Reducing inequalities in exercise participation: Evaluation of the novel 'Bracknell Forest Health and Well-Being Physical Activity Service' (BFHWBPAS)

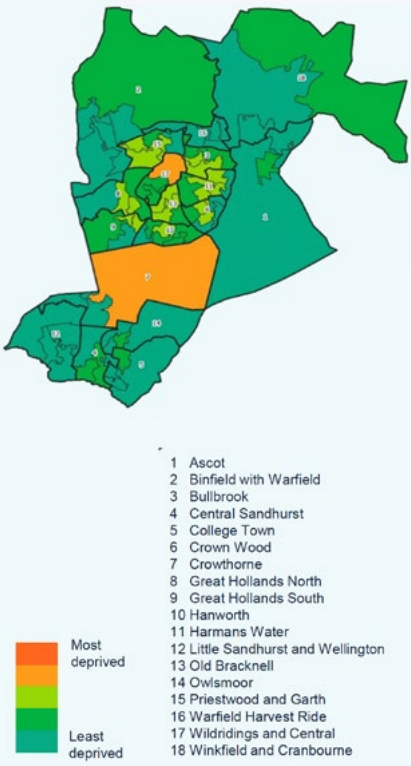
OVERVIEW |

Exercise Referral Schemes (ERS) are an established model designed to encourage and support individuals to engage in physical activity for health and well-being, particularly those with specific medical conditions or health risks. These schemes are often implemented by healthcare professionals, who refer patients or clients to structured exercise programs. While there is a large evidence base exploring patterns of uptake, adherence, and outcomes, less is understood about their relationship to inequalities in health. This evaluation sought to understand how a physical activity service in Bracknell Forest (BF) based on principles of proportionate universalism engaged with agencies and structures in the local health and social care system and ensured uptake, engagement, acceptability and impact on users and target populations.

KEY POINTS |

- **COMPLEX SYSTEM** - The physical activity system is complex, and the Actors (primary care, public health, social care, leisure and sport, transport) are not well linked together. The ambition that there would be referrals into and onwards to a range of voluntary and statutory services within the system has not been realised.
- **TARGET POPULATION -** The target inactive population is older (65+) and less healthy than the general population. They attend health services frequently, yet awareness of BFHWBPAS in the target deprived wards is very low.
- **NOVEL FEATURES -** The features of the service that aimed to address inequalities in the uptake of physical activity – personalised programme, extended time offer, free and subsidised offer, a dedicated Health Coach – all succeeded in acting as enablers to uptake, although very few individuals met the recommended frequency for attendance.
- **SERVICE PROVIDER -** The service is provided by a national private operator of leisure activities and facilities. A leisure centre- based offer alone may be too narrow to fulfil the aim of proportionate universalism.
- **USER EXPERIENCE -** Those who are referred into BFHWBPAS had complex lives with multiple caring responsibilities and complex work arrangements. They often had a combination of physical and mental health conditions, for which they were receiving treatment. This created multiple barriers to people attending the service and their needs for social connectedness and peer support were not met.

Index of Multiple Deprivation
National quintile (2019)



BACKGROUND |

Levels of deprivation in BF are relatively low but it is an increasingly diverse community. Levels of physical inactivity are lower in BF than surrounding areas but 45% of residents with a disability or limiting condition are inactive, 39% of females in deprived wards are inactive compared to 20% in the least deprived, and the 55-74 age group have lower levels of activity than in similar authorities (Sport England, 2022).

To tackle these physical activity inequalities, in September 2022 the public health department at Bracknell Forest Council commissioned a national operator, Everyone Active, to deliver the novel 'Bracknell Forest Health and Well-Being Physical Activity Service'. Based on an established ERS model, the service utilises physical activity to improve health outcomes and quality of life for local residents.

