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Tackling Inactivity Through Social Prescribing

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Welcome
David Reader – Specialist Advisor
Workforce, London Sport

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Timetable

2pm	Welcome and introductions - <i>David Reader</i>
2.10pm	London Sport – The journey to our involvement with Social Prescribing - <i>Barry Kelly & David Reader</i>
2.30pm	Creating a new Sport and Physical Activity training resource – <i>Dr Sarah Hotham</i>
3pm	Understanding the Social Prescribing and Sport and Physical Activity landscape – <i>Natasha Azzopardi, Halima Rahman and Zina Kahdum</i>
3.30pm	Break
4pm	Impact report – <i>Dr Sarah Hotham</i>
4.30pm	What next? – <i>David Reader</i>
4.45pm	Q & A – <i>Alex Gibbons</i>
5pm	Conclusion

Who we are – London Sport

- Active Partnership for London
- Vision: *To help make London the most physically active city in the world*
- Tackling inactivity
- Workforce Development: *Creating a Better and Broader workforce*
- Project made possible by Sport England funding.



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The journey to our involvement with Social Prescribing

Barry Kelly & David Reader
London Sport

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2017 Workforce research findings

Londoners

- People have busy lives
- People want to be more active
- Inactive people lack confidence to be more active

Traditional workforce

- Meeting the needs of Londoners that it engages regularly
- Less confident and motivated to work with inactive people
- Are unlikely to encounter inactive people

Thought process

Who are the inactive population?

What workforce comes into contact with them?

E.g. Social Prescribing workforce

Can we help that workforce?

What was the hypothesis?

✓ *Can we upskill and increase the confidence of those working in social prescribing?*

X *Does the end user stick with it?*

X *Does the end user engage in SPA?*

? *Do the SP's go on to prescribe SPA?*

X *Does SPA improve the end users health and wellbeing?*

Physical activity – what and how much?

Physical activity benefits for adults and older adults

+ BENEFITS HEALTH

Zzz IMPROVES SLEEP

MAINTAINS HEALTHY WEIGHT

MANAGES STRESS

IMPROVES QUALITY OF LIFE

REDUCES YOUR CHANCE OF

Type II Diabetes	-40%
Cardiovascular Disease	-35%
Falls, Depression and Dementia	-30%
Joint and Back Pain	-25%
Cancers (Colon and Breast)	-20%

What should you do?

For a healthy heart and mind

Be Active

VIGOROUS: RUN, SPORT, STAIRS

MODERATE: WALK, CYCLE, SWIM

To keep your muscles, bones and joints strong

Sit Less

TV, SOFA, COMPUTER

To reduce your chance of falls

Build Strength

GYM, YOGA, CARRY BAGS

Improve Balance

DANCE, TAI CHI, BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY (BREATHING FAST, DIFFICULTY TALKING) OR MODERATE INTENSITY (INCREASED BREATHING, ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME

2 DAYS PER WEEK

Something is better than nothing. Start small and build up gradually: just 10 minutes at a time provides benefit. **MAKE A START TODAY: it's never too late!**

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: <http://bit.ly/startactive>

Physical Activity for Disabled Adults

Make it a daily habit

Disabled adults

Physical activity makes you feel good

Being inactive is harmful to health

Don't be still for too long

Even a little movement is better than nothing

Improves mental health and quality of life

Makes maintaining a healthy weight easier

Makes daily tasks easier and increases independence

Strengthens muscles and bones

Improves fitness

Creates opportunities to meet new people and feel part of the community

Helps to prevent chronic disease

Improves mobility and balance

Do strength and balance activities on at least two days per week

For substantial health gains aim for at least 150 minutes each week of moderate intensity activity

Remember the talk test:

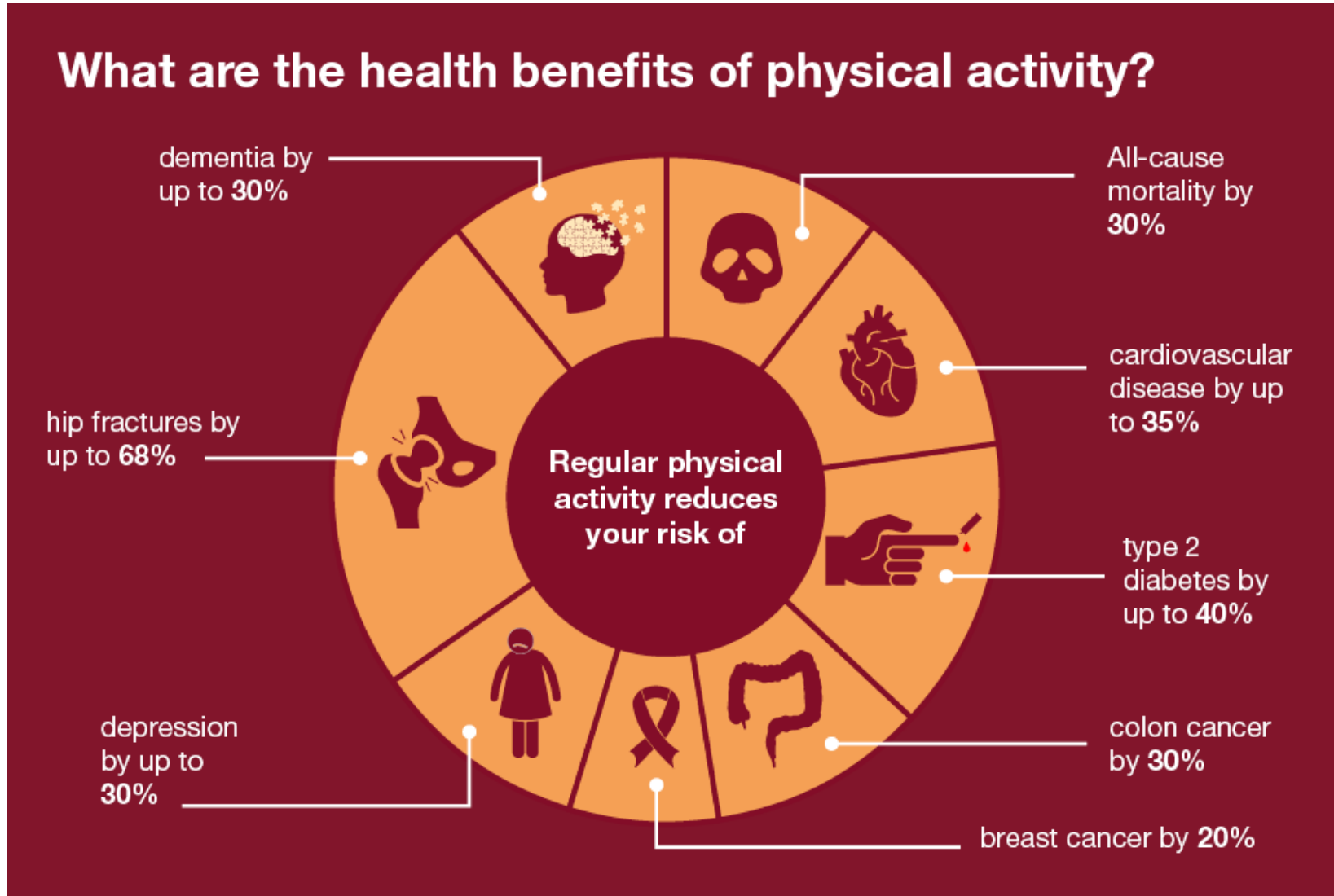
Can talk, but not sing = moderate intensity activity

