Learning and observations from the Bristol Contain Outbreak Management Fund (COMF)

wesport
INSPIRING ACTIVE LIVES

March 2024

PRESSRED

Introduction

The investment aimed to:

- Utilise physical activity and movement to engage individuals impacted by the pandemic
- Advocate for physical activity to improve health inequalities experienced by residents
- Increase access to physical activity opportunities across the city
- Collaborate with the 3 anchor organisations across the Bristol Localities:
  - Knowle West Healthy Living Centre
  - Southmead Development Trust
  - Wellspring Settlement

By embedding 3 Physical Activity Link Workers (PALW's) into the Social Prescribing teams within these localities.

The roles provided:

- Signposting to physical activity (formal or informal opportunities)
- Personalised guidance
- One to one support to individuals to improve their physical and mental wellbeing, gently building communities and support networks

What have we done?

Over the course of this investment a range of techniques have been used to capture observations and experiences of all those involved including PALW's, stakeholders, funders and individuals referred. These have been collated and reviewed to observe learnings across this work.

The capture includes:

- Monthly recording of key milestones, experiences and observations over the duration of the investment
- Data relating to referrals and those individuals referred
- Case studies captured by PALW's from individuals referred into physical activities
- A survey of stakeholder views on the role and value of PALW's

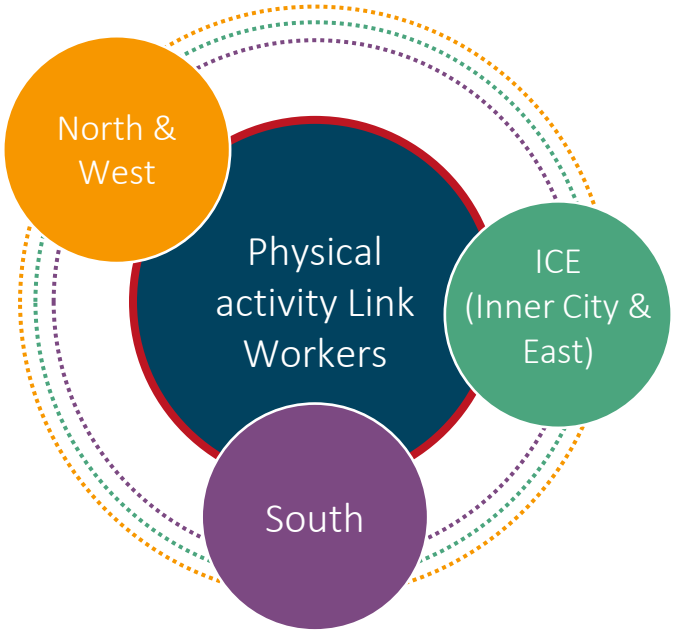
The learning observed for this investment has been summarised using the '10 conditions for addressing physical activity inequalities' model, recently published by the National Evaluation and Learning Partnership (NELP).

The final step has been to test the observations and learning with the PALW's.

Our link workers

Each of the link worker roles started in different places and have developed in different ways.

This **funding was put in place to continue the ICE role which had already been established and to extend this to the 2 additional areas (North & West and South)**



The **ICE** role, where local connections were already established, **is providing a brokerage service**, providing an initial consultation and then linking individuals to other services and opportunities who provide ongoing personalised plans with individuals.

ICE has established 8 or 9 activity groups to meet the needs of individuals referred.

North & West and **South** work with individuals over a period of time, developing a **personalised plan** together, **identifying groups and opportunities** suitable for them, **supporting them to attend these groups** and helping them to **manage their plans** until they are ready to manage their plan without additional support.

The North & West and South model mainly utilises other opportunities available in the system with 1 bespoke activity arranged in each of these localities.

Link worker profiles

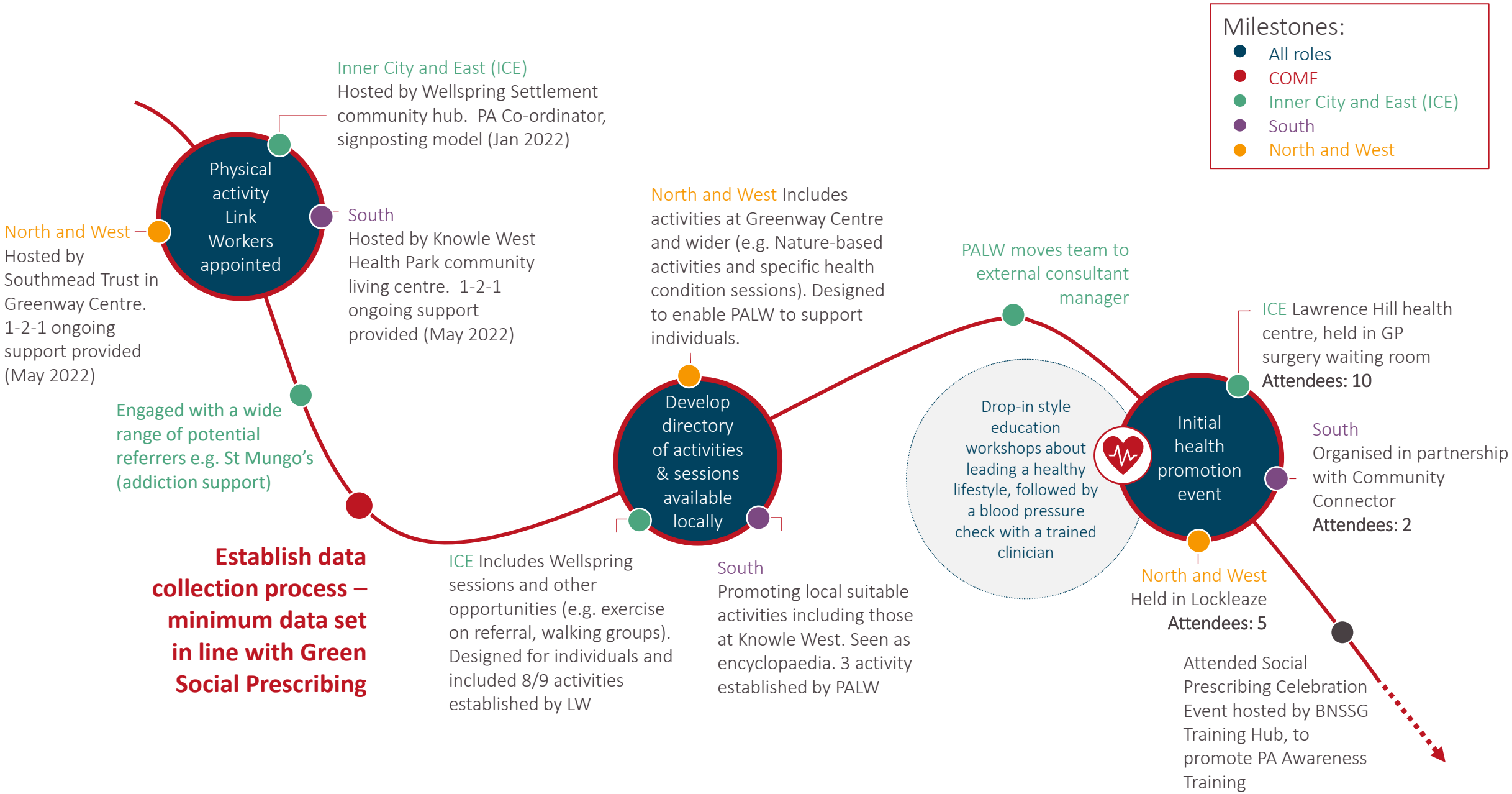
	ICE	North and West	South
Team and base	Community Engagement team - Wellspring Settlement Family Centre	Social Prescribing – Greenway Centre, Southmead Development Trust	Social Prescribing - Knowle West Healthy Living Centre
Role name	Physical Activity Co-Ordinator	Wellbeing Coach	Movement & Wellbeing coach
Focus	Social isolation	Weight management	First steps to 'Fit for Life'
Scope of role	Brokerage service. Initial consultation. Signposting to opportunities/services where further support provided	Provides personalised plan, ongoing support and education on diet and nutrition	Develops personalised plan and encourages individuals to own this, ongoing support
No. PCNs covered	3 – BIC, FAB & FOSS	2 or 3 - Northern Arc, Affinity	3 – Swift, Connexus, Bridge View Medical
Dates role in place with COMF funding	Jan 22 – Sep 23 (although underspend and Sport England funding enabled role to extend until June 24)	May 22 – Sep 23 (although underspend and other health funding enabled role to extend to July 24)	May 22 – Sep 23 (role then taken over by SWIFT PCN)

