



Transforming gyms into community Musculoskeletal (MSK) Hubs: Mobilising the UK leisure sector to deliver inclusive, accessible, personalised and gamified health services for older adults with MSK conditions

Executive Summary report:

Testing the feasibility and commercial
viability of the MSK Hubs service model



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The Challenge

Musculoskeletal (MSK) conditions have a detrimental effect on individuals and society. In the UK, more than 20 million people have a MSK condition which account for up to 30% of GP consultations in England, and over 30 million working days are lost annually due to MSK conditions¹. As of May 2024, 2.8 million people (7% of working age individuals) are unable to work due to long-term sickness, which has been rising since summer of 2019². Further, an estimated 3.7 million working-age people are currently in work but with a 'work-limiting' health condition that limits the type or amount of work they can do - musculoskeletal conditions remain one of most common forms of 'work-limiting' health conditions³.

Physical activity participation and interventions, as part of a core treatment plan or as part of a self-management rehabilitation programme, offer a tangible solution, with the fitness and leisure sector well suited to provide such solutions in non-medical settings.






A Solution

Despite the existence of multiple services for MSK conditions and long-term health conditions (LTHCs) management, rehabilitation and support, an integrated solution that makes the best use of the fitness and leisure sector's facilities and people comparatively does not exist. This sector currently offers an infrastructure that can be used for the delivery of MSK-focussed support by using existing community assets (places and people) in a more affordable and accessible way (both in terms of location and waiting time).

As part of an awarded bid for the Healthy Ageing Challenge – Designed for Ageing, from UK Research and Innovation – a consortium of partners developed the programme “Transforming gyms into community MSK Hubs: Mobilising the UK leisure sector to deliver inclusive, accessible, personalised and gamified health services for older adults with MSK conditions”, or ‘MSK Hubs’ for short, working together to create a product that provided a solution by transforming gyms into community hubs.

This industrial research project, running from April 2022 to March 2024, was a feasibility pilot study, which aimed to complete the co-production, development, testing and research evaluation of the ‘MSK Hubs’ product. The objectives were to understand and determine if it was feasible to achieve public roll-out and commercialisation of MSK Hubs post-project and if it offered a sustainable long-term model that supported localised MSK rehabilitation in a leisure centre setting. The project delivery was a partnership between [Good Boost](#), [ukactive](#), [Orthopaedic Research UK \(ORUK\)](#), [ESCAPE-pain](#), and [Arthritis Action](#). Partner roles are outlined below - each consortium partner brought elements to the MSK Hubs product which collectively provided a symbiotic offer that supported both the varying and individual needs of older adults with MSK conditions and suited the operational needs of the leisure centre operators in order to implement the programme.



Partner	Role
	<ul style="list-style-type: none"> • Provided the link and engagement with leisure operators across the sector to support the delivery across all sites. • Led a pilot of 'The Active Standard' (TAS) for MSK Hubs, which was piloted in a sub-sample of operators delivering MSK Hubs. TAS provided these sites with an accreditation indicating that they met a sector standard to deliver MSK Hubs and support the continued professionalism of the sector and help drive the credibility of leisure centres for Healthcare Professionals. • The ukactive Research Institute was the evaluation lead for MSK Hubs programme.
	<ul style="list-style-type: none"> • Project lead and developer of digital technology for the MSK tablet-computers. Designed and manufactured a waterproof tablet-computers which included A.I. medical technology which created individually tailored therapeutic exercise programmes. • Lead on the engagement and operational outreach to the leisure operators.
	<ul style="list-style-type: none"> • Provider of arthritis-specific self-management educational content for the tablet-computers. • Creation of Arthritis Community Groups. Providing peer-to-peer support community groups and arthritis community building in a leisure setting. Provider of staff training programmes, providing educational content with two objectives: to upskill leisure centre staff, enabling them to better support exercise delivery to those with arthritis; to equip staff to facilitate arthritis community groups in a leisure setting.
	<ul style="list-style-type: none"> • Delivery of the evidence-based ESCAPE-pain programme; a 6-week integrated group rehabilitation programme (comprised of education and exercise) for people living with chronic joint pain.



