Delivery Stakeholders)	DIRECT DELIVERY	DIRECT DELIVERY	DIRECT DELIVERY
Individual (Direct Delivery Stakeholders)	DIRECT DELIVERY	DIRECT DELIVERY	DIRECT DELIVERY

Outcomes



Audience

The System Connector is intended for use by any lead stakeholders (e.g. broadly health related), who may have an interest in improving activity levels amongst a given population. It enables a variety of actors to locate their relevant step and level within their local ecosystems, and then explore general, broadly applicable options for them to contribute towards tackling inactivity, and how their role in doing so might connect to that of others. The System Connecter may repeat suggestions at different levels, as such options may be relevant at multiple points within a system. This then means stakeholders do not have to read the entire document to ensure they detect all the items that might relate to them, but rather they can hone in on the areas of greatest interest without missing potentially assistive suggestions.

Approach

The System Connector suggests a menu of broadly applicable options that leads may wish to consider/include in local action plans and strategies. These options could support them when responding to local needs, strengths, opportunities and aspirations that could have been surfaced as a result of local stakeholder discussions. The System Connector draws on insights from a number of sources, including reports, strategy documents and conversations that have taken place at the county, regional and national levels amongst a variety of sectoral leads. The menu of options supplied, aims to help leads firstly improve the function of specific points within systems (in terms of integrating physical activity) and secondly, to better connect and coordinate the activities of the whole system. The System Connector could be used when leads engage other actors, so that they might more easily identify, visualise and explore helpful items to incorporate into local plans. It is not anticipated that leads would seek to adopt all the suggestions, but rather select those they feel might be priorities, a good fit or that gain the greatest collective interest from fellow stakeholders and may represent the most realistic starting points. Some example stakeholders to include in discussions have been suggested, but this is not an exhaustive list and it is expected that leads would identify for themselves, any/all relevant local contributors.

Menu of suggested options for consideration alongside other local factors

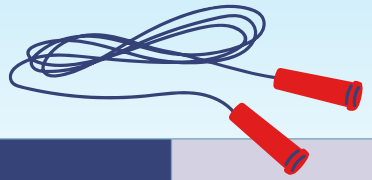
	Initial Contact (System Support) →	Social Prescription (System Support) →	Activity Provision (System Support)
ICS / County Level — **Stakeholder Examples**	• Royal College of General Practitioners • Office for Health Improvement and Disparities • Registered Social Landlords (RSL) • Integrated Care System • NHS trusts	• Integrated Care System (ICS) • Integrated Care Board (ICB) • Integrated Care Partnership (ICP) • Public Health (county level) • County Councils • National Academy for Social Prescribing • Office for Health Improvement and Disparities	• Active Partnerships • National governing bodies • Activity Alliance • Community Leisure UK • International Mixed Ability Sport • Sport England (e.g. Local Delivery Pilots) • Sports league organisers • Natural England
ICS / County Level — **System Support**	• Key inactive groups and geographic areas of inactivity/deprivation have been identified. (ref: Core20Plus5). • ICS/county-wide and generic initial contacts for these groups have been considered. (e.g. RSLs) • The extent to which initial contacts access existing training provision (e.g. Clinical Champions Training and Moving Medicine) is known. • Commissioning/funding considers the incorporation of MECC or 'one team' approaches. • It has been considered how well suited existing SP service and provision is, to the identified target groups and/or the modifications required to accommodate their needs.	• A VFM/CBA/business case for early intervention and prevention Physical Activity-Social Prescribing (PA-SP) has been made. (e.g. similar to those made for prehab and waiting well). • PA-SP has been incorporated as a means of achieving ICS/SP and PA ambitions. • It is understood how well PA stakeholders are connected to and represented in ICPs and ICBs. • ICS/county-wide versus LA specific support needs have been established? (e.g. training). • National PA initiatives are being utilised alongside regional, county/ICS and local authority plans e.g. We Are Undefeatable (WAU), Green Social Prescribing (GSP), Sport England 'Local Delivery Pilot' expansion (LPD) and Active Practice Charter (APC). • Funding for preventative and early intervention PA has been made available. • The NHS SP Minimum Data Set (or other means of monitoring PA referrals) is 'activated'. • (ARRS) 'Digital Transformation' roles are involved/considered in PA-SP development planning. • Toolkits and resources to help guide leads have been considered (see the 'Useful Resources' page below).	• Best practice has been identified, shared and encouraged (e.g. personalised offer/ flexible options and inclusion). • Existing PA initiatives are connected with social prescribing (e.g. GSP, LDP, APC). • ICS/County-wide PA messaging is shared through a range of media/images, most relevant to and resonating with target audiences. • Providers recognise and measure, physical/ mental health and the social benefits of physical activity. • Key barriers to participation have been identified and responses developed (e.g. travel, cost etc) • ICS/county-wide versus LA specific support needs have been identified. (e.g. training). • Infrastructure organisations e.g. Active Partnerships (APs) and CVSs, commissioners/ funders have identified and are responding to funding needs. • PA-SP provision has attracted a variety of organisations/activity types, catering for target groups. • Toolkits and resources to help guide leads have been considered (see the 'Useful Resources' page below).