Difficulty talking without pausing = vigorous intensity activity

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: www.bit.ly/startactive

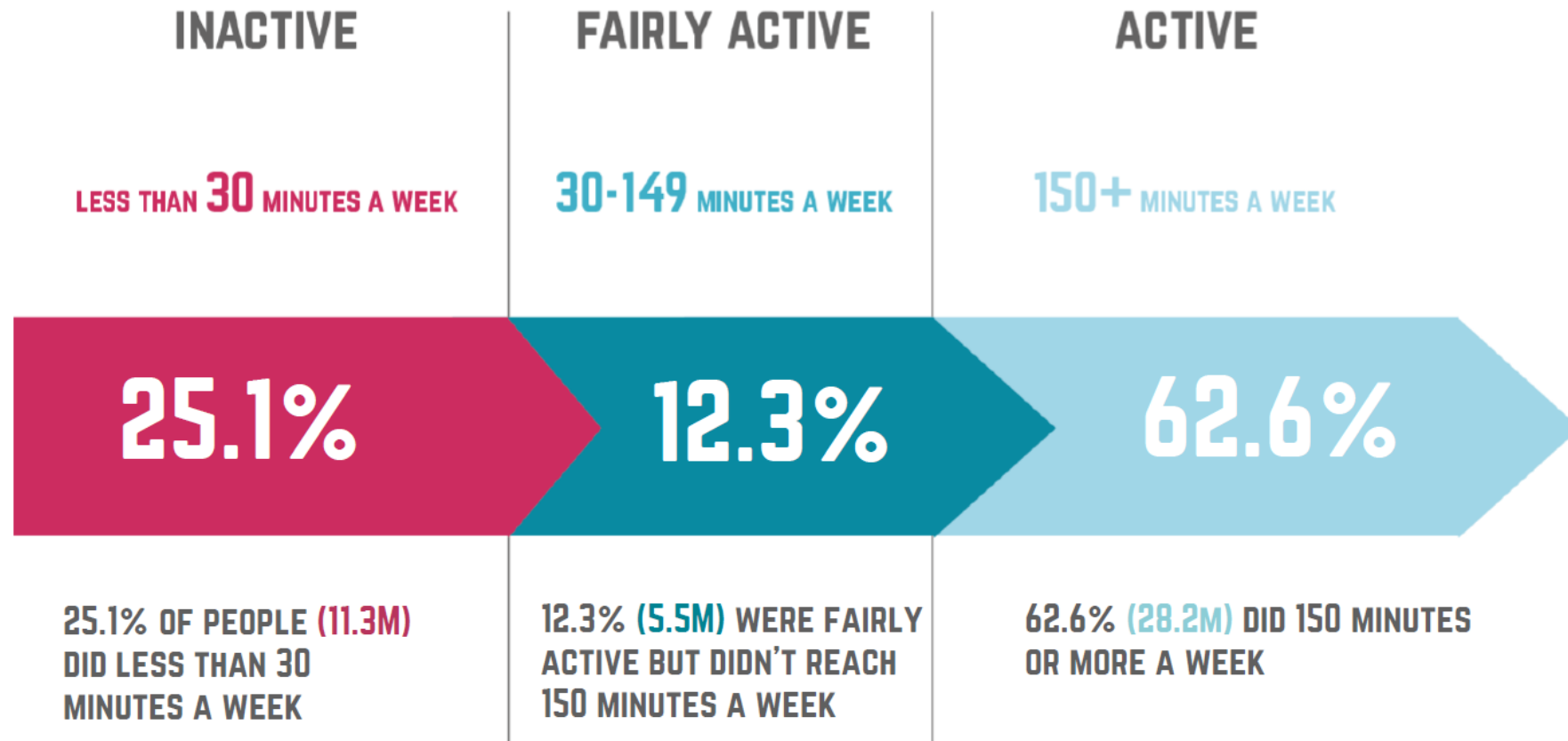


The health benefits of physical activity



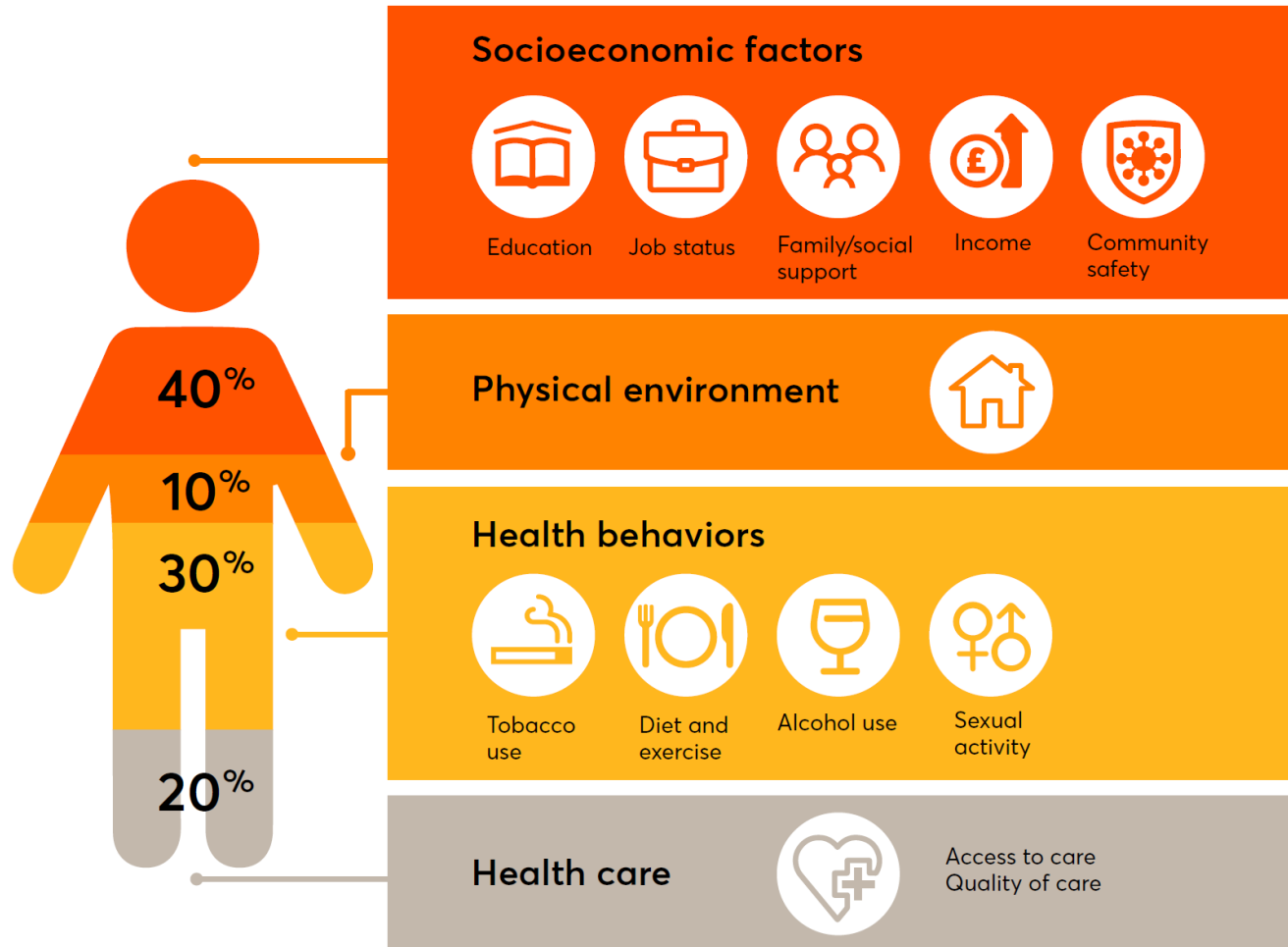
PHE Public Health Matters: Getting Every Adult Active Every Day

Adult physical activity levels England



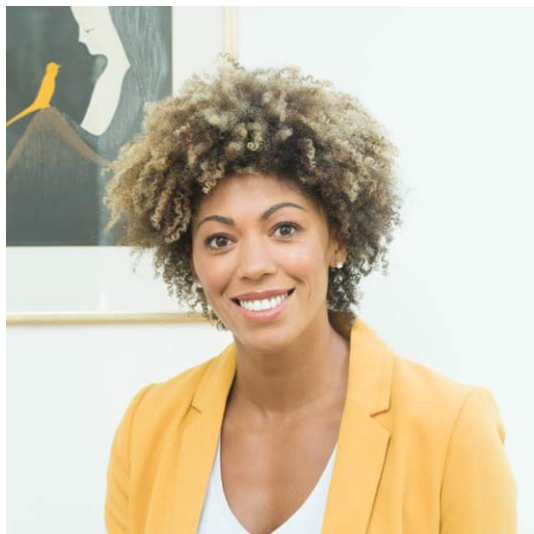
Sport England Active Lives Nov 17/18

Social determinants of health



Social Determinants of Health University of Wisconsin Population Health Institute

Physical activity in social prescribing



Dr Zoe Williams
Royal College of General
Practitioners Clinical
Champion Physical Activity
and Lifestyle

‘I think that physical activity is like the glue when it comes to social prescribing. It’s the one thing that can bring it all together. It doesn’t have to be sport...(it is) just movement and getting out of the home’

To note...

Hypothesis:

- Can we increase the skills and confidence of social prescribers around the use of sport and physical activity to improve the well being of their end user?

Assumption:

- Sport and Physical Activity has the potential to positively impact upon an individuals health and wellbeing.

Is this an assumption too far?

How commonly held is this assumption?

Step One – Working with our funder

- Following on from our earlier research, make a proposal to Sport England.
- Funding request submitted and supported to deliver a pilot project.
- Delivery to take place between 2018 and 2019.
- Based on the findings, to then subsequently deliver further training across London.

Step Two – Identifying Social Prescribing programmes

- Are Social Prescribers interested in acquiring more skills around sport and physical activity and how to get people involved?
- Request for expressions of interest issued to programmes across London.
- 10 programmes declared an interest.
- 3 were selected (with input from Healthy London Partnership) based on:
 - Their differing sizes
 - Their different approaches to delivery
 - The make-up of staff and volunteers

Step Three – Recruiting a delivery partner

- Open advertisement for a delivery partner issued.
- Tasked with:
 - Creating a set of learning resources.
 - Consulting with the selected Social Prescribing programmes.
 - Delivering a series of workshops.
 - Gathering feedback.
 - Being exposed to external monitoring and evaluation.
 - Develop a series of resources that can be utilised in further training.
 - Work with London Sport to disseminate the findings.

