

## **HEALTH AND SPORT COMMITTEE**

### **SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT**

#### **SUBMISSION FROM THE HIGHLAND GREEN HEALTH 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?**

There is a need to define what is meant by sustained. Does this refer to activities continued beyond the end of a prescribed course and for what length of time beyond this (3, 6, 12 months or longer)?

It is essential to find person-centred solutions that engage and interest patients. Some activities available may not necessarily be considered by the patient themselves to be sport or physical activity, but never the less, result in increased activity levels and improved health and wellbeing. Outdoor photography could be such an example. Prescriptions could include one or more physical activity or sports and indeed other activities in communities and health benefits could be achieved from all of them.

Evidence has shown that exercising in natural environments - compared to exercising indoors - is associated with greater feelings of revitalisation, and a greater intention to repeat the activity (Coon et al 2011). Therefore green health activities prescribed to patients have an opportunity to increase the likelihood that activities are sustained.

In Highland, we have mapped our green health activities across the following categories:

- Creative Music and Arts
- Cycling & Walking
- Gardening & Farming
- Relaxation
- Travel and Leisure
- Play & Outdoor Learning
- Science & Research
- Sport and Physical Activity
- Outdoor Volunteering
- Viewing Nature, Plants and Wildlife

In addition to the physical and mental benefits of outdoor activities it is also worth noting the social benefits, particularly in rural and isolated communities, are likely a factor in sustaining participation. Green health activities help participants to build confidence, set new goals, find new interests and make friends. Peer support groups for those with particular health conditions are also valued and so can sustain participation.

It is worth noting that sustained participation is challenging in rural communities with low participant numbers (funding) and long transport distances. Solutions for self-help are in demand in such areas. For example the 'MacMillan Move More' programme developed a home workout package for those unable to attend leisure centres and 'Let's Get On With It Together' (LGOWIT) have produced a self-guided support toolkit for those with long term conditions.

Childhood experiences in nature are known to result in better health outcomes in later life. The lived experience of those being socially prescribed activities could therefore influence the success of the uptake and likelihood of continuation.

## **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)**

This would very much depend on the health condition for which the referral is being prescribed and the availability and the location of support services and activities. Restricting referrals to specific professionals will miss out on large numbers of people who could benefit, without significant risk of health harm.

It is recognised that GP's do not have adequate time or in some cases, local knowledge, to make referrals and that in order to achieve a more person centred approach a link worker or similar would be necessary. Up to date and easily accessible information on the physical activities available to take referrals in a locality is essential. In Highland we have collated a directory of green health services to assist those making social prescriptions.

Services providers need to meet certain criteria to ensure that the Physical Activity prescribed is approved/accredited in some way and has appropriately trained/aware providers delivering it.

There are several people required to make social prescribing a success. It is acknowledged that people are much more likely to attend an activity if they are accompanied. The model being developed for Community Link Workers in Highland recognises the need to ensure individuals are supported to signposting opportunities and would facilitate this. Additional volunteers and befriending services may be required. In rural areas links to community transport companies help allow for access. For some, being accompanied by a professional may be required in the form an occupational therapist, support worker or similar. 'Branching Out' is a programme developed through Forestry and Land Scotland that links with the professional support workers and focuses on mental health. This has been rolled out across

Highland. In this example it is the primary mental health worker that decides who should be put forward for the programme.

In Highland, we have developed a spectrum of green health and are currently piloting the most appropriate green health referral pathways. Those at the lower end of the spectrum with higher health needs to low mobility might require more specialist assessment, support and tailored services while those at the top end who have greater independence could be signposted to services and attend independently or access self-guided services.

It is possible for specialist teams to recommend physical activity. For example, Orthopaedic Surgeons at Raigmore Hospital in Inverness are currently signposting to physical activity opportunities as pre-habilitation to improve recovery times. This assessment is carried out by the nurses during their initial questioning of patients at pre-op appointments. Guidance on the benefits of exercise has been produced in partnership with Paths for All, who run a series of health walks across Highland.

The Cancer Care team at NHS Highland has recently approved seven area-wide project officers to work with patients at the point of diagnosis to develop holistic person-centred plans that can assist them through treatment and recovery.

The DWP currently refer to outdoor volunteering opportunities to build skills for employability that also increase levels of exercise.

Health visitors are known to signpost to appropriate outdoor activities in Highland for infants and young children and their parents.

Elsewhere link workers have been established in Highland through the third sector, funded through various streams including community benefit from renewable energy and the Smarter Choices Smarter Places fund.

It is important that social prescribing is presented to the individual in question as a personal choice, therefore giving a sense of autonomy and control, key components of motivation, and sustained participation. In addition, this helps to overcome any issues of liability, particularly if service provider and health practitioners alike, are risk averse.

