

WORKSHOP FINDINGS REPORT

Embedding Physical Activity and Therapeutic Exercise in Healthcare Pathways

RSPH & Good Boost

Embedding Physical Activity and Community-Based Therapeutic Exercise in Healthcare Pathways

Workshop Findings Report | 2025

AT A GLANCE

51

Participants

6

Workshops

7+

Regions

This report presents findings from six co-design workshops bringing together 51 professionals across the leisure, health and care system. Facilitated by RSPH in partnership with Good Boost, the workshops explored how physical activity and therapeutic exercise can be more effectively embedded in healthcare referral pathways, both from healthcare into community settings, and from community provision back into clinical care.

EXECUTIVE SUMMARY

Summary

This report summarises findings from six structured workshops convened by the Royal Society for Public Health (RSPH) in partnership with Good Boost. The workshops brought together 51 professionals from across the leisure, health and care system to explore how physical activity, therapeutic exercise and wellbeing programmes can be more effectively embedded into health referral and signposting systems, both onwards (from healthcare into community programmes) and inwards (from community into healthcare and rehabilitation pathways).

Key Message

Across all workshops, participants emphasised that exercise should be recognised as a core component of care rather than a discretionary add-on. Real progress depends on system-wide leadership, shared data infrastructure, sustained commissioning and workforce development that embeds prevention and rehabilitation into everyday practice.

Enablers included strong cross-sector partnerships, trusted local relationships, clinical champions and person-centred delivery models that build confidence and social connection. Where digital referral systems and feedback loops were in place, participants described smoother, more sustainable pathways.

Barriers and challenges centred on fragmented systems, inconsistent workforce confidence, short-term funding and referral processes that rely on individual relationships rather than formal structures. Equity gaps persisted for people facing financial, cultural or transport barriers.

APPROACH

Methodology

RSPH and Good Boost convened six structured workshops across England engaging 51 professionals from across the physical activity, health and care system. Each workshop lasted approximately 60 minutes and followed a structured discussion guide.

Workshop Themes

- Personal experiences with signposting and referrals
- Current referral and signposting practices ('onwards' and 'inwards')
- Enablers and barriers to embedding community-based physical activity
- Examples of effective practice and lessons learned
- System-level needs and opportunities for integration

Comments were collated through session recordings and note-taking. Data analysis was guided by three themes: enablers, barriers and cross-cutting challenges. A public health lens was applied throughout, recognising the interplay between workforce capability, organisational processes and local infrastructure.

Who Attended the Workshops?

A total of 51 individuals participated, representing a wide range of roles and organisations across the system, including NHS clinicians, commissioners, leisure providers, Active Partnerships, local authority public health teams and social prescribing professionals.

Organisation Type	Participants
Leisure trust (charitable operator / not-for-profit)	20
Public sector (Local authorities — England & Wales)	11
Private leisure contractor / operator	8
Active Partnership (Sport England network)	3
LATCo (Council-owned leisure company)	3
NHS Trust	2
Private healthcare / leisure provider	2
Other (Patient Champion / not specified)	2

There was a good geographic spread, with organisations represented from Greater Manchester, Kent, North Yorkshire, South Yorkshire, Worcestershire, Dorset and Wales, among others.

WHAT WE HEARD

Findings

Across six workshops, participants shared their experiences of supporting people with health and wellbeing needs and their work to integrate physical activity in healthcare pathways. Common themes emerged around the enablers that support engagement, the barriers that hinder access, and the opportunities for strengthening integrated provision.

Enablers

Personable Support and Relationships

A consistent message throughout the workshops was the critical role of relationships and personable support. Trust, rapport and personal encouragement were seen as the gateway to ongoing engagement, particularly for people living with long-term conditions, mental health challenges, disability or low health confidence. Participants described the importance of being 'met where they are' through pre-visit conversations, familiar staff and gradual support into group settings.

“This morning I rang her... she was really, really anxious. I said I would give her a call in a couple of weeks so she has the same person to speak to... I would meet her myself and take her to the activity and do it with her just to start her on her journey.”