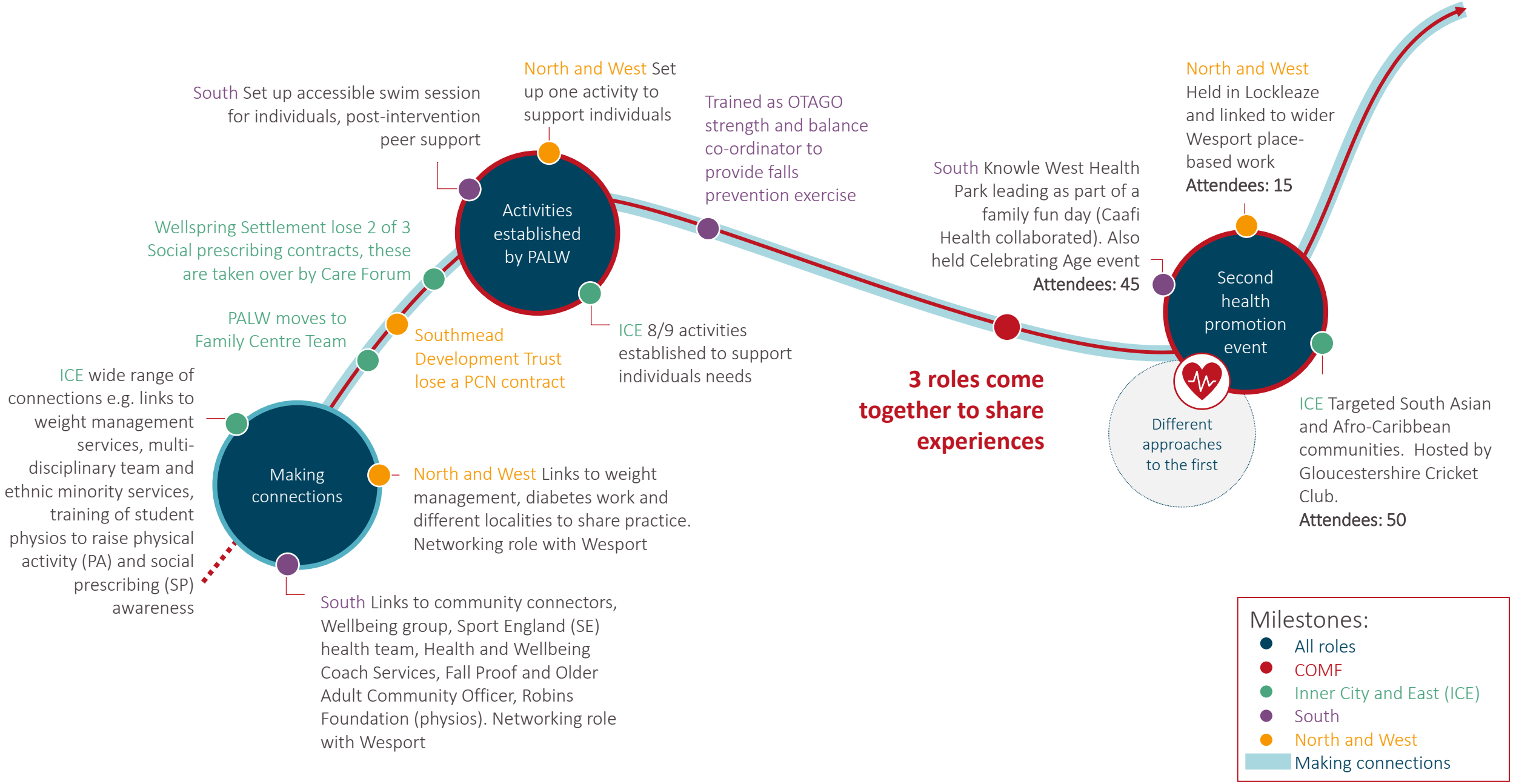
PCN – Primary Care Network

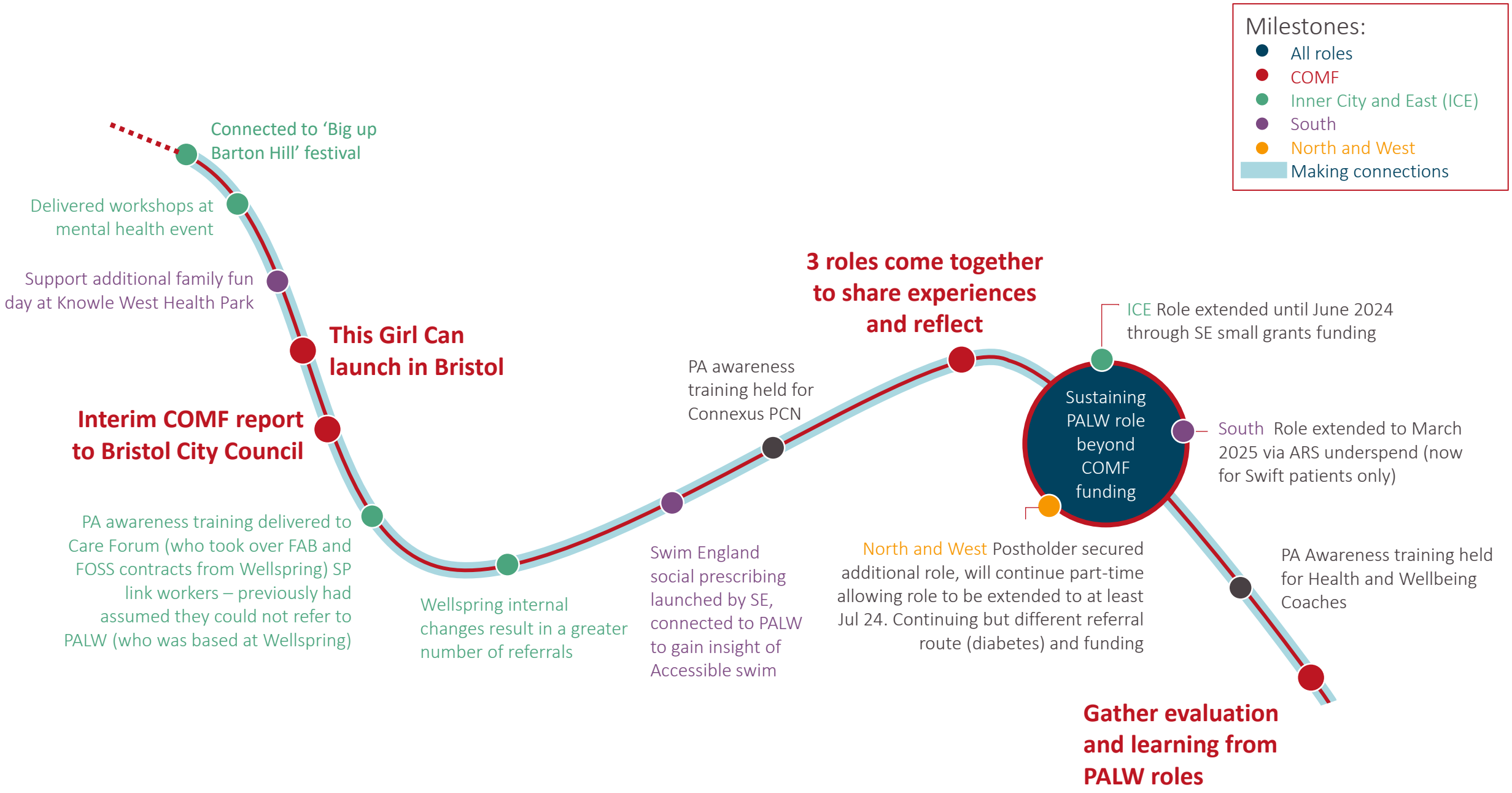
The journey

Identifies key milestones for each of the link workers. Some common to all and others specific to each role or place.

These milestones set the context for the evaluation and learning.


Milestones:
All roles
COMF
Inner City and East (ICE)
South
North and West
Physical activity Link Workers appointed
Inner City and East (ICE)
Hosted by Wellspring Settlement community hub. PA Co-ordinator, signposting model (Jan 2022)
South
Hosted by Knowle West Health Park community living centre. 1-2-1 ongoing support provided (May 2022)
North and West
Hosted by Southmead Trust in Greenway Centre. 1-2-1 ongoing support provided (May 2022)
Engaged with a wide range of potential referrers e.g. St Mungo's (addiction support)
Establish data collection process – minimum data set in line with Green Social Prescribing
Develop directory of activities & sessions available locally
North and West Includes activities at Greenway Centre and wider (e.g. Nature-based activities and specific health condition sessions). Designed to enable PALW to support individuals.
ICE Includes Wellspring sessions and other opportunities (e.g. exercise on referral, walking groups). Designed for individuals and included 8/9 activities established by LW
South
Promoting local suitable activities including those at Knowle West. Seen as encyclopaedia. 3 activity established by PALW
PALW moves team to external consultant manager
Drop-in style education workshops about leading a healthy lifestyle, followed by a blood pressure check with a trained clinician
Initial health promotion event
ICE Lawrence Hill health centre, held in GP surgery waiting room
Attendees: 10
South
Organised in partnership with Community Connector
Attendees: 2
North and West
Held in Lockleaze
Attendees: 5
Attended Social Prescribing Celebration Event hosted by BNSSG Training Hub, to promote PA Awareness Training


South Set up accessible swim session for individuals, post-intervention peer support
North and West Set up one activity to support individuals
Activities established by PALW
Trained as OTAGO strength and balance co-ordinator to provide falls prevention exercise
South Knowle West Health Park leading as part of a family fun day (Caafi Health collaborated). Also held Celebrating Age event
Attendees: 45
North and West
Held in Lockleaze and linked to wider Wesport place-based work
Attendees: 15
Second health promotion event
Wellspring Settlement lose 2 of 3 Social prescribing contracts, these are taken over by Care Forum
PALW moves to Family Centre Team
Southmead Development Trust lose a PCN contract
ICE 8/9 activities established to support individuals needs
ICE wide range of connections e.g. links to weight management services, multi-disciplinary team and ethnic minority services, training of student physios to raise physical activity (PA) and social prescribing (SP) awareness
Making connections
North and West Links to weight management, diabetes work and different localities to share practice. Networking role with Wesport
South Links to community connectors, Wellbeing group, Sport England (SE) health team, Health and Wellbeing Coach Services, Fall Proof and Older Adult Community Officer, Robins Foundation (physios). Networking role with Wesport
3 roles come together to share experiences
Different approaches to the first
ICE Targeted South Asian and Afro-Caribbean communities. Hosted by Gloucestershire Cricket Club.
Attendees: 50
Milestones:
All roles
COMF
Inner City and East (ICE)
South
North and West
Making connections


Milestones:
All roles
COMF
Inner City and East (ICE)
South
North and West
Making connections
Connected to 'Big up Barton Hill' festival
Delivered workshops at mental health event
Support additional family fun day at Knowle West Health Park
This Girl Can launch in Bristol
Interim COMF report to Bristol City Council
PA awareness training delivered to Care Forum (who took over FAB and FOSS contracts from Wellspring) SP link workers – previously had assumed they could not refer to PALW (who was based at Wellspring)
Wellspring internal changes result in a greater number of referrals
Swim England social prescribing launched by SE, connected to PALW to gain insight of Accessible swim
PA awareness training held for Connexus PCN
3 roles come together to share experiences and reflect
Sustaining PALW role beyond COMF funding
ICE Role extended until June 2024 through SE small grants funding
South Role extended to March 2025 via ARS underspend (now for Swift patients only)
North and West Postholder secured additional role, will continue part-time allowing role to be extended to at least Jul 24. Continuing but different referral route (diabetes) and funding
PA Awareness training held for Health and Wellbeing Coaches
Gather evaluation and learning from PALW roles

Referrals data

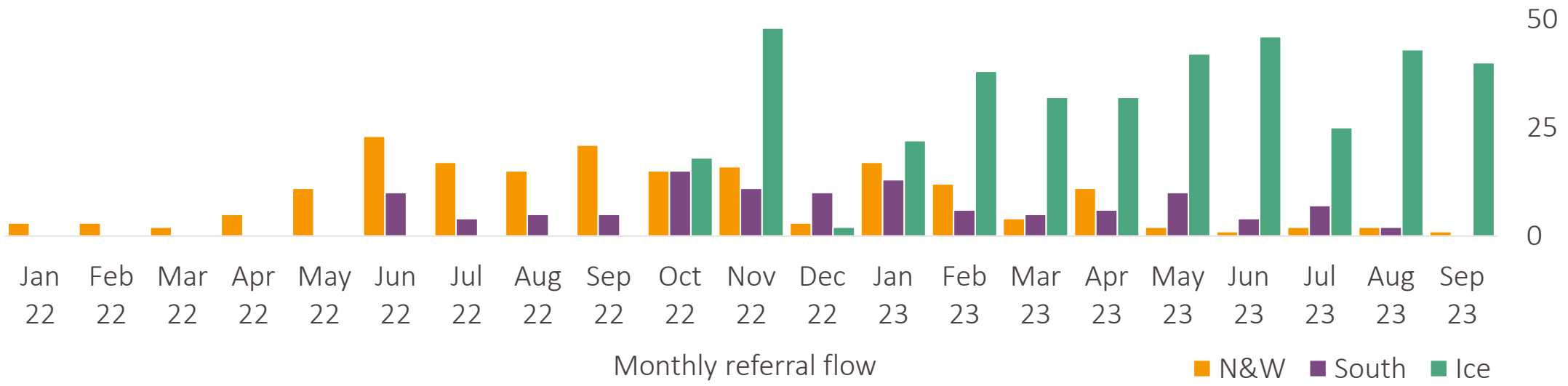
A summary of what we know about the referrals made to each of the PALW's. This includes when referrals were made, and by whom, and anything we know about individuals referred.

Where data is available across each of the 3 areas it's presented together. There is also some data collected specifically for individual areas.

What do we know about the referrals?

