

Developing a National Framework for Social Prescribing

Date 20 October 2022

About us

We're RCOT, the Royal College of Occupational Therapists. We've championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Wales work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It's about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It's science-based, health and social care profession that's regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call 'occupations'. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

Our response

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	No
1b	If not, why not? Is there anything missing / not appropriate?
	Our members thought the diagram was confusing, our members thought that the diagrams lacked an inclusive focus with too many able-bodied descriptors. We welcome the broad concept of social prescribing throughout Wales, but we still have concerns about the overly medicalised language used. For us social prescribing should maintain its non-medicalised approach.

2a	What is your view of the language/terminology used in the model and supportive narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.
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.
	<p>There is a superficial common understanding. There is a lot of detail and nuance underneath this that we think potentially is missed. Social prescribing can be completed in multiple different ways in multiple settings by a very wide range of people. We suspect that the effectiveness and outputs vary considerably. Lumping this all in under one title leads to risk of poor assumptions about efficacy and what is being offered.</p> <p>There is a grey area around term Social Prescribing – prescribing sounds medical and not user friendly and is a confusing term for layman. Individuals believe they are going to be prescribed medication. This can be a negative referral and not empowering for individuals.</p>
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.
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?
	One of the biggest challenges how members tell us is having confidence in social Prescribing schemes. They can be undermined if the schemes vary a great deal without clear understanding of why.
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?
	<p>Public campaigns.</p> <p>Messaging in GP services / health services.</p> <p>Financial support for third sector in promoting what they do.</p>
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?
	Focus with GP services and primary care around common groups.
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?

	<p>We think that there needs to be a good understanding and valuing of social prescribing at a planning level, maybe cluster level, the benefits, and outcomes from it. Services need to be set up, so they are integrated into services and communities. They need to sit across the border of health and social care and what is going on in the community. We think there is huge potential to link social prescribing services to health professionals and a clear link will support both, Occupational Therapy have some good examples of this in Primary Care where the occupational therapist can do some barrier reduction work and ensure health needs are met but then link to community resource. This could work well for other professions, e.g., physios linking to a network of exercise opportunities. This also supports gap identification, where there are health & care needs that are not being met. It ensures that social prescribing resources are well valued and sets up the potential for evaluation of services and direct feedback – ownership on a local level.</p>
6a	<p>What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?</p>
	<p>Our members tell us the more effective services have clear remits – i.e., groups of people they work with, and have strong links into statutory services, which leads to less inappropriate referrals.</p> <p>Occupational Therapists and our health professionals could support social prescribing but offering supervision, mentoring or coaching so they can articulate service requirements.</p>
6b	<p>What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support</p>
	<p>Our members tell us the more effective services have fairly clear remits – i.e., groups of people they work with, and have strong links into statutory services, which leads to less inappropriate referrals.</p>
7	<p>Which actions could be taken at a national level to support strong leadership and effective governance arrangements?</p>
	<p>We feel you should draw on the skills and expertise of occupational therapists and other AHPs to develop pathways, support, and quality assurance frameworks around social prescribing. We could also provide supervision and governance.</p>
8	<p>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?</p>
	<p>We feel you should draw on the skills and expertise of occupational therapists and other AHPs to develop pathways, support, and supervision quality assurance frameworks around social prescribing.</p>
9a	<p>Do the current online directories and sources of information provide you (in an easily accessible format) with the all the information you need to make decisions on the appropriateness and availability of community based support?</p>
	<p>Our members feel this has significant bearing and has been tried in various areas with differing success. They think the main challenge is the temporary nature of funding pots, so that schemes change regularly. This is perhaps a</p>