— **Community Leisure Coordinator, Workshop 1**

Social Connection

Embedding social connection within programmes was noted as a core strength of therapeutic exercise offers such as Good Boost. Group-based models enabled peer support, routine and a shared sense of achievement, with social wellbeing often emerging as a primary motivator for continued engagement.

“We’re using a combination of physical activity and socialisation... some of these people are the only people that they will see a week.”

— **Leisure Centre Representative, Workshop 2**

Partnerships and Collaborations

Partnerships between leisure providers and health services were recognised as vital enablers. Co-location arrangements, for instance hosting physiotherapy or cancer rehabilitation services in leisure centres, help make transitions from clinical care into community support feel seamless and safe. Participants across all six workshops repeatedly emphasised the importance of integrated referral systems and shared communication loops.

“We’ve got about 12,000 referrals in three years... The pathway works best where we’ve got healthcare, leisure, and community teams actually talking to each other rather than guarding their own patch.”

— **Partnerships Officer, Workshop 6**

“Connected her with a partner organisation that focuses on carers... she was awarded 40 hours of replacement care... life changing for her.”

— **Social Prescribing Worker, Workshop 1**

Building Good Referral Systems

The success of referral systems was often attributed to the quality of relationships between leisure staff, practitioners and link workers, rather than formal processes. Outreach work, attending GP surgeries, community events and trusted voluntary groups, helped build the trust that underpins effective referrals.

“There’s that level of trust that we’ve built up... they’re passing a patient onto a programme, knowing that we understand what it is, and we understand how to support their needs as well.”

— **Health and Business Development Lead, Workshop 3**

Digital Tools and Data Intelligence

Digital tools were valued when they improved accessibility and personalisation. The Good Boost platform was praised specifically for enabling tailored exercise programmes, progression tracking and confidence-building data, empowering participants to self-manage their journey. This is particularly important for those recovering from MSK conditions or managing long-term health issues.

“We’ve managed to actually join up data held in our councils, in our acutes, in our GPs... all fragmented systems pulled together into a database that allows us to target particular areas where we know there is a need.”

— Population Health Representative, Workshop 1

Workforce Skills and Confidence

Staff training emerged as a key enabler, increasing confidence among both leisure staff and clinical partners and strengthening referral pathways. The RSPH qualification in Social Prescribing was highlighted as one route to build key skills and to increase the credibility of leisure staff in health system conversations.

“The physio team feel far more confident and comfortable knowing that our staff are trained and working on the programme, to then make a referral into a setting that isn’t clinical.”

— Health and Business Development Lead, Workshop 3

Barriers and Challenges

Despite strong examples of impact, participants identified significant systemic and structural barriers to joining up health, leisure and community support.

Systemic Barriers

Leisure providers are frequently overlooked as key health partners, partly due to misconceptions about the purpose, funding model and value of leisure services. Fragmented referral systems and data-sharing constraints create 'postcode lottery' access, exacerbating health inequalities across rural and urban settings alike.

“I’ve got an inner-city partnership and a very rural partnership... access to services in the rural areas is nigh on impossible. In the inner city we’ve got the most deprived wards in the country, services are overloaded and waiting lists are months and months long for the most vulnerable people.”

— Leisure Centre Representative, Workshop 2

“Leisure is being overlooked, as it is seen as being a commercial activity... we are still not brought in as much by the NHS because we’re just seen as a business.”

— Operations Lead, Workshop 2

Short-Term Funding and Programme Design

Short-term, 12-week interventions are widely seen as inadequate to sustain behaviour change, and the cost of continuing participation becomes prohibitive for people on limited incomes. Promising pilots in digital and community-based prevention frequently stall once short-term funding ends.

“Biggest struggle is to get people through the doors that I know need it. They’ve had a cardiac event. Three weeks later they want to come to the leisure centre, but they’re on sick pay at £100 a week. How can they afford to pay for that continued exercise?”