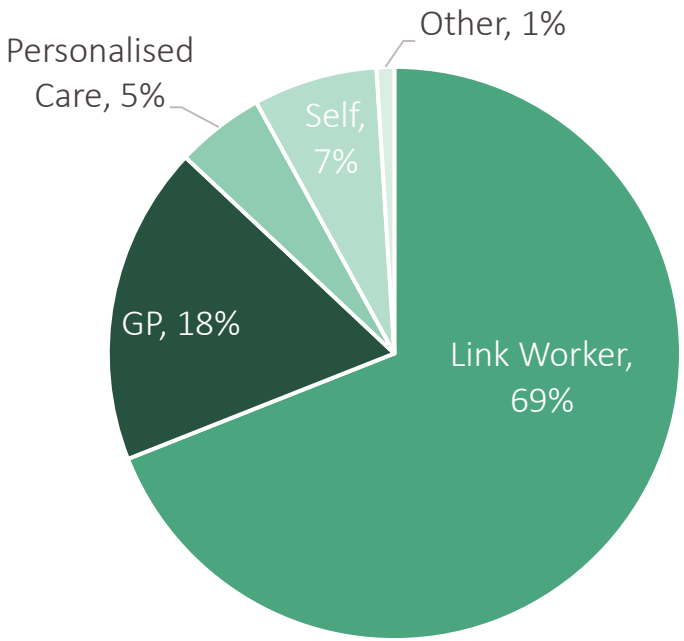
	ICE	North and West	South
Total referrals 844	528	203	113
Ethnicity (not White British)	15%	14%	15%
Gender (females)	73%	67%	65%

	ICE	North and West	South
Age 18-34	15%	17%	11%
Age 35-54	30%	**42%**	31%
Age 55-74	**40%**	28%	**46%**
Age 75+	15%	6%	12%

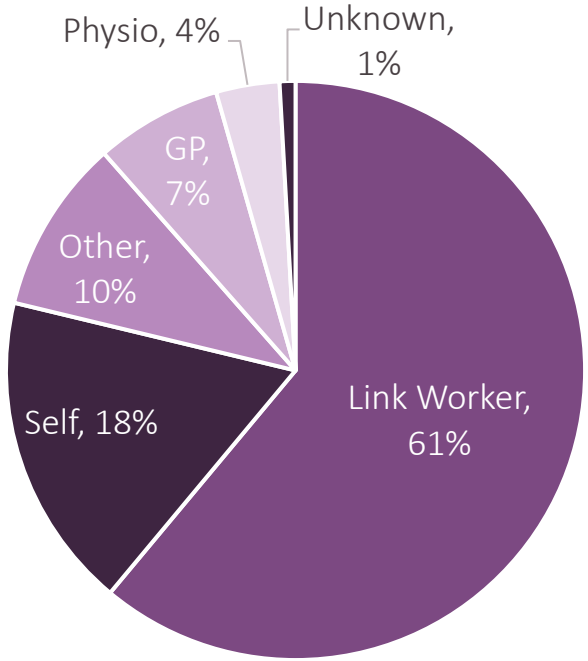


Where did the referrals come from?

ICE



South



North and West

All except 1 of the 202 referrals came from Social Prescribing Link Workers. The additional referral was from an Employment Mentor

Individual wellbeing feedback

Unfortunately, it proved very difficult to follow up with individuals post intervention. For the **29 individuals** (9% of total referrals) where information was collected at the start, and post intervention, the feedback is very positive

27 saw in improvement in their life satisfaction score at an average of 1.9, with 3 of the respondents improving their score by 6 points

22 of 27 respondents saw an increase in their life worthwhile score with the average increase across all being 1.1

25 of the 29 reported an increase in happiness with the average improvement score across all responses being 1.3

20 of the 29 individuals saw a decrease in anxiety with the average decrease across all being 1.1

Important to note here that this is a very small proportion of the total so it may not be representative of all those referred to the PALW's. Scores based on a scale of 1-10.

What do we know about those referred in ICE?

60% have been diagnosed with a long-term health condition (LTHC)

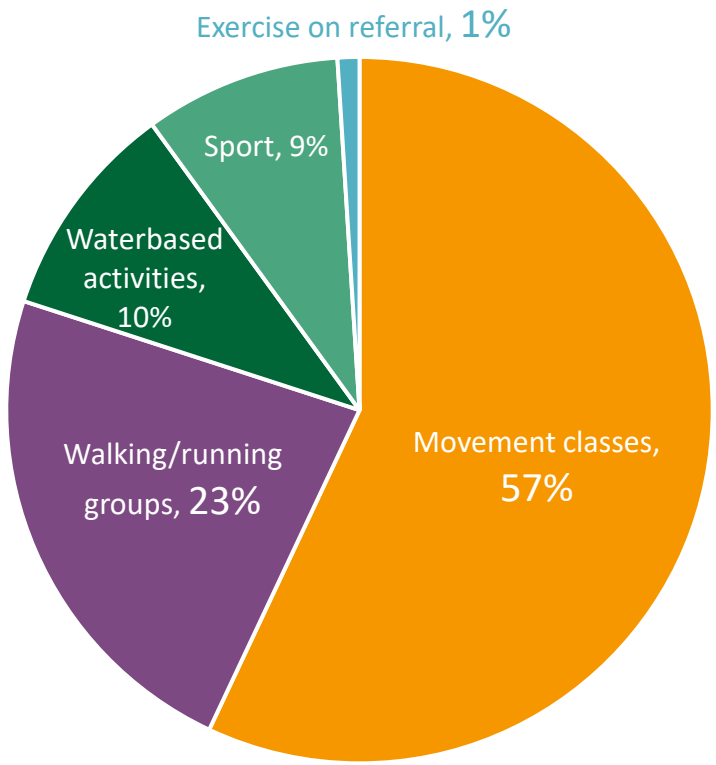
What do we know about why they were referred?

45% to support the management of a LTHC

35% to reduce social isolation

20% to improve mental health/build confidence/ reduce anxiety

What activities were they referred into?



What do we know about those referred in the **South**?

Total referrals
113

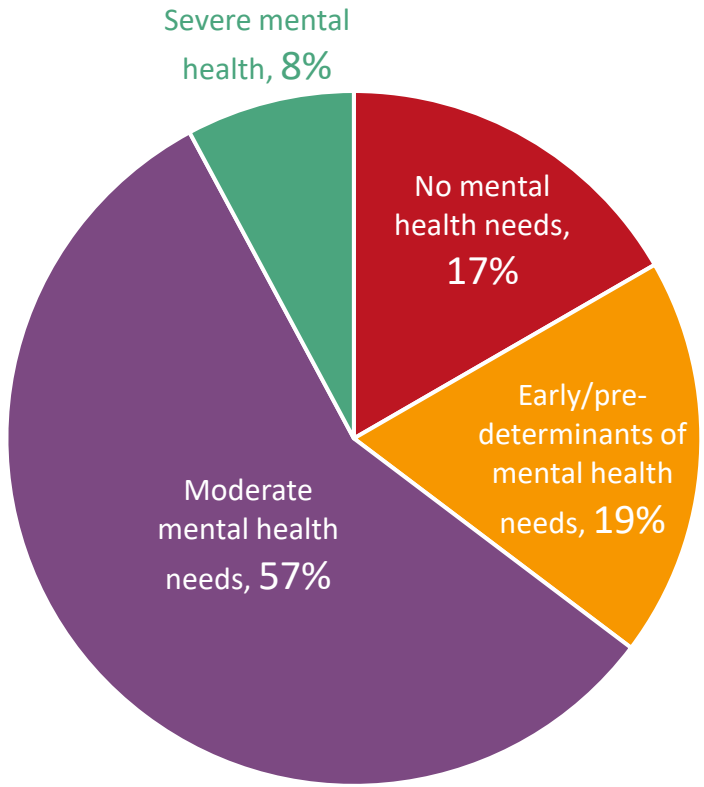
90%
were considered appropriate

70%
resulted in onward referral

Two thirds
were referred to **general movement** activities (65%)

17% were referred to **swimming** activities

Level of mental health need for those referred



What do we know about those referred in the North and West?

Referral reasons identified by individuals

- Individuals' reasons were recorded for a quarter of those referred
- **40%** of reasons included **improving physical health** and **28%** mentioned **weight management**
- Managing health conditions (24%), Improving mental health (22%), getting advice and support (14%) and improving diet (12%) were also popular reasons

Referral reasons identified by the referrer

- The majority (**79%**) of those referred were to '**encourage self-care** (exercise and diet)'
- **11%** were referred to **'improve confidence and self-esteem**'

"

A positive mental attitude toward drink and food and fitness to make me happier, more productive and fitter

Finding a way to be able to cope with the pain and getting the balance right between movement and rest

Help with motivation and help with depression and self-esteem. Gained weight and would like to address this

Help with managing stress and give focus other than difficult life events

I want to walk into a gym and know what I'm doing. I would like to lift weights and be strong and I want to feel better about myself for definite

To be healthier, lose weight, reduce cholesterol, manage diabetes

Struggles with breathlessness, wants to exercise again. Referred previously, but couldn't afford bus fare. Now receiving benefits

To have some help knowing what he can safely use in the gym given his physical disabilities

"

Case studies

This section includes a number of case studies which tell the stories of some of those individuals referred to the PALW's. The first 3 slides summarise what the case studies have taught us in the following areas:

- The complexities that exist in people's lives both at a system and individual level. In some examples PALW's supported individuals to overcome these complexities but there are also examples where, even with support, this wasn't possible
- What kind of support the PALW's are providing to individuals to engage them in physical activity
- What benefits have been observed in individuals who have been referred to the PALW's (these may have been observed by the PALW, the individual or other health professionals)

Individual and system complexities

What support is being provided?

Facilitating social interaction

Arranging childcare

Arranging learning support

Personalised, individual needs-based support

Bringing like-minded people together

Removing transport barriers

Navigating complex lives to enable PA

Attended transfer

Sourcing financial support

Benefits observed in individuals

Supporting weight management

Increasing motivation

Managing pain to reduce treatment/medication

Improving health conditions

Building confidence

Improving physical wellbeing

Creating empowerment

Inspired to support others

Prospect of a new career

Building a sense of purpose

Improving mental wellbeing

Increasing social interaction

Supporting a single mum to find time to look after herself

Case study Y

This mum was referred to me by her GP for back pain. She was 6 months pregnant, and solo parenting her toddler, living on the top floor of her block of flats. Life was physically tough, but she also felt very isolated.

I rang her and referred her to our Yoga for Chronic Pain support group. I also asked her if she wanted more support with her toddler, and she agreed.

So I referred her to the Family Centre, who said they would arrange a home visit to find out what she needed and explain how they could support. It was things like a drop-in stay and play where she would be able to make friends and benefit from possible reciprocal childcare so she could come along to Yoga for Chronic pain

Complexities – individual and system

- Health conditions
- Supporting family
- Feeling isolated

What support?

- Personalised, individual, needs-based support
- Childcare support
- Navigating complex lives to enable PA
- Facilitating social interaction

Using fitness to help recovery

A is 42. They are in recovery and going to DHI (Developing Health and Independence) and see exercising as one of the tools they can use to help turn their life around.

A mentioned this to their social prescriber who referred her to me. When I called A, their motivation was booming and was proud to tell me they'd just joined the gym in the last few days so wasn't sure how else I could help now. However, I talked through our Move Well class - free sessions for people to learn the foundations of fitness, gently strengthening and mobilising backs, joints and muscles so they can be strong enough to move on to more adventurous ways to move. A was excited that they could use what they learnt in this class to form own gym workouts when they go - just at the time when A is ready and raring to go.

Case study A

Complexities – individual and system

- Health conditions

What support?

- Personalised, individual, needs-based support

Observations in individuals

- Creating empowerment
- Building a sense of purpose

Building confidence to be active again

2 months ago, S was referred to the Physical Activities Co-ordinator: he'd just got started with running again…..but a sprained foot meant that, whilst he wanted to be active, he was worried that exercise would make it worse, so S reached out to me for help.

