HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM INVERCLYDE HSCP including contributions from CVS Inverclyde and Your Voice Inverclyde Community Care Forum.

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

The link between physical inactivity is growing in Scotland with conditions like obesity, CHD, stroke, Type 2 Diabetes and other chronic conditions. There is strong evidence of the health and physical fitness benefits of physical activity. Physical activity can and does make a positive impact on individuals and communities and the wider society. Increasing participation in physical activity can generate a range of socio-economic benefits for local communities. Physical activity and sport can prevent and help manage many conditions and reduce the numbers of people dying prematurely. Encouraging social prescribing for people can enhance their mental health quality of life and self-reported wellbeing, delay the need for care in older adults (age 65+), reduce health inequalities and improve wider factors influencing health and wellbeing. Giving people the opportunity and encouragement to participate locally in physical activity with support is of great value all round. Once a person tries out the activity in the correct setting it gives them the confidence to continue and try out other physical activities increasing mental health, quality of life, makes maintaining a healthy weight easier, makes daily tasks easier, increases independence, strengthens muscles and bones, improves mobility and balance and creates opportunities to meet new people and feel part of a community. Social prescribing is a means to support people into gentle exercise to start with from walking, cycling groups to Tai Chi, dancing, Yoga then once they get the bug they will hopefully move on to other exercises that they would like to try and continue seeing the benefits they have seen in themselves.

CVS Inverclyde have a view that from the perspective of Community Link Workers they have consistent (but not particularly high) level of referrals on physical activity, mainly to the Live Active programme. It is unclear how much of that is sustained or even whether the individual attended in the first place. Having access to that data may well assist in assessing the impact.

Many of the patients that the CLWs see have complex cases with a number of interrelated issues. For example financial problems as well as physical health. The CLWs have asked CVS about whether it would be possible to access free / reduced price gym memberships for people - to help with both physical and mental health. Cost is a barrier that needs to be overcome.

Your Voice in Inverclyde - Social Prescribing can benefit everyone within the community. GPs, Practice nurses, Pharmacist, Physiotherapists, Occupational Therapists, Health & Social Care staff, Acute/Hospital staff, Housing Associations, Local Authority, Fire, Police, Ambulance, Third Sector organisations and communities themselves should be promoting a ‘connections’ culture through Social Prescribing as part of their routine role and day to day lives. Social prescribers are best placed in addressing people’s individual needs in terms of connecting people to the most appropriate service or support to meet their needs. E.g.
increasing physical activity, motivating, encouraging and accessing more than medicine to improve their overall health and wellbeing.

Within Inverclyde a pathway has been developed where CLW assist GP referrals from areas of deprivation for those who require intense support/complex issues. SPRING Social Prescribing (funded by Lottery UK Fund – Scotland & Northern Ireland joint project) assists people within all other GP areas and primary care professionals. Community Connectors work with people across Inverclyde to encourage referrals from partners and raise awareness to encourage self-referrals including family, friends and neighbours. This ensures there is a clear criteria and the whole community benefit from Social Prescribing.

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)

There are few cases where physical activity won't have a benefit. The question here is about whether the physical activity referral becomes the only intervention. The great thing about the Community Link Worker model is that most patients have already seen a GP before meeting the CLW. The CLW is then well placed to determine which physical activity is most appropriate and how this fits within wider social prescribing.

Unless a professional raises the idea some people may never know about social prescription for physical activity. Some people have never experienced physical activity or not for a long period so unless they try something new they don’t know if they will like it or not. We need to inform the people we are working with the variety that is available within their community it’s not all about going to do a high impact session with your lycra on.

The Social Prescribing Team at Your Voice is made up of individuals with skill experience and knowledge built up from working with people and communities. They have an understanding of the ‘social determinants of health’ and factors which contribute to poor mental health and more generally which influence wellbeing, physical activity and quality of life.

Social prescriptions are co-created with the participant – devising a personal ‘health pathway’ for them to follow. This gives participants control over their own journey. They also benefit from ongoing motivation and encouragement for the Social Prescribers. Goals are clear, simple and realistic. Behavioral change approaches are used and consistent follow-up, self-monitoring and social support are available. The Social Prescribers own physical activity habits influence their practice, sharing this personal value of Physical Activity in relation to health and wellbeing leads by example and prevention in people health and wellbeing deteriorating.

Social Prescriptions to Physical Activity are proven to support cognitive function in older adults with dementia and Alzheimer’s disease. We have found that when finding appropriate Physical Activity for individuals that this also results in a positive outcome for their Carer/family.
With regards to some chronic illnesses, e.g. stroke, heart attack, cancer; COPD, individuals referred to Physical Activity programmes specific to treatment of condition, in our experience, are more likely to sustain participation. Peer support and shared lived experience also makes these initiatives sustainable.