Partners





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Creating a new Sport and Physical Activity training resource

Dr Sarah Hotham – University of
Kent

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Tackling inactivity through Social Prescribing:

Developing a training package to increase the skills and confidence of social prescribers on sport and physical activity

Dr Sarah Hotham

Chartered Psychologist & Senior Research Fellow

S.Hotham@kent.ac.uk



[@DrSarahHotham](https://twitter.com/DrSarahHotham)

CENTRE FOR HEALTH SERVICES STUDIES



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NHSE Guidance on SP (2019)

- Social Prescribing and community-based support is part of Comprehensive Model for Personalised Care.
- Social Prescribing typically targeted at people:
 1. With one or more long-term conditions
 2. Who need support with their mental health
 3. Who are lonely or isolated
 4. Who have complex social needs which affect their wellbeing.

<https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/>

The role of social prescribing in changing health behaviour

- Reach populations with traditionally high levels of sedentary behaviour.
- Provides an opportunity when individuals are receptive to new ideas and ways of living. Although expectation that this will differ with each service user.
- Brief advice can have an impact.
- Benefits of engaging in physical activity often match aims/outcomes of social prescribing.
- Link Workers can offer long-term support through social prescribing and support to maintain behavior change.



Design of the training package

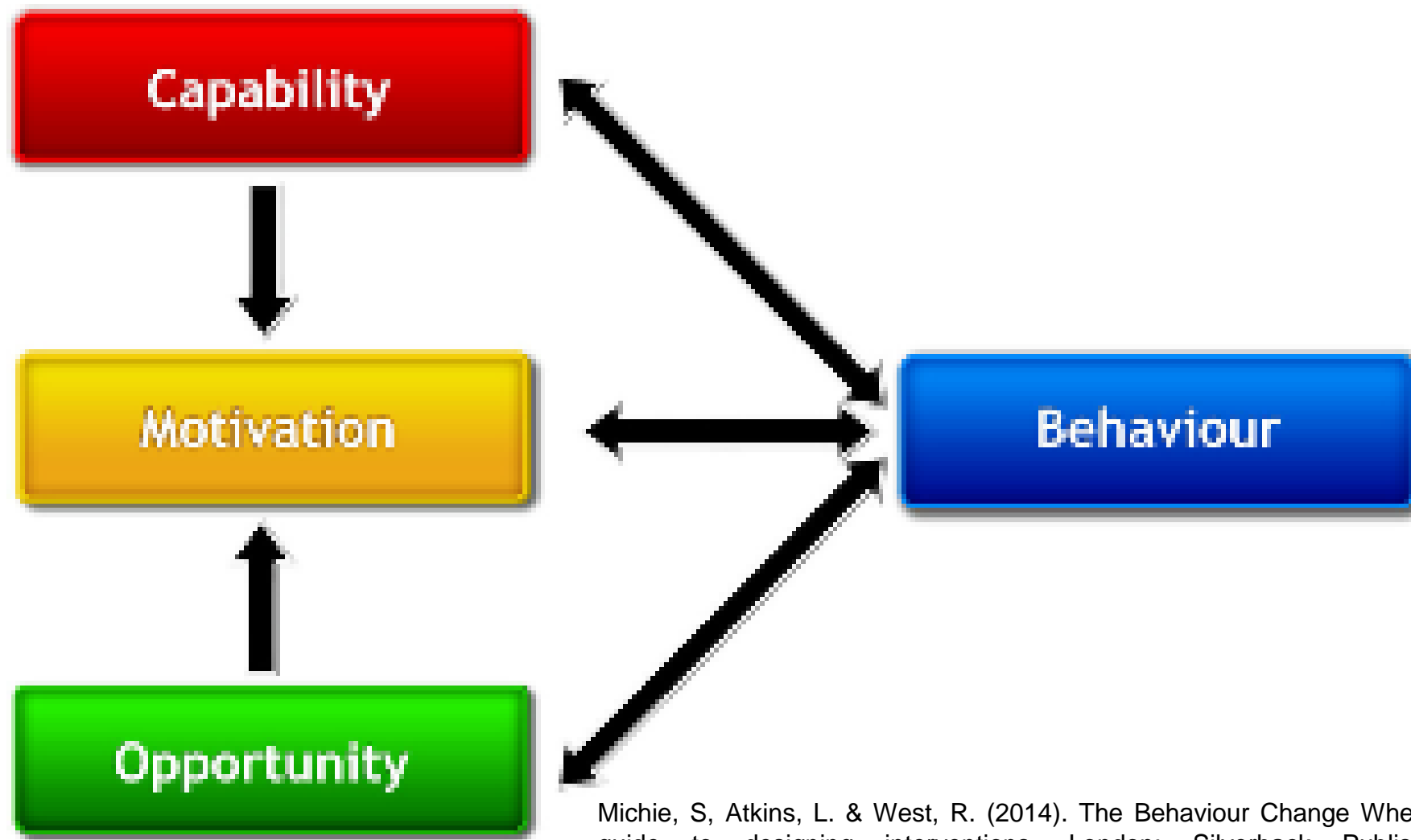
Objectives

- Training content was developed between October and December, 2018. Training designed to provide:
- (a) Key facts (such as information on prevalence of physical inactivity, how physical activity can impact psychological and physical wellbeing);
- (b) Opportunity to engage with the 'lived experience' of Deaf and Disabled people
- (c) Skills-based training (in the use of MI and Behaviour Change techniques).

Behavioural Outcomes

1. Routinely share knowledge with service users on the benefits of physical activity to health outcomes (physical and mental);
2. Routinely share knowledge with service users of wider benefits to participating in physical activity;
3. Use Motivational Interviewing (MI) techniques to engage in conversations on physical activity;
4. Use appropriate behaviour change techniques (BCTs) to promote physical activity;
5. Refer service users to local opportunities to participate in physical activity.

Theoretical Underpinning: Behaviour Change: COM-B Model



Michie, S, Atkins, L. & West, R. (2014). The Behaviour Change Wheel: A guide to designing interventions. London: Silverback Publishing. www.behaviourchangewheel.com

Evidence Review: COM-B Model and Physical Activity

What are the important predictors of physical activity?

Capability

1. Action Planning: When, where, how and how often
2. Self- monitoring
3. Habits (and ability to control them)

Opportunity

1. Social support (family and non-family)
2. Subjective norms

Motivation

1. Exercise self-identity (perceptions of competence)
2. Self-efficacy
3. Intentions

Howlett et al., 2017

Theoretical Underpinning: Behaviour Change: Self-efficacy

- Based on Bandura's model of self-efficacy.
 - Self-efficacy refers to the individual's belief in their ability to carry out specific behaviours (e.g. taking medications, following a healthy diet, quitting smoking) in a specific context (e.g. at home, at work, on holiday), or under specific conditions (e.g. while tired, feeling unwell etc.)
- Four ways to build self-efficacy:
 1. Mastery experience
 2. Vicarious experience (modelling)
 3. Supportive feedback
 4. Physiological arousal

Scoping

- Engaged with Local Authority Leisure teams to capture views on what is important to include in a training package for social prescribers.
- Collected information on local physical activity opportunities, programmes, initiatives that could be included in the training package.
- One training workshop (K&C) member of LA Leisure team attended and spoke about opportunities.
- Gather evidence from internet regards local programmes.

Examples in Practice: Macmillan Move More:

- Physical Activity Behaviour Change Care Pathway.

