National Framework for Social Prescribing:

A voluntary sector response to Welsh Government's Consultation Document

October 2022

Introduction

WCVA commissioned HICO to support in the collation of a collective response to the consultation on the national framework.

This work involved:

- Delivery of two virtual facilitated sessions on 15 and 20 September 2022, through which we engaged with over 60 third sector organisations from across Wales. The sessions involved plenary discussion and break-out groups, considering the following themes drawn from the consultation document:
  - The model put forward as a means of developing a common understanding of social prescribing
  - Referral pathways
  - Accessibility
  - Partnership working and sustainability
  - Demonstrating the value of social prescribing
  - Workforce
  - Technology

- Collation of views expressed during the sessions and presentation of these views in the form of responses to the specific consultation questions.

These responses have informed this response. Visual minutes are also included as an appendix.

Question 1a - Do you think the model captures an appropriate vision of social prescribing within Wales?

Overall, the model as set out in the consultation document is useful and provides a succinct and understandable representation of the recommended social prescribing framework, the various contributors to the framework and how they need to work together.

Potentially, there is a need within the more detailed definitions within the model to clarify what social prescribing is and what it is not. For example, merely signposting to community organisations, without person-centred conversations and consideration of how community provision could help improve an individual's wellbeing, is not regarded as social prescribing. Many organisations consider that the quality of this 'what matters' conversation is essential to effective social prescribing.

The model should guarantee equity between the different 'players' listed in the model. In particular, the third sector must be seen as an equal and crucial player, rather than a 'dumping ground' for people whose problems cannot be resolved by statutory partners.

The reference to the model being 'whole system' rather than the domain of one organisation is welcomed. However, there remains a risk that the model could inadvertently reinforce a medicalised approach, with a clinical 'diagnosis' being seen as the natural starting point for social prescribing. Whilst this route is a critical one, it is one of many, as articulated within the consultation document. Referrals by other agencies and self-referral are equally important.

The value of a national model in terms of ensuring consistency across Wales is generally recognised. However, it is inevitable that there will be local variances in how the model is implemented and the range and type of community-based support available in different communities. The model and any associated standards will need to be sufficiently flexible to reflect this.

Question 1b - If not, why not? Is there anything missing / not appropriate?

Prevention

The model should place increased emphasis on the role of social prescribing as being preventative, rather than as form of care. This is, to many of the people we spoke to, where the greatest potential for social prescribing to improve wellbeing lies. This includes a considering how referral pathways will be open to people prior to a formal medical appointment.

In some ways, this is linked to the concerns that the model is overly-medicalised, and seen as a complement to clinical prescribing. However, we believe that regardless of the language used, a greater emphasis on prevention is desirable.

Green social prescribing

Whilst implied within the description of community-based support within the model, the absence of specific reference to green social prescribing is noted. This contrasts with the position in England, where there the Government implemented a cross-departmental initiative investing in and testing the impact of green social prescribing on mental health outcomes, health inequalities and demand on the health and social care system.

'Nature' or 'green' social prescribing has the potential to contribute greatly to both provision and wellbeing outcomes, so it is vital that meaningful strategic and operational links are made with emerging initiatives such as the proposed National Nature Service. The National Nature service and initiatives such as the National Forest for Wales have the potential to provide the implementation framework which will enable groups and social prescribing activities to flourish. Investment in these areas will contribute towards the wider social prescribing framework and connect it to a range of other Welsh Government policy areas such as Wellbeing of Future Generations, Green Recovery, and employability. These initiatives will create a workforce pipeline which will secure the nature sector as a viable career option with good quality opportunities, while also filling an identified skills deficit within the green recovery workforce.

Children and Young People

The document states that individuals using social prescribing services are 'usually adults aged 18 years' but recognised opportunities within the model

'to support children, young people and families in improving their social, mental or physical well-being and reconnecting them with community-based support'. We feel this needs greater emphasis, and that consideration needs to be given to (1) how provision for children and young people can be grown across Wales and (2) special requirements including advocacy and support in accessing and participating in such activities. A number of charities working with children and young people have told us that they consider this to be a "missed opportunity".

Marginalised groups

Similarly, the potential role of social prescribing in supporting people with physical and learning disabilities, asylum seekers and other groups needs to be considered further. Further work with probation and youth justice would be welcomed in order to explore the potential of social prescribing in helping the rehabilitation of offenders.