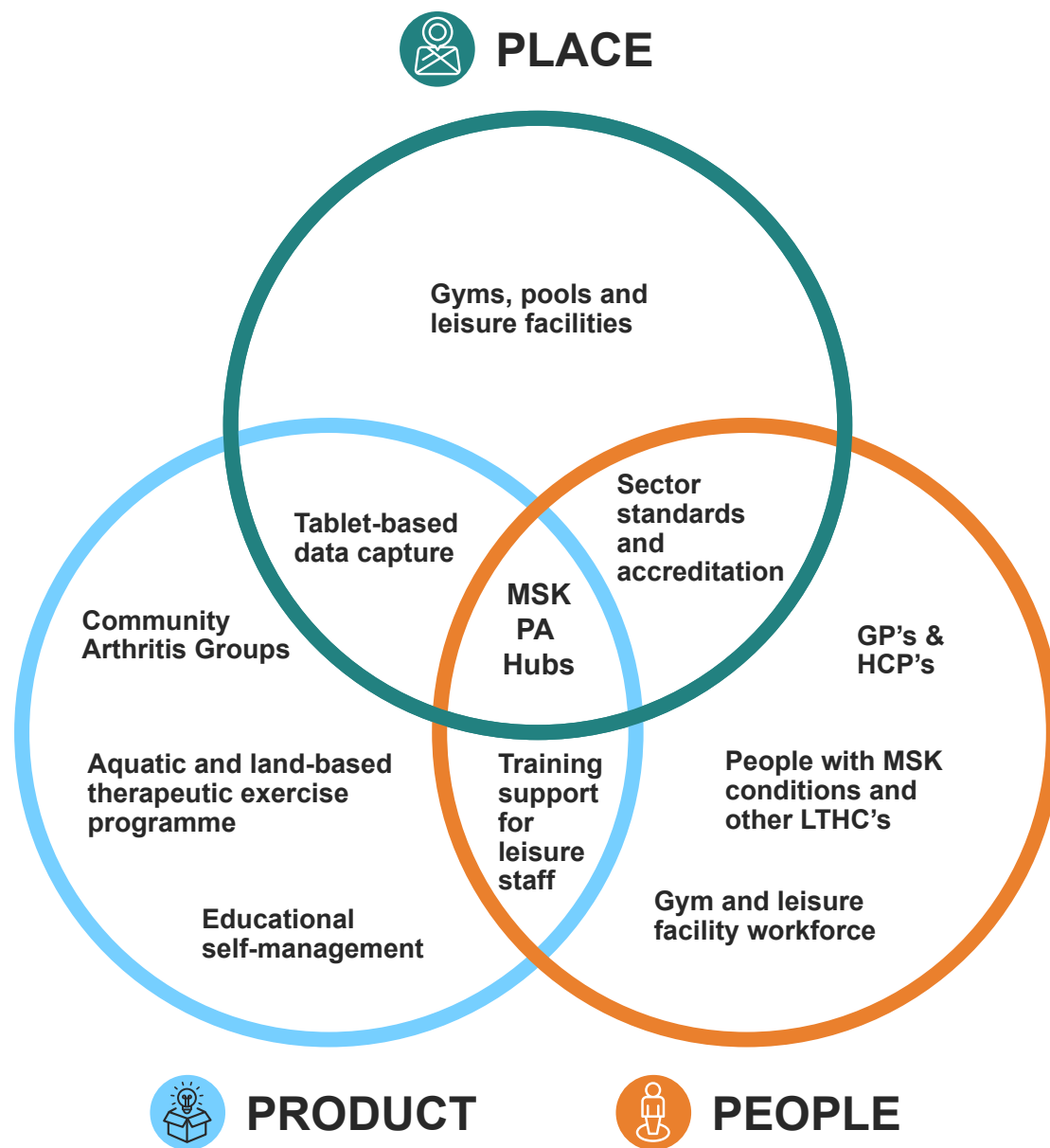
Specifically, this project addressed three critical elements needed as part of an integrated MSK service operated in a community setting and promoted opportunities for sustainable support. These were:

Place: creating visibility and credibility between leisure facilities and health for older adult MSK referral pathways. Specifically, increasing the accessibility, quality, consistency, and evidence for leisure venues to increase visibility and signposting of older adults via healthcare professionals (HCPs) and social prescribers (SP's).