I gave him a call, we chatted through the options and decided on our Move Well class: Move Well is gentle strengthening and cardio exercise for people who are just getting started with exercise and wanting to get fit. Having an experienced instructor, with some guided moves is a great confidence booster for those who come along.

S said, "the classes are great and Teresa is an excellent instructor – it's encouraged me to maintain an exercise routine in my own time now, which is positive".

S's work and other commitments have become busier now, so he's decided to finish. But the support has given S the confidence boost he needed to be active on his own again.

Case study S

Complexities – individual and system

- Unsure about appropriate activities
- Injuries

What support?

- Personalised, individual, needs-based support

Observations in individuals

- Creating empowerment
- Building confidence

Exercise to manage pain

H had a fall on the stairs during the pandemic, but two years later she was still in a lot of pain. Her doctor recommended that she speak to the Physical activities co-ordinator, so she gave her a ring and they had a chat.

Physical activities co-ordinator Jane said, “we decided that the Chronic Pain support group would be helpful: gentle mobilising exercises, combined with techniques for understanding and managing pain”.

H said, “the small group has been really good: I’ve since done the exercises in my own home and it’s also given me the confidence to attend a weekly group strength class”.

“I’m seeing some improvements in my pain, so it has stopped me from spending so much money on private physio/chiropractic treatment”.

“The group are varied in age and issues. The tutor is supportive and friendly and she differentiates between what we need. I hope the funding continues to support this community class”.

Her GP said, “H has come to her appointment singing your praises - she’s got a lot from the sessions!”

Case study H

Complexities – individual and system

- Injuries

What support?

- Personalised, individual needs-based support

Observations in individuals

- Creating empowerment
- Building confidence
- Managing pain to reduce treatment/medication

Feeling isolated and suffering knee pain

B lives alone. His motivation was low and he was feeling isolated. He knew he needed to get out and exercise but didn't know where to start - and he had pain in his knees. So his social prescriber referred him onto Jane.

Jane gave B a call and chatted about how he was feeling, and then what kinds of things he used to enjoy. He loved walking, but wasn't sure where to go in Bristol, or if his knee would be OK. So Jane suggested referring him to Soul Trail. Soul Trail is a social enterprise which is passionate about the great outdoors and helping people from all walks of life in Bristol, discover the joy of trail walking. Whether they're confident with walking and want to meet others, or aren't sure if they're fit enough, there's a group for everyone, including specialist groups for men and parent carers.

Jane referred B to Soul Trail and they suggested a 1-1 walk to get him started. So last Monday, he met with Team leader Enrico at Eastville Park. Enrico says, "B was very chatty, and we had eventful time together sharing each other's experiences". B now has an adventure-filled summer ahead of him."

Case study B

Complexities – individual and system

- Health conditions
- Lack of motivation
- Feeling isolated
- Unsure about appropriate activities

What support?

- Personalised, individual needs-based support

Observations in individuals

- Building confidence
- Increasing motivation

Exercise to reduce medication dependence

P, 61, was referred to me by his GP who told me he gets shooting pains in his shoulder. He'd tried lots of ways to manage it, but when he tried the gym he couldn't move for days and was fearful of trying it again. Instead, he was stuck in a cycle of daily Ibuprofen and trips to the doctors

I rang P to reassure him that gentle, chair-based exercise run by our knowledgeable instructor would help. So he came along to our Chronic Pain Support Group to learn how gentle movement combined with coping mechanisms could help him understand how pain works, strengthen and mobilise his shoulder, and move confidently as a result.

After six weeks the class has changed P's life!

P says, "since I've come along, I've reduced the amount of painkillers I'm taking - from taking the max dose every day, I now take them now and then when I feel I need them. And every morning when I wake up, I do some of the stretches I remember from class for 5 minutes"

The class instructor says, "P drives 20 mins to get here every week. It's a bit of a trek for him and he told me he's considered doing a Pilates class closer but this class has helped so much he wants to keep coming".

She adds, "it just goes to show that by just implementing some small changes to your lifestyle, you can make some big changes to your life overall"

Case study P

Complexities – individual and system

- Health conditions
- Unsure about appropriate activities

What support?

- Personalised, individual needs-based support

Observations in individuals

- Building confidence
- Increasing motivation
- Managing pain to reduce treatment/medication

Getting into exercise with health problems

C is 75 and a recent lung attack had meant that he had lost lung function. C knew that exercise would help him to get stronger – but didn't know how to get started so the Social Prescriber referred him onto Jane.

Jane rang C and chatted about the different classes and courses Wellspring provide. Apart from his lung function, C was relatively niggle free, so Jane referred him to our "Move Well" class". This is run by a specialist personal trainer who guides people through foundational fitness moves, helping them to use their bodyweight to get fitter and stronger, before being able to move on to more advanced exercise.

Teresa, his instructor said, "when C first came along, he could barely squat…..I've just seen him for his third session and he just deep-lunged across the room!" Our classes enable people to find ways they love to move – and move onto more adventurous activities to get fit, meet others and lead a better quality of life."

Case study C

Complexities – individual and system

- Unsure about appropriate activities
- Health conditions

What support?

- Personalised, individual needs-based support

Observations in individuals

- Building confidence
- Improving physical wellbeing

Supported becomes supporter

David, Wellbeing Coach based at Southmead Development trust, had been supporting F who has Fibromyalgia. As a result of the sessions with David, F started to use the gym at the Greenway Centre following a programme created by David.

After completing the sessions with David, F is using the gym 3 times per week, and has had no Fibromyalgia flare ups. She progressed her programme, doing exercises that scared her initially, and feels ready to start doing resistance training.

F is so happy with her progress and is now supporting and mentoring others with fibromyalgia conditions, to show it can get better through exercise.

Case study F

Complexities – individual and system

- Health conditions

What support?

- Personalised, individual needs-based support

Observations in individuals

- Building confidence
- Creating empowerment
- Improving health conditions
- Building a sense of purpose
- Inspired to support others

Learning that exercise can lift mood

Life is busy as a single mum and self-employed cleaner and D had reached the point where her mood was very low and she was struggling to find motivation to leave the house and do things. Her GP referred her onto one of our Social Prescribers who listened to how D was feeling and chatted with her how she could make small steps to feel better.

One of those small steps was to refer her to the Bristol Wellbeing College, and to Jane, the Physical Activities Co-ordinator at Wellspring Settlement, who gave her a call to chat about how she could help. During the call Jane listened to D talk about how she would like to take time out for herself and to exercise, but she didn't know where to start. So Jane referred her to her "Move Well" class.

As they chatted, Jane was mindful that, like a lot of our service users, D is a mum and on her own so it's essential that most of our classes are within school hours to enable her to come along.

The social prescriber said, "D really enjoyed the class. As much as the exercise, it was good for her to meet and chat with others who were going through similar challenges. D has learned that getting out and exercising has a very positive effect on her mental wellbeing - she now feels much better and is motivated to do other things to look after herself. D has told me that if she feels like this again, she knows that instead of going to the doctors, exercise will help her again. She's even got plans to go to the gym on Fridays!

Case study D

Complexities – individual and system

- Supporting family
- Poor mental health
- Lack of motivation

What support?

- Personalised, individual needs-based support
- Navigating complex lives to enable PA
- Facilitating social interaction

Observations in individuals

- Increasing motivation
- Creating empowerment
- Increasing social interaction
- Improving mental wellbeing

Starting to build confidence to move

A new client in her 70s was referred to me because she hadn't been outside her house for over 2 years, not even in her garden. This was due to a mixture of anxiety and lack of confidence, plus some mobility issues, which had got worse over the years because of the lack of physical activity.

As she was unable to get out at all, I made a home visit to talk to her and see how I could best support her. On the initial visit we had a long talk about how she was feeling and her problems with poor balance and a lack of muscle strength. I suggested some simple exercises from the Fall Proof campaign, to help with strength and balance, that she could easily do at home.

On that same visit, I also encouraged her to come out into her back garden and sit in the sunshine with me. She was very nervous, but my support gave her the confidence to come down the few steps and outside, and really enjoyed the sensation of being out in the warm sunshine.

On subsequent visits I was able to get her not only sitting in the garden near her back door, but actually walking around her garden, looking at the flowers, and enjoying the feeling of the grass under her feet.

She has now started going out into the garden even when I'm not there to support her and has gained the motivation to do the Fall Proof exercises, and to try and eat more healthily. She wants to be able to get back to normal life again, where she is able to go places, and feel confident to leave the house and walk about outside. She says that having my support has made all the difference, and that if I hadn't encouraged her to go into the garden, and helped her feel safe, she would still be sat indoors.

Once she began to feel more confident to go out into the garden, we started to talk about her coming along to my gentle exercise group at Knowle West Healthy Living Centre. This would be a big step, but she felt motivated to make more positive changes, and start to meet other people again.

Before she was able to do this, however, I encouraged her to contact her GP to discuss some health issues she had been experiencing. She was feeling exhausted, low mood and her balance was particularly poor. I asked if she had ever been treated for low B12, and she said that in the past she had, but hadn't been checked for some years. It took some time before she could speak to a GP, but eventually she was able to be assessed with blood tests at home, and it was confirmed that she needed a B12 boost.

Although this has now been done, she has unfortunately developed deep vein thrombosis, and the symptoms and treatment have been making her feel very unwell, so she is still unable to make further progress. Despite this, we hope that once her treatment is complete, that she will feel able to start moving more, and with the right support to build up her confidence again, eventually to come to the classes.

Case study E

Complexities – individual and system

- Health conditions
- Poor mental health

What support?

- Personalised, individual needs-based support
- Attended transfer

Observations in individuals

- Building confidence
- Increasing motivation
- Creating empowerment
- Building a sense of purpose

Navigating exercise with complex health issues

LN was referred to Kathy by her physio, who she had been having virtual sessions with for osteoarthritis in both her knees. Her physio felt that LN needed to progress, but was struggling with motivation, and so wondered if Kathy might be able to help. LN is 64, and in addition to osteoarthritis, has had a triple bypass, has asthma and Type 2 diabetes, which she is on medication for. She has had issues with high blood pressure, although having been on medication it can sometimes drop to be quite low. She also has some balance issues due to dizziness.

Her GP had given her a diet plan to try and help her lose weight so that she could reduce and eventually stop her diabetes medication. She had lost 4 stone, but needed to lose more, and needed to build more movement into her daily life, but was finding it hard to know where to start.

Due to the problem with her knees, mobility was quite an issue, so any exercise sessions needed to be suitable and not exacerbate the problem. Kathy suggested the gentle exercise group at Knowle West Healthy Living Centre, Move Together. When Kathy said that she could refer LN and go with her the first time, she decided that she would try it.

Kathy met LN and took her into the class, and she soon felt more confident to go by herself, so that almost 6 months later it has become a regular part of her weekly routine. It has encouraged her to move more, helped with her weight loss, general fitness and mobility, and improved her confidence and motivation. Her motivation has increased so much that LN asked if she could attend an art class at the Health Park as well and has been doing more walking. When Kathy saw her a few days ago, LN was heading very swiftly and purposefully into the Move Together class, and feeling very enthusiastic and enjoying her new activities. LN said that it made a huge difference to have somebody to support and encourage her to make the initial move to try something different. Becoming more active, and having more social interaction and finding new interests, has helped both LN's physical fitness but also her mental wellbeing and sense of purpose.

Case study LN

Complexities – individual and system

- Health conditions
- Unsure about appropriate activities
- Lack of motivation

What support?