The opportunity could be taken when finalising the model to emphasise Welsh Government expectations around appropriate levels of investment in social prescribing services and community-based support. Without this, support will continue to be short-term and of variable quality. We elaborate on this later in our response.

Peer referral

Finally, it has been suggested that peer-referral is a valid referral pathway, although we acknowledge it will overlap with self-referral. The role of such a referral should be considered.

Question 2a – What is your view of the language / terminology used in the model and supporting narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.

Generally, the terminology used is considered appropriate and helpful in setting out the potential role of social prescribing in supporting people's wellbeing. However, it is questionable whether the language is equally accessible to members of the public (including those who may self-refer), and promotion/ dissemination of the model needs to be accessible to all stakeholders.

Whilst the term 'social prescribing' is increasingly recognised by academic literature and policy-makers, and has obvious currency with health and other partners, it may reinforce the sense that this is a medicalised model and thereby lead to a false impression of the support the model aims to facilitate. It can detract from the essential community-based focus of the model. This needs to be thought through carefully.

We also consider that medical terms such as "patient" and "referral pathway" may not be appropriate in some contexts.

Question 2b - Do you have any suggestions on alternative language /terminology? This may include the language and terminology used in both English and, if appropriate, Welsh.

See above.

Question 3 – How do we at a national level develop a common understanding of the language/terminology used to describe social prescribing for both professionals and members of the public alike? This may include the language and terminology used in both English and, if appropriate, Welsh

Following this consultation, the agreed model needs constant and focused promotion amongst the professionals responsible for delivering it and the general public. This will require a multi-faceted communications strategy, supported by appropriate awareness-raising, training and dissemination of evidenced benefits.

Whilst a national approach would be helpful, delivery of this will need to be locally-sensitive, so it reflects local infrastructure, different referral routes and the range of support available within local communities. Regional Partnership Boards have a key role to play here, and we comment further on this later in our response. However, sensitivity to the sub-regional context (e.g. when devising referral pathways) will still be important.

We expand on some of these issues later in our response.

Question 4a – What actions could we take at a national level to help professionals (from healthcare, statutory and third sector organisations) know about, recognise the value of and be confident in referring people to a social prescribing service?

As mentioned in our response to the previous question, there is a role for Welsh Government to steer, with partners across Wales, a co-produced communications strategy promoting social prescribing and the agreed national model and supported by local campaigns developed by partner agencies at that local level. The fundamental aim should be to 'legitimise' social prescribing and ensure it is seen as a credible and beneficial form of support that delivers positive outcomes.

The communications strategy needs to be tailored to reflect the differing positions and roles of those agencies contributing to social prescribing arrangements, for example the NHS, other statutory partners, social prescribing services and community-based support. This will be key in raising the profile of social prescribing and ensuring that the referral pathways set out in the document work in practice.

The strategy should be supported by evidence of the positive impact that social prescribing can and does have in the lives and wellbeing of individuals. Later on in our response we provide views on how this evidence might be gathered and disseminated in the future.

Whilst there are foundations on which to build,and there is reported progress in some areas of Wales, there is still a considerable way to go in ensuring that social prescribing makes the contribution envisaged within the model and the consultation document. But there is still some way to go; recent evidence suggests that across Wales only 36% of GPs have access to a social prescriber at the current time.

Clearly, Welsh Government also has a role in:

- Providing sufficient funding for social prescribing services and the community support to which individuals are referred. Too frequently, funding tends to be short- term and this threatens the sustainability of these critical elements of the overall model. Incentives such as the new Regional Integration Fund, aims to prioritise community-based preventative care and requires a 20% level of investment by Regional Partnership Boards

in social value provision should help here, although individual experiences of RIF vary enormously and improvement in provision is needed.

- Ensuring that social prescribing is included in professional development for various disciplines, including medical practitioners. This will help ensure that clinicians and practitioners view it as a legitimate means of supporting individuals and are aware of how to refer appropriately within their specific localities.
- Developing a quality assurance framework against which social prescribers – and community support to which individuals are referred – can demonstrate their services are high quality and safe. This should include as a minimum, compliance with appropriate safeguarding requirements.

Question 4b – In the case of self referrals, what actions could we take at a national level to help members of the public know about, recognise the value of and be confident in contacting a social prescribing service?