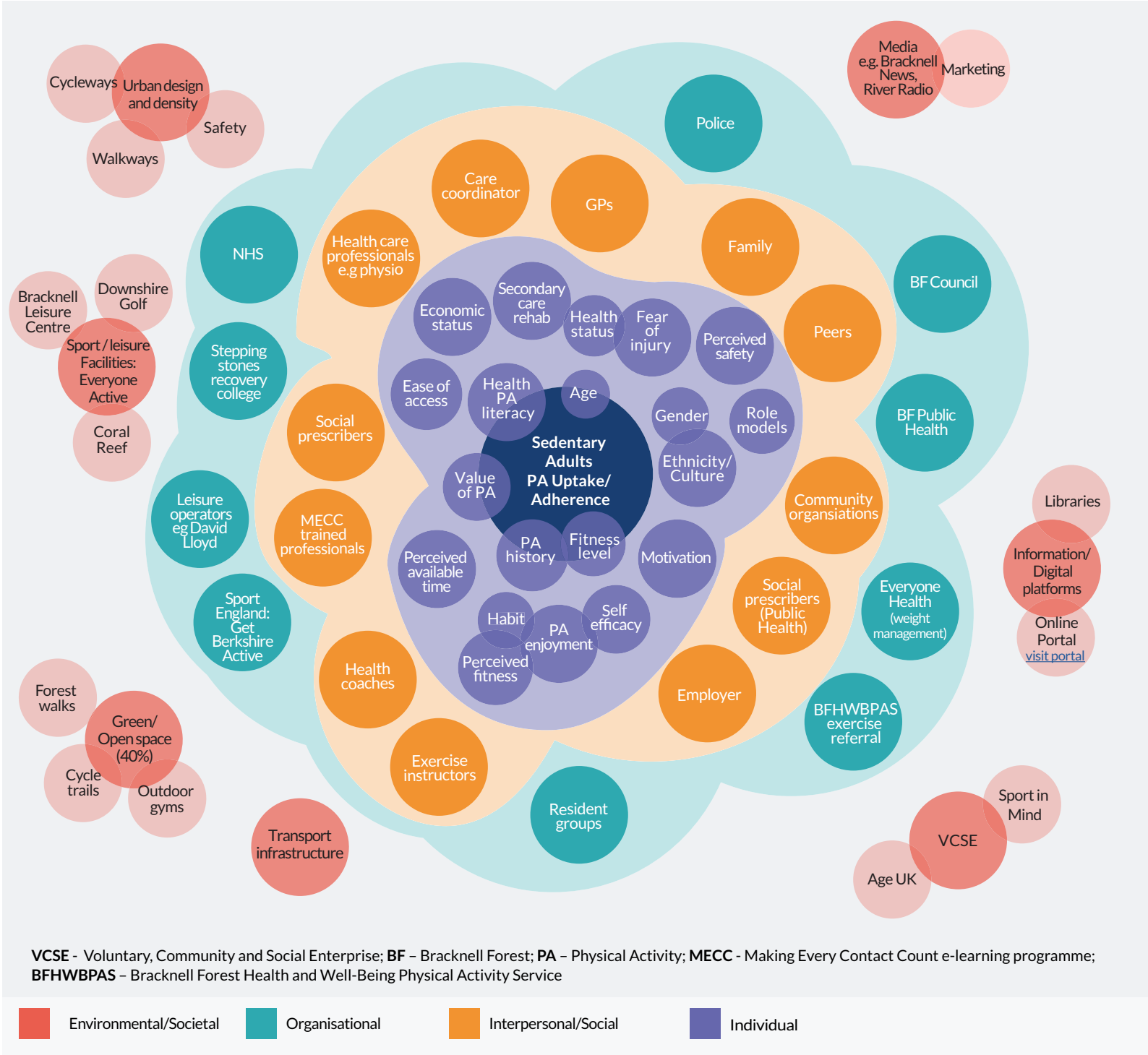
The original service vision included several **NOVEL FEATURES** that distinguish it from traditional ERS:

- **SUBSIDIES -** The service is based on the principle of proportionate universalism and is made available to all (with very few exclusion criteria). It targets people from socially disadvantaged communities and those with protected characteristics. It is free of charge for 6 months to those in receipt of benefits and offered at a discounted rate to everyone else. All residents are also able to access three 1-2-1 sessions free.
- **REFERRING AGENTS -** Referrals are made from health care professionals but also from social prescribers, the voluntary sector and via self-referral.
- **PERSONALISED PROGRAMME -** Dedicated Health and Well-Being Physical Activity Coaches support service users who receive a bespoke tailored exercise programme that may not be leisure centre- based but which may include one-to-one or small group work and activities based in community settings.
- **EXTENDED TIME FRAME -** The programme lasts six months, longer than the traditional 12-week ERS. Upon completion users are referred to other community services where needs related to health can be identified and addressed.