- BCTs included:

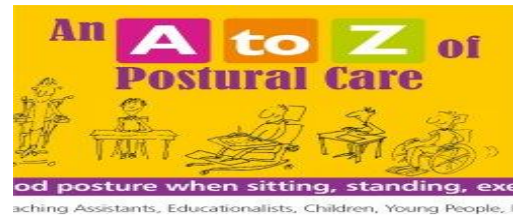
1. Setting goals
2. Monitoring
3. Shaping knowledge
4. Understanding consequences of change
5. Decisional balance tables
6. Reframing physical activity



Evidence Review: How to change healthcare professionals behaviour

Previous Work

NIHR | National Institute
for Health Research

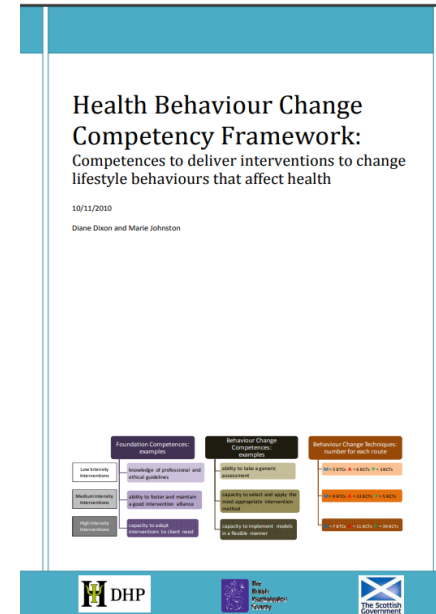


NHS
West London
Clinical Commissioning Group

NHS
Kent and Medway
NHS and Social Care Partnership Trust

NHS
Kent Community Health
NHS Foundation Trust

National Guidelines



Training Needs Assessment

- Important to reflect the training needs of the local areas.
- Designed a brief needs assessment: 12 questions to probe current levels of expertise across a range of relevant topics (e.g. MI, BCTs).
- Asked to rate their current level of knowledge/confidence as either 'very good', 'moderate' or 'would like additional training'.
- Four key topics were identified as gaps:
 1. Current guidelines on physical activity
 2. Knowledge on Behaviour Change Techniques (BCTs)
 3. How to integrate BCTs in to practice
 4. Knowledge of barriers to physical activity for individuals with additional needs (i.e. Long-term condition, physical disability).

Public, Patient Involvement Engagement (PPIE)

- We asked twenty Disabled and older people about the barriers they faced when trying to exercise/take part in physical activity.
- Mencap (Bexley & K&C) and the Opening Doors to Research group (University of Kent)
- Challenges: high costs of sports centres/gyms, not always being supported by sports centre staff, anxiety and not being aware of or understanding opportunities, amongst other barriers.
- Opportunities: meeting new people, widening social networks in addition to building confidence.
- Findings helped shape and deliver the training accordingly.

Content of the training package

Outline of training workshop

Module One:

- Introduction to physical activity
- Benefits of physical activity
- Engaging all populations in physical activity

Module Two:

- Integrating physical activity advice in to social prescribing

Module Three:

- How to change behaviour through use of BCTs

Module Four:

- Motivational Interviewing

Module Five:

- Maintaining changes in behaviour

Module Six:

- Sharing knowledge on local opportunities

Workshop Activities

- Confidence ratings and discussion
- Knowledge Checks
- Reflect on barriers and concerns of providing support
- HealthTalk videos to illustrate lived experience
- Role play with BCTs resources
- MI Role play and videos
- Self-efficacy origami frog task
- Action Plan
- Reflective practice



Resources: How to use BCTs in Social Prescribing

- Physical activity workbook. Includes 10 activities that could be used in 1-2-1 sessions.
- It's not necessary to use all of them all of the time. Think about it as a range of simple tools you can use as and when you think helpful.
- Resources that will provide opportunity to use BCTs
 1. Motivations
 2. Thinking about a future you, understanding consequence of change
 3. Pros and cons & decisional balance
 4. Building confidence
 5. Problem solving
 6. Overcoming barriers (finding the time)
 7. Goal setting
 8. Action planning
 9. Coping strategies
 10. Reflecting

Behaviour Change Techniques (BCTs): Descriptions and Example Application

BCT Label	COM-B	Description	Application	Training Resource
BCT 1.1: Goal setting (behaviour)	Motivation	Set or agree a goal defined in terms of the behaviour to be achieved.	Set a goal of walking for 10 minutes each day	<ul style="list-style-type: none"> Goal setting worksheet
BCT 1.2: Problem solving	Motivation	Help or encourage individual to reflect on factors influencing engagement in physical activity and generate solutions to support them to achieve it	Identify barriers to engaging in regular swimming sessions. Discuss potential solutions and identify coping strategies. Relapse prevention	<ul style="list-style-type: none"> Problem solving worksheet Coping strategies worksheet. Example coping strategies in PowerPoint. Finding the time to be more active worksheet
BCT 1.3: Goal setting (outcome)	Motivation	Set or agree a goal defined in terms of the positive outcome	Set a goal for reducing time spent sitting down at work/home.	<ul style="list-style-type: none"> Goal setting worksheet
BCT 1.4: Action Planning	Capability Motivation	Together make a detailed plan that includes what, when, who with, where, potential barriers, rewards	Write an action plan in conjunction with the weekly plan to map out opportunities for <u>engaging in physical activity</u> .	<ul style="list-style-type: none"> Action plan worksheet
BCT 1.5: Review behaviour (goals)	Motivation	Are goals still relevant? Do they need to be changed? Do new goals need to be set?	At follow-up sessions discuss progress – celebrate successes and discuss challenges and problem solve	<ul style="list-style-type: none"> Goal setting worksheet
BCT 2.3: Self-monitoring of behaviour	Capability	Establish a method for the individual to keep a record of their physical activity and how they felt after doing it (or not). Written diary, activity tracker if available, App.	Complete with when, where, how often, intensity, amount of time, and how they felt afterwards, level of enjoyment.	<ul style="list-style-type: none"> Activity diary. Activity trackers/Apps if using

Resources: Information

- Links to local programmes and initiatives
- Information about national programmes
- Examples of positive stories: Videos to use in practice
- PHE Infographics (Adults and Disabled Adults)
- Example of local best practice approaches



Follow-up Session

- 6 months after training workshop : ½ day follow-up session.
- Purpose: What worked well, what didn't, what made it easier/harder, use of resources.
- Reflective practice worksheet. Encouraged to record some sessions when discuss physical activity.
- Reflect upon individually and can also be shared with group at follow-up if comfortable.
- Opportunity to practice skills again. Role play using BCTs and MI.



Understanding the Social Prescribing and Sport and Physical Activity Landscape

Natasha Azzopardi, Halima
Rahman & Zina Kahdum –
West London CCG



London Sport – Tackling Inactivity Through Social Prescribing

23 July 2019

Natasha Azzopardi System Integration
Halima Rahman Senior Health & Social Care Assistant
Zina Kahdum Senior Health & Social Care Assistant

The Service

- Service designed by patients, GPs, third sector and key stakeholders.
- Patient at the centre of care
- More time; more support; more help and more choice support on all aspects of health and well being

“Patients are actively involved and encouraged to participate and thinking about planning their care.”

Dr Richard Hooker, GP and clinical lead



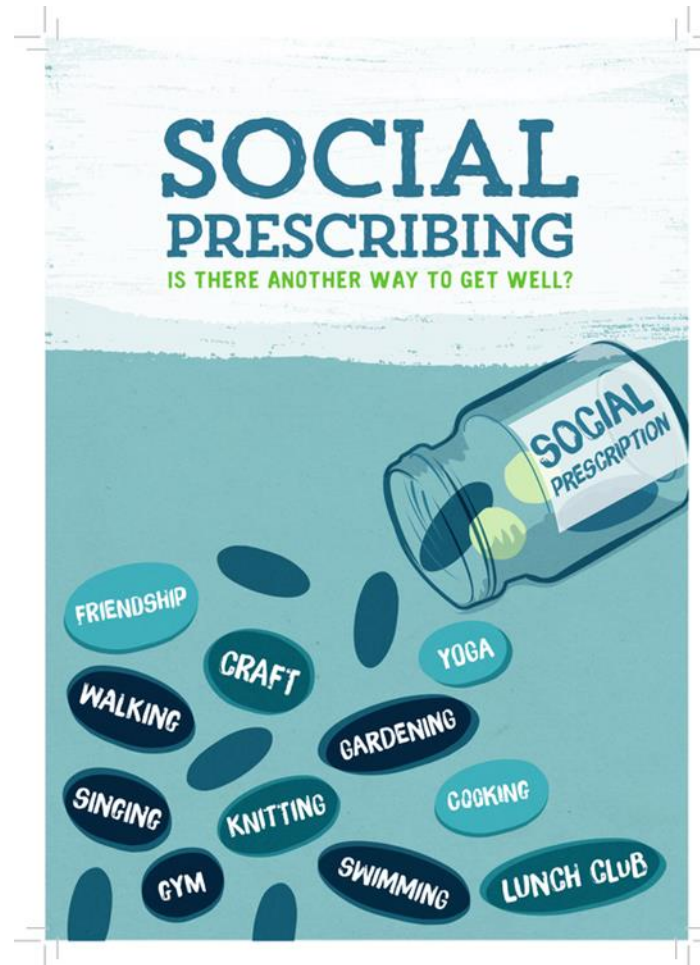


STAFFING

- Two integrated care centres – St Charles and Violet Melchett
- Each practice is allocated a case manager and a Health and Social Care Assistant
- Staff are assigned a case load and the patient has a named individual
- Staff recruited from a variety of backgrounds to enable a rich team experience
- All staff undertake a 2 week induction programme:
 - Self care, Patient Activation Measures, setting goals and motivational interviewing
 - Third sector referrals and social prescribing