The suggested communications strategy needs to have a specific strand aimed at members of the public, advising them of the availability of different types of support within their local community and the role of social prescribers in helping them access it.

There is also potential for standardising job titles of social prescribers, who are currently known variously as community connectors, community navigators, community agents psychological support and so on in different parts of Wales. This would reduce the potential for confusion and potentially increase familiarity with the role and how it can help.

A quality assurance framework will not only engender confidence in social prescribing among professional organisations but also among members of the public.

Question 4c – In the case of targeted referrals, what actions could we take at a national level to help organisations identify specific populations/groups of people who might benefit from contacting a social prescribing service?

Not covered specifically.

Question 5 - What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?

The communications strategy, which we suggest is developed nationally and delivered locally, needs also to target community-based support, encouraging groups to link with social prescribers and thereby formally become part of social prescribing arrangements. An incentive here would be the potential for increased throughput and attendant funding/ investment.

There would need to be a national requirement for groups engaging in this way to demonstrate compliance with the agreed quality assurance framework.

Question 6a – What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?

The implementation of the model and accompanying communications strategy need to be clear about what social prescribing is and what it is not. There must be clarity that social prescribing is not a replacement for formal support for this with complex needs. It must not be seen as a way to cut waiting lists and/ or maintain people's condition whilst they wait for health or social care.

Question 6b – What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support?

Nationally, communication around the implementation of the model will again be key. However, development of referral pathways and safeguards against inappropriate referrals will need to be managed locally. Partnership arrangements such as Regional Partnership Boards should play an active role in this and should also facilitate asset mapping within their areas so that all organisations are clear about what community-based support is available.

Use of portals such as Dewis and Infoengine could be invaluable here. Local databases such as 'Connect' platforms should also be used to support mapping activity and promote community-based services that are available.

Protocols need to be in place to ensure that inappropriate referrals can be refused where appropriate.

Sharing of information on outcomes achieved for individuals by community-based support will also help ensure that referrals are appropriate.

Training and professional development for social prescribers will also help minimise inappropriate referrals. Whilst this will need to be delivered locally, there is scope for a national approach to professional development. We expand on this later in our response.

Facilitating interaction between community-based support, social prescribers and referring agencies will also raise awareness of what's available and support appropriate referrals.

However, organisations must be aware that they are on a directory and consent to receiving referrals. They may have limits on numbers, or not be sufficiently skilled to handle complex physical and emotional needs and this information needs to be available..

Question 7 – What actions could be taken at a national level to support strong leadership and effective governance arrangements?

We mentioned previously the role of Regional Partnership Boards in:

- Promoting social prescribing and community-based support in their areas
- Mapping available support and raising awareness among partners
- Supporting appropriate levels of investment in social prescribing and community-based support
- Developing referral protocols

The strengthening of Regional Partnership Boards in support of the 'Rebalancing Care and Support' agenda provides an opportunity for Welsh Government to promote effective leadership and delivery of the framework at regional (and local) level and monitor arrangements across Wales to ensure the framework is being implemented as appropriate.

The current work on social prescribing by Welsh Government, which includes this framework alongside the glossary of terms and core competencies for

social prescribers, is currently focussed on national policy development. In the longer-term, as this work moves towards implementation, we believe there is an opportunity to consider where social prescribing should sit within Welsh Government.

Question 8 – What actions could we take at a national level to support the commissioning process and help engage the public in developing a local level model which meets the needs of their community?

Sustainable funding and strategic, whole system planning is key here. We have set out above what we believe a role for strengthened Regional Partnership Boards in driving this agenda across Wales.

Question 9a –Do the current online directories and sources of information provide you (in an easily accessible format) with all the information you need to make decisions on the appropriateness and availability of community based support?

In principle, online directories can play a key role in informing referring agencies, social prescribers and the public of services available and in supporting appropriate referrals. Dewis, Infoengine and local databases such as Connect platforms in a number of areas have a clear role to play here. However, ongoing investment and capacity is needed to ensure that these databases are maintained and provide accurate information at any one time.

Directories must be accurate, up-to-date, have a good search function and be hyper-local. They should have an accessible format, providing visuals, spoken word, BSL and a range of languages as appropriate for the community in question.

For the public, digital inclusion can be an issue. Those not able to access online directories often have to rely on word of mouth to hear about services available within their area.