FINDINGS |

| Physical activity system

A complex system surrounding BFHWBPAS was identified, reflecting the complexity of the issue. Approaches across the system are dominated by an individual behaviour change focus and actors within the system often act independently without linking, despite evidence, which stresses the need for multidisciplinary and partnership working (Birtwistle et al., 2019).



VCSE - Voluntary, Community and Social Enterprise; **BF** – Bracknell Forest; **PA** – Physical Activity; **MECC** - Making Every Contact Count e-learning programme; **BFHWBPAS** – Bracknell Forest Health and Well-Being Physical Activity Service

Environmental/Societal | Organisational | Interpersonal/Social | Individual

| Service uptake and adherence

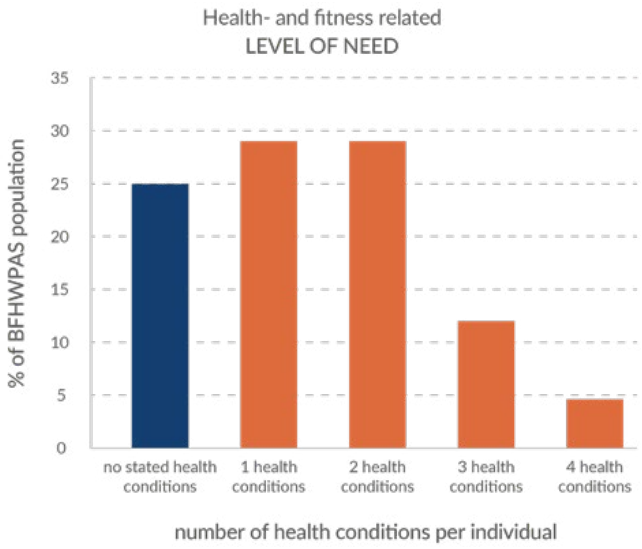
Referral pathways

There is further potential for referral and social prescription of physical activity. Overall, 320 individuals were referred between October 2022 and mid-November 2023. Of these referred individuals, 173 (54%) had been referred from a social prescriber and 31% from a health practitioner working in a general practice (GP). The majority of referrals did not come from wider referral routes or through self-referral.
Additionally, 229 individuals, who were residents in the four most deprived wards and inactive but were not users of the service were interviewed. They were quite highly engaged with health services (59% had seen a GP in the previous six months), and 35% of them had been advised to become more active, but had not yet been referred to BFHWBPAS.

Service uptake

Uptake is greatest among women and the 30-54 age group. 40% were from the five most deprived wards. 42% were deemed eligible for the free service use; 30% received discounted membership; and 28% remained undefined (did not take the evaluation).

A quarter of the referrals were not linked to a specific health condition. Only a few of them were made for multiple and complex physical and mental health conditions despite the target inactive population and the service users typically having complicated lives with multiple caring responsibilities or complex work arrangements.



Service engagement

Uptake of the service was high, however very few individuals met the recommended frequency for attendance of >2 visits per week over a six-month period. The complex nature of people's lives and their health conditions, along with practical factors such as distance and lack of time, were important barriers to engagement.

Service impact

The 19 individuals who completed the full six-month service offer showed improved wellbeing (26%) and physical health (68%) across all adopted measures and scales.
Self-reported impact showed subtle but important shifts in health, wellbeing and lifestyle, including: feeling happier, increased confidence, discrete improvements in physical health and fitness and reports of more routinised habits of exercise for some:

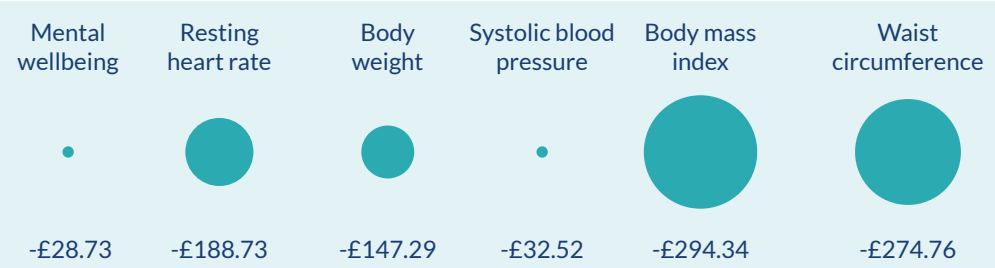
> **"I've noticed, now, when I take the dog for a walk, I'm not struggling as much as I was before. I would get out of breath really quickly."**
> (Participant 16, Interview 3)