Social Prescribing Offer in West London CCG



SOCIAL PRESCRIBING PATHWAY

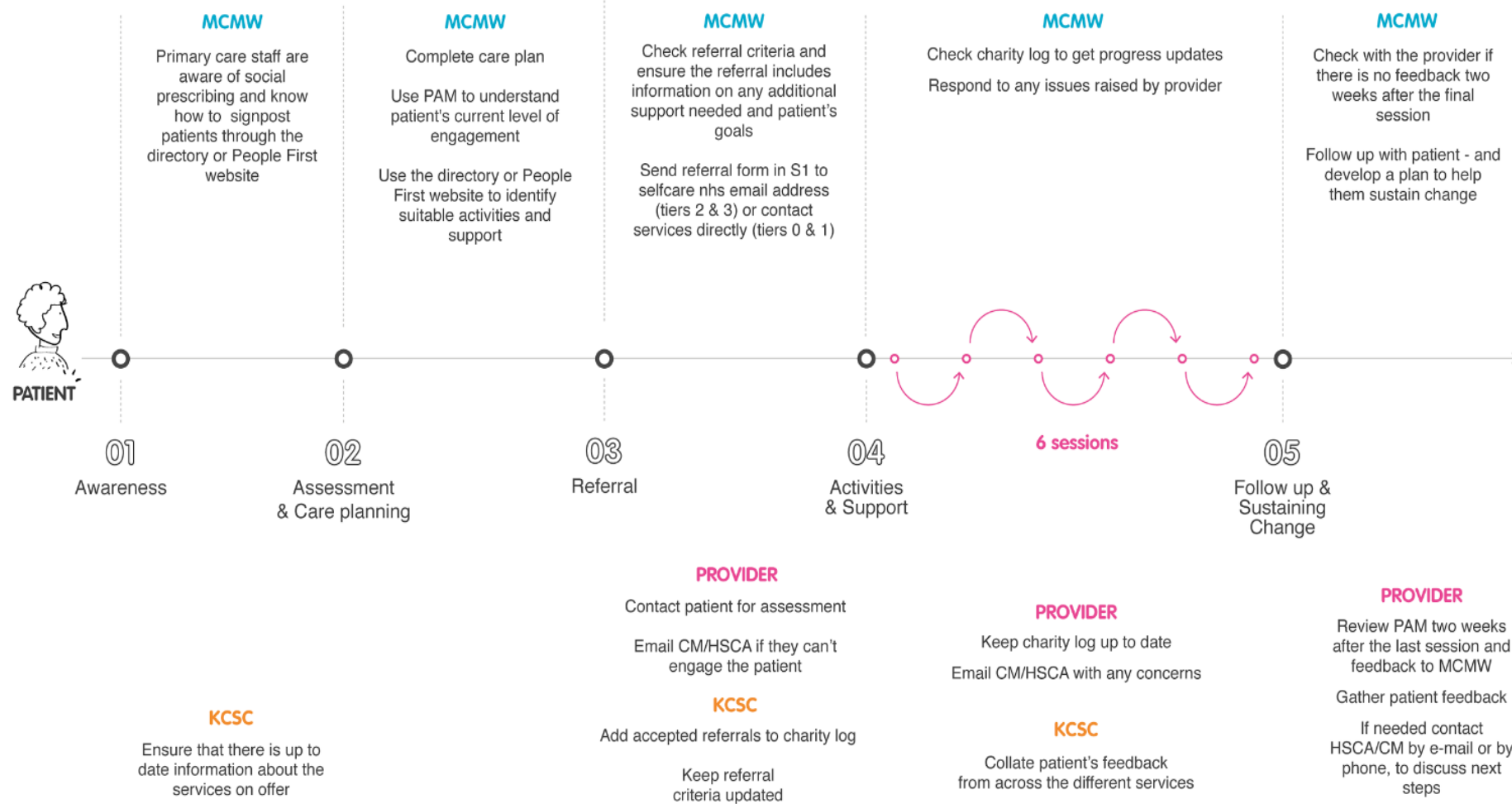
Voluntary and community sector providers



KCSC



MCMW
CM's & HSCA's



WHAT IS SOCIAL PRESCRIBING?



Evaluation

- A new **Social Return on Investment** (SROI) report has been produced by **Envoy Partnership** who were commissioned to conduct research to evaluate the impact of the model and analyse the Self-Care social prescribing model. The report demonstrates that the model has led to reduced avoidable need for hospitalisations, reduced need for GP practice hours, and reduced levels of physical pain and depression for patients.
- This Self-Care social prescribing model and directory of services is managed by **Kensington and Chelsea Social Council** (KCSC) on behalf of **West London Clinical Commissioning Group** (WLCCG).
- Patients are provided with a personal consultation with a Case Manager or Health and Social Care Assistant at their GP practice, to identify their needs, interests, and goals. One option available is for the patient to be prescribed a service on the Self-Care directory. Patients are contacted by the service provider within a week to arrange their sessions and work on their progression.
- Key results of the **SROI report** include:
 - **£2.80 of social value created per £1 invested**
 - **Circa 11.5% reduced hospital admissions**
 - **1300 patients were reached in 2017**

£ + **£2.80** of social value created per **£1** invested



1300 patients reached in 2018



c.11.5% reduced hospitalisations

% of Patients responding	Before	After	Change
Little or No pain	15%	39%	+24%
No feelings of being depressed	30%	47%	+17%
No feelings of anxiety	29%	43%	+14%



London Sport Pilot - Why

- Personalised care planning
- Existing staffing structure
- Workforce development
- Improving health outcomes
- Integrated Care Programme



Staff Feedback

Reinforced our training in behavioural change

Refresher – makes me aware of how to engage patients having conversations around physical activities

Enabled me to work in confidence with complex patients and support them into classes such as walking groups, chair yoga and others



Zara's Story



Next Steps

- Embed the learning
- Personalise care plan and shared decision making
- Prevention
- Universal offer – North Kensington
- Culturally appropriate services



For more information

Kalwant Sahota
Self Care & Third Sector Commissioning and Development
Manager

NHS West London Clinical Commissioning Group

Tel: 020 3350 4356

Email: kalwant.sahota@nhs.net

Website: <http://mycaremyway.co.uk/>





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Break Tea and coffee

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Impact report

Dr Sarah Hotham – University of
Kent

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Evaluation of the training package

Evaluation

- Summative evaluation: focused on outcomes.
- Mixed-methods.
- Questionnaire pre and post training with social prescribing staff.
- Semi-structured interviews with social prescribing staff who attended training.
- Semi-structured interviews with service managers and key stakeholders.

Quantitative Data: Bespoke Questionnaire

- **Knowledge and understanding** of essential details about physical activity. For example guidelines, national strategies, benefits of physical activity, different types of physical activity (eleven items, scored 'Yes' or 'No').
- Participants' **self-efficacy** in relation to using behaviour change techniques and engaging in conversations about physical activity (eleven items, scored from 0 'not at all confident' to 10 'very confident', e.g. I am confident that I would be able to help service users maintain motivation to engage in physical activity).
- The post-workshop questionnaire also included questions with a specific focus on COM-B model of behaviour (Michie et al., 2014) to capture participants' views on **Capability, Opportunity and Motivation**.

