HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM SPORTSCOTLAND

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

Sport supports health and enhances wellbeing. sportscotland’s mission is to “help the people of Scotland get the most from the sporting system”. In this context, we see a useful role for social prescribing of physical activity and sport. To be effective, this approach needs:

- to reach the people who need it
- high quality physical activity and sport opportunities which meet the needs of the people who are being referred
- support to help people transition into activities.

sportscotland is a member of the national Exercise Referral Development Group, led by NHS Health Scotland. In 2018, NHS Health Scotland worked with the National Centre for Sport and Exercise Medicine at Loughborough University to audit exercise referral schemes in Scotland\(^1\). This identified 26 schemes. It concluded that “where impact data was available it was reported that physical activity levels had increased between 27-80% at 12 months”.

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)

The design and purpose of social prescription varies across Scotland. It is difficult to generalise about what is appropriate and effective. However, we would support the Social Prescribing Network definition that GPs or other healthcare professionals should do the referral.

We can see public health reform reinforcing the importance of person-centred approaches. We share this ambition, and it is a key principle in our corporate strategy. In this context, we value NHS Health Scotland’s suggestion that this should be a discussion between an individual and a healthcare professional. They can decide together whether a social prescription would work for them, and what support would be appropriate.

This referral should be to a community link-worker to assess what the person being referred needs. In some cases, it may be appropriate for the link-worker to be within a physical activity provider (e.g. local authority or leisure trust). In other cases, the link-worker may be

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based elsewhere and then refer the individual on and into the appropriate physical activity and sport opportunities.

It is crucial that there is an individual assessment by a suitably qualified professional before the individual arrives at a sport or physical activity organisation. The onus cannot be on community and voluntary sports organisations to assess whether the opportunities they provide are suitable for someone with potentially complex health needs.

The existence of social prescription models should not prevent GPs and health providers from making more general recommendations to individuals to increase their physical activity levels and discuss with them how they might go about this. People will not always need a social prescription of sport or physical activity to increase their activity. However, more work is required with GPs and health workers to ensure they have the confidence and knowledge to have this conversation, especially with children and young people.

NHS Health Scotland and sportscotland have entered into a partnership agreement to fund the development of a paediatric section within the Faculty of Sport and Exercise Medicine Moving Medicine resource. This will support health practitioners and others working with children to provide appropriate advice on physical activity, and provide the basis for engaging with teachers, parents and others working with children and young people on the health benefits of physical activity and sport. It will complement the existing resources developed on physical activity for adults. These are also being updated to increase their relevance in Scotland by incorporating references to Scottish resources.

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

The audit by Loughborough University found that “there are various approaches to delivering exercise referral schemes in Scotland; schemes operate at different capacities, with a range of partners, and different operational structures and standards”. It is possible these variations are crucial to the success of the programmes, ensuring that they meet local community need. However, it makes it difficult for sport and physical activity providers to navigate the health landscape and make the right connections.

There is interest and willingness among sports organisations to provide additionality to social prescription schemes. For example, Scottish Golf, the national governing body for golf in Scotland, recently noted their interest in exploring opportunities for golf to be prescribed to patients with heart disease, respiratory problems or depression. The Loughborough audit highlighted that, while exercise referral schemes were historically based in leisure centres, swimming pools or gyms, there has been an increase in schemes offering community-based activities. A wider choice of suitable physical activity and sporting options being available to the individual is likely to allow a more person-centred approach to these schemes, which should lead to more sustained increases in participation. Challenges to this include supporting community-based sport providers to make the right connections, ensuring that the sport opportunities provided are appropriately designed and tailored for those being referred, and considering financial sustainability to ensure these opportunities are not only available for referrals but continue to be available to individuals on an ongoing basis in an affordable manner.
Easterhouse Phoenix is a Community Sport Hub in the Easterhouse area of Glasgow. They have reportedly developed a successful model. Numbers are low, but the value to the individuals involved, the GP and the community could be significant. Their experience is that the key criteria for success included connecting three key people – the local GP, the local leader from the community and a professional (in this case the Community Sport Hub officer) with capacity and expertise. The key challenge is whether some level of national model can be developed, led by the health sector, which would make it easier for potential providers to join schemes and offer suitable opportunities. It is not clear to us that this is feasible, and the reality may be that to ensure schemes are responsive to local need that they need to be different and therefore will continue to rely on the right connections being made at a local level. To understand the advantages and disadvantages to relying on local connections, the Committee may benefit from exploring the Phoenix experience in more detail.

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

While local programmes may be different to reflect the local community, more consistent monitoring and evaluating would be welcomed. This would help national organisations learn from local programmes and share good practice. sportscotland is contributing to NHS Health Scotland’s Exercise Referral Data-Set Subgroup. We would endorse this as the right vehicle for developing a national approach to monitoring and evaluating these schemes.

Without pre-judging the results of this groups work, it is likely that any evaluation will need to collect data on:

- physical activity levels and changes over time
- demographic data to see who the scheme reaches.

It may also be sensible to include a standard approach, such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to look at impact beyond physical health. This would help people compare programmes. Some level of cost-benefit analysis is also likely to be necessary, but this will need to allow for differences in those being referred into different programmes.

About sportscotland

sportscotland is the national agency for sport. It is a non-departmental public body, responsible through ministers to the Scottish Parliament. It is a National Lottery Fund distributor and is governed by National Lottery distribution rules. sportscotland invest Scottish Government and National Lottery resources to help the people of Scotland get the most from the sporting system.

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