- Personalised, individual needs-based support
- Attended transfer

Observations in individuals

- Building confidence
- Increasing social interaction
- Improving mental wellbeing
- Creating empowerment
- Increasing motivation
- Improved physical wellbeing
- Supporting weight management
- Building a sense of purpose

Getting fitter to support a career change

MGA, a 39 year old woman, was referred to me because she wanted to lose weight and improve her physical fitness. She couldn't afford to go to the gym, and worked long unsociable hours, which made it harder for her to motivate herself to exercise. In addition, a lack of knowledge as to the best way to exercise made it harder for her to know where to start. Despite making attempts to eat more healthily she was getting very frustrated by her lack of success in feeling any fitter.

When I met MGA, she had just put in an application to join the prison service, but had been told that she needed to lower her BMI, and would have to pass what is quite a rigorous beep test. This was really important to MGA, as she was finding the boredom, long hours, and very early start of the job that she currently had, increasingly difficult, and it was impacting on her mental health.

Initially I offered to do some 1:1 gym sessions in the studio at Knowle West Healthy Living Centre with MGA, to show her what exercises she could do at home. This worked well, and she was well motivated to continue between our sessions. The next step was to help her pass the beep test. MGA needed to be able to run fast enough, and for long enough, to reach the required level. At the beginning, as somebody who had only just started to run, she did not have the speed or stamina required.

As a qualified run leader, I started coaching MGA. I met up with her on several occasions to practice building her running up to the required speed for the beep test, something that she was at this stage unable to do. We worked on improving her reaction times so that she started running as soon as she heard the signal to go, and on controlling her stopping and turning ready to go again. I encouraged her to gradually build up the length of some of her runs to help with endurance, and to practice running short bursts at speed on other days. We also practised running from one point to another around obstacles, improving her agility.

Through constantly working on building speed and stamina, MGA's running improved dramatically – and from somebody who did not run at all, after just a few months, MGA successfully passed her test to get into the prison service. This was an amazing achievement, and shows that a little support to increase an individual's motivation and knowledge can help them make positive changes to their lives in many different ways – feeling fitter, happier, and on this occasion, with the prospect of a new career.

Case study MGA

Complexities – individual and system

- Unsure about appropriate activities
- Unable to prioritise cost of PA
- Lack of motivation
- Poor mental health
- Work pressure

What support?

- Personalised, individual needs-based support
- Attended transfer

Observations in individuals

- Increasing motivation
- Creating empowerment
- Improved physical wellbeing
- Improving mental wellbeing
- Prospect of a new career

Resolving transport barriers

PR was referred to Kathy by one of the social prescribers. He is 75, and she visited him at home due to his mobility issues, as he has Parkinson's Disease. His balance was very poor, and Kathy was concerned that he was going to fall as he moved around his home. He was unable to walk very far, even with a stick, and so attending any sort of exercise session was difficult for him.

They discussed the gentle exercise group at Knowle West Healthy Living Centre, which concentrates on strength and balance. The exercises are mainly seated, with some standing behind the chair for support. Individuals can do as much as they feel able to do, with an emphasis on keeping safe and not causing pain or discomfort, but still strengthening muscles.

This sounded ideal for PR, but he doesn't drive, and even if there was a bus that got to the Health Park, would be unable to walk as far as the bus stop. However, Kathy was able to contact a local bus service, the Sprint, and got PR signed up to be collected from his home each week, taken to the Healthy Living Centre, and then taken home again after the session – being taken safely door to door. Kathy met with him before the first session, to introduce him to the trainer and settle him in.

PR has been enjoying his sessions, and told Kathy that they taught him more about what he could and couldn't do, in a safe environment, which he has found very useful. Kathy has noticed a difference in his walking over the course of the three months that he has been attending the sessions. He looks much more steady on his feet, and watching him walk swiftly down the corridor this week, as the bus had been a little late collecting him, she was impressed by how much more in control of his movements he is. He was barely using his walking stick, and looked much stronger, steadier, and confident.

In addition to the benefits to PRs physical fitness, he has also benefitted from the social interaction in a friendly, supportive and relaxed environment, and whenever I see him heading into the class, as I often try to greet him on his way in and check how he's doing, he always has a big smile on his face. There is no doubt that finding a suitable class, and transport to get PR there, has made a very positive difference to his physical and mental wellbeing.

Case study PR

Complexities – individual and system

- Health conditions
- Unsure about appropriate activities
- Lacking access to transport

What support?

- Personalised, individual needs-based support
- Removing transport barriers
- Attended transfer
- Navigating complex lives to enable PA

Observations in individuals

- Building confidence
- Creating empowerment
- Improving physical wellbeing
- Increasing social interaction
- Improving mental wellbeing

PA and social networks tackling low self-esteem

LP felt bullied at work. This impacted her physical activities and eating, LP comfort ate to cope, as it reminded her of when she was bullied at School. She also had a hospital appointment to check her liver, because there's suspected liver damage from her previous alcohol addiction. LP is extremely worried about her liver scan and feels ashamed, as she feels it's self-inflicted.

We identified LP's physical activities and interests, which included: Joining Greenway Gym, Walking Groups, outdoor and indoor swimming, Tai Chi, Pilates, Zumba.

While planning her physical activities, we considered LP's osteoarthritis in her knees and her fear of being looked at and judged. However, her main barrier to accessing physical activities was the fear of the unknown.

Luckily Southmead Development Trust has an ecosystem of community teams, each specialising in different areas. We arranged a Volunteer Buddy to meet LP at Dolphin Swimming Pool in Filton. The volunteer assisted her from booking a swimming session, to knowing how to use the changing rooms, and then accessing the swimming pool.

After LP's swimming session, she realised everyone's different, and they come in all shapes and sizes. The swimming session gave LP the confidence to go swimming independently, which led to pursuing Tai Chi at the Ardagh in Horfield, as well as joining a small Zumba and Pilates group in her community. LP also joined wild swimming and the allotment group at Southmead Hospital.

LP's liver check-up highlighted fibrosis, but it's not cirrhosis, which means it's manageable.

LP then opened-up about being told she was adopted at eight-years old. This caused anxiety about being sent back. When she was ten-years old she used alcohol to numb her feelings. She's seeing a trauma counsellor who specialises in addiction. We discussed using physical activities as therapy, where LP preferred outdoor activities, such as walking and outdoor Tai Chi for meeting her needs. Our wellbeing coaching sessions also covered mindset. I advised LP, that we can't always control other people's behaviour, or how we're managed at work. However, we can control how we eat and exercise, nobody can touch that. LP agreed with this mindset.

LP developed a network of friends through the physical activity groups she joined, which developed her own support network for joining Zumba classes at Greenway Gym.

Case study LP

Complexities – individual and system

- Work pressure
- Health conditions
- Poor mental health

What support?

- Personalised, individual needs-based support
- Attended transfer

Observations in individuals

- Building confidence
- Increasing motivation
- Improving mental wellbeing
- Increasing social interaction
- Building a sense of purpose

Supporting complex lives to make PA possible

Participant X faced multiple barriers to eating a balance diet and doing physical activities that could help her various health conditions. Her environment, finances and cognitive impairment stopped participant X from moving forward.

For instance, her mother recently committed suicide, her two brothers passed away. She was in an abusive relationship. However, her partner also passed away and left her with his debts, leaving little income for herself after paying her rent and bills. Participant X lives in a council flat that has black mould in the bathroom and on her living room wall, which quicky reappears after clearing the mould.

Participant X feels bullied by a particular neighbour and feels unsafe around her other neighbours. Medically, participant X has lipidaemia on her leg, osteoarthritis and suspected glaucoma in her eye. She only eats toast twice a day due to lack of income.

To support participant X to eat a balance diet, we worked together to arrange: a) a drop-in with Clean Slate at the JTE Hub in Shirehampton – for getting financial guidance, as well as receiving food and fuel vouchers, b) introducing participant X to a community food pantry at the JTE hub, which is a short walk from her flat, c) for Christmas, I arranged a free food parcel for participant X

Additional support included signposting to Changes Bristol mental health peer support drop-in sessions at Avonmouth Community Centre; signposting to low cost 'gentle exercise' classes at The Rock in Lawrence Weston; an escape pain referral; completing a Centre for Sustainable Energy (CSE) application, so participant X has support with improving her on-going mould issues.

In session four, participant X disclosed she has mild learning difficulties. Therefore, doing online applications and following instructions is difficult for her. I'm arranging IT support for participant X with the bi-weekly Tea and Tech drop-ins at the Greenway Centre. I also liaised with Nicola Green at North Bristol Advice Centre, as they will be running IT outreach sessions in Henleaze and Sea Mills.

Our case study shows how the wider health determinates can affect access to a balanced diet and physical activities. It's especially difficult for people with mild learning difficulties, who may struggle to research what is available and then implement the actions identified. Our ability to identify and then link participant x with the services she needed was imperative to prevent her deteriorating health and quality of life.

Case study X

Complexities – individual and system

- Health conditions
- Poor housing
- Unable to prioritise cost of PA
- Poor mental health
- Supporting family
- Learning difficulties

What support?

- Personalised, individual, needs-based support
- Navigating complex lives to enable PA
- Attended transfer
- Sourcing financial support
- Arranging learning support

Observations in individuals

- Building confidence
- Building a sense of purpose
- Improving mental wellbeing

“Nobody should feel like a lost cause”

I first met MB in January 2023, when he was referred to me for support in getting more active. He had been referred to me nearly two months earlier, but it had been difficult to arrange a suitable day and time for a meeting.

MB was an intelligent, articulate man in his early 60s, with various health issues, after a history of drug use. He still smoked, and had chronic obstructive pulmonary disease (COPD) and emphysema, so found it harder to be physically active, and most importantly, lacked motivation.

We met over coffee and discussed the possibility of walking football. Initially MB wasn’t keen, as he used to be able to play football well when he was younger, but after a few meetings he gradually came round to the idea. The next hurdle was how he could get there, as he had no transport, and little spare money for the bus. I was able at that time to provide a bus fare to help him get there, but although MB really did want to do this, a variety of circumstances stopped him being able to go.

We met several times for coffee and a chat, and I could tell that he wanted to make changes, but there were always reasons not to engage – time taken up with problems trying to sort poor housing, obtain working white goods, recurring health issues, needing to travel back to Scotland for family crises, not really wanting to take money for travel expenses as he felt the money should go to people who “needed it more”, and of course, not always feeling mentally able to make the effort to engage.

Some of the clients I see have so many other issues going on in their lives that it’s hard to engage; I try to keep the door open to them so that if they do glimpse a window of opportunity, and want to reach out, they know that they can.

Unfortunately, my funding changed, and as MB wasn’t in the PCN that was now funding me, I was unable to continue supporting him. The last time I spoke to him, after having attempted to book him in for a final meeting, he was experiencing a health crisis, so we weren’t able to meet. He thanked me for all my help, said how much he had enjoyed our talks, that meeting up for a drink had encouraged him to get out of his flat, and my support had motivated him to want to do more, but described himself as a lost cause.

Nobody should feel like a lost cause.

Case study MB

Complexities – individual and system

- Lack of motivation
- Health conditions
- Poor housing
- Unable to prioritise cost of PA
- Supporting family
- Poor mental health
- System boundary changes remove support

What support?

- Facilitating social interaction

Observations in individuals

- Increasing motivation
- Increasing social interaction

Swimming support group

The swimming support group was started back in June 2022 after a query from a wheelchair user MF, who had enjoyed swimming in the past, but felt unsure about trying to go on her own as her condition had worsened over the years. Once I had said that this was something that I could investigate, a few other people with a variety of medical issues said that they would also be interested.