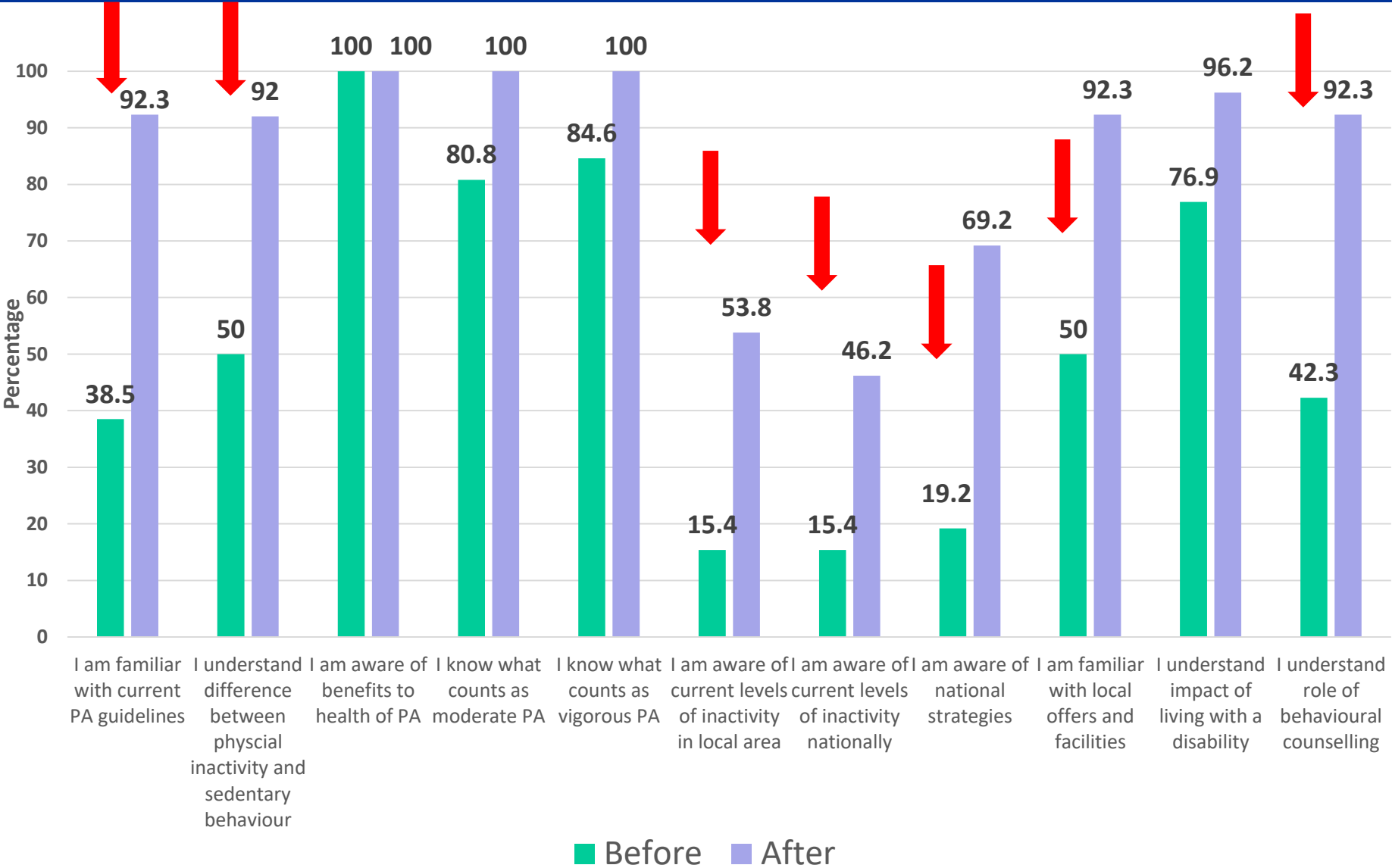
Participants

- **51** (n=7: Bexley, n=9: Islington, n=35: K&C) attended the one-day workshop.
- Range of roles: Health & Social Care Assistant, Social Prescriber, Activity Partner, Link Worker
- Just over half- **51.1%** (n=24) - reported having previous experience of delivering physical activity advice/interventions.
- Prior to training: **47** participants (**92.2%** of those who attended).
- Follow-up at 3 months: **26** participants (**55%** of attendees).

Knowledge & Understanding of PA

- Eleven questions explored knowledge and understanding of physical activity-related information.
- The proportion of 'yes' responses (indicating agreement with the knowledge and understanding statements) at before and after the workshop.
- Inferential statistics: Compared proportion for each response using McNemar's test.
- Statistically significant differences ($p < .01$) between proportion of 'yes' responses at baseline and follow-up for 7 areas

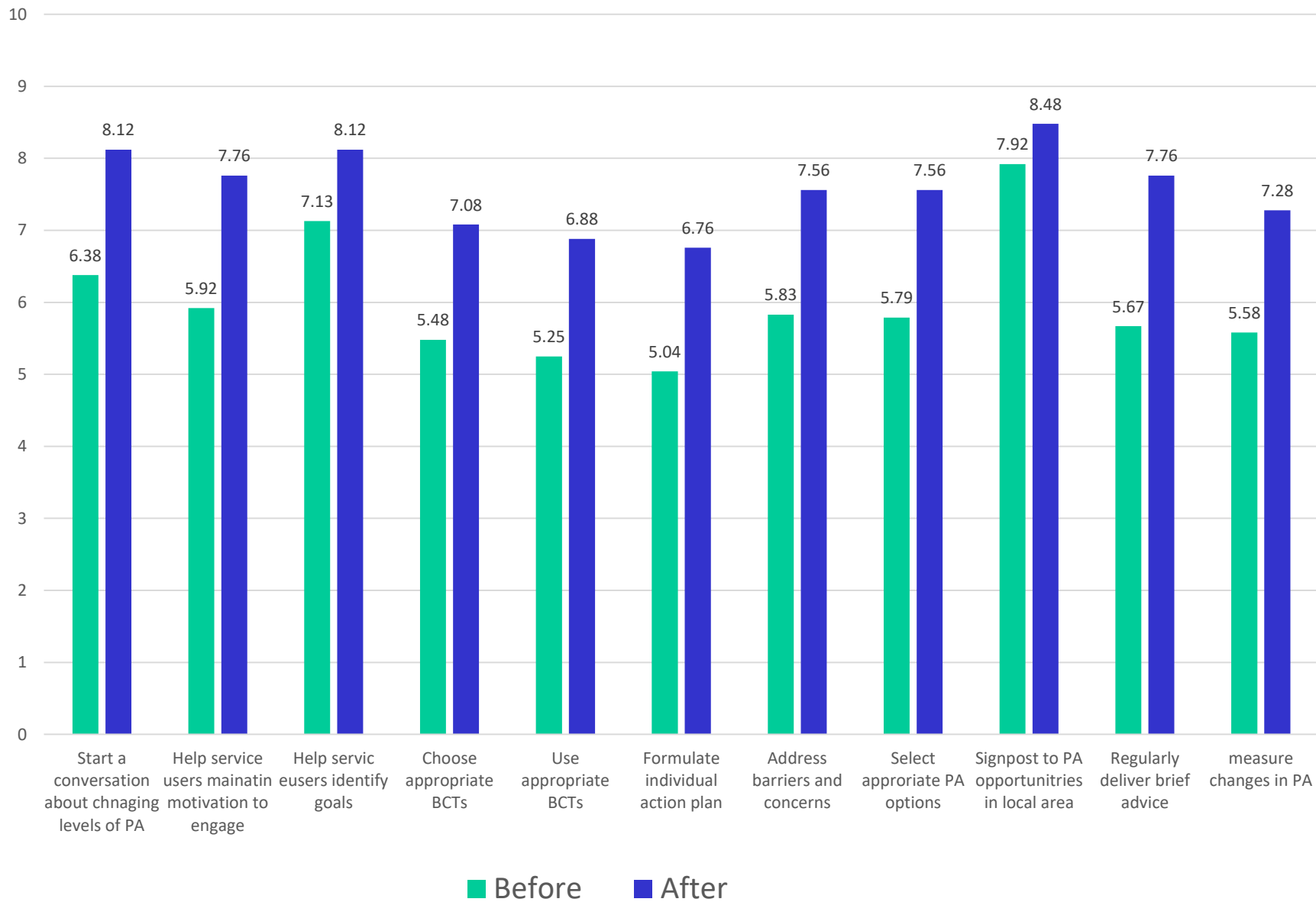
Knowledge & Understanding of PA



Self-efficacy in delivering physical activity advice

- Eleven questions focused on self-efficacy in relation to provision of physical activity advice.
- All questions were scored on a Likert scale where 0 is 'not at all confident' and 10 is 'very confident'.
- Questions began with the stem statement- 'I am confident I would be able to.....'
- Inferential statistics: paired-samples t-test.
- Statistically significant improvements across all areas of self-efficacy ($p < .001$ to $p < .05$)

