HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM ACTIVE HIGHLAND STRATEGIC 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?

This depends on the ‘quality’ of the social prescribing process.

Social prescribing can be described as means of linking individuals to activities and groups within their community, which can provide wider health and wellbeing benefits. It is an asset based process which enables healthcare (and other) professionals to refer people to a range of local non-clinical services that are quick, local, flexible and familiar; it works in a way that better supports the healthcare structures, people and communities. A social prescribing model seeks to facilitate people and communities to come together for positive change, tapping into their skills, knowledge, lived experiences and interests on the issues they encounter in their everyday lives.

Applying this approach to physical activity and sport enables individuals to access the most appropriate and sustainable choices that mean they are more active more often.

The key difference between a social prescribing approach and a more traditional referral is that the deeper involvement of the individual, including consideration of their wider life circumstances, allows for more choice, more appropriate signposting and more development of personal motivation. These are important factors for sustained participation.

Evidence reviews of Exercise Referral schemes, and experience of previous schemes locally, show that additional support is required for individuals to successfully achieve the transition from initial signposting information on to sustained participation. There is a need to invest in robust, longitudinal research and evaluation to establish the most effective ways to achieve sustained participation and outcomes for individuals.

The Active Highland strategy is based on the premise of supporting each individual to connect with the most appropriate physical activity or sport opportunity for their circumstances at the time of referral. This has involved the key agencies / partners* collaborating to develop the Active Highland framework and associated implementation priorities (see attached). The delivery of this agreed framework is based on working better together to support individual and community participation and underpinned with an approach to reduce inequalities and maximise inclusion. The implementation priorities are refreshed on an annual basis. Implementing an effective social prescribing model for physical activity, across healthcare and other community contact professionals, will support this framework and the positive outcomes for individuals and communities. Well-developed and supported partnerships are key to achieving the potential of a social prescribing approach.
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 should be a co-production process, with the individual at the centre working in partnership with the professional to access the most appropriate physical activity or sport opportunity.

This structured conversation should be based on individual circumstances and need. Specific criteria should be based around preference, previous and current experience, negotiated goals, and may also include considerations of physical and mental health, current symptoms, access requirements, etc. Other criteria will include wider life circumstances such as employment, housing, financial pressures, time-availability, family or caring commitments, geographical location, transport,

Depending on the considerations mentioned, there may be a range of different professionals who take the role of guiding the process to identify the most appropriate referral destination, but ultimately it will be the individual who should decide if that social prescription is the most appropriate intervention. In many situations Community Link Workers may have the best opportunity to undertake these motivational conversations, but all contact professionals should be attuned to this approach.

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

From the professional angle … Quality of the approach, attitudes and beliefs of professionals has a significant impact. Effectiveness is limited in situations where the wider circumstances and patient involvement are not sufficiently included. Levels of buy-in from key professionals (NHS or others), which may relate to the current lack of clear evidence for this approach.

Practitioner / professional may have limited knowledge of appropriate opportunities for onward referral / options available. Comprehensive searching facility / repository of opportunities is required to make social prescribing effective.

Lack of time (perceived or real) on the part of the professional to undertake an effective social prescribing process.

Broad reaching training for professionals around how to achieve effective social prescribing is required, along with adequate funding to roll out the Community Link Worker model.
From the individual perspective barriers include: … the range of choices of activities, social isolation, lack of confidence to convert a referral into active participation (e.g. fear of the unfamiliar, turning up for the first time not knowing anybody or what to really expect), geographical location, transport, pressures on time of individual, family or caring commitments, employment, etc.

Short term funding arrangements for third sector providers has a significant impact on the sustainability of many key referral destinations. This is particularly an issue for remote and rural models.

Limited physical activity and sport opportunities in the locality of the patient. Lack of funding to support infrastructure: both physical and personal (i.e. the people on the ground, volunteers, etc, who make the opportunities actually happen).

Strong partnerships with local activity providers are crucial. A shared understanding of the journey from referral to sustained participation needs to be embedded across all stages and agencies involved in that pathway. In Highland this can be largely achieved through the Active Highland partnership, however the link to clinical pathways and engagement of the wider clinical workforce is still in progress. Other local initiatives such as the Highland Green Health Partnership are also based around the principles of developing robust social prescribing pathways to enable more people to achieve improvements to their health and wellbeing through contact with the natural environment. Shared underpinning values and good communication across these local partnerships is achieving a synergistic impact in taking forward this approach.

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

National guidance on performance indicators and tools for evaluation and monitoring should be agreed. There is a need to build the evidence base around this, with particular focus on the quality of experience and outcomes (short, medium and long term) for individuals. There is a need to invest in robust, longitudinal research and evaluation to establish the most effective ways to achieve sustained participation and outcomes for individuals.

Monitoring and evaluation should include markers around physical health and relative fitness, which are personal and based on “improvements” from where the individual began their journey. Whilst standard national recommendations are useful as an overall reference point, it is important that the key messages of “anything is better than nothing”, and “more people, more active, more often” are collaboratively embraced as the starting point wherever necessary.

Additional mental and social health indicators are also valuable (e.g. WEMWEBS)

It may also be useful to gather evidence of increases of physical activity opportunities and providers that feature in local pathways as social prescribing destinations.
Evaluation and analysis that shows the cost:benefit outcomes of social prescribing is important to establish. Experience, intuition and narrative accounts (along with emerging research) show us that ultimately a successful social prescribing programme will save greater costs (of treatment and resources) in the long term to NHS and other statutory services. This needs to be built into evaluation to further direct investment.