HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Edinburgh Health and 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?

- We do not collect this activity
- We can only report how many ‘social referrals’ were made by GPs (c 2600 per annum, which is thought to be under-reported) and we can report the number of referrals to physical activity opportunities from GP based Community Link Workers (the most common referral destination is activity based programmes) – but we do not routinely know how whether people attend or continue to attend.
- There is anecdotal evidence that 70% of patients referred to activities claim a positive benefit. Example below;
  
  Prevention Investment Fund report from Steady Steps;
  “Following the recent introduction of a 6 month follow up questionnaire the project observed that 81% of the 95 respondents remained active after the intervention, an 18% increase on the previous year. In the same way, 46% of the sample reported continuing to use the exercise booklet and exercise band given and 49% reported doing more than one physical activity on a weekly basis. This suggests the project has been successful in achieving their goal of sustained activity levels after the programme finishes.”

- Anecdotally – referrers are very conscious that initial referral agreements may fail or fade – but many then turn into other activity. Whilst the considerable health benefits of regular exercise are well recognised, the primary benefit to the individual is social interaction through group activity, rather than transition to regular physical exercise.

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 practitioner who is able to assess any known or reported risk for the individual being referred. Unnecessary and risk-adverse barriers should not be created to prevent the suggestion of a physical activity based option which may be attractive to the individual.
- In short a move to make the approach inclusive rather than restrictive and risk adverse.
- The Community Link Worker supports individuals to identify appropriate interventions. The second most common aspect service users themselves wish to address is physical health (EVOC Annual Report 2019).
3. **What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?**

- **Cost and distance.** Edinburgh Leisure had an exemplary scheme where unemployed people can access facilities from 10am -4pm each day for £10pcm. Even this can be too much for people on benefits.

- **Some organisations have specific eligibility criteria for physical activity opportunities (which is likely due to funding restrictions) which can lead to referrers exaggerating and individuals needs to gain access to a programme.** Referral forms should be a simple as possible, with referrers given the authority to assess rather than the provider of the activity.

- **The local Third Sector projects understand the needs of people who are vulnerable and recognise that many people need support to access opportunities.** Often the types of buddying roles which support sustained involvement and consequent benefit (eg befrienders) are not well enough funded to support the number of people who would benefit.

- **The rise of cycling as both a means of transport and physical activity is constrained by access to safe bike storage in many parts of the city.**

- **Behavioural barriers are also mentioned amongst both professionals and potential recipients.** More training and sharing of individual stories can be helpful to professionals and social marketing campaigns which align with professional behaviour can be effective.

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

- **Uptake of opportunities for access reported by organisations offering activity**

- **Diverse range of stakeholders who may have very different perspectives and expectations of what should be considered a valid outcome.**

- **Number of people on anti-depression/anxiety medication at any one time**

- **Monitoring of cycling ‘counters’ on main routes**

- **Recording the Community Link Workers referral destinations**

- **Noting the reduction in the number of GP attendances.** Recent local evaluation demonstrated this can be as much as a 14% reduction.