Information in digital and other formats needs to be accessible and jargon-free, to help people self refer and/ or for social prescribers to agree referral routes with individuals they are seeking to help.

It also needs to provide clear information on any access requirements (e.g. mobility for yoga classes) and charges that might apply to particular support.

Question 9b – Are there other online directories / sources of information you use?

See above.

Question 9c What are the key features you think online directories should provide to help people access community based support?

See above.

Question 10a – What actions could we take at a national level to help address barriers to access?

Barriers to access can include:

- Lack of awareness of services available
- Charges made for types of support (this is likely to become more of an issue in the light of the cost of living crisis)
- Lack of confidence or ability of some groups (e.g. people with learning disabilities or younger people) to access services
- Lack of internet access for virtual support
- Physical access to buildings etc.
- Lack of support in chosen language, including Welsh

Overcoming these barriers will require national and local action, in some cases the immediate scope of this consultation, for example:

Effective communication of the benefits of social prescribing and what support is available locally (see above)

Increasing investment to (1) enable charges to be waived and or subsidies applied for those unable to afford particular support, (2) provide culturally-sensitive support, such as in preferred languages, (3) enable advocacy or other support to access relevant services and (3) increase digital connectivity for community groups and individuals

Supporting community groups in accessing grants to make adaptations to buildings thus improving accessibility

Transport was raised in all of our sessions. This was especially true in rural or Valleys communities, but it is worth noting that for people with significant mobility issues or with certain mental health conditions such as social anxiety that any distance can be a barrier. We would recommend that the model and any accompanying policy guidance place issues around transport at the centre of the centre of social prescribing.

Question 10b – What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?

As well as those suggestions outlined in response 10a above, we would also recommend specific attention be paid to monitoring levels of engagement by people from marginalised groups (including the specific challenges posed by intersectionality). This must then be used to inform future outreach and improve implementation. Whilst this is true for all marginalised groups, we are concerned about people from ethnic minority background.

Question 11a – Should the national framework contain a set of national standards for community based support to help mitigate safeguarding concerns?

We generally support the introduction of national standards for community-based support which will guarantee general levels of access and quality in provision and, specifically, mitigate safeguarding concerns.

Question 11b – If yes, what are the key things the national standards for community based support should cover?

With the caveats noted above, national standards should address

- The Welsh Government's code of safeguarding practice
- Relevant DBS requirements for providers

- Accessibility standards, e.g. to accommodate language preference and other aspects of equalities legislation
- Minimum standards of delivery and competence that particular roles within the framework need to demonstrate (link to workforce/ development)
- Opportunities for users to feed back, complain etc.
- Guarantees around referral to statutory and other agencies where appropriate

Question 11c – If no or not sure, what are your main concerns around the introduction of national standards for community based support and how might these be addressed?

We are clear that any standards need to be:

- Be proportionate – achieving a balance between assuring quality and instilling confidence in referring agencies, whilst not making it impossible for smaller groups to comply and/ or progress towards compliance
- Guard against 'over-professionalisation' of support which in its essence might be informal and reflective of a social model of care – here again there is some concern over the risk of an overly medicalised model.

Any regulation to check compliance also needs to be proportionate and must not drain resources from the front line. Some of the learning from Covid experience is of relevance here, where organisations responded swiftly to need and met that need within communities without facing direct regulation of new and emerging arrangements (see work by Grwp Resilience).

Question 12 – What actions could we take at a national level to help overcome barriers to using digital technology for community based support?

See under question 10a above.

Question 13 – What action could we take at a national level to support effective partnership work to secure long term funding arrangements?

Welsh Government needs to work with statutory and other partners via the RPBs and other bodies to make sure that adequate funding is made available for social prescribing as part of whole system approaches to health and social care. Specific national requirements for investment in social value organisations and development of community-based preventative care apply here. Adequate funding is needed for social prescribing services themselves and community-based support; investment will necessarily involve shifting investment from reactive, intensive care to preventative support of the kind being discussed here.

Inclusion of social prescribing in evaluation of local models of care and support should be a requirement.

A vibrant and sustainable voluntary sector is essential to making sure that there are activities available across Wales to which a social prescribing service could refer. Welsh Government should continue to engage with TSSW and the voluntary sector more widely to ensure this.