Product: creating a personalised MSK conditions rehabilitation and holistic wellbeing service that can be adapted to every older adult user, utilising validated AI-technology with W3C accessibility standards and available both in-venue and virtually.

People: utilising an existing workforce in leisure by upskilling leisure centre staff and volunteers to offer this holistic wellbeing service in community venues, combined with the expertise of arthritis charity evidence-based self-management services, both in-venue and virtually. This included the upskilling of leisure centre staff to create relationship-focused services that provide both emotional support and self-management of MSK conditions, utilising training from existing national MSK charity groups.

The concept was developed to fill an unmet gap in the market for MSK conditions. As such it involved supported self-management, using accessible exercise and rehabilitation in community settings based on extensive co-design from older adults. A video explaining the delivery of MSK Hubs was created to help engage leisure centres in the project, which can be seen [by clicking here.](#)





Implementation

MSK Hubs is a multi-component project delivered within leisure centres. Decisions on which sites to engage involved multiple dependencies, but in the first instance, given this was a UK governmental initiative, the project had a UK-wide remit across all four home nations. Local delivery was decided based on regional relationships with the project partner, the existing primary care links, and the local level demographics such as deprivation. The set-up process is described below:

- 1** Site selection was initially mapped against the Indices of Multiple Deprivation (IMD) to ensure delivery was targeting areas that might experience greater health inequalities. For operational reasons, the onboarding of multi-site operators meant that site engagement expanded beyond these initial mapped areas and delivery also took place in sites located in more affluent areas.
- 2** Once operators were agreed and had site approval, webinars, training and demonstrations were provided as part of the onboarding process. A 'Venue Pack' was circulated to the operator, summarising the project, containing a who's who, marketing materials, risk assessments, FAQs, and NHS England landscape, was disseminated to the participating sites ready to deliver MSK Hubs. All consortium project partners engaged and upskilled the operators on their individual elements of MSK Hubs to support the implementation of the service. This included regular touch points between operators and consortium partners throughout.
- 3** A sub-sample of sites were selected to pilot The Active Standard for MSK Hubs in July 2022, and tablet capabilities to collect data were rolled out across sites from February 2023, with data collection for ESCAPE-pain and Arthritis Action added in July 2023 due to ongoing technological development work.
- 4** Delivery was led by need at a local level, with each operator and site delivering the elements of MSK Hubs that they felt best met the need of their members and local community. Where multiple project partners were delivering at any one site, participants were able to engage in any element of MSK Hubs at any time. Good Boost was adopted in all venues, and, dependent on operator capacity, localised process and need for other parts of the MSK Hubs (e.g. The Active Standard, ESCAPE-pain and Arthritis Action community groups) were implemented at different time points over the phase two period.

Evaluation & Data Collection

Evaluation was put in place to understand the feasibility of implementing and delivering the MSK Hubs product in leisure facilities. Specifically, this involved looking at how MSK Hubs is used by participants, how MSK Hubs is delivered locally at the leisure facilities, and understanding the wider activity participated in at the leisure facilities by the MSK Hubs participants.

To do this, the evaluation needed to understand who was taking part and using the MSK Hubs, how they came to be involved, how they interacted with delivery partners (e.g. what are they using), if there were any changes to health outcomes as a result of taking part in MSK Hubs activities, and if they went on to interact with the facility outside of the project. The key findings, learnings and recommendations are shown below – for the full set of findings and interpretation please read our [technical report](#).

