

## **HEALTH AND SPORT COMMITTEE**

### **SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT**

#### **SUBMISSION FROM Scottish Council for Voluntary Organisations**

05 September 2019

#### **Our position**

Helping people towards making connections with other people and activities is the essence of social prescribing. We want social prescribing to make the best use of the opportunities provided by the voluntary sector to support health and wellbeing.

Our review of evidence suggests that:

The whole system needs to be supported and enabled if social prescribing is to truly make a difference to people and communities and lighten the burden on the NHS.

There is a need for better evidence to show the strength and impact of social prescribing if it is to become embedded within health services.

Our recommendations are to secure:

Better understanding of the voluntary sector's role

Improved information on community-based services and activities

Better appreciation of the resource implications for engaging voluntary sector led initiatives

By taking the following approach:

Focus on the beneficiary – not the health system

Build local eco-systems that support social prescribing

Invest in more research into how social prescribing works best

#### **Our response**

SCVO welcomes the opportunity to respond to the Scottish Parliament's Health and Sport Committee's inquiry: [Social Prescribing of Physical Activity and Sport - Call for views](#).

A key question for our sector is whether the mechanisms and structure adopted for social prescribing, will make the best use of the opportunities provided by the voluntary sector to support health and wellbeing in Scotland.

The key offer from voluntary organisations is that in many cases they deliver a social model, as opposed to medical model, of well-being. This includes connecting people with each other and their natural environment, thereby tackling social isolation, enhancing peer support and improving mental health. This important factor has not been evaluated sufficiently in research yet.

This response is based on our openly developed '[wiki](#)' analysis with SCVO's members and the wider public which explores a voluntary sector perspective and offers some proposals

emerging from discussions to date, with the aim of supporting voluntary sector responses (including that of SCVO) to the Scottish Parliament.

### What is the evidence telling us?

Social prescribing is an activity which some have been doing inadvertently for many years. However, as a term it is relatively new and is rapidly gaining currency as a new approach to thinking about health and wellbeing. Though solid research and evidence of its value is limited, it seems self-evident that people who are connected with others and who are engaged in activities are less likely to be isolated or lonely and suffer from ill health in mind and body. Helping people towards making connections with other people and activities is the essence of social prescribing.

### Review of evidence

Report or publication	Background	Findings	Recommendations
<a href="#">Connecting Communities and Healthcare: making social prescribing work for everyone</a>	<p>A significant piece of research on social prescribing published in July 2019 by The National Lottery Community Fund. This summarises what the Fund has learnt from having spent £60 million over 5 years across the UK on social prescribing projects.</p>	<p>Resources have largely gone into supporting the link worker role common in most social prescribing initiatives but the National Lottery Community Fund's view that that is not enough. The services which people are referred to in social prescribing are nearly always provided by the voluntary and community sector but social prescribing initiatives rarely offer any resource to help with their capacity to deliver what is required. This would be analogous to a situation in medical prescribing where GPs issue prescriptions to patients but resource is not provided to enable pharmacies to provide medication. So it is with social prescribing, without investment in community based activities and services, the system does not work.</p>	<p>Its main conclusion is that the whole system needs to be supported and enabled if social prescribing is to truly make a difference to people and lighten the burden on the NHS.</p>

		<p>Social prescribing is effective if it does more than simply signposting. Vulnerable people who are at risk of isolation and loneliness need more than information on what is available to help them. Taking that first step into a new environment or the company of strangers can be daunting, and link working is likely to be more effective if it involves “hand holding” people towards activities and services rather than simply giving useful information. At the same time care must be taken to ensure that the link worker does not become a crutch upon which the person who needs the social prescription is overly reliant.</p>	
<p><a href="#">Gold Star Exemplars: Third Sector Approaches to Community Link Working in Scotland</a></p>	<p>A report prepared by Voluntary Health Scotland</p>	<p>Social prescribing cannot work without the voluntary and community sector, but the sector faces two key challenges. One is funding to enable services to be provided and second, the variable perceptions of the third sector among statutory bodies, especially primary care.</p>	<p>There is a need for better evidence to show the strength and impact of social prescribing if it is to become embedded within health services.</p>
<p><a href="#">Social Prescribing: less rhetoric, more reality. A systematic review of the evidence</a></p>	<p>Joint academic research in a paper called by York, Leeds and Manchester universities</p>	<p>While social prescribing is being widely advocated and implemented, current evidence fails to provide sufficient evidence to judge either success or value for money.</p>	

### Better understanding the voluntary sector's role in social prescribing

## **Need for better understanding of the voluntary sector**

Without the voluntary sector, social prescribing is unworkable. However, in the drive towards embedding social prescribing in the health service, little attention has so far been paid to considering how the voluntary sector can meet the increased demand for services which social prescribing will generate. Most of the attention has been spent on considering how the burdens which are placed on health services can be eased. In other words, social prescribing could be viewed as an attempt to shift a burden from the NHS towards the voluntary sector. If resource is not provided to cope with the extra demand on voluntary services, then the problem is not solved.

It is often forgotten that even services which are wholly or largely provided by volunteers almost always incur some expense. For example, befriending services – which is the kind of service a potentially isolated person might need – will require the cost of coordination and volunteer expenses to be covered in order to be viable. *Paths for all* have provided an analysis of how these services such as [health walks](#) are run and mobilised.