Menu of suggested options for consideration alongside other local factors

	Initial Contact (System Support)	Social Prescription (System Support)	Activity Provision (System Support)
Place – **Stakeholder Examples**	• Local Authority (LA) • NHS trusts • ICS/ICB/ICP • Registered Social Landlords (RSL) • Primary Care Federations	• Local Authority • Community and Voluntary Service organisations (CVS) • VCFSE organisations • ICS/ICB/ICP	• Sport England (e.g. Local Delivery Pilots) • Leisure Trusts • Amateur sports clubs • VCFSE organisations • Community centres • Trusts associated with professional sports teams
Place – **System Support**	• Target audiences are confirmed based on local priorities (incl consideration of CYP) • Opportunities/roles for identifying inactive individuals are determined (e.g. health checks, GPs, RSLs etc) • Roles/opportunities are assessed for ability and potential to initiate PA conversations and refer into PA or SP support. • Marketing/comms options are considered to prompt target audience to consider PA or PA-SP support. • The NHS SP Minimum Data Set (or other means of monitoring PA referrals) is 'activated'. • (ARRS) 'Digital Transformation' roles are involved/considered in PA-SP development planning. • Toolkits and resources to help guide leads have been considered (see the 'Useful Resources' page below). • Commissioning/renewal of leisure contracts incorporates PA-SP or Pivot to Wellbeing.	• Physical activity and PA-SP are recognised as a means of contributing to local health priorities. • The capacity of the SP workforce is considered in relation to need/demand for PA support. • Other Personalised Care /ARRS / Allied Health Professional roles are considered as part of potential collective support for PA and PA-SP. • Link Workers are able to identify inactivity and introduce PA as part of 'what matters to me' conversations. • The SP 'workforce' are physically active and familiar with local PA services and opportunities. • LWs are confident/knowledgeable discussing PA, making referrals into PA and offering follow-up support. • Independent activities (incl active travel and online interventions) are included in SP referral pathways. • A range of nature (green)/ art/ cultural PA opportunities are available for referral. • The wider benefits of PA are understood by stakeholders (e.g. mental wellbeing, social etc) • Ahead of referral, information is available to allow assessment of PA provision suitability for client. • Good rates of first and sustained attendance are achieved through effective referral processes agreed with PA provider. • SP-PA referral figures are monitored alongside the impact on PA levels and other local priorities. • Intelligence about unmet client needs and provision gaps is collected/ shared with commissioners/ funders and providers (please see below toolkits). • Opportunities exist for the SP workforce/ service users to enhance provider understanding of SP and additional needs (e.g. through co-production).	• The PA offer responds to community need/ demand and local health priorities. • New PA provision is identified and funded/ commissioned according to unmet needs. • PA provision is developed with target groups and communities using ABCD/co-production principles. • PA provision is inclusive, accessible, affordable, supportive and located nearby. • A diverse range of PA opportunities are available via a range of providers incl VCFSE. • Art, nature, active travel & independent activity are included as part of the menu of referral options • PA providers recognise and measure the wider benefits of their activities (e.g. SWB, social etc) • PA providers/other actors support LWs to become confident/knowledgeable discussing PA (e.g. through training and collaboration) • PA Providers are appropriately resourced and supported to become/remain engaged in SP. • PA providers receive sufficient referral information to welcome clients and accommodate their needs. • PA providers receive feedback to understand their impact and development needs. • Campaigns feature messaging/imagery tailored for specific inactive groups (e.g. BAME/EDC) via appropriate means (e.g. text, social media, flyers etc) that respond to the motivations of these demographics. • Toolkits to guide leads have been considered (see 'Useful Resources' below).

