Welsh Government
Consultation Document

National framework for social prescribing

Development of a national framework for social prescribing that enables delivery of social prescribing in Wales of a consistent, effective, high-quality standard across the 'whole system'.

Date of issue: 28 July 2022

Action required: Responses by 20 October 2022

Mae'r ddogfen hon ar gael yn Gymraeg hefyd /
This document is also available in Welsh

Overview

The purpose of this consultation exercise is to agree with stakeholders a model of social prescribing for Wales, to develop a common understanding of the language used to describe social prescribing and identify actions which embed the model through a national framework.

We want your views on what action can be taken on a once for Wales basis and where guidance or standards are required to ensure social prescribing makes the desired impact.

Following the consultation exercise, we will publish an agreed model of social prescribing for Wales, a glossary of terms and an action plan of how we will develop a national framework which will consist of a set of standards, guidance and actions developed at a national level to ensure a consistency of delivery at a local level.

How to respond

Submit your comments by 20 October 2022, in any of the following ways:

- Complete our online form
- Download, complete our response form and email NationalFrameworkforSocialPrescribing@gov.wales
- Download, complete our response form and post to:

National Framework for Social Prescribing consultation

Health Inequalities & Healthy Communities

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

This document is also available in Welsh: Datblygu fframwaith cenedlaethol ar gyfer presgripsiynu cymdeithasol

UK General Data Protection Regulation (UK GDPR)

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation

If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

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The contact details for the Information Commissioner's Office are:

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Foreword by Deputy Minister for Mental Health & Wellbeing

We know that our health and well-being, is not determined solely by access to healthcare services, but by a whole host of social, economic and environmental considerations. We also know that the Covid 19 pandemic has had a profound impact on our health and well-being.

Whether it was the direct health impacts; consequences of social distancing measures; anxiety relating to personal well-being or that of family and friends; impacts on education or work; or struggles with loneliness and social isolation: there are many examples of the negative impact the pandemic has had.

The last couple of years have been difficult for everyone and many of us have come to appreciate what we have within our local community. It may be as simple as joining others to walk the dog in the park or volunteering for a local community group. Simply connecting with others or with nature can give us all a much needed boost. Unfortunately for some, being able to connect with others within their local community can prove difficult. They may have a disability or caring responsibility which limits their interactions with others, or they may have limited contact with family and friends and have lost confidence in being able to reach out to others.

Social prescribing is a way of linking people to community-based, non-clinical support. It can help empower individuals to recognise their own needs, strengths, personal assets and to connect with their own communities for support with their own health and well-being.

As a Government, we have recognised the opportunities social prescribing brings, with it featuring across a number of policies and strategies. I am delighted to be the Minister responsible for our 'Programme for Government' commitment to deliver a national framework for social prescribing, and to chair a task and finish group set up to shape how social prescribing could aid Wales in its recovery from Covid-19. I'd like to take this opportunity to thank them for their valuable insight and guidance.

It is my aim to develop, with key stakeholders, a common understanding of social prescribing and coproduce a national framework that enables delivery of social prescribing in Wales that is of a consistent, effective, high-quality standard across the 'whole system', but does not dictate how it is delivered in different communities.

I look forward to hearing your views on this important piece of work.

Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing

1.   Background.

Social prescribing across Wales is not new. Social prescribing interventions have been developed and established in a bottom-up way across Wales, with individual contracted providers, clusters involved in health and care, third sector and statutory organisations developing different delivery models. A report published in 2018 by the Primary Care Hub in Public Health Wales Social Prescribing in Wales (2018) mapped the progress being made in developing social prescribing services across health board areas.

The principles of social prescribing such as taking an early preventive approach to enhancing people's well-being, addressing health inequalities and strengthening community cohesion are consistent with the Social Services and Well-being Act (Wales) 2014, the Well-being of Future Generations Act (Wales) 2015, and our long term plan for health and social care 'A Healthier Wales'.

Therefore, actions related to social prescribing are already featured in the Together for Mental Health delivery plan (2019-2022), the Substance Misuse Delivery Plan 2019 - 2022, the Six Goals for Urgent and Emergency Care policy handbook and Connected Communities: a strategy for tackling loneliness and social isolation and building stronger connections which set out a number of actions to embed social prescribing across Wales.

There is alignment with the NHS Decarbonisation Strategic Delivery Plan: a response to the Climate Emergency for Wales and the NHS contribution to reducing carbon emissions and maintaining green space and encouraging bio-diversity, as part of the Public Sector ambition to be Net Zero by 2030. It is also connected to the development of a Wales Community Food Strategy

More recently, the Programme for Government 2021-26 commits to introducing an all-Wales framework to roll out social prescribing to tackle isolation, although there are potentially many more benefits to social prescribing than just tackling isolation. A Task and Finish Group, chaired by the Deputy Minister for Mental Health & Well-being has been established to develop this national framework.

2.   Introduction.

2.1   What is social prescribing.

Whilst the primary care model of social prescribing, in which individuals are referred from general practice, is the dominant model in some systems, more community-based models have emerged in Wales and are becoming more commonplace.

