Social Prescribing and Physical Activity: Could Scotland Become a Leader?

MOVEMENT FOR HEALTH

Introduction

On 30th November 2022, over 60 policy makers, practitioners, and academics from across Scotland met online and at Dovecot Studios, Edinburgh, to explore the role of social prescribing and physical activity in improving the health and wellbeing of people living with health conditions across Scotland. Chaired by health and care journalist Pennie Taylor, the event was opened by the Chair of Movement for Health, Dr Emma Lunan, who highlighted that the event marked the start of the conversation about the emerging need to ensure that everyone can experience the benefits of moving as part of their daily routine, in combination with standard medical care.

We were delighted to be joined by Maree Todd MSP, Minister for Public Health, Women's Health and Sport, as both a keynote speaker and as a participant in a wide-ranging panel debate. She highlighted the importance of social prescribing and the importance of ensuring that key infrastructure and services are available. While the Minister acknowledged that physical activity can be easy to forget about in the midst of a public health crisis, we need to empower our communities and address this key issue.

Alongside the Minister, we were delighted that a range of key panellists joined the initial session to look at the issues in greater depth, including: Clare Cook, Project Manager, SPRING Social Prescribing, and Co-Chair, Scottish Social Prescribing Network; Dr Coral Hanson, Senior Research Fellow in community-based physical activity, Edinburgh Napier University; Alison Leitch, Lead, Edinburgh Link Worker Programme, and Co-Chair, Scottish Social Prescribing Network; and Dr Katie Walter, GP Partner, Ullapool Medical Practice.

As recognised by the Chief Medical Officer at the Scottish Government, Professor Sir Gregor Smith, in his letter supporting this event, there is no shortage of evidence that regular movement offers huge benefits for everyone. Academics have highlighted its contribution to good physical and mental health, while movement also aids the prevention and management of over 20 long-term health conditions and diseases. However, people living with long-term conditions are also twice as likely to be inactive and not experience these benefits.

In order to encourage patients to move more, primary care professionals – often community link workers but also GPs, nurses and allied health professionals – can prescribe them with activities provided by community and voluntary sector organisations. The benefits are clear; from supporting patients' physical and mental health, to reducing health inequalities in local communities, while reducing the workload of frontline health professionals. Moving in such local community settings also helps people to build the skills and confidence to improve social functioning, leading to the reduction of social isolation, loneliness and more connected, cohesive, and resilient communities.

In light of this growing body of evidence, the debate highlighted the need to transfer services away from the NHS and into the community; for services to be properly signposted, funded and resourced; for better recognition of the role of link workers; for the need for a national framework and for the systematic collation of evidence; and for enhanced national and local leadership structures. Below we have summarised some of the key outcomes from the lively debate about the importance of moving and how social prescribing can support that.

Terminology and risk

Social prescribing, according to many who support and implement it, is a journey. It is not a single activity and continues to develop over time. In order to realise the benefits of moving regularly, there is a need to engage those outwith the healthcare professionals, organisations and patients who have already adopted this approach. Too often, the Minister highlighted, conferences and events were preaching to the converted and there is a need to engage much more widely.

However, many of the participants expressed concern that social prescribing and physical activity are couched very firmly within the medical community and there is a need to de-medicalise it. While it is appropriate that social prescribing sits under public health, we need a cultural change in order to de-medicalise social prescribing. Such a move from the control of the medical profession will require a transfer of risk from the NHS to the community. Such risks can be mitigated to ensure positive risk taking where appropriate. It was, however, recognised that such a change will require national leadership from the Scottish Government and leaders of the NHS.

Vulnerable groups

In the debate about the role of social prescribing to encourage and deliver physical activity, it was noted by many of the participants that there are many vulnerable groups who stand to benefit from moving more. With an ageing population, the needs of older people will become increasingly important. Increasingly, people are also living with complex needs, where movement can play an important role. However, while it was recognised that there is a need to prioritise certain groups, there is also a need to make them available to the wider population, highlighting the importance of access to local community services.

Link workers/social prescribers

The discussion looked at the role of link workers and whether their role was being adequately recognised. Operating from GP surgeries, link workers are often at the frontline of social prescribing. It was recognised that if there is a desire to de-medicalise social prescribing then link workers could be de-coupled from GP surgeries and could work more effectively in the community.

There is also a need to recognise the particular expertise that link workers can bring. Currently, there is a lack of coherent policy around this important workforce, who are often managing patients with complex needs. With the cost-of-living crisis, much of the current focus is on delivering support for people with financial, housing and heating concerns, however physical activity remains of paramount importance. This is a very hands-on role, described by many participants at the event as 'handholding, not signposting,' which needs greater recognition.

Finance

The current budget constraints were noted by all participants and the Minister made it very clear from the outset that additional money would be hard to find. Innovative solutions need to be found. Nevertheless, there was also a recognition that we need to invest to save money.

The NHS is not currently giving sufficient financial support for interventions that they refer on to in the community. There is therefore a need for a cultural change, as well as a re-examination of where and how money is being spent. The third sector and leisure sector need sustained financial support, with many critical organisations currently at risk of closing. Without longer term, sustained funding, the benefits of prescribing movement may not be fully realised.

Community

Community empowerment was a central theme of the debate. We need to empower our local communities and give them greater control to deliver social prescribing services. Yet some cautioned that community services need to be both protected and at the same time not overwhelmed. Many local services are at risk, with 89% of members of community leisure services looking to cut services.

However, there is a lack of detail currently available, that may be restricting the prescribing of movement. The mapping of community services is particularly helpful to signpost services, such as via ALISS (A Local Information System for Scotland). Local directories of available services would ensure GPs and social prescribers could prescribe activities in their community.

There is a need for a joined-up approach between the health service, local government and the leisure sector. Local delivery plans will help ensure a more cohesive approach. Nevertheless, it was recognised the leisure sector needs to be seen as a strategic delivery partner and there is a need to include wider agendas, such as active travel and addressing obesity issues.

National framework

A key aspect of the debate was centred on the need for a national framework to enable effective prescription of being more active. This would give greater guidance and support to those delivering social prescribing, as well as demonstrating leadership. However, while there was recognition that a national framework would be helpful, it mustn't just sit on a shelf. It needs to be able to translate from policy into actions and would help support proactive interventions and activity. Furthermore, the need for clear outcomes was also highlighted by participants.

Evidence and evaluation

The importance of evidence and evaluation was highlighted by many of the participants. There is currently no central point for evaluation of physical activity and social prescribing services and insufficient evidence is being collected. Participants highlighted the need for qualitative data and both short-term and long-term analyses. The collected evidence should be fed into the design process for a national framework.

Next steps

If we are to design a new process or framework, there are a wide range of groups and practitioners who should be involved. These would include:

The debate around social prescribing of physical activity will continue to develop. The Scottish Government and the main actors need to show leadership to continue this debate and to start to formulate policy responses that can help deliver real change for communities and individuals across Scotland.

Further information

We would like to thank all the participants at the event for their invaluable contributions.

For further information, please contact:
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