	<p>separate challenge in the 3rd sector that makes it hard for good integration. It also makes having a clear directory of schemes really challenging as these needs regular updating. They think it is also a challenge to have some quality control on this.</p>
9b	<p>Are there other online directories / sources of information you use?</p>
	<p>https://www.rsph.org.uk/about-us/news/launch-of-new-social-prescribing-framework-for-allied-health-professionals.html</p>
9c	<p>What are the key features you think online directories should provide to help people access community based support?</p>
	<p>Starting from a point of “what matters to the person” is a good start. Maybe something that tackles universal, targeted and specialist approach as the above framework.</p>
10a	<p>What actions could we take at a national level to help address the barriers to access?</p>
	<p>It is vital that organisations and services do not plan or work in isolation, but take a joined-up approach to analysing, planning, and meeting needs - a universal response. This includes involvement of the voluntary sector. Along with health, consideration needs to be given to the environment, healthy homes, work, education, and healthy occupations. Occupational therapists should be at the table to provide this strategic perspective.</p> <p>A joined-up approach requires the sharing of information across services and systems, supporting safe and effective service provision, enabling occupational therapists to use resources sustainably, reducing repetition of data gathering, assessments and any overlap of services.</p> <p>Financial support to third sector so people have access to SP they need</p>
10b	<p>What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?</p>
	<p>Our members feel you should look at best practice. There are several social prescribing projects that are accessing hard to reach groups and learning should be shared throughout Wales.</p> <p>Access needs to be open, appropriate, and fair to population groups who have been known to experience reduced access to, and satisfaction with, health and care services e.g., those in economically deprived communities, BAME groups, LGBTQIA+ groups.</p>
11a	<p>Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns?</p> <p>Yes</p>
11b	<p>If yes, what are the key things the national standards for community support</p>

	should cover?
	Our members have reservation about fitting patients and clients into what is available in the community because they are not having feedback that the activity meeting the person's needs. So, outcomes and reporting are key to any national standard.
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 do want to emphasise the point that social prescribing is a non-medicalised approach and wouldn't want it unduly burdened.
12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
	Demonstrating to local Managers, Commissioners of services and other relevant parties the part social prescribing plays in current practice for people with complex needs.
14	What actions could we take at a national level to mitigate the impact of the increased demand on local community assets and well-being activities?
	Provide more funding and train more staff.
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	Reduce repeat visitors to GP's and primary care Have significant effect of the social determines of health
16a	Do you have any research or evaluation evidence you'd like to share with us?
16b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
	Personal care RCOT https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money
17a	What are the key knowledge and skills the planned competency framework should cover?

17b	How can the planned competency framework best complement existing professional standards?
	Occupational therapists are fully aware of this key body.
18	Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited?
19	What other actions could we take at a national level to support the development of the workforce?
20a	<p>What are your current experiences of using digital technology in the following areas of social prescribing?</p> <ul style="list-style-type: none"> • Referral process • Assessment process • Accessing community based support • Delivery of community based support • Management of information and reporting of outputs / outcomes
	<p>Our members think there are already some interesting technologies to support social prescribing but that are not widely available, essentially facilitating transfer of information e.g., from GP system online referral to an agency and then an ability for that agency to feedback to the referrer any progress and to collect data.</p> <p>Our members believe some universality of system would be helpful, which would streamline the process and support data collection, both improving engagement. It is important that systems work together, having multiple systems that people must jump across is very off putting.</p> <p>Technology could be used in other ways, e.g., having more tablets available in consultations may support practitioners to talk through what is available with people or encourage engagement in social prescribing.</p>
20b	<p>How could the use of digital technology enhance delivery of social prescribing in the following areas?</p> <ul style="list-style-type: none"> • Referral process • Assessment process • Accessing community based support • Delivery of community based support • Management of information and reporting of outputs / outcomes
21a	We would like to know your views on the effects that the introduction of a national framework for social prescribing would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

	What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?
21b	Please also explain how you believe the proposed a national framework for social prescribing could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.
22	We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:
	This consultation is too long and confusing. Our members are particularly busy at present with the increase clinical pressure and spending the time to complete the consultation is problematic.

For further information on this submission, please contact:

Dai Davies, Professional Practice Lead - Wales
Royal College of Occupational Therapists
Phone: 0758 560 6385 Email: david.davies@rcot.co.uk