Findings, learnings, and recommendations

Data collected via the tablet computer or virtual app only between September 2022 and December 2023 is presented below. Given the nature of an industrial research there was an ongoing process of learning, adaptation, and development, to ensure the MSK Hubs product was fit for purpose and evolved to meet need and improve efficiency, and to scale the MSK Hubs product more effectively. Learnings were collated into key areas highlighting successes, challenges, areas for adaptation and improvement.

Initial data analysed in **this report indicates that it was feasible to implement MSK Hubs within leisure centres**, and that there was a high level of participation, activity attendance and adherence with the programme. It also shows that multiple referral routes were and can be used successfully to access the hubs, with participants also choosing to take part in leisure centre activities outside of the MSK Hub interventions.

Facilities

MSK Hubs initially engaged 100 facilities to deliver MSK Hubs, with 94 going on to deliver the project from 15 leisure operators across the UK. There were at least 11,785 session attendances from at least 1,631 people with MSK conditions (68.8%) and those with other LTHCs, including cardiovascular conditions (28.4%) and respiratory conditions (20.0%). Of the participants who had an MSK condition, 460 also reported at least one other medical condition, indicating multi-morbidity.



Individuals typically travelled a range of distances from their home address to the leisure facility delivering MSK Hubs, with close to three quarters (72.3%) travelling up to 5km, and roughly one fifth (18.2%) travelling between 5-10 km (18.2%). Individuals were most likely to find out about the MSK Hubs programme through their leisure centre (45.7%), followed by referrals from the GP or Physio (18.1%). This data indicates the programme successfully provided a localised offer for individuals close to their homes, but also that individuals are willing to travel from a distance to attend an MSK Hubs. It also indicates that there is demand from individuals to self-refer and to receive support for their condition in a non-clinical setting, in addition to medical referrals. Further, the MSK Hubs began to attract attendance from those with multiple LTHCs suggesting it could be a viable option to help more people suffering with multi-morbidities.

When looking at participation in MSK Hubs there was a general positive trend that indicated that more participation in MSK Hubs also saw more usage of facilities which individuals took part in the hubs in (and vice-versa). On average for every one MSK hub session attended it is estimated that there were 3.7 other classes and activities attended within the leisure facility. This supports the concept that such a model could offer both sustained physical activity participation for individuals, and sustained engagement for leisure operators at their sites.



Parkwood Leisure trialled the MSK Hubs product across 30 sites in the UK.

- + Good Boost tablet sessions were delivered across 23 sites
- + ESCAPE-pain programme across 15
- + Arthritis Community Groups delivered by Arthritis Action across 18
- + 4 sites were selected to pilot The Active Standard (TAS) accreditation

Spotlight: Parkwood Leisure

Parkwood Leisure saw successful uptake and use of the MSK Hubs across their sites, which was driven by a variety of elements. Firstly, the recruiting of site 'MSK Coordinators' responsible for liaising between customers and the MSK programme, allowed for targeted customer outreach. Sites also implemented a B2C marketing campaign, including social media and website, that targeted their customer base, implementing a B2B marketing to clinicians to support and build referral pathways, reducing the operational burden of automating referrals, implementing a localised and national public relations approach across their piloting sites, and holding sites to account through the implementation of internal KPIs. Some of their own surveying found:

- + 65 average new users per site.
- + 1,885 referrals (92% self-referral, 8% referral from HCPs), with 1,170 of these attending a class.
- + 64% of attendees reporting that their MSK condition and wellbeing had improved to 'no longer a problem' as a result of participating in an MSK Hub.

Spotlight: Tarka Leisure

Tarka Leisure is a leisure centre in Barnstable, opened in June 2022. The operator Lex Leisure, a subsidiary of Parkwood Leisure, won the bid to operate the facility; as part of the bidding process, community outreach and support for individuals living with long-term health conditions were vital. The previous operators had not been running GP referral programmes, so Parkwood needed a simple solution to deliver a programme for individuals suffering from long-term health conditions such as MSK conditions.