The Welsh model of social prescribing moves away from a medicalised approach, instead proposing social prescribing where the sources of referral are cross-sectoral and not limited to healthcare/primary care.

Researchers within Wales have defined social prescribing as;

'*connecting citizens to community support to better manage their health and well-being'*[1].

'The concept and delivery of social prescribing is growing in Wales. We expect it to have a positive impact on individual well-being, increase community engagement, potentially improve sustainability of GP workload, reduce health inequalities, tackle current challenges such as loneliness, social isolation, and COVID-19 recovery. All through offering alternative, non-clinical support 'brokered' by a social prescribing service'[2].

Social Prescribing can require multiple organisations to work together to ensure a coherent, seamless social prescribing model that meets both local and national population needs. The dominant model in Wales is holistic and person centred. It is a relationship-based approach to empower individuals and includes a few key stages such as referral, relationship building and maximising the agency of the pathway user through 'reconnecting them to their own community and improving their wellbeing'[3].

2.2　　Why social prescribing is important.

Social prescribing aims to empower individuals to recognise their own needs, strengths, personal assets and connect with their own communities to access support which will help to improve their health and well-being. For example, we know that people who are lonely and/or socially isolated are at greater risk of premature death, of being inactive, heart disease, stroke and high blood pressure. They are also more likely to experience depression, low self-esteem, sleep problems and an increased response to stress.

Through its early preventative approach, social prescribing could help ease the burden on more front-line specialist services. There is variable evidence to suggest

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[1] Rees S, Thomas S, Elliott M, Wallace C, (2019). Creating community assets/social capital within the context of social prescribing. Findings from the workshop held 17/7/2019. WCVA, Cwm Taf Morgannwg University Health Board, University of South Wales.

[2] Elliott, M., Davies, D., Davies, J., Wallace, C., (2022) Exploring how and why social prescribing evaluations work: a realist review. BMJ Open 2022; 12:e057009. doi:10.1136/ bmjopen-2021-057009

[3] Wallace, C., Davies, M., Elliott, M., Llewellyn, M., Randall, H., Owens, J., Phillips, J., Teichner, L., Sullivan, S., Hannah, V., Jenkins, B., Jesurasa, A., (2021) Understanding Social prescribing in Wales: A Mixed Methods Study. Wales School for Social Prescribing Research (WSSPR), University of South Wales, PRIME Centre Wales, Data Cymru, Public Health Wales.

that social prescribing reduces the footfall to GP surgeries by 15% to 28%[4]. One review reported an average 28% reduction in demand for GP services following referral[5]. Results ranged from 2%[6] to 70%[7] reduction in unnecessary GP visits. A mixed methods study found that patients used primary care services less, with a reduction of 25% in appointments[8]. Findings from the evaluation of the Rotherham Social Prescribing pilot pointed to an overall trend of participants' reduced use of hospital resources before and after social prescribing. These included: inpatient admissions reduced by as much as 21% and accident and emergency attendances reduced by as much as 20%[9].

The evidence varies so much because the impact of social prescribing depends on the type of model used, the link workers and their backgrounds, the locality, and the assets available within the community[10]. Given that estimates show around 20% of patients consult their GP for what is primarily a social problem[11], the potential for social prescribing to reduce impact on frontline services is evident if alternative routes are more easily and widely available.

National Institute for Health and Care Excellence guidelines for the management of patients with two or more chronic conditions, emphasise the importance of non-pharmacological treatments and engagement in social activities[12]. A systematic review of 40 studies of social prescribing carried out in the UK found a range of benefits reported by participants and referrers. These include: increases in self-esteem and confidence, sense of self-control and empowerment; improvements in psychological or mental well-being; reduced anxiety and/or depression[13]. A review of 24 studies reported that stakeholders such as GPs and patients perceived that social prescribing improved patients' mental well-being and reduced their health service use, although there is limited quantitative evidence to support this[14]. A study of 342 participants on a social prescribing scheme in northern England found improvements

[4] Social Prescribing: an alternative approach to reduce the reliance on the NHS and social care services in Wales | University of South Wales

[5] Polley, M.,¹ Bertotti, M.,² Kimberlee, R.,3 Pilkington, K.,4 and Refsum, C. 2017 'A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications'. University of Westminster.

[6] Kimberlee, R., Ward, R., Jones, M, and Powel, R. (2014) Measuring the economic impact of Wellspring Healthy Living Centre's Social Prescribing Wellbeing Programme for low level mental health issues encountered by GP services Bristol: University of the West of England https://networks.sustainablehealthcare.org.uk/sites/default/files/resources/2014_kimberlee_0.pdf

[7] Longwill, A, (2014) Independent Evaluation of Hackney Well Family Service, Family Action.