> **"I've got into the habit, at the same time, practically every day, that I will go to the garage and now I will go to the gym – particularly recently. So that's like, it's in my routine".**
> (Participant 26, Interview 3)

Cost of the service

The average costs associated with delivering the service amounted to (-£172) per service user.

The analysis identified the following average costs per unit of change for each evaluated health and wellbeing indicator:



The health of the users who were offered a free service was poorer compared to those who received subsidised membership. The cost per unit of improvement for all measures was higher for the free service users when referred by a health care professional.
The power of this analysis is limited by the small sample of users with complete data sets for use in the service cost evaluation. Negative numbers result from reduction of the health measures, which indicates improvement.

| Novel features of the service

Personalised programme

Tailoring was seen as a strong motivator and is undertaken within the leisure centre itself, with users directed to different physical activity opportunities within the gym (primarily the gym and swimming). Referral to external settings or community and statutory sector services did not take place.

Subsidies

The free and subsidised offer included in this service was seen by both those who took up the programme and those who were targeted, but had not been referred, as a key enabler. The cost beyond the six months presented a barrier to continuation for some.

Extended time frame

The service users highly valued the extended six-month timeframe of the programme. The complexity of their lives, as well as the need to manage complex health conditions, which often involved treatment, meant there was often a need for people to postpone and / or pause and restart their engagement.

> **"So, you need a length of time for you to start to feel better from the hard work, because it is hard work to start. You need a longer time period for people like myself for it to go from being a real arduous task to a pleasure to go there and feel good about yourself and six weeks is far too short, or it was for me anyway."**
> (Participant 21, Interview 3)

The Health Coach

The role of the Health Coach was a crucial enabler to the service, requiring a sophisticated skillset and understanding of the complex barriers and health and well-being conditions facing the target groups.

> **"....because you had somebody to talk to about it who understood what you were doing and why you were doing it, they were also able to give you some guidance on how to do it and you also felt you were committed to a contract with them."**
> (Participant 21, Interview 3)

RECOMMENDATIONS TO ADDRESS INEQUALITIES IN PHYSICAL ACTIVITY: |

Recommendations for the evaluated service

1. The Health and Well-Being Physical Activity Service should continue to be offered in BF area as one part of a wider system designed to increase physical activity.

2. The free and subsidised offer and the six-month extended timeline should continue as integral parts of the service.

3. Work should be done across the wider system, including with the public in target areas, to create a better awareness of the service and ensure more targeted and smoother referrals. A feedback loop with social prescribers and primary care should be considered to ensure more connected provision.

4. The original service ambition of creating a bespoke programme that refers externally to voluntary and statutory services should be revisited. This would help reduce practical barriers to access and ensure the wider psycho-social needs of the service users can be better met.

5. The service should consider how it can align both the physical and mental health needs of the users. Implementing opportunities to build social connectedness and peer support across service users as part of the offer may reduce the barriers that some face.