Parkwood provided its sites with comprehensive support to implement the MSK Hubs programme. This included risk assessments, FAQs, an informative website with self-referral forms, GP forms and online bookings. Tarka Leisure centre felt that the support given to them meant it was easy for them to implement the programme from an operational perspective. After the facilitators were trained on the relevant aspects of the MSK Hubs their staff were trained in the registration and programmes to better understand the customer journey.

Case Study – Parkwood Leisure Facility Engagement





Case Study – Parkwood Leisure Facility Engagement

Tarka Leisure began with generic social media posts to their consumers, then switched to localised posts to gain more traction with members of the local community. Posts included pictures showing a range of participants in their pool or studio doing the programmes. To engage clinicians, they hosted webinars and provided resources for staff on how to engage HCP's and provided screen marketing in local GP surgeries.

The health and fitness manager at Tarka Leisure contacted every individual who enquired about the MSK Hubs, signposting them to coffee morning chats first, offering individuals a friendly, safe space in which to familiarise themselves with the leisure centre environment before beginning any exercise.

At the Arthritis Community Groups, individuals register themselves on the tablets and with facilitators on hand to signpost them to the next step. These are attended by both newly registered and existing customers who have

begun their MSK Hub journey. Good Boost Aqua sessions became the most well attended and popular sessions for this centre, resulting in an increased number being delivered – up to 3 a week.

A total of 70 sessions have been delivered by the site, to support 76 referrals to the hubs. Of these referrals, 86% were self-referrals (66), and 14% (10) were referrals from clinicians. The centre has seen 100% occupancy at these sessions and have received requests from customers for increased access. As a result, tablets are being offered for use during casual swim timeslots and within the gym to complement the MSK Hubs programme, and support individuals' ongoing physical activity journey. Tarka Leisure is rolling out Move Together to the surrounding rural areas within its contract.



Participation, health, and social outcomes

Data presented shows that despite engaging sites located in areas of deprivation, the programme engaged a wider range of individuals than expected, with the high representation from older (60+, 61.2%), white (90.5%), female (81.2%), retired (50.9%) individuals living across areas of high and low deprivation. Baseline physical activity data indicated that most individuals who engaged in the programme were not sufficiently active (81.9%, [42.1% moderately active, and 39.8% low active]).

This highlights both that the MSK Hubs product is targeting those in need – such as older adults with MSK conditions who are inactive and that it can be scaled feasibly by operators who have multi-sites, beyond target areas. To continue to engage those most in need, such as ethnically diverse communities and those with less affluence, more targeted engagement is likely required.

Those who took part, did so for an average of seven weeks and engaged in seven sessions. Personal wellbeing (ONS4) data shows that levels of satisfaction, feelings of worthwhile and happiness were high or very high at baseline and remained that way at the 6-week and 12-week follow up time points. Levels of anxiety also appeared to reduce slightly from baseline at the 6-week and 12-week follow up. Average and maximum pain scores did not change at 6-weeks or 12-weeks compared to baseline, but two fifths of participants meet the threshold of 15% (minimal clinically important difference, MCID) to feel a noticeable improvement in pain at this point.

“ When I first started, I was not able to do a lot because of the pain I had within my joints. I am now doing more exercise regularly and trying to eat much healthier...I will now carry on with the exercises that I have learnt.

ESCAPE-pain participant

Individuals specifically noted through conversations that the social element of the MSK Hubs – through the community group sessions and interacting with leisure facility staff or other users – had a positive impact on their wellbeing, and their enjoyment of and confidence to take part in the MSK Hubs programme.

“ The (Arthritis Action) community groups have been really fun. It's always hard to know where to get the right information so it's great to get it there. Also, to talk to other people about arthritis. The staff are really helpful and it's easy to access and not scary

Arthritis Action community group attendee

Finally, initial data suggests there is social value for participation within the MSK Hubs programme. Data from 1,509 participants was inputted into 4GLOBAL's predictive Social Value Calculator. This calculator estimated a total social value by participants taking part in MSK Hubs of £622,557 or £413 per participant. It was based on participant activity levels, average annual session attendance, and the per-person cost of delivering a session. It means that for every £1 invested in delivery, it would generate £5.30 in social value.



