HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM NHS Lanarkshire. South Lanarkshire Health and Social Care Partnership and Health and Social Care North Lanarkshire

To what extent does social prescribing for physical activity and sport increase sustained participation in physical activity and sport for health and wellbeing?

- It is difficult to provide a definitive response to this question, bearing in mind that the conditions of the client group that have led to social prescribing can range considerably and therefore depending on where someone may be on this health continuum, can in some cases impact the extent to which they are able to engage in the whole process. Therefore there are many instances where the social prescription of sport and/or physical activity, allied to medical diagnosis, is sufficient to have a transformative impact on improving the health and wellbeing and prognosis for that individual. What we do know is that 72% of people referred via the South Lanarkshire Physical Activity Prescription (PAP) have agreed to engage with an activity (Attachment 1 - PAP evaluation summary). The same 2018 data also shows that of those referred via PAP referrals, 14% convert to mainstream leisure memberships demonstrating further adherence to physical activity. We also know that referral to Active Health improves people’s mental wellbeing and they feel they cope better with everyday activities (Attachment 2 - Active Health flash report) which should put them in a better position to sustain physical activity participation. In addition to this, from a locality perspective, feedback from one of our Clydesdale GP Practices and in their opinion was that Physical Activity Prescription is not only making a significant benefit to patients but to GP’s and AHP’s alike. GP’s have reported an improvement in:
  - Improvements in patients’ blood pressure, cholesterol, and weight loss,
  - Improvements in mood, confidence, self-esteem and general well being
  - Improvement in mobility, especially patients with long term chronic conditions
  - Improvements in symptoms of anxiety.

- We can report on the number up taking as part of Social Prescribing but sustained participation is difficult to evidence. The last data we had was for 2014/2015 showing an average conversion rate following the free period of 12.25% for a 3 year period.

<table>
<thead>
<tr>
<th></th>
<th>April 2014- March 2015 South</th>
<th>April 2014- March 2015 North</th>
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</thead>
<tbody>
<tr>
<td>*W.C New</td>
<td>845</td>
<td>1,711</td>
</tr>
<tr>
<td>W.C Usage</td>
<td>16,214</td>
<td>11,122</td>
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<tr>
<td>W.C average usage per person over 8 weeks</td>
<td>19</td>
<td>6.5</td>
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<tr>
<td>W.C Conversions (April 2012 - March 2015)</td>
<td>194 (11.5%)</td>
<td>308 (13%)</td>
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<tr>
<td>Total WC memberships (April 2012- March 2015)</td>
<td>1,692</td>
<td>2,377</td>
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- Within North Lanarkshire, the social prescribing model is also called the Active Health (Attachment 3 – Active Health Flash report) and is provided by NHS Lanarkshire (NHSL), North Lanarkshire Council (NLC), Health & Social Care North Lanarkshire (H&SCNL) and Culture & Leisure North Lanarkshire (CLNL), which reflects NHS Lanarkshire’s’ wider operational area, but also the model and programme is underpinned and supported by the entire North Lanarkshire Partnership (NLP) community planning partnership representing the interests of a wide range of statutory service providers. In 2017-18, there were 5,019 Active Health Referrals and this has grown to 7,117 participants in the programme in 2018-19. Beyond traditional social prescribing models, North Lanarkshire have another layer of free or subsidised sport and physical activity opportunities, aimed at engaging the most hard to reach groups which contribute to improving health and wellbeing for all through sport and physical activity, such as:
  - Friday Night and Saturday Sports Scene
  - Street Soccer
  - Move More
  - Walking Football
  - Wellness, Mindfulness and Diet and Nutrition programmes and advice

- We know that people are more likely to stick with physical activity if there are options of low or no cost, accessibility in terms of location and for those with mobility issues, a range of options available- hence why adding green health options to the current physical activity referral pathways are advantageous and they have fun and friendly groups to choose from. Social prescribing also offers the added level of follow up support particularly in the precarious first 6 weeks when we know drop out is more likely. Social prescribing makes sustained activity more likely because they are providing person centred approaches to try and make sure the key ingredients are in place and people have the power to make the right choices for themselves. Telling someone to be active is not enough- social prescribing offers a holistic approach which increases the chances of sustained behaviour.

2. **Who should decide whether a social prescription for physical activity is the most appropriate intervention, based on what criteria? (e.g. GP, other health professional, direct referral from Community Link Worker, self-referral)**

- Referrals from anyone working with an individual that can identify the potential benefit of a physical activity prescription. The referrer needs to be able to offer alternatives such as referrals to walking & Greenspace activities (Attachment 4 – GH
partnership flash report) and ideally referrals are completed by GP, health professional, Community Link worker, Social Work, Third Sector Organisations.

- Ultimately the person being offered the referral - behaviour change will not happen unless people feel that the change is important to them and they feel confident to do so. All of the above are key gatekeepers to supporting a person who wants to become more active. From a time perspective and a deeper knowledge of community options a link worker can offer a greater range of information and the capacity to follow up and attend activities with people. Criteria can be as wide as physical, mental and social benefits from physical activity. The right time to offer a social prescription can be 1) patient led, 2) professional led 3) opportunistic or 4) within a planned review/programme.

