HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM: NHS Fife and Fife Council on behalf of Fife 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 would suggest that prescribing physical activity and sport does not lead to a sustained participation in physical activity and sport. In particular, prescribing to ‘sport’ is not sustained. Many clubs are not in a position to receive referrals and to support individuals. There has been some success with informal referrals made to some participation programmes for young people and adults.

Programmes such as Bums off Seats, now in its 15th year have led to sustained participation and this is down to the social aspect of the programme rather than the activity itself. Currently in Fife we do not have a formal social prescribing programme for either physical activity or sport other than Bums Off Seats. Fife Sport and Leisure Trust do have a formal referral programme for specific health conditions, such as coronary heart disease and stroke.

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)

Medical professionals are traditionally the most appropriate referral route, however community link workers, social care and the third sector are increasingly involved with individuals now and are an appropriate resource to make referrals to a range of interventions. It should no longer be down just to a health professional. AHPs are an important resource too who should also be involved in the social prescribing domain. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

Barriers exist for both professionals who are prescribing and for individuals who are receiving a physical activity prescription.

Barriers for individuals relate to confidence in being given a prescription for physical activity rather than for a pharmaceutical prescription from their GP and trust that physical activity will give them a better outcome. Barriers also relate to lack of time, interest in physical activity, not being ready, lack of confidence in joining a group or undertaking physical activity on their own, the need for a support network in order to participate.

Barriers for effective social prescribing involve the whole system, but particularly primary care in the first instance. Barriers exist around ease of referral, knowing which social prescribing interventions exist and about what it is possible to refer into and having confidence in the available interventions. The Physical Activity Pathway needs to be embedded across the NHS and Health and Social Care Partnerships as well as primary care and the acute sector. Dedicated resources need to be made available to ensure this
happens across all of the NHS in Scotland. Embedding the pathway would also ensure consistent and standardised monitoring and evaluation can be reported.

A number of people in Fife have a role that relates to social prescribing, largely via H&SCP and the third sector but also via Fife Council. Physical activity will be part of the activities that some individuals will be linked into.

New social prescribing and physical activity interventions would benefit from having co-production and co-commissioning elements built into their development.

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

There is a need for evidence based research into social prescribing and physical activity so that future interventions are based on evidence. An RCT across Scotland or locally would help to build that evidence.