Case Study - MSK Hubs Participant Engagement



Participant: Theresa

Age and condition: 60's - Knee and Spine Osteoarthritis arthritis, pain and immobility.

MSK hub resources utilised:

- + Arthritis Community Groups
- + Tablet self-management educational resources
- + Good Boost pool sessions and Move-Together app

Theresa was informally interviewed following participation in the MSK Hubs project, indicating a good overall outcome.

Arthritis Action noted that Theresa's levels of mobility, stamina and strength have increased following the programme – supporting her in day-to-day activities, such as joining her granddaughter in the kitchen for longer periods. There is also a reduction in her need to take her previous levels of pain relief medication following her participation within the MSK Hub with an increased ability for swimming and other physical activities that were previously not possible. Theresa said:

“ I've got more mobility, I can't walk a lot still but I can actually move around now and can even tidy my house. I'm able to do a lot more on my own than I used to be able to. Previously I couldn't really stand at all, but now I can stand for an hour before I have to sit down. My granddaughter and I tidy up the house together, we make it into a game. Before, we used to just sit and watch TV when she came around but now we do lots more.

Notwithstanding the obvious physical improvements outlined, it could be suggested that Theresa's confidence has also benefited and proved helpful in combatting previously unhelpful negative self-perceptions pertaining to her condition. In particular, Theresa shared that she was able to participate in a community darts team which was previously impossible due to pain. Theresa said:

“ I take less tablets now for pain, and I don't need to take them in advance of going to the pool. I take them three times a day now rather than five times before. As well as the exercise I also play darts. I always used to go but couldn't play because of my shoulders and because it was painful, but I can actually play again now. I'm going to start playing bowls soon too! I now also add extra bit of exercise when I take my granddaughter to the pool. She has a swim around and I do a few exercises.

Theresa also enjoyed attending the Arthritis Community Groups. She said:

“ I like how it gets me out, and to be able to communicate with others. In the coffee mornings there are a little group of us and I really enjoy the social aspect of it. We have great conversations about all of it, our problems and also the exercise sessions.

This shows the often unrecognised benefit of improved social connection with relatable peers. Theresa's testimony, along with multiple others, indicate the potential for improved social connections, confidence, and even peer-to-peer motivational support to try new things.

Finally, this testimony and that of other participants and staff facilitators, indicates that the setting afforded by an Arthritis Community Group was also an ideal environment to familiarise participants with the full range of resources and services offered by all partners in the MSK Hub.

Recommendations

Operations

There were several operational learnings, collected through qualitative feedback from operators, facilitators, and the consortium partners. Two recommendations have been developed to ensure that if scaled, the MSK Hubs product remains operationally feasible to roll out.

Recommendation: Dedicated project management

To aid the effective and efficient management of MSK Hubs as a singular product, including the scaling of the product, a dedicated person should be onboarded as part of the MSK Hubs consortium project team, as a project manager responsible for operational management and internal communication loops.

Recommendation: Invest into workforce upskilling

To ensure that operators have the relevant capacity and skill sets to deliver the MSK Hubs product at scale, investments should be made into upskilling the fitness and leisure sector workforce through training and competence programmes. This should include improving access to these opportunities and the recognition that this workforce is an extension of the public health workforce.



Implementation

Adaptions to the implementation of the MSK Hubs were considered as a key learning and aim for this project, as it impacts its ability for MSK Hubs the programme to be delivered effectively to more people in need of it. This involves implementation requirements from the consortium project team, leisure operators and wider health partners.