## **Improving information on community-based services and activities**

Access to comprehensive, accurate and up to date information on community activities and services is clearly useful for link working (i.e. for those whose job is to identify community activities to the health service), but it is not the “silver bullet” which some imagine. Building a complete picture of what is available is more difficult than might be assumed. SCVO has direct experience of building a national database of voluntary sector organisations across Scotland, working with Third Sector Interfaces. This has been resource-intensive, but we have found that data changes so frequently that the information is only ever partially accurate. The ALLIANCE has also developed the ALISS database, available to the general public, and may well have had a similar experience.

Many community activities, which are useful for social prescribing are “below the radar”, are run by volunteers in small community organisations, are informal and operate on a shoestring budget. Sometimes contact information can be people’s personal address, phone number and email address – all items of information which they may be unwilling to share on national platforms. Sometimes activities run for a period but can then end for a variety of reasons – typically lack of funding or key people moving away from projects. Therefore, whilst databases and community asset maps are useful, they are no substitute for link workers who know their local community well.

However, even better resourced initiatives can be below the radar for those working within primary care. For example, Museum Galleries Scotland have highlighted examples of cultural activities that may be just as effective as physical and sports-based activities to support people's health, such as the activities led by [St Cecilia's museum](#). The [SPRING Social Prescribing](#) project, led by Scottish Communities for Health and Wellbeing, emphasises social prescribing being about a supported pathway rather than just a referral. This means that community organisations act as the 'link' that supports individuals through the social prescribing process. Likewise, public sector led initiatives such as the [Natural](#)

[Health Service](#) project led by Scottish Natural Heritage can play a key role in bringing more voluntary sector greenspace initiatives that they work with to the attention of the NHS and primary care system.

### **Appreciating the resource implications for engaging voluntary sector led initiatives**

SCVO also has direct experience of social prescribing through its involvement as a partner in the [mPower](#) project which is funded by the EU INTERREG programme and involves health authorities in selected areas of Scotland, Northern Ireland and the Republic of Ireland. The project supports people in largely rural areas who are over 65, by connecting them with community-based services and directing them towards digital tools which can help them self-manage their health. It is too early in the programme to fully evaluate its impact but the project's experience to date chimes with other social prescribing projects. It has found that vulnerable people need more than signposting to local services and that useful local services such as befriending are running to capacity. Connections with local services might be made easier if the project helps towards the new costs which voluntary services will incur by taking referrals and this is currently being actively considered.

### **Taking social prescribing forward**

#### **Focus on the beneficiary – not the health system**

Social prescribing should be designed from the perspective of the person, and the design of its modus operandi should work its way backwards from there. Though easing the burden on GPs is a net benefit from successful social prescribing, that should not be its primary purpose as the consequence of that approach could be that the system may be designed around the needs of the GP rather than the person with no successful outcome for the person at the end of the process. The improvement in the health and wellbeing of the people should be the focus in social prescribing.

#### **Build a social prescribing eco-system**

An **eco-system** should develop on behalf of the beneficiary where the three-key links in the chain work well together.

- The source of referrals, the link worker and the provider of the activity or service which the person will benefit from. A weakness in any of these links breaks the chain and will lead to an unsatisfactory experience for the beneficiary. Not enough attention to date has been paid on the service provider role. The focus tends to be on the link worker role and getting primary care services on board with the concept of social prescribing. The role of link worker and the service to which referrals are made both need to be adequately resourced.
- The source of referrals needs to have a good working relationship with link workers who should be knowledgeable about local community services and activities. An ecosystem will grow organically in accordance with the needs of the beneficiary. Referrals may come from a variety of sources – GP practices, social services and

others who may have contact with beneficiaries. Link workers need to have good relationships with local voluntary services and community activities as well as an understanding of their capacity so that patients are not signposted inappropriately.

- If the provider link in the chain of social prescribing is under resourced, then the ecosystem breaks down and will be unable to provide a satisfactory outcome for the beneficiary.

### **Invest in more research into social prescribing**

As academic research at Leeds, York and Manchester universities attest, there is insufficient robust evidence of the benefits of social prescribing as a process. This is based on their analysis of 15 evaluations of social prescribing projects. To be better embedded within the National Health Service there needs to be more research on the system within which social prescribing can make a difference. This must include a voluntary sector perspective which is currently largely missing.

### **Conclusion**

Helping people towards making connections with other people and activities is the essence of social prescribing. We want social prescribing to make the best use of the opportunities provided by the voluntary sector to support health and wellbeing. We present above our review of evidence, recommendations for change, and suggestions for the approach to achieve these changes. We would be happy to discuss our thoughts in more details with the Committee.

### **About us**

The Scottish Council for Voluntary Organisations (SCVO) is the national body representing the third sector. Supporting 45000 third sector organisations, 2000 members, 100,000+ staff, £1m volunteers. [View the latest sector stats](#)

**SCVO's policy works to ensure that the needs and concerns of the third sector in Scotland are represented in the Scottish, United Kingdom and European Parliaments.**

By acting as an authoritative and trusted voice for the sector, SCVO's policy and research output is delivered through a strong evidence base and an engaged membership.

Further details about SCVO's policy and research can be found at <https://scvo.org.uk/policy-research>

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