There should also be an initial assessment by the activity provider to check on new referrals' level of fitness and ability to participate.

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

- Short-term funding leading to fluctuations in the availability of services and trained professionals that people can be referred to.
- The time limited nature of certain programmes leaving people unsure of how they can continue being active at the programme end, or worse, leaving those that have formed social connections feeling more isolated as the activity stops.

- Information readily goes out of date quickly leading to frustration among primary care workers when programmes end or are withdrawn, but they don't know this and keep referring people to them.
- Variations in the qualifications of those assessing patients for referral with no real consistency in approach being established. Also, variations in the training, skills and experience of the receiving organisations.
- Issues around patient confidentiality and data sharing agreements between organisations. Smaller groups and individuals not wanting to be burdened with beaurocracy. Health Care practitioners also do not wish to be burdened with more paperwork. Streamlined and simple processes are needed.
- Form filling and the asking of personal details can be off putting for the participants themselves and may put some off attending or returning.
- Stigma – particularly in smaller communities. People do not want to be labelled when being referred to activities. It is harder to remain anonymous in rural communities. It is also harder to avoid uncomfortable relationships and sometimes people will avoid an activity if they know certain others are attending.
- Transport to activities or appropriate greenspace for physical activity. In Highland, there are large distances to travel and leisure facilities can be very far from people's homes. Public transport is infrequent, if there at all, and there is a high dependency on cars.
- There is going to be increased pressure on the mainly third sector and community organisations that deliver these programmes with limited resources, at a time when public spending is being cut back. The capacity of groups to manage larger number of participants may be impacted. Already in Highland, one highly successful health walk group, P4W Walks, has indicated that they have no ability to take on any more walk leaders. New solutions will need to be sought.
- Many in rural Highland earn their livings outdoors in industries such as fishing, farming and forestry which are themselves very physically demanding, yet we know that there remains poor health & wellbeing among these groups. How do we encourage such groups to participate and in what way can we sell the benefits of being active outside of work.
- Some existing third sector link worker models in Highland do not have robust monitoring and evaluation frameworks. This can be linked to the short-term funding they receive not allowing for adequate follow up or to lack of experience in these areas. As a result there are difficulties in measuring impact of programmes.
- Related to all of the above, support for the recieving organisations is required. Through the work of the Highland Green Health Partnership a dedicated development officer is working with service providers to assist in tackling such barriers. This project is

time limited to 2 years and when it finishes, a sustained approach to supporting community groups receiving referrals will be required.

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

The many and varied service providers across Highland collect and monitor their data, often to the requirement of their external funders, and the requirements of each can vary greatly. As a result, many shy away from any additional layer of data gathering. Monitoring at point of referral would be best. Qualitative information through the person centred conversation would ensure that patients would not be overly burdened however would need to be rigorous and ensure patients don't tell us what they know we wish to hear. It needs to stand alongside quantitative data such as:

- numbers referred to social prescribing and by whom with age/sex/health issue breakdown, also as percentage of primary care/clinic/community team population?
- time from referral to social prescribing consultation
- % uptake of consultation
- result of consultation - what is prescribed, for how long? review?
- % uptake of prescribed activity, how long undertaken?
- baseline health check and follow up - after how long?

We need to have control groups or make comparisons between those that have been referred and those who have not.

A picture of participation with regards to health inequalities is important so that we can ensure that those participating have the greatest health benefits to achieve.

There are a variety of evaluation tools available for use. A consistent approach nationally would help to support organisations do a more robust job of monitoring and evaluation, together with training and networking.

How do we capture/follow up with those that participate in self-guided/led activities?

For results to be meaningful, programmes need to be in place long term to ensure that lifestyle changes can be achieved.

We need to demonstrate the cost saving through primary care and prescriptions through the evaluation. These cost savings need to out-weigh the cost in service provision in order that health practitioners be motivated to choose social prescriptions.

#### **Background to the Highland Green Health Partnership**

The Highland Green Health Partnership is one of four area-wide partnerships developed in Scotland contributing towards "[Our Natural Health Service](#)", a national programme led by

Scottish Natural Heritage, that aims to show how greater use of the outdoors can help tackle physical inactivity, mental health issues and health inequalities.

The Partnership is made of representatives from NHS Highland; SNH; The Highland Council; The Cairngorms National Park Authority (CNPA); Highlife Highland (HLH); The University of the Highlands and Islands (UHI), The Highland Environment Forum; The Highland Third Sector Interface (HTSI); Paths for All; Forestry and Land Scotland and practitioners in health and social care. Our vision is to:

*"Develop opportunities and build on existing resources to support individuals and communities to improve their health and wellbeing, and build resilience through engaging with and appreciating the natural environment".*