Recommendation: Produce an operational blueprint

To support the implementation and quality assurance of the MSK Hubs product at operator sites it is necessary to produce an operational blueprint. This blueprint should provide structure on timelines for launching, marketing branding and messaging, requirements for launching and an overall plan for engaging specific, marginalised or notable audiences, such as those from areas of higher deprivation, from ethnically and culturally diverse backgrounds, and disabled people. For successful delivery, it should also specify how to engage healthcare professionals and develop partnerships for securing and improving referral pathways, include requirements of The Active Standard (TAS) and minimum requirements to constitute as an MSK Hubs.

Recommendation: Integration with health

To extend the reach and support scaling of the MSK Hubs product across the leisure sector, the consortium project partners should prioritise the integration of health into the operators currently running the MSK Hubs, alongside any future operators onboarded. This should include ongoing work to ensure operators are considered part of local healthcare systems, interlinking with hospital pathways, voluntary, community, and faith organisations and social care providers.

Recommendation: Develop specific MSK Hubs brand and marketing assets

To support the promotion of the MSK Hubs as a singular product it is necessary to develop joint marketing assets, website, materials, and brand guidelines. This is especially important for the scalability to more locations and for targeting those populations most in need, who have not been engaged presently.





End User Experience and Impact

Data collected on the impact of the programme to end users was one of the many aims of this project. The current data collection method allowed an evidence base to be collected. Ongoing evaluation needs to continue to fully utilise the data and draw wider conclusions on how and who the MSK Hubs product supports.

Recommendation: Continued evolution and refinement of MSK Hubs to meet health needs

To continue the development of the MSK Hubs product and to understand the impact it has on the health outcomes of the individuals taking part, continuous refinement of the MSK Hubs tablets, as well as the content being provided by all project partners should take place, including ongoing feedback process from end users.

Recommendation: Advancement in research approach

Data collection of agreed health outcome metrics should be continued to grow both the size and validity of the present data collected. Continued data collection should assess the impact on health outcomes overtime, and the social and financial value of the MSK Hubs.

Recommendation: Focus on populations most in need of support to help reduce health inequalities

To ensure the MSK Hubs product better services the population in most need of the support it provides, and that it plays a role in reducing health inequalities, future focus of the MSK Hubs project partners should be placed on extending the reach of the product to these populations.

“ A key learning was that leisure centres were able to choose what intervention is right for them rather than forcing all elements, as that wasn't feasible for all. Every leisure centre, and every council works in a different way, so it's about giving them options and ensuring it's the right solution for them and the community.

Member of MSK Hubs consortium project team



Case Study – Everyone Active Site Implementation

Spotlight: Scarborough Sports Village

Scarborough Sports Village is a site operated by Everyone Active that has implemented all components of the MSK Hubs programme and provides a strong case study for how they all work together as one product. This included the delivery of ESCAPE-pain and Good Boost sessions alongside adapting the Arthritis Action training to create its own 'Community Chat Groups'.

Firstly, Scarborough Sports Village used a triage approach to recruit individuals onto the MSK Hubs programme. It maximised its existing GP referrals route, using their Exercise Referral instructor to help sign post potential participants towards the MSK Hubs if the individual's referral highlighted elements of MSK need. In the first instance, this involved sign-posting them to the ESCAPE-pain programme, and was followed by encouragement for the individual to then self-refer to Good Boost, especially if ESCAPE-pain was not appropriate for their need.

Participants in the ESCAPE-pain programme particularly benefited from the progressive nature of the 6-week programme, alongside the motivational interviewing and

educational components. The educational component of the programme was an important factor in encouraging individuals to take part in the next part of the programme. The ESCAPE-pain programme was set up in a way that gave individuals a platform to talk about their experiences in a safe environment with peer support and helped them to feel listened to and understood in a way that is not often possible during GP appointments due to limited time. The face-to-face element of the ESCAPE-pain programme also proved essential to keep participants involved in the programme as well as taking part in other activities within the leisure centre afterwards.

Social media assets and posters were used to engage members and individuals in the community to self-refer to the MSK Hubs programme. Individuals who came into the centre for other reasons such as donating blood, were also made aware of the MSK Hubs through the centre staff. Here, self-referral began with Good Boost, which comprised of an initial 30-minute induction to allow individuals to familiarise themselves with the tablet, the instructors in the centre and the other facilities that the leisure centre had to offer. Good Boost sessions were scheduled to always be delivered with a free hour afterwards, to allow individuals to then take part in the Arthritis Action Community Groups.