Question 14 – What actions can we take at a national level to mitigate the impact of increased demand on local community assets and well-being activities?

Whole system management of provision and demand via Regional Partnership Boards and other partnership structures is key here. Welsh Government needs to monitor and support a shift in investment towards preventative provision, which will in time reduce pressure on other parts of the system.

Some groups may have limits on accepting referrals. This could be because of capacity (e.g. a activity require a certain ratio of participants to leaders) or because of skills (e.g. a group may not have the skills to support someone with complex physical or mental health needs).

Question 15 – In, your view what are the core things we need to measure to demonstrate the impact of social prescribing?

We would support a national approach to the evaluation of social prescribing services and their impact. This should focus on outcomes for the individual and

changes made to individual lives and wellbeing, rather than numerical throughout. We believe that the framework should:

- Reflect and build upon existing approaches and methods in Wales and further beyond (e.g. Developing Evidence Enriched Practice (Deep) by Swansea University, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and work undertaken by the National Academy of Social Prescribing in England
- Combine agreed (and common) quantitative measures with qualitative indicators – the latter should draw on story-telling, case studies and methodologies such as Distance Travelled and Most Significant Change
- Be designed to place minimal additional burden on community groups (there may be a need to support groups in data collection)
- Align with existing outcomes frameworks such as the Social Services National Outcomes Framework

The framework should be designed to generate multi-media evidence that can be shared with funders and partners within the framework, and used for training, awareness raising etc. rather than lengthy written reports or 'dry' data.

Alongside personal outcomes, the framework should also capture benefits of activity such as increased networking between partners at a local level to support its implementation and promote the value of social prescribing.

We also would like to see a considerable effort to capture data on uptake of social prescribing by people from marginalised groups. (See response 10b above).

It also needs to be recognised that impacts of this kind of intervention are often long-term and there should not be an expectation on agencies to provide rapid, quantitative evidence as a basis for continued funding. This will involve a degree of maturity and risk-taking by all involved .

Question 16a - Do you have any research or evaluation evidence you'd like to share with us?

See comments above.

Question 16b – Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated?

The evaluation must be designed from the start with an intention to monitor equality, diversity, and inclusion. This would include data from marginalised groups, and cover both uptake and their experience of the service to which they are referred. This should then inform future implementation.

This would need to be an aggregation of local intelligence gathered on impact of social prescribing, along with ongoing monitoring of the extent to which elements of the framework are in place across Wales. Close working between Welsh Government and regional/ local agencies would be imperative here.

Question 17a – What are the key knowledge and skills the planned competency framework should cover?

We support the concept of a competency framework but, reflecting our earlier comments on evaluation and regulation, safeguards should be in place to mitigate undue pressure on community providers or creeping professionalisation of services.

The definition of the workforce is key here – clarity is needed as to whether this includes social prescribers only or social prescribers and community-based organisations. In developing our response we have assumed the latter.

An appropriate competency framework should help create parity between social prescribers, community-based providers and statutory agencies as key players in the framework, although obviously the level and nature of competencies will vary across the system.

As a minimum, we feel a competency framework should include:

- Conversational skills (based on a 'what matters' approach)
- Motivational interviewing
- Trauma-informed care
- Safeguarding and risk assessment
- Equalities legislation
- Co-production and asset-based community development

- Health and social care policy and delivery arrangements
- Active listening
- Self assessment and reflection
- Partnership and collaborative working

A strong theme which emerged in our discussions was that a higher-level qualification route was not necessarily the most effective route for becoming an effective social prescriber and that both vocational and other types of experience are equally valid.

Question 17b – How can the planned competency framework complement existing professional standards?

There are opportunities to align the framework with Social Care Wales' Induction framework for health and social care

Question 18 – Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited?

The principal benefit of education and training is that it will empower individuals and groups to progress and meet the competencies suggested for inclusion in the framework.

Potential disadvantages include:

- Cost – subsidies would need to be provided to encourage take-up and ensure the programme isn't prohibitive to individuals
- Time requirement – there is a preference for 'on the job' training, which would help with application of learning, but this has clear implications in terms of taking resources from the front line
- Not if it is fully funded, otherwise the cost will prohibit many people from taking it up.
- Risk of individuals not wishing to pursue an academic or vocational route being seen as 'second rate' and/ or the development of a 'them and us' culture as others gain qualifications.