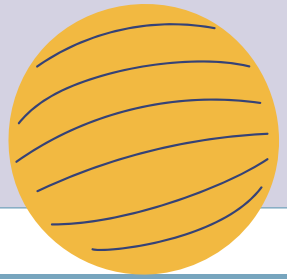
Menu of suggested options for consideration alongside other local factors

		Initial Contact (Direct Delivery) →	Social Prescription (Direct Delivery) →	Activity Provision (Direct Delivery)
Neighbourhood	Stakeholder Examples	• Primary Care Networks (PCN) / Federations • Housing Officers • Local Authority (LA)	• Social prescription schemes • Allied health professional services • Primary Care Networks (PCN) / Federations • CVSs • LA Neighbourhood Management Team	• VCFSE Organisations • Amateur sports clubs • Leisure Centres • Community centres • Allotments and garden clubs • Walking groups
	Pathway	• Organisations/officers who engage inactive groups are identified and connected into referral pathways. • The importance of a broad range of organisations/ contacts aiding inward referral to PA pathways is recognised. • The initial contact is able to identify inactive individuals, introduce PA conversations and refer into PA or SP support. • Impact measures could give consideration to: reductions in GP/A&E visits/ waiting lists; carbon reduction (e.g. through active travel); rates of medical prescription; social connectedness; mental health & WB; specific GSP measures unique to theme; physical health; and condition management (e.g. diabetes). • Toolkits and resources to help guide leads have been considered (see the 'Useful Resources' page below).	• Link Workers are able to identify inactivity and introduce PA as part of 'what matters to me' conversations. • Link Workers have access to full & reliable information about suitable local PA provision. • Trusted relationships are developed between the SP service and PA providers. • SP schemes identify gaps in PA provision and alert those in a position to address. • The ability of Link Workers to refer into PA is assessed and addressed as required. • Population health data has been obtained locally and collected from place level to inform local priorities and funding drives. • The data collected is used to develop the business case for further service development and delivery. • The NHS SP Minimum Data Set (or other means of monitoring PA referrals) is 'activated'. • (ARRS) 'Digital Transformation' roles are involved/considered in PA-SP development planning.	• The PA offer responds to community need/ demand and local health priorities. • PA provision is inclusive, accessible, affordable, supportive and located nearby. • Unmet need is addressed by ensuring insight from Link Workers and inactive groups shapes the local PA offer. • Statutory agencies make available to PA providers, information about local health priorities. • Funding and commissioning options are identified and communicated to local providers. • Providers are aware of social prescribing and able to connect into pathways. • Collaboration and co-location takes place across sectors, to produce new contact points with inactive individuals. • Providers measure levels of physical activity, mental wellbeing and other relevant outcomes, and where appropriate physical health. • Providers recognise the wide range of benefits physical activity has, on health, mental wellbeing, social connectedness. • Providers recognise their provision, may already respond to a range of local health priorities.