I discovered that uncertainty about where to go and how easy it would be to access facilities was holding people back, so to have somebody that they could rely on to support them until they had built up confidence about going was really important. I checked which pools were on a suitable bus route and had accessibility swims on the timetable, and Hengrove Park Leisure Centre came up as the best one for my group, so I headed over to check out the wheelchair accessibility, whether there was a hoist to get my client into the water, where the changing rooms were, costs and how to book. The staff were very helpful and gave me a guided tour so that when I came for the first time with clients I would know where to go with them. I also checked that I would be able to accompany them, and Hengrove is well set up for support workers to go along with clients.

Initially I went to the changing rooms with my clients, waiting for them to get changed, then accompanying them into the pool area. I was able to ensure that MF was able to get her wheelchair close to the hoist so that she could access the pool easily, and then I sat at the poolside so that I was available if anybody needed anything and was there to assist when they got out of the pool. Once everybody was dressed after the swim, we would meet up in the café area to have a cuppa and a chat, an important part of the session. It helped build a supportive social group – both with members of our swimming group and with other people who attended the accessible swim. Everyone in the group stressed how important swimming was to them, that they felt physically better after a swim, but also how the social interaction improved their mental wellbeing.

Since then, more people have joined the group, whilst a couple have had to stop coming due to health issues. A few, including MF, started going to more accessible swim sessions and other activities on other days each week as they became confident about attending without me, and instead of going to the poolside with the group on a Friday, I stayed in the café while they had a swim, unless there was a new member who needed more support. Due to health issues, MF hasn't been able to swim every week, but has still found it important to come to the sessions as it helps her to get out each week and improves her mental wellbeing to be able to talk to people there. This has been the same with other members of the group – even if they're not able to swim, they will often call in to see me and other group members in the café to have a chat, until they're able to get back to swimming again. As I don't need to go to the poolside with them most weeks, it means that I'm available for people to talk to whilst the others are swimming. Members of the accessible swim are also in contact with each other, so another result has been to build up a peer support group.

Facilitating the group has shown the importance of both physical activity and social interaction for improving physical and mental wellbeing. Through the five ways to wellbeing – connecting with other people, being physically active, learning new skills, giving to others (the support towards each other in the group has been immensely beneficial), and paying attention to the moment – all these things have come from the initial idea of a way to help people build the confidence to start swimming.

Case study

Complexities – individual and system

- Health conditions
- Unsure about appropriate activities

What support?

- Personalised, individual, needs-based support
- Bringing like-minded people together
- Attended transfer
- Facilitating social interaction

Observations in individuals

- Improving mental wellbeing
- Improving physical wellbeing
- Increasing social interaction
- Building confidence

Stakeholder feedback

This section summarises the findings from a survey sent to stakeholders (including GPs, Social Prescribers, Physiotherapists and others who had been encouraged to refer individuals to the PALW's) at the end of the investment. It focused on 3 main areas

- Stakeholders understanding of the benefits of physical activity and knowledge of the PALW's and their role
- Reflections on the process of making a referral and how to encourage other stakeholders to make referrals
- What benefits stakeholders expected to see for individuals referred and whether these expected benefits were seen for those referred

Summary of the responses from stakeholders

12 responses in total. Including:

7 from Social Prescribing Link workers, 1 GP

7 from South area of Bristol, 3 from Inner City and East (ICE)

10 of the 12 have referred patients to PALW's

5 made 1-5 referrals and **4** made 16-30 referrals
(May 22 – Sep 23)

3 have had PA awareness training

1 is a qualified personal trainer

And what the stakeholders had to say

It has been a great service that complements coaching I may be doing with mental or other physical health goals. It increases motivation and helps people identify what they can do within their life.

Great service. Much needed. Would be good if there were more Physical Activity Link Workers.

Brilliant and really helped the clients I referred

Our Physical Activity worker enhanced my work

I genuinely wouldn't be able to support the amount of patients I do, without this service. I can't think of another service that meets the needs of such a large range of patients, from different ages and abilities

I am very pleased we have had the opportunity to use this service, we need more of this, particularly as a lot that is on offer is oversubscribed

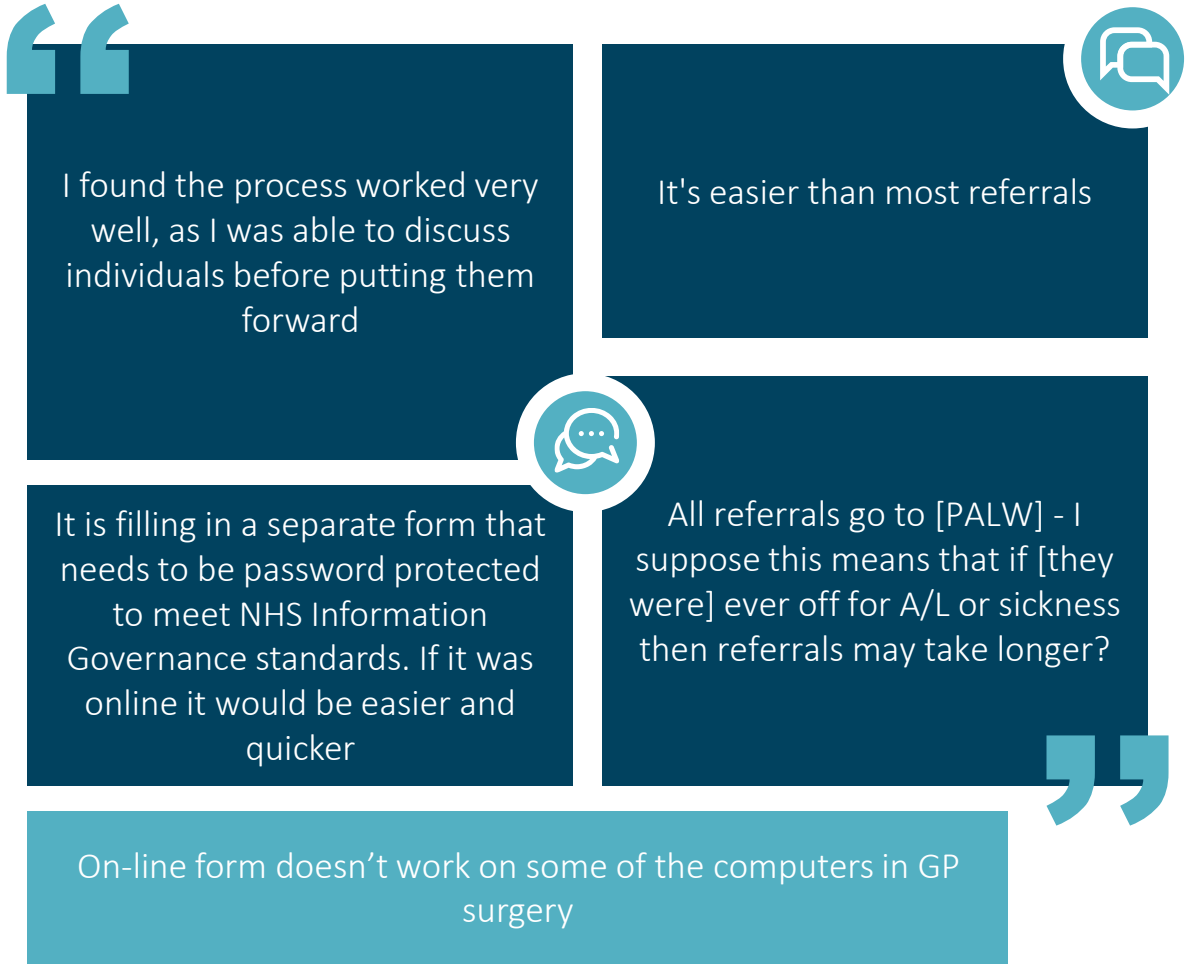
Stakeholder PALW awareness and Physical Activity conversations

- Those who answered felt confident about the responsibilities of the PALW in deciding which patients to refer, and were aware the PALW was available
- Although it was still positive some were less sure about discussing PA with patients and about most patients being receptive to a discussion about PA and being referred to the PALW

- Techniques described to initiate these conversations included:
  - Motivational interviewing and coaching techniques – exploring interests and setting goals
  - Promotion of physical and mental health benefits and exploring overall wellbeing
  - Explaining how the PALW would support and reassure them and go with them to the first session

Stakeholder experience of PALW referral process

There were more mixed responses about the process for referrals. Whilst the majority still found the process easy and fitted with existing organisational processes it was in some cases observed that it was not consistent with other referral processes used.



Stakeholder views on patient benefits

Benefits stakeholders expected from PALW referrals:

- Physical health improvement was chosen as the top answer for 4 out of 9 respondents and then as the 3rd or 4th choice for other respondents, making it the most popular overall
- Improvement of mental wellbeing was the top answer for one third of the respondents and 2nd or 3rd for all other respondents, making it a very close second
- 7 of 9 respondents had healthy weight management as the least important benefit
- There was more variation on views about the importance of social isolation, with this being the top or second choice for 4 of 9 respondents and the rest spread right down to the least important

Where stakeholders have seen patients after a referral, the following observations have been made:

A positive impact, with the most common theme being around increased confidence

"Increased confidence, improvement in mood, more active generally"

"Improved motivation, mental health, engagement, meeting their health goals"

"Making friends. First steps to improved physical health"

Encouraging greater engagement in PA referrals

- Improving awareness of the Physical Activity Link Workers to potential referrers, and feedback on the benefits referred patients have seen, were most popular suggestions for encouraging greater engagement (chosen by more than half of those responding)

- Better education about the benefits of physical activity to potential referrers was also chosen by one third of those responding

Some additional suggestions included:

Clarity of role perhaps- given some surgeries now have SPLWs and Health and Wellbeing coaches - the difference with these and physical activity Link workers is not always clear

Letting all the clinical teams know within primary care that there is this option alongside an easier referral process: i.e. online or embedded within our system

I think awareness that the offer is available is a good starting point

It would be great if we could have a way to see if one of our patients has accessed a service so that we can add it to our notes/make the GPs able to see it on their system