Question 19 – What other actions could we take at a national level to support the development of the workforce?

Nothing to add.

Question 20a – What are your current experiences of using digital technology in the following areas of social prescribing?

- **Referral process**
- **Assessment process**
- **Accessing community based support**
- **Delivery of community based support**
- **Management of information and reporting of outputs / outcomes**
- **Sharing of information / good practice**

There are numerous examples of technology being used in these areas, including:

- Individual needs assessment and sharing of information relating to people referred to social prescribing services. There are examples of social prescribers being linked to NHS CRM systems and working directly with GP surgeries to enable information exchange and effective referrals.
- Linking individuals to appropriate support via Connect platforms
- Chatrooms for sharing practice and peer support, with community groups forming communities of practice
- Training and support for providers
- Virtual support for individuals introduced during the pandemic
- Capturing and reporting of outcomes and assessment of impact of interventions

Question 20b – How could the use of digital technology enhance delivery of social prescribing in the following areas?

- **Referral process**
- **Assessment process**
- **Accessing community based support**

- **Delivery of community based support**
- **Management of information and reporting of outputs / outcomes**
- **Sharing of information / good practice**

There are clear opportunities for developing the use of technology in each of these areas. One example is including social prescribers and community based groups in the WCCIS care management system to facilitate effective and appropriate referrals.

Similarly, more could be done to develop virtual delivery and collation of outcomes data, linking with the possible implementation of a national outcomes framework for social prescribing.

However, reflecting some of our earlier comments, issues of connectivity and costs of digital solutions need to be taken into account, both from the perspective of groups and individuals. Investment will clearly be needed to optimise the use of technology in delivering and monitoring social prescribing activity.

WG National Framework for Social Prescribing

Social Prescribing

I want to manage MY OWN HEALTH & wellbeing!

CONNECTING PEOPLE to: COMMUNITY BASED support

The Model

PERSON CENTRED

REFERRAL PATHWAYS
- SELF-REFERRAL
- HEALTHCARE
- STATUTORY SECTOR
- THIRD SECTOR
- TARGETED

COMMUNITY BASED SUPPORT

SOCIAL PRESCRIBING SERVICE

CONNECTING INDIVIDUALS TO SUPPORT and providing feedback

We need to find a COMMON language

TERMINOLOGY - is it ok?

"prescribing"

"Community Connection"

THERE'S A DANGER of medicalising people

COMMISSIONING is key

SO THAT SERVICES ARE SAFE, ACCESSIBLE and APPROPRIATE!

WHAT IS NEEDED IN PLACE:

PUBLIC MESSAGE

STRONG PARTNERSHIPS

EDUCATION

There are opportunities for Co-production and funding!

£££

Referral Pathways

the Welsh Goverment can support by:

INCLUDE SOCIAL PRESCRIBING IN EXISTING TRAINING

COLLATE RESEARCH TO SHOW BENEFITS AND EVIDENCE

RUN A NATIONAL AWARENESS CAMPAIGN

We must have CONSISTENT SERVICES in place!

Accessibility

DANGER of EXCLUDING PEOPLE

IT'S A POSTCODE LOTTERY SOMETIMES...

DON'T FOCUS JUST ON DIGITAL...

RURAL vs. URBAN

CAPITALISE ON EXISTING CONNECTIONS!

DIFFERENT ISSUES:

TRANSPORT

PAYMENT

VENUES

Partnerships & Sustainability

"Culture of grants"

SUSTAINABLE funding IS NEEDED!

PREPARATION CHECKLIST
- EVIDENCE
- NEEDS
- FUNDING

Always in a local context!

local VARIATION - WE NEED TO ACCEPT IT AND ALLOW FOR IT!

the SOCIAL PAGES

IN THE FUTURE: OUR OWN REGISTER OF GROUPS?

Demonstrating Value

THE EVALUATION NETWORK NEEDS CLEAR VALUES!

STORYTELLING AND CASE STUDIES ARE POWERFUL!

WELSH GOVERNMENT COULD PUT TOGETHER EXISTING EVIDENCE

These are things that work!

Workforce

MENTAL HEALTH FIRST AID

CO-PRODUCTION

CRITICAL SKILLS

ADDITIONAL, AFFORDABLE TRAINING

LET'S CREATE SOCIAL PRESCRIBING LOCAL NETWORKS

S.P.