- Patients must be motivated to participate in the any social prescribing scheme to allow successful behaviour change to take place. It does not always have to be a health professional who will refer to this programme, as local third sectors, housing staff, social work with local briefings can also signpost/refer to the scheme. Social Prescribing will cover health from a physical, mental and social perspective and ensuring that appropriate intervention is made at the right time in the right place and out with a clinical setting. Huge emphasis moving forward is about having local health provision/locally linked health interventions within the local communities.

3. **What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?**

- At the first stage of the referral the participant has to be consulted as to whether this is something they are interested in. Sustained involvement is then unlikely if this process hasn’t taken place at the beginning. Confidence to attend can be a barrier. Peer support can help overcome this barrier. Perceived costs that is involved- buying new clothes, trainers or appropriate footwear and at the point of referral emphasising that no special clothes are required. Child care and transport costs can also be a barrier.

- Some of the barriers to linking people to physical activities come from healthcare professionals, the systems we put in place, and the people we think should participate (Attachment 5 - Executive Summary Type 2 Diabetes Exercise referral). Healthcare professionals find it difficult to challenge certain behaviours and have beliefs about their patients that may affect uptake of physical activities. Our systems for referral to physical activity aren’t always as easy as they could be. And people’s beliefs about how much control they have over managing their condition (in this case diabetes) and their negative views about structured activities/gyms can deter them from engaging with any physical activities offered to them.

- The 7 best investment areas for physical activity highlight the measures we need in place across all settings. Workforce development around physical activity knowledge and pathways and motivational interviewing skills are game changers. Highlighting directories with physical activity info such as Scotland’s Service Directory, Locator and Greenspace portal are also important so that staff feel they are equipped with knowledge about what’s on offer.

- Cost is a barrier for patients, however although the PAP offers a 10 week free pass for physical activity, once this period has ended, not all patients, especially in rural
areas of South Lanarkshire, can afford to continue this journey or might perhaps be eligible for a concessionary rate, therefore, leisure colleagues and health colleagues are equipped with the knowledge of local “free” activity which patients can be signposted too. This would include local greenspace and health walks. Work is underway within leisure services to develop a bespoke membership offering a pricing structure for all participants referred via a referral/social prescribing pathway.

4. **How should social prescribing for physical activity and sport initiatives be monitored and evaluated?**

- Before formal monitoring and evaluation is considered, perhaps the approach, models, initiatives and programmes and their vital role in improving the quality of life of individuals and the quality of living of communities should be acknowledged, supported and encouraged and the status of the necessary public PA infrastructure underpinned and perhaps afforded greater protection by statutory, rather than permissive legislation. Every local authority perhaps could be encouraged to produce a sport and physical activity strategy and action plan, contributing to local, national and international health improvement targets, with effective, efficient and economic social prescribing playing an integral role in such strategies and action plans. Engagement and participation rates in sport, physical activity and health improvement programmes should then be monitored, reported and evaluated, with best practice models and approaches being shared and celebrated to encourage and inspire everyone to be active, every day, as directed through the Global Action Plan on Physical Activity (GAPPA) and Scotland’s Physical Activity delivery plans and health improvement targets.

- Evaluation should be tailored to the outcomes that we expect physical activity to impact on e.g. improved mental wellbeing or reduced incidence of type 2 diabetes. We need to acknowledge that physical activity programmes will only be one contributory factor to any improved outcomes, but we should agree sensible evaluation measures that reflect the expected magnitude of change. Evaluation needs to be agreed from the outset, otherwise opportunities to maximise the learning from a full dataset will be missed. Any evaluation measures should include the perspectives of the people being prescribed physical activity and those providing the services. Ideally the costs of any provision should be offset against the gains to determine value for money, especially if there is a need to differentiate between various approaches/programmes.

- There is compelling evidence around the benefits of physical activity (once people get there!), We think a focus on the process of primary care/ social prescribing and voluntary sector would be useful and also monitoring our hardest to reach population groups and the uptake of services/activities by them since from a health perspective these are our costlier consumers of the health service.

- Monitor PA uptake over a prolonged period of time. Monitor what other types of activity patients they are doing Quantitative & qualitative data would be useful alongside case studies.

- Integrated Joint Boards and GP Clusters currently have presented an important opportunity to develop a coherent policy for encouraging social prescribing between local third sector and local authority organisations, as they are in a position to corral
local knowledge, improve efficiency and collect data. This is required to gather information about the spread and use of community assets and allow the collation of local data which can inform health improvement work.

Contact details for further information:

Maria Reid – Interim Head of Health Improvement for NHS Lanarkshire and the North and South Lanarkshire H&SCP

Maria.reid@lanarkshire.scot.nhs.uk
Telephone: 01698 377645

Marc Conroy - Healthy Lifestyle Programme Manager NHS Lanarkshire

Marc.conroy@lanarkshire.scot.nhs.uk
Telephone: 01698 377652