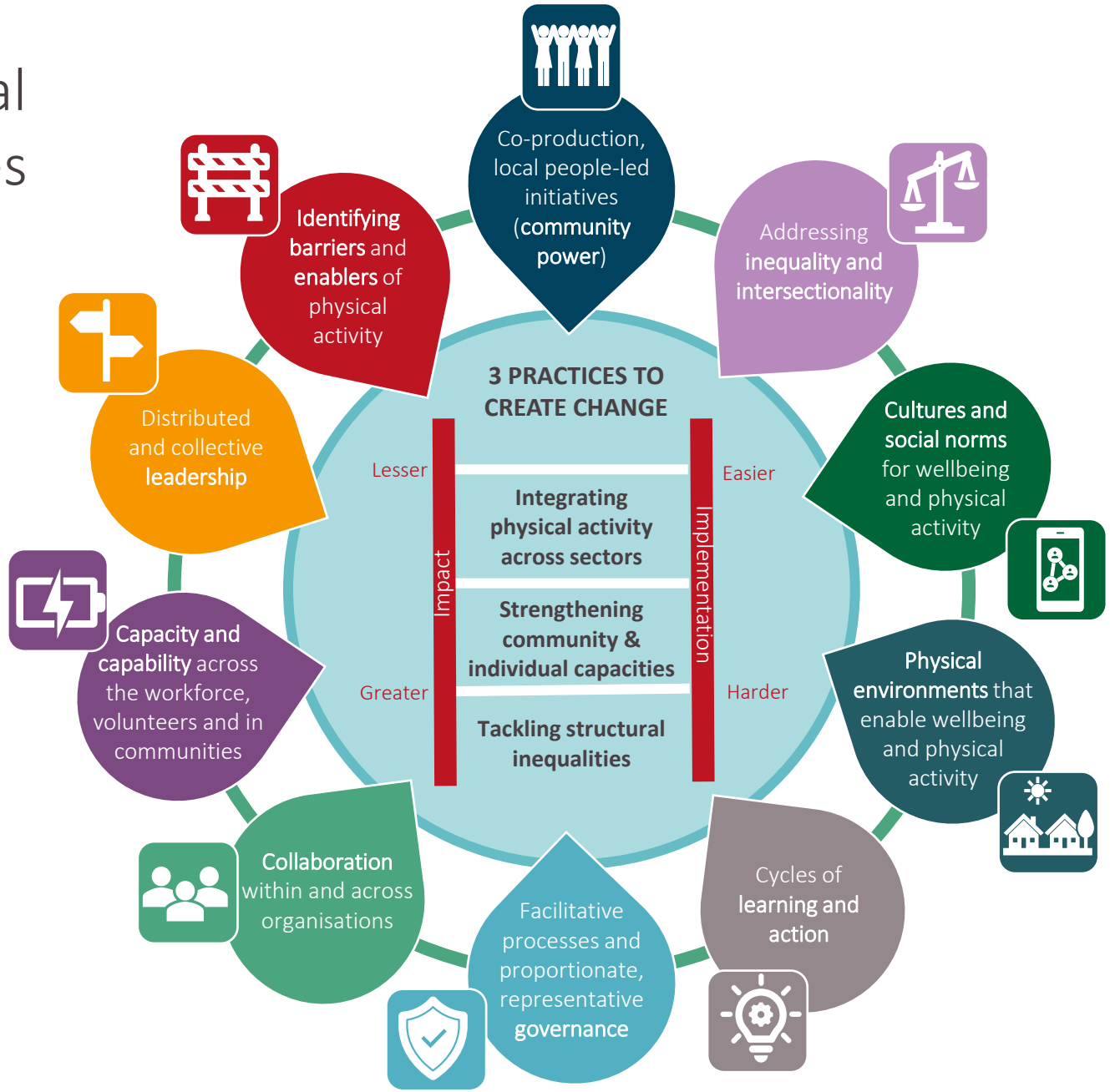
Having the opportunity to try the physical activity myself, I was able to see how the link worker worked, which was so encouraging, safe and supportive. I was able to improve my own physical health and wellbeing and have the confidence to refer other patients

Conditions for addressing physical activity inequalities

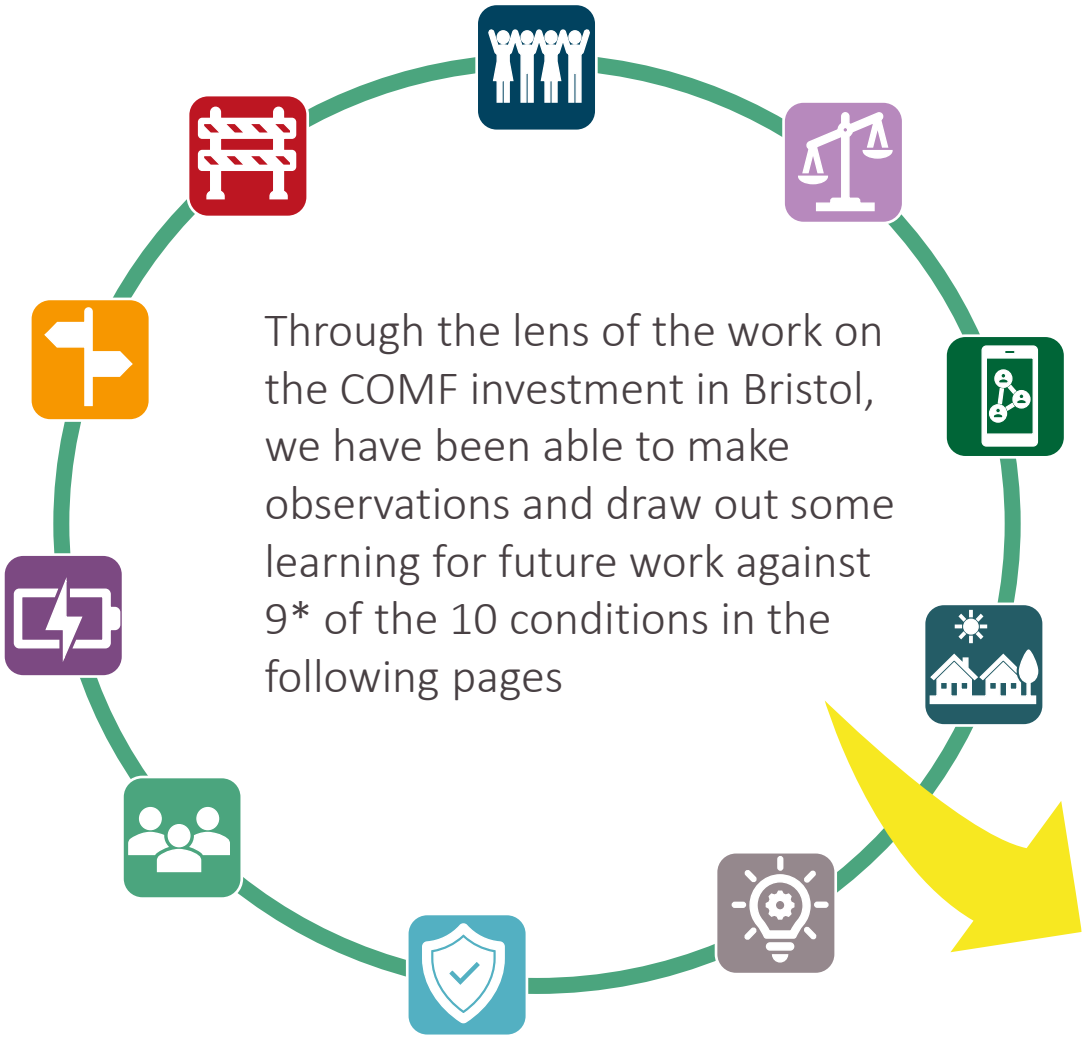
Throughout the investment period Wesport colleagues have been capturing their experiences and making observations about implementing the work.

To bring these to life, we have organised these experiences and observations using the conceptual model of ‘10 conditions for addressing physical activity inequalities’ (see diagram below). The model was recently published by the National Evaluation and Learning Partnership (NELP). We have then tried to draw out learning against the 10 conditions.

10 conditions for addressing physical activity inequalities



SOURCE: Adapted from Katie Shearn for the National Evaluation and Learning Partnership, 2023



Through the lens of the work on the COMF investment in Bristol, we have been able to make observations and draw out some learning for future work against 9* of the 10 conditions in the following pages

The observations and learning were then tested with the three PALWs to check and challenge that they were reflective of their experiences in the work too.

* There have been no particular observations made for the condition ‘Cultures and social norms for wellbeing and physical activity’.

Identifying the barriers and enablers of physical activity in the local context

Description of this condition:

There is process for developing a deep understanding and (shared) knowledge of what supports and/or prevents people being physically active, within the local context.

When thinking about this there are five dimensions to consider:

- Effective capture of information
- Appropriate sharing of information
- Shared understanding of the challenges and priorities
- Assets are defined by communities
- Consistent understanding of how social, cultural, and economic constraints may affect physical activity levels

Observations and learning from the work:

Numerous people, both from within the local health care workforce and residents, have commented about the lack of a directory of opportunities that people could be referred or signposted to. In light of this, **the PALW have, in some ways, become the knowledge within the local health care system for physical activity.**

They have had to build up their knowledge of what's available locally to support individuals to navigate the local physical activity landscape, to overcome this barrier and access local opportunities that they may be interested in. While this brings obvious benefits while people are in post, **there is a downside around sustainability that needs to be considered more widely**.

Observations and learning from the work:

The strength of the 1-2-1 relationship between the PALW and individuals referred has meant that **the PALW heard a lot of information about what has led to people being physically inactive**. The PALW have provided support to help individuals work through these barriers, to help them become active. However, outside of the individual's case notes and some discussions among the PALW team, **this information does not seem to have been used more deliberately and more widely.**

At the start of the investment, the focus was on trying to ask participants to score how they were feeling every session. In the end, a compromise was agreed to do this at the first and last sessions and then again 3 months after the last session. However, **the requirements for the investment weren't focussed on the relational element of the work but on the need for numbers. This possibly led to not documenting the wealth of information about the experience of inactive people and the barriers they faced** that the programme was reaching.

The **PALW have heard regular stories** (see summary in slide 18 'Individual and system complexities') **of how the wider determinants of health were often blocking people from moving more** so they would provide the support to try and work through these broader challenges with individuals. The **case studies (some shared above) have been the sole mechanism for capturing and sharing some of this intelligence which has been undertaken toward the end of the investment**.

Distributed and collective leadership

Description of this condition:

People are enabled to act, within their sphere of influence, to make decisions to create the conditions for people to be physically active. This occurs across multiple layers of society.

When thinking about this there are six dimensions to consider:

- Sustained visible leadership
- Influencing and facilitating change
- Shared leadership
- Cross-sector influencing
- Community leadership
- Local decision making

Observations and learning from the work:

Influencing to connect the work across health, physical activity and community systems has been at the heart of establishing the work in each of the local areas.

There has **been a need to build a breadth of connections across each locality but also across Bristol** to connect the work, reduce duplication and **mould the role of PALW to Social Prescribing and other individual support roles**. It has taken time, but the PALW have been able to **complement services and weave into systems** already in place. Across the healthcare system, connections and referrals have been built up through work around diabetes, hypertension with Afro-Caribbean groups, Wellbeing Coaches, GPs, dieticians etc.

This connectivity has turned out to be wider than than just the health and physical activity sector; **employment, Green Social Proscribing, the police, care, addiction services etc. have all been connected to the work in various ways**. This has resulted in referrals from a broader range of organisations than may have been expected.

The original model, that this investment was used to expand, saw one of the PALW appointed earlier than the other two through investment from SPEAR. This **link worker was then connected to Wesport via Together Fund investments** being used to create more local opportunities in that part of the City. Having been **involved in the work for longer and using local partners to do the 'warm welcome'** has meant that they have been **able to commit more time to making connections** within the locality. This has **helped to create a broader range of activities to refer people to as well as a broader range of referrers**.

Collaboration within and across organisations

Description of this condition:

There is productive partnership working around a common purpose.

When thinking about this there are four dimensions to consider:

- Collaborative cross-sector relationships
- Collaborative practice
- Collaboration to incorporate physical activity into usual work
- Working together to tackle underlying structural inequalities

Observations and learning from the work:

The connecting work (described on the previous page) **has been critical to building trust in the PALW role and referrals**. It has also helped patients, often lacking confidence, to navigate support services.

Those connections have enabled collaborations around **physical activity awareness training within the health sector, the delivery of additional activities and different approaches to health promotion.** It has also established and strengthened a number of working relationships which will enable **greater collaboration** going forward.

There has, at times, been a **lack of clarity where the PALW sit in the relevant 'pathway/local structure'** alongside other PCN funded roles such as Health and Wellbeing coach roles. The programme appears to have seen better outcomes for individuals when the roles are embedded into wider personalised care teams.