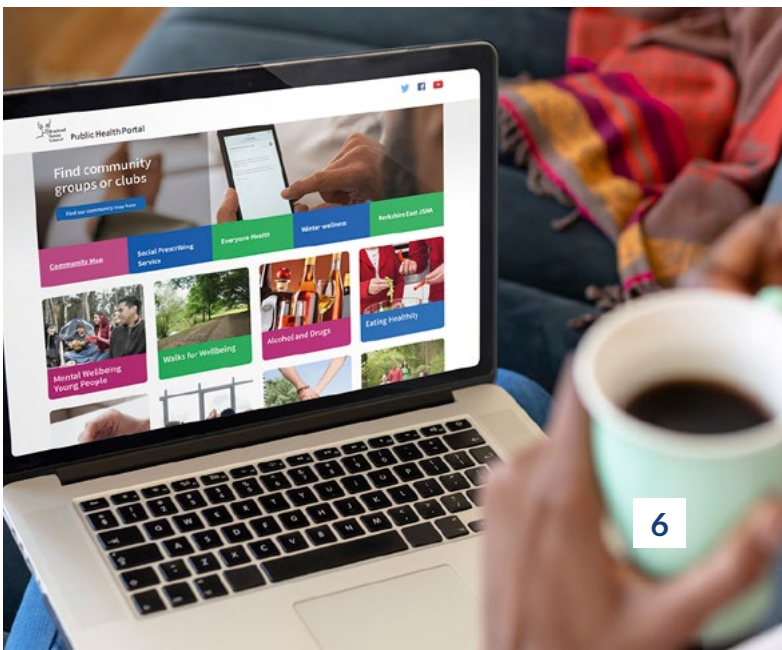
6. The Health Coach is a crucial enabler but reliance on a single individual reduces the opportunity for diversity of skills and characteristics that are important to different users.

7. The commissioned service provider runs a leisure centre-based programme, which does not meet the needs of the target inactive population, who are less well and older than the population in general and who would benefit from a wider range of physical activities.

Recommendations for exercise referral or physical activity schemes

1. **The service offer needs to be:**
   - Accessible to those with limited access to transport.
   - Flexible programme with diverse opportunities.
   - Free or subsidised, as this acts as a motivator.
   - Using social prescribers as supporters and part of the offer, not just as navigators.
   - Providing opportunities for individuals to connect.

2. **The Commissioners need to:**
   - Ensure physical activity promotion is coordinated with other strategies and policy plans including those focused on obesity, mental health and inequalities. Service offers can then be linked together, creating better public awareness.
   - Prepare and scrutinise a detailed specification for service providers that includes the nature of the service offer (not simply targets), and employs effective monitoring systems.
   - Use the principles of "Making Every Contact Count" so that any public-facing service can raise awareness about the importance of physical activity and engage services in the service, e.g. benefits office, housing, social care.
   - Implement robust data collection instruments and systems to build a good-quality evidence base.



Information about the Study |

Methods

This was a mixed methods evaluation that used desktop- and workshop- based Actor Mapping to identify the key organisations, individuals and factors influencing physical activity in the local area. To capture the users' profiles and experiences of BFHWBPAS, serial qualitative interviews were conducted across three time points over the six-month programme and the service data (routine outcome data collected by the delivery partner were statistically analysed after stratification for referral route, demographic and socioeconomic status, and service engagement. Data from non-service users from the targeted inactive community were collected through street intercept surveys. A descriptive analysis was undertaken to understand the cost of delivery.

Sources for further information

For further information about this evaluation scan the QR code

Acknowledgements

The evaluation was undertaken by Professor Katya Mileva, Professor Susie Sykes, Professor Jane Wills, Dr Charles Graham, Professor Chris Flood, Dr Lisa Zaidell, Dr Jessica Owugha, Terassa Taylor-Kaveney, and Dr Cath Jenkins.

Local partners were: Felicity Campbell, Public Health Department, Bracknell Forest Council; Sharon Hatherley, Everyone Active, Bracknell Forest; George Dowdall, Everyone Active, Bracknell Forest; Natalie Austin, formerly Everyone Active.

The PPIE Advisors were: Maureen Staley, Roger Moncad, Jess Deacon, Grant Robertson, Alan Thomson.

The Public Health Intervention Responsive Studies Team (PHIRST) South Bank conceived the evaluation in collaboration with the local authority partner and Everyone Active. All authors contributed to this process.

The team would like to extend gratitude to all the individuals who gave up their time to participate in this evaluation.

This evaluation was funded by the National Institute for Health and Care Research (Centre ID: NIHR131568; Project ID: NIHR135540). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

References

Birtwistle, S. B., Ashcroft, G., Murphy, R., Gee, I., Poole, H. and Watson, P. M. (2019) Factors influencing patient uptake of an exercise referral scheme: a qualitative study, Health Education Research, 34 (1), pp. 113–127. DOI:10.1093/her/cyy038.

Sport England (2022) Active Lives: Results. https://activelives.sportengland.org/Result?queryId=114375