HEALTH AND SPORT COMMITTEE
SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT
SUBMISSION FROM Renfrewshire Health & Social Care Partnership

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

Our response is based on the experience of having Live Active, a social prescribing model for physical activity available in Renfrewshire. Live Active is a 12-month programme, run by the local Leisure provider. It provides a structured appointment at initial engagement (baseline) and at 6-months following the initial introduction to the physical activity programme. In a recent annual report, it was highlighted that 48% of clients were meeting national Physical Activity recommendations at the 12-month stage of the programme compared to only 15% at baseline.

There has been an increase in the sustained participation following the introduction of the Community Link Workers attached to the GP Practices. From referral, the Link Workers follow up their patient’s journey in the Live Active programme and provide encouragement to continue to participate. The Community Link Worker’s role is key in:

- Supporting patients to increase their knowledge of the Live Active programme;
- Supporting patients to engage in the programme;
- Supporting patient adherence to the programme.

Renfrewshire HSCP would like the Parliamentary Group to consider the cost of any type of physical activity intervention. Household income and local area deprivation are all independently and strongly associated with physical inactivity. Therefore, interventions should be proportionate and targeted taking into consideration the needs of these communities.

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)

Social prescription for physical activity should be decided by a range of health professionals including the community link worker attached to GP Practices. However, there are occasions where patients have more complex physical health conditions and some types of exercise may be contraindicated. In these cases, referrals should be made by clinical staff e.g. Doctors, Practice Nurses, and Allied Health Professionals.
3. **What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?**

Evidence highlights cost, transport, availability of interventions and participant confidence as key barriers to physical activity participation. There are a number of organisations in Renfrewshire who aim to reduce these barriers to physical activity participation.

A number of third sector organisations deliver a range of physical activity interventions within the more deprived areas of Renfrewshire. They deliver a variety of physical activity opportunities which are either free or at a very low cost. The interventions are delivered within the targeted community aiming to lower the transport and availability barrier to participating in physical activity. Feedback from the providers indicate that participants are also more comfortable attending events in their own community.

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

- Number of referrals to physical activity opportunities from Community Link Workers/GPs and other Primary Care Health Professionals;
- Community Link Workers to follow up with referred patients for adherence to interventions;
- Community Link Workers to develop annual reporting on examples of good practice.