Social Prescribers need to be seen as valuable as health and Social care!

RIGHT VALUES + BEHAVIOUR

DON'T OVER PROFESSIONALISE!

Technology

LOOK AT EXISTING PLATFORMS

There are great online resources for services!

ONLINE TRAINING

They don't cater for everyone...

SHARED CRM?

PRACTICAL?

ELECTRONIC REFERRALS?

FINANCIAL IMPLICATIONS?

WcVA
CGGC

WCVA ENGAGEMENT SESSION WITH THIRD SECTOR GROUPS · 15 SEPTEMBER 2022

ILLUSTRATION: LAURA SORVALA


National Framework for Social Prescribing
20 SEPTEMBER
SOCIAL PRESCRIBING
I want to manage MY OWN HEALTH & wellbeing!
CONNECTING PEOPLE to: COMMUNITY BASED support
THE MODEL
PERSON CENTRED
REFERRAL PATHWAYS
SELF-REFERRAL
HEALTHCARE
STATUTORY SECTOR
THIRD SECTOR
TARGETED
SOCIAL PRESCRIBING SERVICE
COMMUNITY BASED SUPPORT
CONNECTING INDIVIDUALS TO SUPPORT and providing feedback
WE NEED TO FIND A COMMON UNDERSTANDING OF TERMINOLOGY
CLARIFY WHO THE AUDIENCE IS
"green social prescribing"
WITHIN THE MODEL OR SEPARATELY?
WE NEED COLLABORATION
MATCH DIFFERENT NEEDS
Help people understand what is available!
WHAT IS NEEDED:
SERVICES READY TO GO!
Once the referrals come in!
FUNDING
Referral Pathways
ONLY 36% OF GPs FEEL THEY HAVE ACCESS TO A LINK WORKER
BUILD CAPACITY
MAKE SURE TO HAVE A COMMS PLAN
REFERRALS SHOULDN'T RELY ON CLINICAL NEEDS!
Partnerships & Sustainability
FOCUS ON DELIVERY IN THE COMMUNITY
FUNDING IS KEY TO SUSTAINABLE SERVICES!
REGIONAL PARTNERSHIP BOARDS - OPPORTUNITY?
ROLE FOR PARTNERSHIPS:
BUILD AWARENESS
PROMOTE GRASSROOTS PROJECTS
GATHER IMPACT "INTEL"
Workforce
WHO ARE THEY?
A smile on your face!
ACTIVE LISTENING
TRAINING
TIME
EMPLOYERS NEED TO PROVIDE IT!
NO MANDATORY EDUCATION PROGRAMMES!
TRAINING SHOULD NOT DEFINE JOB CRITERIA!
KEY SKILLS: COMMUNICATION & INTERPERSONAL
ENSURE WORK SECURITY
AVOID SHORT TERM CONTRACTS!
Accessibility
TRANSPORT CAN BE A BARRIER
CONFIDENCE
COST
NEEDS
INFRASTRUCTURE
ONLINE DIRECTORIES
FACE TO FACE OPTIONS
GOOD RELATIONSHIPS ARE IN PLACE!
This takes TIME!
FORMATS
Easy read
What matters?
UNDERSTANDING CAPACITY OF SERVICES IS VITAL!
PLAN WITH THE PERSON
Measuring Impact
EVIDENCE IS IMPORTANT...
WHAT DO GOOD STANDARDS LOOK LIKE?
Don't get in the way of referrals!
EVALUATING NATIONAL OUTCOMES
It's important but not the only measure!
RECOGNISE LOCAL DETAILS
HOW CAN DIGITAL SYSTEMS SUPPORT MONITORING?
Is this appropriate?
Technology
DIGITAL REFERRALS
THEY ARE GOOD!
But not everyone has equal access to internet!
The pandemic showed we can move services online!
ONLINE DELIVERY
CAN WIDEN ACCESS FOR SOME PEOPLE
COLLECTING IMPACT DATA
the FUTURE EVIDENCE BASE!
This can put pressure on small organisations and funding!
WE NEED INVESTMENT!
ONLINE NETWORKS SHARING BEST PRACTICE!
WcVA
CgGC
CONSULTING THE THIRD SECTOR · 15 & 20 SEPTEMBER 2022
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