HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Lorn and Oban Healthy Options Ltd, (LOHO)

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

LOHO was established in 2011, with its first clients in 2012 being referred via exercise on referral from their GP. In a rural community where 40% of individuals were living with at least one long term condition the founders of LOHO recognised the need to develop a pilot project to support, educate and facilitate people living with, or at risk of developing long term conditions. The pilot was a huge success.

Eight years on and social prescribing (SP) is at the core of everything we do; the many success stories and positive outcomes for clients who have access to social prescribing is testament to how SP was an essential steppingstone to leading healthier more active lives.

Our experience has been that having access to a named social prescriber makes a significant difference in supporting individuals to sustain healthy behaviours. The most important parts of this process are:

- the initial consultation in a welcoming non-clinical environment,
- Staff skilled in rapport building, empathy etc; taking time to really find out what matters to the individual allows appropriate and timely social prescriptions to be generated.

Nationally the engagement for this type of prescription is low (circa 20%), LOHO’s completion rate for its social prescription programme and delivery is 63%.

The other essential component is partnership working with other 3rd sector organisations who play a vital role in sustaining ongoing participation in health and wellbeing activities, groups, clubs etc. A good example of this is the partnership work between us and Atlantis Leisure Centre.

Through close working and collaboration to meet the needs of the community Atlantis & LOHO have tailored a subsidised ‘stay active’ membership for clients graduating from the LOHO programme. This offers ongoing physical exercise classes, access to supported gym and swim sessions as well as the opportunity to meet socially once a week. The uptake of this membership is circa 40%. The leisure centre has also responded to needs of more remote and rural villages, where transport can be a significant barrier, offering a weekly move well class in the villages as part of the membership.
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)

Anyone including the client themselves! Having a competent easy to access link worker/social prescriber is essential for people to be able to self refer. In some cases, it is important that specific health checks may be needed, for example we have a criteria and referral pathway which puts in place safety checks for anyone with acute or unstable health issues. Ultimately however we want to create a culture where people embrace their responsibility for their own health and wellbeing, compassionate community etc. We want people to feel they are empowered to self-prescribe, or at least start the process where advice on social prescriptions can be made.

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

- Reactive rather than proactive health care systems.
- Education and support to embed the responsibility of individuals and communities to have a health town/healthy village mindset at the core of all they do.
- Value and Recognition from key funders of the impact a healthy village/town can have, not only on the individual’s quality of life, but on family’s quality of life, economic and social status.
- Funding and support for third sector organisations: Recruiting and retaining appropriately qualified staff in these remote and rural locations to fulfil roles within a community health model is exponentially difficult when there is a significant lack of security around funding.
- Lack of ability/funds/desire for HSCP to support collaborative work with third sector organisations. There is recognition of the role 3rd sector plays in social prescribing, however in practice there is not support financially or collaboratively to overcome some barriers. For example, the delivery of the proposals in the public health reform cannot be achieved without the third sector being recognised as a vital part of a community health model. Without these organisations the current model of health in Argyll cannot survive the impact a demographic of more social isolation, aging communities, more long term conditions, increased sedentary lifestyles etc.

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

As a charity continually seeking funding, reporting to funders etc it is essential we demonstrate the impact SP has. Until this year, this was done through stats recorded, questionnaires, case studies, engagement rates, onward journeys e.g. to voluntary work etc

It is however incredibly difficult to demonstrate SP alone enabled positive outcomes to an individual’s overall health and wellbeing, especially as many clients are also engaged in
interventions within health and social care. This also applied to trying to demonstrate saving and cost avoidance to the HSCP.

The key, we believe, is to have a platform which recognises, links and supports the roles we all have to play in maintaining and improving health and wellbeing as individuals and communities – for us this has been Elemental (https://elementalsoftware.co/)

This year we started using Elemental Software as part of the SPRing social prescribing project. This is proving to be a game changer for us; not only in how we socially prescribe, how data is recorded and reported, but also on how client journeys are documented, outcomes measured, there is even function for clients to record their own journeys, goals, video diaries if they so desired. These are essential in supporting the self-management activities of people living with long term conditions.

The use of Elemental is, in our eyes, the solid foundation from which link worker roles can develop, healthy communities can grow and collaboration between all sectors can thrive.