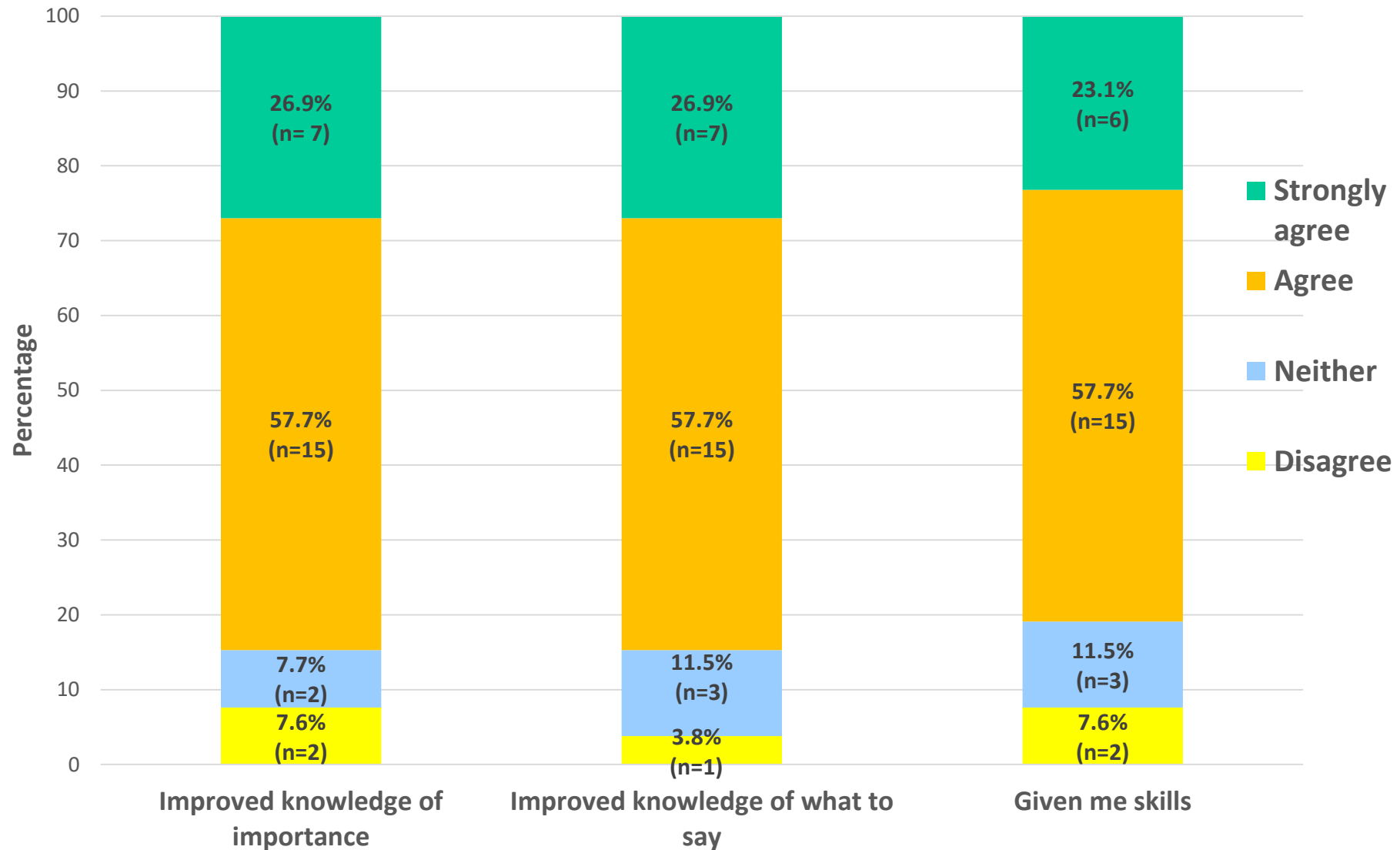
Self-efficacy in delivering physical activity advice



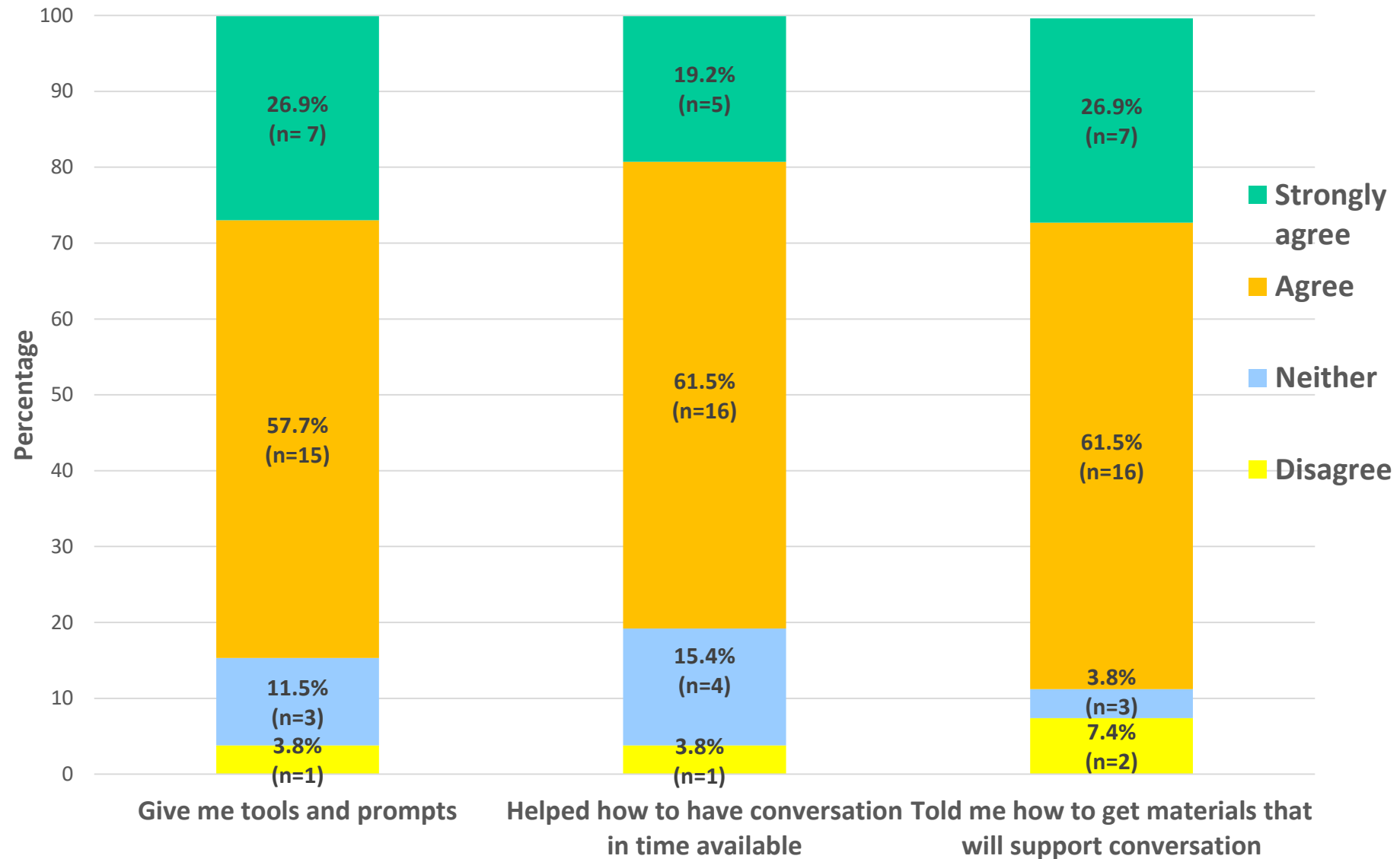
COM- B Factors

- Nine items based on the COM-B constructs to explore changes in capability, opportunity and motivation.
 - Each question was scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).
1. **Capability** to integrate physical activity advice in to routine practice
 2. **Opportunity** to integrate physical activity advice in to routine practice
 3. **Motivation** to integrate physical activity advice in to routine practice