Menu of suggested options for consideration alongside other local factors

		Initial Contact (Direct Delivery)	Social Prescription (Direct Delivery)	Activity Provision (Direct Delivery)
Individual level: direct contact (e.g. GP-patient)	**Stakeholder Examples**	• GPs / GP Practices • Housing officers	• Link worker • Health Coach • Care Coordinator • Allied health professionals • Housing officers (e.g. tenancy support)	• Fitness instructors • Session facilitators • Sports club organisers/coaches
	Pathway	• A simple means of identifying inactive individuals has been developed. • Initial contacts are able to refer people into PA provision or SP services, as per client need. • Physical activity and health referral figures are recorded/monitored.	• Marketing messages target inactive groups (women, BAME, LTHCs, deprivation). • Link Workers engage those with direct contact with target groups. • Link workers have basic knowledge of PA guidelines. • Link Workers are confident discussing physical activity. • Unstructured physical activity options are made available (e.g. online videos, at home routines, household chores etc). • Ongoing follow-up support is provided post-referral. • Link workers value/measure all PA health benefits (e.g. mental, physical and social). • Outcomes are fed back along the pathway, to initial contact, to incentivise referral. • The referral process has been mutually agreed with the provider.	• The offer is defined and communicated (e.g. target group/ community/ location). • The referral process has been mutually agreed with the LW. • Level of instructor training is appropriate to client need (e.g. volunteers or paid staff). • Provision is shaped by the needs of user, community and/or group. • The environment is accessible, inclusive, supportive, safe, clean, welcoming etc. • Client participation is monitored and support offered where needed. • Outcomes relating to local health priorities are fed back through every step of the pathway, to the initial contact (e.g. reductions in sedentary behaviour, SWB, PA levels, social connection and physical health) to incentivise ongoing referrals.



The System Connector Template

PLEASE NOTE:

The accompanying template has been supplied to help you consider, discuss and select the system interventions you might wish to include in your plans at the level you operate.

However, two additional labels have been added, 'universal to all locations' and 'unique to specific locations'. These are for use by leads who not only wish to influence what is occurring at the geographic footprint they cover, but also contribute towards and shape the geographic levels beneath. Utilising the template without these distinctions might then mean, multiple templates would be required for each geographic sub-unit within their own footprint, an approach which leads may choose to pursue, but could become unwieldy in some instances. Therefore, to help manage and navigate this, leads can instead delineate interventions into two broad categories. The first detailing the interventions that will apply to all sub-regions, to prevent the need to duplicate these details across multiple templates. The second concerning specific measures, that could simply be detailed next to the name of the location in question. However, if you are completing the template for your geographic level only (e.g. ICS/county, place, PCN or individual), then these additional labels can be ignored. Finally, it is the intention that you might add in considerations surfaced via local discussions, existing data or insights you have gathered yourself, alongside the more broadly applicable themes suggested in the menus above, in order to produce a plan tailored specifically for your location.

Useful Resources

A number of toolkits are now available to assist you to integrate physical activity into your local places and systems. Please find some of these listed below.

Toolkits	Link
Water Wellbeing (Swim England): A number of useful resources and fact sheets, alongside accreditation of facilities.	Health and Wellbeing Hub | Swim England (swimming.org)
The NHS Green Social Prescribing Toolkit (NHS/NASP): A framework including templates, case studies and research.	nhs-green-social-prescribing-toolkit.pdf (socialprescribingacademy.org.uk)
The Exploratory Tool (co-produced by Sport England and several Active Partnerships): A step-by-step guide to help Active Partnerships and other lead organisations integrate physical activity and social prescribing.	Explain, Explore and Engage Social Prescribing and Physical Activity Toolkit V7.pptx (live.com)
Active travel - local authority toolkit (Department for Transport): The case, guidance and proposed actions for local authorities.	Active travel: local authority toolkit - GOV.UK (www.gov.uk)
The 10 Active Design Principles (Sport England): A guide for designers and planners, to create and maintain active environments.	Active Design | Sport England
The Mixed Ability Manifesto (International Mixed Ability Sport): Outlines an inclusive model for sport and those with long-term conditions/ disabilities.	Mixed Ability Manifesto | International Mixed Ability Sports
The Activity Alliance 10 Principles: A set of inclusion principles drawing upon the desires and needs of those with disabilities.	Using Activity Alliance Ten Principles to encourage activity at home
The Social Prescribing Learning and Resources Page (Active Lancashire): Various materials, reports, presentations and guides, concerning social prescribing.	What is Social Prescribing | Active Lancashire