Observations and learning from the work:

The context for hosting PALWs shapes who refers to the worker, who they connect with and how they are positioned in the health system. However, the ever-evolving dataset from referrals is being used to guide relationship building and decisions. For example, 'Other' referrals were identified to mainly coming from physiotherapists. This led to work to connect with and bring physios on board which led to further training around physical activity. This has taken dedicated time to explore the data and experience of the PALWs.

The (artificial) **boundaries of the health care system affects the ability to influence, build relationships and collaboration**. Ultimately, this **affects referrals and the potential experience of people** connected to the work. This includes understanding very different priorities of parts of the health system that **can mean the needs of residents can sometimes not be addressed due to their postcode**. For example, the PALW was perceived by a particular healthcare provider to not be able to take referrals from them because they were based in a different PCN. There is also a challenge that some personalised care support is available in some places and not others.

The PALWs have worked with their host organisations to **create new sessions, they have created peer led sessions, connected to other local provision and helped individuals to build movement into their day**. While some National Governing Bodies of Sport have produced sport specific resources for Social Prescribers, these have not always been focussed on the needs of the individuals.

The health promotion work has enabled broader collaboration. The learning from this work has been how **it appears more effective to connect and collaborate with wider community events in the 'right places' and weave health promotion and PALWs work into what is already there** as much as possible.

Capacity and capability across the workforce, volunteers and in communities

Description of this condition:

There are strategies to recruit, reward or build skills, attributes, values, mindsets, knowledge, networks, and capacity for responsive, place-based systemic, and collaborative working to enable physical activity.

When thinking about this there are four dimensions to consider:

- Building the workforce capability for system place-based working
- Strategies for growing community capacity
- Community conditions and relations
- Community voice

Observations and learning from the work:

Through the process of connecting the work as widely as possible and exploring where referrals have come from, **pockets of need around training have been identified** and addressed e.g. Physical Activity Awareness Train for different healthcare workers. But there **doesn't seem to be a consistent approach to physical activity training in the healthcare system** which leads to a lack of thorough understanding of its benefits. **Physical activity seems like an add on to health and social care training.**

This **lack of knowledge around benefits of physical activity**, particularly the wider health benefits within the healthcare system, has also surfaced in other ways. For example, some wider Link Workers have **not had the confidence to refer individuals with long-term health conditions to the service due to perceptions that being active may not be beneficial**.

Observations and learning from the work:

Physical activity was still often seen as part of weight management by healthcare workers in the Physical Activity Awareness Training. Again, the wider health benefits of moving more were not recognised.

Building awareness and capacity around physical activity, such as with student physios learning to use social prescription in their curriculum and Physical Activity Awareness Training for healthcare workers, has helped **raise the profile and importance of moving more** across different parts of the health system.

The programme **has also built community capacity for physical activity**. Examples include, individuals themselves reporting greater capability/confidence (see Slide 20 'Benefits observed in individuals'), the Southmead volunteer co-ordinator delivering training to the Wellspring community team, individuals being supported to start sessions for peers (see Slide 28 'Supported becomes supporter') and supporting local providers to put on sessions that meet the needs of those referred in. Stakeholders have found the service to be hugely valuable both in terms of **increased capacity** and in filling gaps in provision. However, **this has been more organic within the service than a strategic plan for the investment**.

Fundamental to the change in individual's capability and confidence has been the 1-2-1 approach to a 'warm welcome'. Either provided by the PALW or a partner organisation, this hand holding has helped people overcome the obstacles in their way to move more in a way they want to.

Facilitative processes for agile, collaborative working and proportionate, representative governance

Description of this condition:

Administrative processes within the key public services have been implemented to ensure accountability and support to the flow of information, data, power, and resources, including funding, in ways that are equitable, proportionate, agile, and responsive.

When thinking about this there are three dimensions to consider:

- Policy, processes and practice for collaboration
- Inclusive decision-making processes
- Distribution of power

Observations and learning from the work:

The prevailing design of the healthcare system and mindsets around investment are leading to the **short-term nature of investment.** This means that the **resource required to explore sustained investment impacts the time invested in growing the learning through the work,** and the potential for continued learning around the intervention, system and outcomes.

There has been considerable effort placed on trying to sustain the roles from other funding sources which has been successful to a degree. **The investment in each locality is now different** which may potentially create a challenge in working with the PAWL collectively. The investment arrangements are still only short term, **which may limit the ability to learn about their true value** and impact. It also makes it difficult to sustain effective practice.

From the experience of trying to secure investment for the service, and through observing changes in the social prescription landscape, we have seen situations where the **PCN commissioning is creating competition amongst VCSE organisations** at times, rather than encouraging collaboration. This may be counter-productive to the outcomes sought, as those organisations focus on what's required to win these competitions rather than the individual and population level outcomes that are desired.

There was also a reluctance to approach PCNs for further investment as all GP surgeries would need to agree the budget, which may have been difficult as they all have different priorities.

Factors, such as changes in PALW management, has meant reporting requirements have been disrupted. This has led to inconsistent data across the whole project for one particular area.

Co-production, local people-led initiatives (community power)

Description of this condition:

Physical activity strategies are anchored in community priorities, initiatives, and assets.

When thinking about this there are five dimensions to consider:

- Building relationships and trust for co-production
- Co-production of action on physical activity inequalities
- Community-led action
- Agencies' engagement in development of community assets
- Community-led collaborative work on underlying causes

Observations and learning from the work:

There are positive signs of people that have received support through the service then creating peer support sessions and networks for others. Examples include around diabetes/pre-diabetes, swimming and fibromyalgia. **Enabling support for people beyond those that are directly referred** to the service. Support for the PALW from people like a volunteer support co-ordinator has helped to create this value that potentially helps to sustain positive outcomes and behaviours.

National organisations that are being used to deliver services locally or provide on-line provision, have a limited understanding of the communities, the local system and other services in the area. **This 'top down' approach was counter to how the PALWs were trying to work** and could be counter-productive.

Engagement with target individuals for the health promotion events was challenging even when feedback from the individuals shaped the design of the events. **Timing, venue, appropriate environment and the focus of such events all need careful planning**. For example, creating women only events in a GP surgery waiting room when men are also using the waiting room unsurprisingly created discomfort. **Finding ways to offer 1-2-1 advice at existing community events** seemed more effective.

Addressing inequality and intersectionality

Description of this condition:

People develop, deliver, and evaluate policies and practices which consider and address the power dynamics and perceptions which disadvantage people with characteristics, identities and/or lived experiences.

When thinking about this there are three dimensions to consider:

- Recognising and addressing power dynamics
- Identifying and responding to inequalities
- Insight-driven systematic responses to processes of inequality

Observations and learning from the work:

From the selection of case studies, stakeholder comments and available data, there has **been a noticeable benefit to the individuals who have taken up a referral.** Many people being supported are from parts of our community that are least likely to engage in physical activity. **Many people are experiencing challenges around their mental wellbeing, isolation, weight or with a long-term health condition**. There has also been a greater number of women supported. The **relationship based 1-2-1 support offered through the service seems to have been a crucial ingredient** in this.

The PALWs have been able to listen to people's stories of how **the wider determinants of health have impacted their ability to be active** and stay well. The PALW have, on many occasions but not all, found ways to help people work through the challenges they have faced.

Observations and learning from the work:

From the PALW knowledge of the local communities and the people in the health care system, there **could also be lots of people that haven't been referred** but we don't know this for sure. Some of the challenges stated elsewhere have impacted on reaching those that could have benefitted from the support. There also **hasn't been the resource to fully explore with non-referrers what needs to be done to enable them to refer**.

The health promotion element in Bristol has led to considerable learning around how best to do this. The emerging consensus of **building health promotion into broader community events brings a broader spectrum of people, and some aren't aware of their health.** It also saw better numbers because people were there for a broader reason.

There has been the odd experience of people believing the PAWL cannot help them because they 'don't look like them'. There is a need to further understand the implications of this and how widely it may be at play for those that don't take up referral. Also, what does this mean for a peer led model of recruitment?

The different approaches from the PALW in terms of how they support people has led to **creating bespoke offers for people in the different communities they have served**. One of the PALW has created sessions with local partners and is then connecting people into them. Whereas the other two PALWs have worked with individuals and then tried to find suitable opportunities. This may have implications for longer term outcomes which are currently unclear.

Physical environments that enable wellbeing and physical activity

Description of this condition:

There are natural and built environments that encourage activity, which are appropriate, accessible, affordable, and safe.

When thinking about this there are four dimensions to consider:

- Design and management of built environment to promote interaction and physical activity
- Accessible natural environment and public open spaces
- Natural/open spaces used as community assets
- Investment in social infrastructure, shaped by community voices and health promotion evidence

Observations and learning from the work:

The PALW have instigated a range of different activities to meet the needs of the people they have supported. From walking to swimming to gym sessions to Pilates classes, **there is a now a more bespoke, accessible offer available to people in their local community** (as shown by the case studies on pages 21 to 37).

As the case studies also demonstrate, these activities are much more than places for people move. For many of the people supported, they have **become important elements of their social lives** helping with isolation, connectedness and self-worth.

The **host organisations for the PALWs have been supportive in helping to establish some of these sessions to ensure that they meet the needs of the people** using the service. For example, one of the hosts has a gym on site which has led to the PALW introducing and supporting people to use the gym, and then the individuals continuing to be a member after they have stopped needing the support.

Cycles of learning and action

Description of this condition:

There are appropriate methods in place to elicit data and reflections, articulate and frame issues and improve the design of the systems affecting physical inactivity.

When thinking about this there are six dimensions to consider:

- Learning culture
- Embedded learning processes
- Complexity-sensitive evaluation approaches
- Creating value in learning processes OR Maximising sources of learning and their value
- Complexity-informed learning mindsets
- Learning that engages with uncertainty

Observations and learning from the work:

Wesport has been building a **learning culture with the PALW** where the link workers have come together to share experiences and then taken action to adjust their individual and collective efforts. However, there hasn't been the resource or time to grow that more widely around the work with broader partners and the wider Social Prescription work.

The **case studies have been used to share experiences and build up referrals** by showing outcomes from the service. However, this **has been more ad-hoc rather than a deliberate** and systematic use of stories of change.

These collective conversations have led to the PALW **helping each other to spread effective practice** in areas such as health promotion, volunteering and peer support/buddy schemes. As well as bringing in wider support such as the volunteer manager and Physical Activity Awareness Training to help develop the work in the different localities. The **PALWs want this to continue even though their posts are now funded differently and there isn't the investment for it**. They still want to come together and learn from each other's work.

The short-term nature of this investment and the fragile nature of Social Prescribing contracts makes it **challenging to create a broader learning culture and to embed processes around complexity friendly evaluation and learning**.

What has this helped us think about?

Signposting alone is not enough. The **one-to-one support**, having **capacity to understand all of the barriers and wider determinants of health for each individual referred**, and having **knowledge about what is available locally**, is critical to supporting those individuals towards sustained behaviour change

Individual:

- The importance of the roles being “in place” thereby providing greater understanding of the communities they are supporting but also the local opportunities and provision available
- Being able to create a person-centred approach, single solution for multiple conditions not just the initial reason for referral. E.g. individual being referred as pre-diabetic but also has low level mental health need

System:

- Wesport providing oversight/advocacy and support to connect the roles into wider work
- Coordinated approach health promotion events to bring together local partners
- Focusing on the wider benefits of PA as a 'single solution' to multiple health conditions with a focus on immediate impact of 'feeling good' and 'social connections'

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