

**Tackling physical inactivity through Social Prescribing:  
Developing and piloting a training package to increase the  
capability and confidence of social prescribers on sport and  
physical activity**

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## Executive Summary

### Background

Regular physical activity is a key contributor to the prevention and management of several non-communicable diseases (NCDs). To realise the health benefits of physical activity, the United Kingdom's Chief Medical Officer recommends adults engage in at least 150 minutes of moderate intensity physical activity (e.g., brisk walking, cycling, dance) per week, in bouts of 10 minutes or longer. However, 37.7% of the adult population in England currently fail to meet this recommendation, with 25.2% achieving less than 30 minutes of moderate physical activity per week (Sport England, 2018).

The National Institute for Clinical Excellence (NICE) recommends four methods to encourage the uptake of physical activity. Two of these methods - brief advice and exercise referral schemes- are frequently used approaches in primary care and community-wide interventions. The effectiveness of these approaches on short and long-term behaviour change is mixed; however, insights from Behavioural Science highlight techniques and approaches that optimise positive changes in physical activity. For example, when targeting inactive adults, 'demonstration of behaviour' can be a successful trigger for behaviour change and 'action planning' for behaviour change maintenance, while 'behavioural goal setting', and 'behavioural practice' are effective strategies to increasing motivation.

These behaviour change approaches are commonplace in national programmes and as part of Local Authority Public Health services (e.g. Public Health England One You service), delivered by a workforce who have extensive training and expertise in sport and physical activity. Professionals working in the wider health and social care context, outside of health improvement services and sport/physical activity providers (i.e. Social Prescribers, Link Workers, Care Navigators, Health and Social Care Assistants), also have an important role to play in promoting and supporting positive changes in physical activity. Ensuring this 'non-traditional sporting' workforce are knowledgeable and confident in discussing physical activity is a vital part of encouraging more people to become physical active. London Sport recently launched a strategic plan for the workforce in London- 'Building a Workforce for the Future'- that highlighted Social Prescribing as a potential target area for developing the capacity and skills in the workforce.

Social prescribing (SP), involves the referral of patients with social, emotional or practical needs to non-clinical services and community-based resources. Social prescribing was highlighted in NHS England's General Practice Forward View as one of '10 High Impact Actions' to increase capacity in general practice and reduce GP workload (NHS England, 2016). The NHS Long Term Plan (2019) includes a commitment to increase access to social prescribing across England as part of a personalised care model. This commitment includes ensuring that over 1,000 trained link workers are in place by the end of 2020/2021, rising further by 2023/2024, so that over 900,000 people will be referred to SP schemes by then.

Responding to the growing popularity of SP, and recognising that programmes across London are accessing and supporting individuals who would benefit from engaging in physical activity, London Sport received funding from Sport England to develop a pilot training programme to targeting the SP workforce. Alongside, London Sport with the assistance of the Healthy London Partnership, asked for expression of interest from Boroughs across London who were currently running SP programmes to participate in the pilot. Consequently three boroughs, with different delivery models and commissioning arrangements, were selected by London Sport to participate in the pilot. These areas were London Borough of Bexley, London Borough of Islington and Royal Borough of Kensington & Chelsea (K&C).

## **Methods**

A team of experts at the University of Kent's Centre for Health Services Studies (CHSS) were commissioned to develop a one-day interactive training workshop focused on increasing knowledge and understanding of physical activity and improving confidence to engage in conversations and support behaviour change. The CHSS team worked closely with stakeholders to develop training that enables the social prescribing workforce to provide effective support to people accessing SP programmes who would benefit from becoming more physical active.

Training covered 'key facts' (informed by a scoping review of relevant literature), opportunity to engage with the 'lived experience' of people with long-term conditions (through videos, role-plays, case studies and group discussion), and practical use of intervention methods (i.e. Behaviour Change Techniques (BCTS)). The approach to training was underpinned by psychology theory, particularly social cognitive theory (Bandura, 1977) and COM-B model of

behaviour change (Michie, van Stralen, & West, 2011). Training was designed to provide participants with skills in evidence-based methods for supporting behaviour change to encourage increases in physical activity. Participants were also trained in foundation Motivational Interviewing techniques (i.e. use of open-ended questioning, reflective listening and regular summarising) to explore patients' responses and develop a shared understanding of individual needs and priorities.

Training was delivered as a one-day interactive workshop in January 2019. A follow-up session 6 months after the workshop was scheduled to reflect on how the training informed practice. A questionnaire was developed to assess participants' knowledge of the topics covered in the training as well as their self-efficacy (e.g. confidence in using BCTs). Workshop attendees were asked to complete the questionnaire at the start and end of training; open-ended questions on their experience of the training workshops were also included. A selection of workshop attendees also provided feedback on their experience of the training via semi-structured interviews

## **Findings**

Questionnaire responses at the start of the workshop indicated limited knowledge of physical activity guidelines, national strategies and use of Behaviour Change Techniques to improve physical activity. Participants' knowledge of key physical activity information (i.e. difference between inactive and sedentary lifestyles, current PA guidelines) increased significantly following training ( $p < .001$ ), along with awareness of the role of BCTs in improving physical activity ( $p < .0001$ ) and knowledge of local and national physical activity strategies and statistics ( $p < .01$ ). Self-efficacy also improved significantly following training across a range of areas (e.g. starting a conversation, identify goals, formulating action plans, addressing barriers and concerns) (all  $ps < .05$ ). Participants reported that they found the workshop informative and interactive and that they particularly valued the group activities, videos of patients with long-term conditions (LTCs) and training on how to use behaviour change techniques, as well as the resources provided for further information and support.

## **Summary**

The training workshop improved the capability, opportunity and motivation of the social prescribing workforce to engage in conversations about physical activity and use behaviour change techniques to support improvements in physical activity. Training also increased knowledge and understanding about physical activity and confidence to offer brief advice.

Our findings indicate that knowledge and self-efficacy 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. Further work will be needed to examine long-term impacts of training and implications for patient outcomes, including 'soft' outcomes, such as satisfaction with physical activity support and 'hard' outcomes, such as changes in physical activity.