— Leisure Centre Participant, Workshop 4

Public Perceptions

Psychosocial barriers remain prominent. Low confidence, fear of judgement and limited health literacy were frequently mentioned, compounded by the persistent image of leisure as a space 'for the fit and able'. Some clinicians continue to not refer patients to exercise, or provide conflicting advice, particularly around arthritis and MSK conditions, undermining confidence in safe physical activity.

“There’s a chap that came from physiotherapy with the remark of ‘they can’t do no more for me, what can you do?’ And we took him through a programme, Good Boost being part of that.”

— Leisure Centre Participant, Workshop 4

Wider System Challenges

A participant noted that the NHS Long-term Plan's strategic framing positions voluntary and community organisations as primary prevention partners, inadvertently excluding leisure providers despite their established infrastructure and track record. There is a need for clearer messaging around the distinction between specialist rehabilitation programmes and generic fitness activity, as misunderstandings deter both participation and clinical referrals.

“The NHS in their 10-year plan are very much focusing on voluntary, community and third-sector organisations as referral routes. And leisure is actually now being overlooked, because it’s seen as a commercial activity.”

— Leisure Centre Health Integration Lead, Workshop 2

Opportunities for Improvement and Transformation

Service Level

Participants expressed a strong appetite for better alignment of clinical language, national messaging and evidence frameworks around physical activity. Digital innovation offers potential for proactive risk identification and remote support to supplement in-person services. There is shared ambition to enable people to remain active beyond the typical 12-week timescale, through graduated membership models, continued check-ins and dual offers for carers and participants.

“If the funding was such that as a graduation strategy from the initial 12 weeks you could extend that to six months or a year, just to embed people into exercise, that would be a really good thing.”

— Exercise Referral Lead, Workshop 2

System Level

There was strong appetite across all workshops for integrated, simple and two-way referral systems. Participants proposed a national model of shared platforms, single referral forms and interoperability between primary care, leisure and social prescribing. Expanding co-location of services within leisure centres was repeatedly highlighted as a means to normalise movement-based rehabilitation within the health pathway.

“If all systems could work together... a click of a button so healthcare or social care can refer in to us, and we can refer out.”

— Leisure Service Lead, Workshop 5

“We now have NHS physios working from our leisure centre rather than the hospital.”

— Health and Wellbeing Manager, Workshop 4

REFLECTIONS

Overarching Reflections

Across all workshops, participants championed a holistic view of health and wellbeing, placing movement in the broader context of safety, social connection, confidence and independence. The most impactful support, both at service design and delivery level, is grounded in trust, personalised care and cross-sector collaboration. While innovation in technology and data holds real promise, the success of system integration ultimately depends on relationships, communication and sustained commitment to prevention.

Leisure is uniquely positioned between clinical and community environments, but its value must be more clearly recognised, evidenced and embedded in local health systems. There is a clear window

of opportunity to strengthen Good Boost's role as a catalyst for integration, helping to build a more proactive, equitable and person-centred approach to population health.

NEXT STEPS

Recommendations

The following recommendations emerged from workshop discussions and are intended to inform programme development, commissioning decisions and system design.

01

Programme & Delivery Model

Design programmes that support sustained change beyond the initial 12 weeks. Include welcoming starts, person-centred encouragement and social connection. Ensure support is accessible in trusted community settings, including participation alongside carers.

02

Digital, Data & Evidence

Enable data to flow more easily between health, social care and leisure providers. Pair digital tools with shared outcome measures and population health insights. Communicate transparently about data use to build trust.

03

System Integration & Workforce

Address misconceptions about the leisure sector to achieve greater integration. Simplify referral routes, align workforce roles and create opportunities for shared learning. Clearly communicate the specialist nature of programmes like Good Boost.

About RSPH

The Royal Society for Public Health (RSPH) is an independent health education and campaigning charity committed to improving and protecting the public's health and wellbeing.

About Good Boost

Good Boost is a social enterprise working in partnership with community, leisure and health teams to create community-delivered therapeutic exercise and wellbeing programmes powered by AI technology.

www.rsph.org.uk | www.goodboost.ai | Report date: 2025