HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM - Aberdeen City Health and Social Care Partnership

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 huge amount of evidence to support this for physical and mental illness. As an approach, this helps to move the public and services away from the traditional medical model of healthcare towards a wider public health and wellbeing model with prevention and early intervention at the heart. There is a lot of evidence to support this approach.

We believe that the social prescribing routes should be as wide as possible including all health and social care professionals and community link workers. Allied Health Professionals (AHPs) work across the whole life course and in a wide variety of roles and are ideally placed to support social prescribing.

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)

Everyone should be able to decide if a social prescription for physical activity (PA) is needed by drawing on the relationship they have with the individual, knowledge of the condition and how it affects them. This would include GP’s, Allied Health Professional’s (AHP), all the different link workers, self-referral, community, friends & family. It should be a holistic approach to promoting increased PA across all areas.

Anecdotally it is suggested that social prescribing results in an increase in participation of physical activity for some people, for example since the introduction of link practitioners in August 2018 in Aberdeen City, physical activity and activity has been in the top 10 onwards referral routes.

The importance of any activity being meaningful to the individual cannot be underestimated and this will impact on the sustainability in participation. Allied Health Professionals are very skilled at working with individuals to help them identify goals and ways to support these that are meaningful to the individual.

There is good evidence around the impact of having personalised exercise programmes to address specific goals being more impactful than generic physical activity messages. Therefore, it is important to consider this on an individual need basis for maximum impact and long term benefit.
Within the Aberdeen Links Service, the GP or other health professional within the practice may make a referral to the link practitioner. The link practitioners discuss the referral with the individual to identify their personal goals and then find suitable support and community-based programmes that meet the needs of the individual’s goals. The individual goals do not always reflect that of the initial GP referral. The link practitioners can either signpost, refer or provide some support for the individual to become involved.

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

Taking the first step is often the hardest barrier to overcome and there needs to be an understanding of an individual’s readiness for change. Barriers include:

- Lack of knowledge, skills and confidence on behalf of prescribers – challenges of keeping up to date with what all the potential options available in a community are,
- Lack of confidence – individuals being prescribed this activity and of those ‘referring’ having confidence in quality and availability,
- Facilities/ equipment – but not always required so can be a perceived rather than an actual barrier,
- Costs to both the individual and providers and short term funding to enable this to get started without longer term funding plans,
- Referral processes – need to move to a model of signposting/enabling rather than formal referral,
- Body image concerns for some individuals,
- Transport costs,
- Accessibility,
- Language of social prescribing is itself a barrier – means different things amongst professionals and the public and needs consideration.

Exercise referral systems in some areas are provided at no/subsidised costs initially and an introductory offer following this initial period.

Ways of overcoming barriers could be, locality discounted memberships, staff training, specialist community participation workers, innovates approaches within teams e.g. Wellbeing Teams and the development of programmes and classes based on the feedback from individuals and a partnership approach to culture change across all ages and in all settings e.g. schools, workplaces & communities.

Recognising that people need further support to engage with their social prescription, having a link practitioner/ support worker type role provides a more proactive approach to engagement with the individual. This will increasing the likelihood of the individual engaging and sustaining an onward referral to an agency and help address any barriers they may have.
How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

From a GP point of view there would be frequency of attendance at practice, basic health data e.g. weight/BMI/BP and mental well-being questionnaires.

Data sets could include:
- Uptake,
- Retention,
- User’s experience/impact upon wellbeing – both physical and mental wellbeing,
- Case studies following a person’s journey,
- Use digital tracking solutions – e.g. using Lifecurve App to capture changes in functional activity that can be quantified in terms of positive movement along the curve,
- Impact on services – e.g. reduced demand on primary care services; increase in the number of peer support groups etc.