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

As well as cost for individuals, for some people self-motivation is a challenge. This applies to physical activity as much as it does to accessing advice services. A method of overcoming these is around using group activities or encouraging people to do something with friends / peers.

Some of the barriers are not having enough good social prescribing activities available to refer people too. Having enough staff to support people to their first appointment and making it a rewarding experience. Not having a suite of activities to offer as one shoe does not fit all. Cost is another barrier as many local people do not have the money to use on physical activity or sport when money is tight at home and other things take priority like food, paying bills. Having good community social prescribing can be key; like green gyms, local physical activities that are free cycling, community circuits within local communities where there is no/low cost and the overall results can be just the same. There is also lack of facilities that offer beginners programmes like Badminton, netball, hockey, basketball. Many older people might have participated in these sports when they were younger but would not feel comfortable joining an established group without getting some practice before. We need to have venues that offer introduction courses or peer support to enable this to happen. Dress code can also be a barrier for people who are facing financial issues. Although workers need to refer to the most appropriate activity for the individual they are working with as there is usually some projects that do not require you to be equipped with the latest gym gear.

Cost to participate – some sport and physical opportunities can be found which are free or of minimal cost. Also Physical activity doesn’t always mean sport. People can increase their physical activity through walking, shopping etc and alternative options need to be promoted.

Motivation of individual – messaging/prompts/encouragement to get people active. Real role models need to be recruited as part of promotion.

Confidence of the individual is key. Regular contact is vital and the social prescriber to accompany individual to sport/physical activity of choice. Individuals would be more active if advised of the benefits – this will need a culture change.

Professionals don’t always speak about the benefits of physical activity, due to lack of knowledge, skills or confidence.

Non health professional’s knowledge and confidence in prescribing appropriate physical activities for individuals with health conditions.
Most current guidelines suggest 30 minutes of moderate-intensity physical activity daily - need to encourage this goal, could be effective if putting specific physical activity advice/programme in the form of a written prescription.

Daily exercise should be a part of everyone’s medicine cabinet and important to consider written prescriptions for everyone. Culture Change with communities/schools needed.

Challenges; time constraints, comorbidities, mobility, transport to get there.

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

It should be monitored and evaluated by local people using the service. Is the service value for money? Does it meet local needs? Is it accessible for everyone? Is it fun? Can families be involved together? It should not be a qualitative approach. You should measure people’s outcomes through a wellbeing measurement tool e.g. feeling Positive, managing symptoms, managing money better. Case studies would be good to see how people’s lives have changed and the impact it has had on their life and their bigger community. Some voluntary organisations already use this tool for evaluation in social prescribing.

Impact measurement is fundamental to Social Prescribing. Gathering data over the course of the project will provide a strong evidence base for the impact of social prescribing on participants. Our evaluations also show any financial savings to the NHS to strengthen the argument for reviewing health spend.

Impacts for People: People accessing Social Prescribing should get access to the most appropriate service/support – ‘right service at the right time’ – resulting in improved outcomes for people. Health and wellbeing outcomes for people will be identified in the development of ‘Health Pathways’. The project records baseline health indicators with participants to record their journey using established measurement tools such as the Outcome Star, health and wellbeing scales and more general listening/observation approaches such as storytelling and case studies. This can also include recording current levels of activity e.g. someone being relatively inactive to becoming more active. Building their skills and knowledge to self-manage their long term conditions by providing accessing reliable, up to date information and delivering assets based community development work to encourage people to get involved in their community, resulting in networks of support for people. For people, by people.

Impacts for Health Care: Social Prescribing should result in health services delivering on the needs of the population. Social Prescribing connects people to the right service resulting in improved performance and effectiveness of resources. Developing strong partnerships with health professionals in local communities is critical to measuring the impact on health care. Setting up monitoring and evaluation processes using customised online software will enable a wide range of data to be gathered about the number and nature of people receiving a social prescription, as well as number of referrals from health professionals. Strong partnerships will also enable regular contact with health professionals and the collection of feedback on the impact, on key aspects of their work including their understanding and confidence in using social prescribing.
Impacts for Communities: Empowering our communities is fundamental to social prescribing. Social Prescribing will have a significant impact on the Third Sector and Anchor organisations as they are best placed to meet the social needs of their communities. Third Sector organisations will require to be resourced properly if they are to continue to deliver effective interventions, as social prescribing practice and referrals grow.

Impacts for Governments: A commitment to investing in Social Prescribing and removing barriers to volunteering will result in improved outcomes for people which in turn will have a positive impact for governments.