HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Ayeshah Khan, Founder and Director of The Health and Wellness Hub, a Charity and Social Enterprise based in North Lanarkshire

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

Social prescribing’s ability to tackle physical and mental wellbeing issues across Scotland will only be successful if a holistic approach is taken in addressing people’s health and wellbeing in its widest sense and should not only be focussing on physical activity and sport. We are not going to make any real progress or create long lasting behavioural changes to people’s lives unless we consider a focus which is person centred as “one size does not fit all”

Since 2012, our Charity has been working with people who have a diverse range of needs and who face multiple barriers (e.g. learning, physical disability, long term health condition, mental health issues etc) and although physical activity and sport are beneficial, to only focus on physical activity and sport, we are not considering the vast amount of needs people have.

North Lanarkshire has a population of 337,730. 2.5% are over the age of 65 and this number is increasing; 16.8% are income deprived; 6% have a learning disability; 34% are in fuel poverty; 65% of people are overweight or obese; 18.8% of people are prescribed medication for anxiety, depression or other mental health condition and 30% live with at least one long term condition. (Locality Profiles, Community Capacity Building and Carer Support Programme, Voluntary Action North Lanarkshire, 2016).

The majority of local people we work with are also living in areas that are within the top 5-15% datazones of multiple deprivation. Deprivation and poverty go hand in hand with poor health and wellbeing outcomes and people with medical and social problems are often unable to access the very services which will support and address these issues.

When we are working with individuals, we apply a person-centred approach where individuals tell us what personal outcomes they wish to achieve, and we then try and meet these by providing access to our non-clinical services (classes like yoga, tai chi, therapies, relaxation classes, walking groups etc) or signposting to other local services. This approach very rarely identifies that people want to access more physical activity or sport. Through our own evaluations since the charities inception in 2012, we have identified that the majority of peoples outcomes are around reducing social isolation, reducing their stress levels, improving their emotional health, meeting new people and being part of a peer support network and learning new skills which boost employability potential. We also recognise that the medical model also needs to be an option for individuals, as some of the issues that are prevalent in North Lanarkshire run deep and sometimes the people we work with use our social prescription programmes alongside medication, albeit we do see a reduction in the level of medications people take through the intervention of our social prescription work.
This approach is building resilience which we know is the most important part of any individual's life chances increasing.

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)**

A pathway either by self-referral or through a Community link worker or other agency will work as long as there is a scoping exercise carried out beforehand which lists all details of what is available in the local area so that individuals can be provided with as many options as possible. There also needs to be some type of resource available to the agencies which people are being referred into. As a small charity, we rely on a mix of funding and trading activity through our social enterprise and if our service was properly resourced through for example a National social prescription framework that outlines the criteria, what is available locally and how it can be accessed then it creates a mechanism where all agencies are working in alignment with each other and to a set standard of guidelines and principles, a bit like the Social Enterprise Code, so agencies and organisations on the framework would be abiding by these rules and processes and service users have a safeguard in place that who they are using are credible. This multi-agency approach in working in partnership with the third sector, would mean more meaningful engagement with individuals and more positive outcomes being met. Third sector organisations like ours have not only a key skill set but also work at a grassroots level, making them more versatile, flexible and responsive to local needs, where statutory services sometime lack in these areas and statutory sector have access to resources and data that third sector do not always have access to, so working in conjunction with each other is a win-win.

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

As stated above, effective social prescribing needs to take a multi agency approach and work not only with statutory services but work in partnership with the third sector, who are sometimes working at the very heart of the communities they serve, therefore can be much better at engaging with local people in a meaningful way. If statutory and third sector pulled on their resources together and worked in equal partnership, then outcomes for individuals will be achieved much more effectively.

Our charity operates as a social business, through our social prescription programmes which include a “Transforming Lives” volunteer programme, 80% of our 15 staff are people who were on this programme, people who had a number of health needs, who were furthest removed from the labour market and who are now playing key roles in our charity at supporting others achieve similar outcomes. This is social prescription in practice however we have faced barriers in supporting these individuals and know if we had additional
support from statutory sector partners, we would be able to work more effectively with much more local people.

Another barrier is that in North Lanarkshire there is a lack of knowledge in what is actually available from other third sector organisations which means people are normally referred into the 2 main routes which include NL Leisure’s “Access to Health” programmes where a patient will receive 8 weeks free access to NL sports centre facilities then given passport to leisure prices (concession rates after the 8 week period so they can maintain it) or the NHS “well connected” programmes which include stress control classes -approx a 2 hour class accessed over a period of 8-12 weeks giving participants access to tools and techniques that help them cope better with stress. Our charity does use these services for our own service users but these are not the only options available to people and as stated, the “one size fits all” approach is ineffective. These routes are beneficial but our experience shows that people do still find barriers in accessing these services which include a lack of confidence and self-esteem in attending classes, issues around physical health barriers and not enough awareness of how to work with a diverse range of needs by class tutors -e.g how to make a class accessible for a wheelchair user. Transport issues is another barrier as some of these classes are not on a bus route or those who would benefit most are unable to travel any distance because of their health issues e.g mobility issues.

Our charity participated in a 6 day programme delivered by The Social Enterprise Academy, the basis of this training was around the findings of a report that was compiled for The Scottish Government by The Social Enterprise Academy, where it was recognised that Community Learning and Development staff and social enterprises have aligned values when it comes to being involved in supporting local communities. North Lanarkshire Community Learning and Development staff alongside some third sector organisations (including our charity) participated in the training and its been recognised that from participation in the training that the best way forward in working together to address the most prevalent issues in North Lanarkshire, is to set up a North Lanarkshire Social Enterprise network. By working together through a network, we are able to avoid duplication, share good practice and provide a collaborative approach to addressing local needs, social prescription will be one of the agenda items the network discusses at their first meeting in Sept 2019 and we will explore some of the barriers I have outlined above.

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

The Social Return on Investment (SROI) model is one way in which this could be monitored and evaluated but this is a lengthy process which for smaller charities also takes a key skills set, which is not always available. The support of the third sector interface could address this through training and investment however there would need to be some reassurance that the third sector interface did have the correct skills and experience to support such a tool. A Common platform e.g. digital or other could also be a less labour-intensive way of monitoring and evaluating, as common successes and challenges could be seen on this platform so we are not re-inventing the wheel and can pull on best practices at a local and
national level. Another option to evaluate social prescribing would be to look at medical prescription data at a locality level within Local Authorities and view the numbers and monetary value of these alongside the roll out of Social Prescribing.