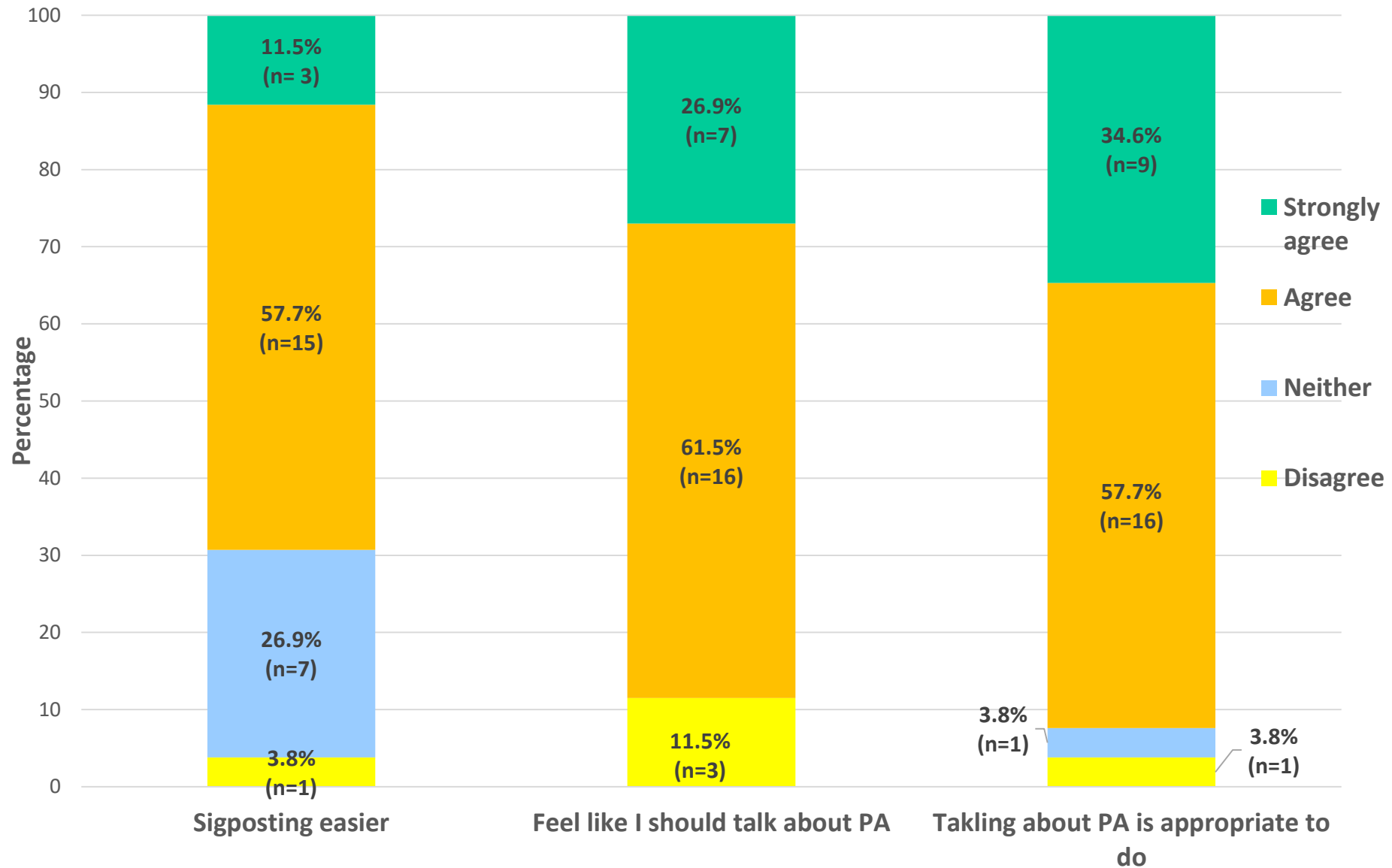
Capability



Opportunity



Motivation

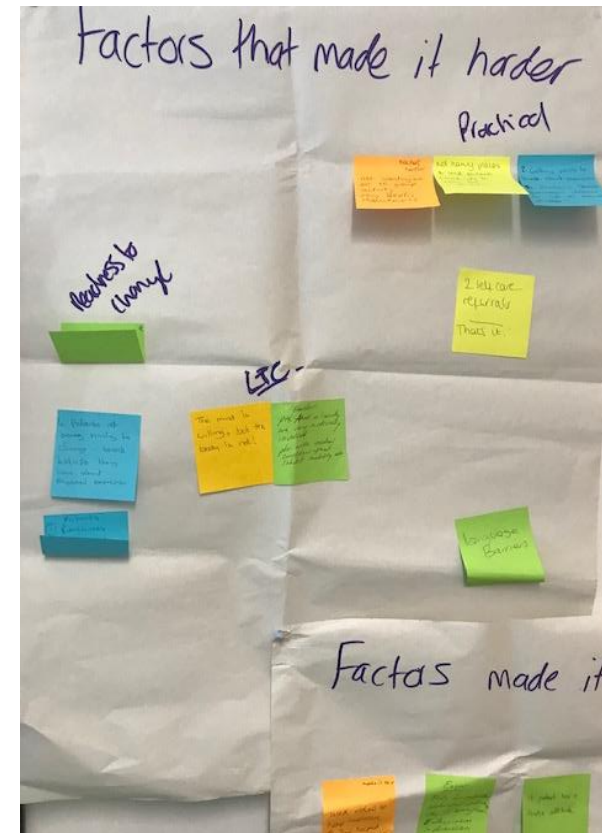


Qualitative Findings: Interviews

- Workshop attendees suggested that overall, the training was well-received and enjoyed it.
- Participants stated it increased their knowledge on how to broach the subject of physical activity with service users, as well as making them think about small steps they can suggest to their clients to start off increasing people's physical activity levels.
- The training also helped some social prescribers think about their own attitudes towards and levels of physical activity.

Qualitative Feedback: Follow-up Workshop

1. What went well?
2. What did not go well?
3. What would you do differently?
4. Factors that made it easier and harder
5. Feedback on tools and resources



Qualitative Feedback: Follow-up Workshop

Went well:

- Resources/tools
- Motivate individuals
- Improved confidence

Not well:

- Long-term behaviour change
- Resistance from individual

Harder:

- Lack of programmes to refer in to
- Specific requests – harder to meet
- Readiness to change

Easier:

- Attitude of individual
- Tools for MI and BCTs
- Videos from HealthTalk and other sources



Conclusions

Summary

- Our findings indicate that knowledge among social prescribers can be significantly improved via a one-day interactive training workshop delivered by trainers with relevant expertise and with input from stakeholders.
- The workshop also supports improvements in Capability, Motivation and Opportunity – key factors to influence when trying to change behaviour.
- Importantly confidence to integrate physical activity advice in to practice and use appropriate resources also improved.

Limitations/Future Directions

- Pilot study: small sample sizes and high attrition rate for follow-up questionnaire. As such need to be cautious not to over interpret findings, but promising preliminary data.
- Follow-up data collection: immediately after workshop vs. 3 months?
- Not capturing impact on physical activity in service users. Future research should explore this area.
- Collaboration with Local Authority Leisure teams very important. Integrate in to delivery of future workshops.
- Process evaluation : implementation science approaches to capture outcomes exploring barriers and facilitators to training staff and using knowledge and skills in practice.
- Quality Assurance in SP recently published.

Whole System Approach to Physical Activity

WHO:
GAPPA,
2018



Thanks!

- Teams in pilot areas: London Borough of Bexley, London Borough of Islington, Royal Borough of Kensington & Chelsea.
- Bexley Mencap, Equal People Mencap (K&C), CHSS Opening Doors to Research Group for PPIE input.



Dr Amanda Bates
Chartered Psychologist &
Patient Experience and
Public Involvement Lead



Dr Rowena Merritt
Research Fellow



Sabrena Jaswal
Researcher

CHSS
University of Kent

Centre for Health Services Studies



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@CHSS_Kent



CENTRE FOR HEALTH SERVICES STUDIES

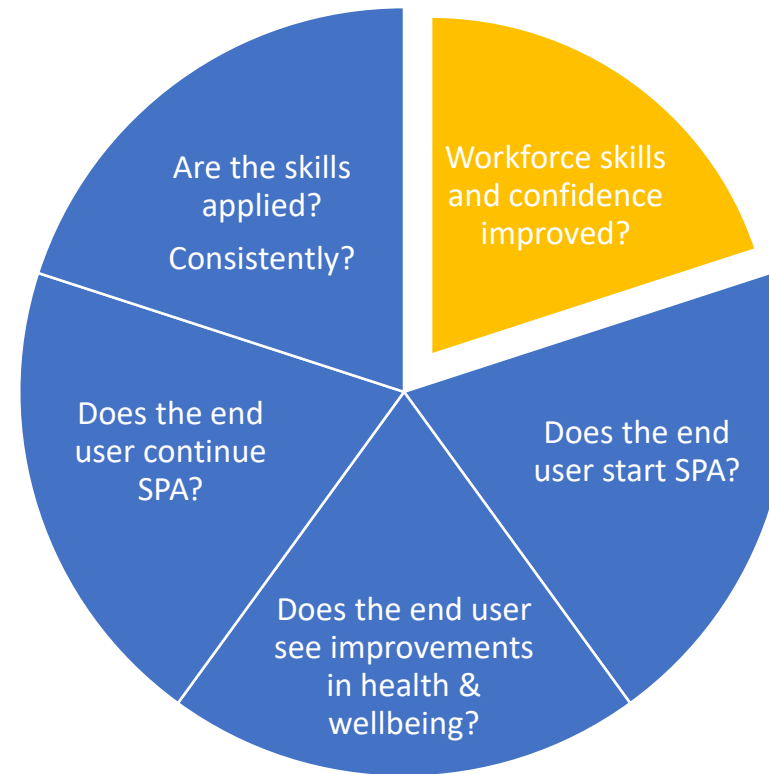


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Observations from London Sport

- Dealing with staff turn over – continual training. It is never complete.
- Embedding training.
- Demonstrating impact.



Observations from London Sport

- Integrating the local providers of activity so they work more closely with the SP programmes.
- Training presents a unique opportunity to upskill the workforce around engaging inactive deaf and disabled people.
- Social Prescribing programmes are very varied and that makes training support complex.
- Don't make simple assumptions - is the room big enough?
- 6 month follow-up training is important!



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What next? David Reader – London Sport

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Further training opportunities

- From September 2019 to December 2020 a desire to rollout the training across London.
- Social Prescribing Managers/ Planners/ Co-ordinators should make contact with us if they wish to increase the skills and confidence of their workforce.
- The training is free.

Further partnerships

- Can this training benefit other workforces who support the less active population?
 - Eg. Occupational Therapists, Physiotherapists, Teachers?, etc.
- Other areas of the country
 - Coventry, Solihull & West Midlands



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Q & A – Led by Alex Gibbons

Barry Kelly & David Reader – *London Sport*

Dr Sarah Hotham – *Kent University*

Natasha Azzopardi, Halima Rahman, Zina Kahdum – *Westminster CCG*

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Tackling Inactivity Through Social Prescribing

Conclusion

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