Scarborough agreed a price point for the MSK Hubs which was suitable for their members needs. They charged £48 for 12-weeks use (£4 per session for ESCAPE-pain, and £4.50 per session for Good Boost). Included in this price was additional guidance and information on how to use the leisure centre equipment and facilities, and free trials of existing group exercise classes during the 12-weeks (e.g. senior fitness classes, chair-based classes) to allow individuals to familiarise themselves with the rest of the centre. By familiarising individuals with the other activity options available within the facility so early on the process provided participants with a clear exit point to continue using the leisure centre and its facilities once they had finished the MSK Hubs programme. Scarborough Sports Village have noted that an estimated 50% of individuals have joined as members following participation in the MSK Hubs programme, showing value from an operator perspective in gaining more members.

Conclusion

Between April 2022 and March 2024 a project partnership of ukactive, Good Boost, ESCAPE-pain and Arthritis Action delivered an industrial research project that aimed to complete the co-production, development, testing and research evaluation to achieve public roll-out and commercialisation of MSK Hubs. The component parts of MSK Hubs delivered by each project partner ensured there was structure yet individual choice at both a local level within leisure centres and from people with MSK conditions. The implementation of TAS meant there was high compliance and standards by those delivering MSK Hubs.

Initial data analysed in this report indicates that it is feasible to implement MSK Hubs within leisure centres, that there was a high level of participation, activity attendance and adherence, and that multiple referral routes were and can be used successfully to access the hubs.

While this was a pilot project, MSK Hubs has been influencing national policy. The UK Government's Sport Strategy, 'Get Active' (Sporting Futures II), announced in 2023, includes MSK Hubs as the first case study in the document⁴. The Chief Medical Officer's Annual Report 2023 'Health in an Ageing Society' references MSK Hubs as well as project partners Good Boost and ESCAPE-pain

in relation to evidence-informed health and wellbeing interventions becoming embedded in the local health and social care systems⁵. But most notably, the Chancellor's commitment for the scaling up of MSK Hubs was announced in the Spring Budget in 2023⁶.

Based on the findings, there is potential for the MSK model to be expanded to manage a range of LTHC's, moving from solely an MSK community hub to a multi-morbidity community hub. Therefore, it has the potential to help reduce further health inequalities by providing localised access to support using the expertise and space of local leisure centres to host sustainable, long term activity behaviours. This concept aligns with several recent announcements. Firstly, the Chancellor's announcement (as of March 2023, Jeremy Hunt) in the Spring Budget of a £400m investment to increase the availability of mental health and musculoskeletal resources and expand the placement and support scheme for individuals at a place-based level. Secondly, *The 2022 Fuller Stocktake* report⁷ which highlighted recommendations for Integrated Care Systems to support integrated primary care with a focus on local population-based care. This MSK Hubs model, and the potential expansion of it, can offer an integral solution to meeting local population health needs, by both streamlining access to care and advice for individuals in

their community and providing personalised and proactive care with support from a wide team of professionals.

There were areas unforeseen before the project started, with large amounts of flexibility required from all project partners. The learnings and evolution have taken the MSK Hubs service model that was funded in 2022 through a feasibility and testing phase that has produced a product that bridges the gap between health care and leisure, **demonstrating that gyms and leisure centres are a suitable non-medical setting to support people with MSK conditions**, and potentially those with multi-morbidities. The positive engagement from leisure centre operators, the participation and outcomes data from participants, the wider physical activity participation, the predicted social value generated, and policy impact that this MSK Hubs pilot has achieved indicates the potential for scalability and greater impact on reducing health inequalities within other populations. Addressing challenges and learnings can further develop MSK Hubs to ensure greater impact and support for people suffering with MSK conditions and other LTHC's.

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