HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM East Lothian Council / 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?**

Evidence from the National Institute for Health & Care Excellence (NICE) suggests that GP Referral schemes have a marginal effect on increased Physical Activity relative to other ways. However, Physical Activity programmes as part of schemes do encourage activity. NICE suggest that the focus should be on providing advice and support to attend sustainable longer term programmes. The research also suggests the focus should be on inactive people with existing health conditions or factors that put them at risk in the general population rather than a targeted approach.

Therefore the sustained participation in physical activity will more likely be seen if an individual is transitioned into a regular community activity outside of a formal referral scheme. This could following a formal programme or directly prescribed by a health care professional.

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)**

Any intervention by any health professional to encourage increased physical activity will be beneficial. There should be a focus on reducing concerns from health professionals on what they need to do to reach the less active. This could include, supported self-help, confidence in encouraging those with health conditions, and supporting their wish to be more active and overcome the barriers. Self-referral with support will reach the greatest number, and getting away from the idea that you need a referral/letter from a GP to make that initial step to be active.

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

Referral programmes can be specific to a health condition or age group and are in many cases based on short term project funding rather than built into core budgets. Social prescribing could significantly increase the number of people benefitting from a health referral but would rely on either an effective process being in place to support and connect
individuals or health professionals having an extensive knowledge of what is on in a local area.

In an East Lothian context, partners will aim to promote a “Physical Activity First” approach, making physical activity the norm in every possible way. This includes all partners trying to reduce fear of harm, de-medicalising, challenging misconceptions and making it fun to encourage sustained participation.

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

Monitoring and evaluation should focus on increasing physical activity levels across the population with an emphasis on individuals moving from inactive to active. There will need to be an emphasis on identifying and tracking people who are least active due to the evidence that supports the significant benefits associated. It would also be important to monitor specific equality groups.

Consistency of measuring across Health Boards and Local Authority / Leisure Trust providers would allow impact to be measured nationally. Consideration would need to be given to capturing information at source (health care professionals) and providers of the activity.