HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Hannah Grubb GP Link worker/ Adult learning Tutor Fife Council

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

I have been a GP link worker for Fife council for over two years, currently based within three surgeries and take referrals from other health professionals. The referrals are based on identification of need where an individual has or is suffering with mild or moderate mental health issues and they would benefit from a ‘Social Prescription’. Physical activity and sport would be seen as an appropriate recommendation for any patient however this would not always be the initial prescription. For sustained physical activity any barriers that the individual is facing would have to be highlighted for example mental health, financial, travel and physical abilities. I ensure I have a good knowledge of the local community and organisations with continuous networking to empower myself with the knowledge to pass on. This helps with breaking down as many barriers as possible to ensure easier access and support to these activities.

As a link worker I record referrals and support given for people into physical and sport activities. In my role I support people in to these activities for example walking groups, dance classes and then would conclude my input. In regards to the question around sustained participation this is a difficult matter for a link worker to measure. This could be measured with decreasing use of NHS services or the organisations that are being used, measuring attendance. This is not something always possible if disengaged from the person and would be difficult to follow up when I have concluded my input with patients.

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 or self-referral)

I believe that anyone who has a professional working relationship with an individual would be appropriate to prescribe Physical activity. In regards to what professional would be best this would be determined with the level of need and support for the patient. In addition to this it would also depend of the professional’s knowledge of local activities. Physical activity should be inclusive for all, I don’t feel there should be a criteria however there are barriers people face which can make them harder to access. This is where a link worker who can offer extra support and find access to these services would possibly be the more appropriate service.
3. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

From experience of working with people there are multiple barriers that people face;

- Financial (memberships/ entry fee)
- Transport ( physical ability to travel/ available public travel)
- Level of support (confidence of attending or travelling)
- Opportunity ( Activities that are available in areas e.g. West Villages Fife limited opportunities)
- Awareness around impacts of low physical activity on physical and mental health
- Knowledge of activities available locally

In my role I am always looking for solutions to break down these barriers, these include using local funding to help pay for travel, free bus tickets, securing funding to pay for local gym memberships for those on low income. I also offer support with attending groups if there is a need for moral support or investigating routes to travel. As previously explained I regularly network, build relationships with other services and organisations. This is to ensure there is minimal gap of disengagement when transitioning between social prescription and uptake in activity.

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

As previously explained it can be difficult for myself to evaluate when engagement with the individual has been concluded. I currently cease engagement when the agreed outcomes with the person have been met and transitions are successful. The evaluating of effective prescriptions and longer impact is an ongoing process of ideas on how this should be measured. There was an external evaluation of the project I am involved in ‘Positive me positive you’ in December 2018, the consultants looked at reduced visits to GP’s, impact statements from participants, focus groups and uptake of referrals made. I also use WEMWB’s (The Warwick Edinburgh Mental Wellbeing Score) to measure mental wellbeing on first and last appointments, a rise in score shows a positive increase in mental wellbeing. A recommendation I have is where a physical activity has been recommended that a noting of an individual’s BMI be recorded which can then be used to measure in physical health.