[8] Kellezi, B., Wakefield, J.R.H., Stevenson, C., McNamara, N., Mair, E. , Bowe, M., , Wilson, I. and Halder, M.M. (2019) The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision. BMJ Open 2019;9:e033137. doi:10.1136/ bmjopen-2019-033137

[9] Dayson, C. and Bashir, N. (2014) The Social and Economic Impact of the Rotherham Social Prescribing Pilot: Main evaluation report Sheffield Hallam University Centre for Regional Economic and Social Research.

[10] Social Prescribing: an alternative approach to reduce the reliance on the NHS and social care services in Wales | University of South Wales

[11] Torjesen, I (2016) Social prescribing could help alleviate pressure on GPs, British Medical Journal 352; 1436.

[12] Farmer, C., Fenu, E., O'Flynn, N., Guthrie, B. (2016) Clinical assessment and management of multimorbidity: summary of NICE guidance BMJ 2016;4843(September):i4843.

[13] Chatterjee, H.J., Carnie, P.H., Latyer, D. and Thomas, L.J. (2018) Non-clinical community interventions: A systematic review of social prescribing schemes Arts and Health 10(2):97-123.

[14] Kilgarriff-Foster, A. and O'Cathain, A. (2015) Exploring the components and impact of social prescribing Journal of Public Mental Health 14(3):127-134.

in well-being and increased levels of health and social connectedness[15]. Reduced levels of loneliness were also found in an evaluation of a British Red Cross-delivered social prescribing service in the UK, where 72% of participants reported that they felt less lonely after receiving the support[16].

Within the British Medical Association plans for general practice to be carbon neutral within 10 years, they identify social prescribing as having the potential to improve patients health and well-being whilst also reducing practice attendance and use of the wider NHS. Reducing carbon with fewer journeys to attend GP practices, outpatient admissions and accident and emergency attendances, will contribute to improving air quality and individuals' health, together with a positive impact on the health service.

There may also be benefits to the wider community as the model could help strengthen community connectedness and cohesion, a key factor in our Compassionate Cymru vision "to be a compassionate and caring nation that comes together to develop compassionate approaches to support people's health and well-being".

It could also give people a more meaningful connection with nature and an appreciation of the role of culture in supporting their well-being, making them value these important community assets and well-being activities even more.

In addition, social prescribing can present an established route for individuals who may otherwise face stigma to re-enter the community, for example those with a history of homelessness or substance misuse. Re-introduction of people from traditionally marginalised groups also raises awareness of recovery and could diminish the negative perceptions of people with substance misuse or mental health issues.

2.3   Current social prescribing landscape in Wales

In order to understand the current social prescribing landscape in Wales, a baseline study was undertaken by Public Health Wales, University of South Wales, Data Cymru and the Wales School of Social Prescribing Research (WSSPR). The work aimed to outline the baseline from which a national framework could be developed, including an understanding of the interactions between service users and social prescribing projects, the social prescribing workforce in Wales, and also the impact of the COVID-19 pandemic.

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[15] Woodall, J., Trigwell, J., Burgon, A-M, Raine, G., Eaton, V., Davis, J., Hancock, L., Cunningham, M. and Wilkinson, S. (2018) Understanding the effectiveness and mechanisms of a social prescribing service: A mixed methods analysis BMC Health Services Research 18:604.
[16] Foster, A., Thompson, J., Holding, E., Ariss, S., Mukuria, C., Jacques, R., Akparido, R. and Haywood, A. (2020) Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme Health and Social Care in the Community 29(5):1439-1449.

Whilst there are always limitations when using an online survey to gather data, this study provides a snapshot of what we understand currently about social prescribing in Wales.

The study showed there had been a clear year on year increase in referrals and use of social prescribing over the last three years. With the number of organisations in each local authority providing social prescribing services varying across Wales, Wrexham reported the highest with 19 and Neath Port Talbot the least with 9 organisations.

Merthyr Tydfil had the highest number of organisations providing social prescribing services per 100,000 of population, whilst Cardiff reports the lowest in Wales.

The majority of organisations that responded were represented by the third/voluntary sector, the local authority with only a few organisations identifying as either healthcare providers, others included housing, universities and well-being centre/hub.

3.   What we want to know.

The findings from the baseline report (referenced in 2.3) and other research into social prescribing; alongside the expertise of task & finish group members; the use of a logic model to map out the long and short-term goals at individual, community and system level of the national framework; and engagement with almost 1,000 stakeholders, have helped develop a person centred model for social prescribing in Wales and highlighted a number of key themes which we want to explore further as part of this consultation exercise.

Therefore, the purpose of this consultation exercise is to agree with stakeholders a model of social prescribing for Wales (see figure 1 below), to develop a common understanding of the language used to describe social prescribing and to identify actions which embed the model through a national framework. The national framework will consist of a set of standards, guidance and actions developed at a national level to ensure a consistency of delivery at a local level. It will help inform any technological solutions we need to develop and help embed social prescribing services in areas where they either don't exist or need to be developed further.

We want your views on what action can be taken on a once for Wales basis and where guidance or standards are required to ensure social prescribing makes the desired impact.

We want to understand in more detail what is already happening across Wales, what is working well and what isn't and what more can be done to drive the work forward.
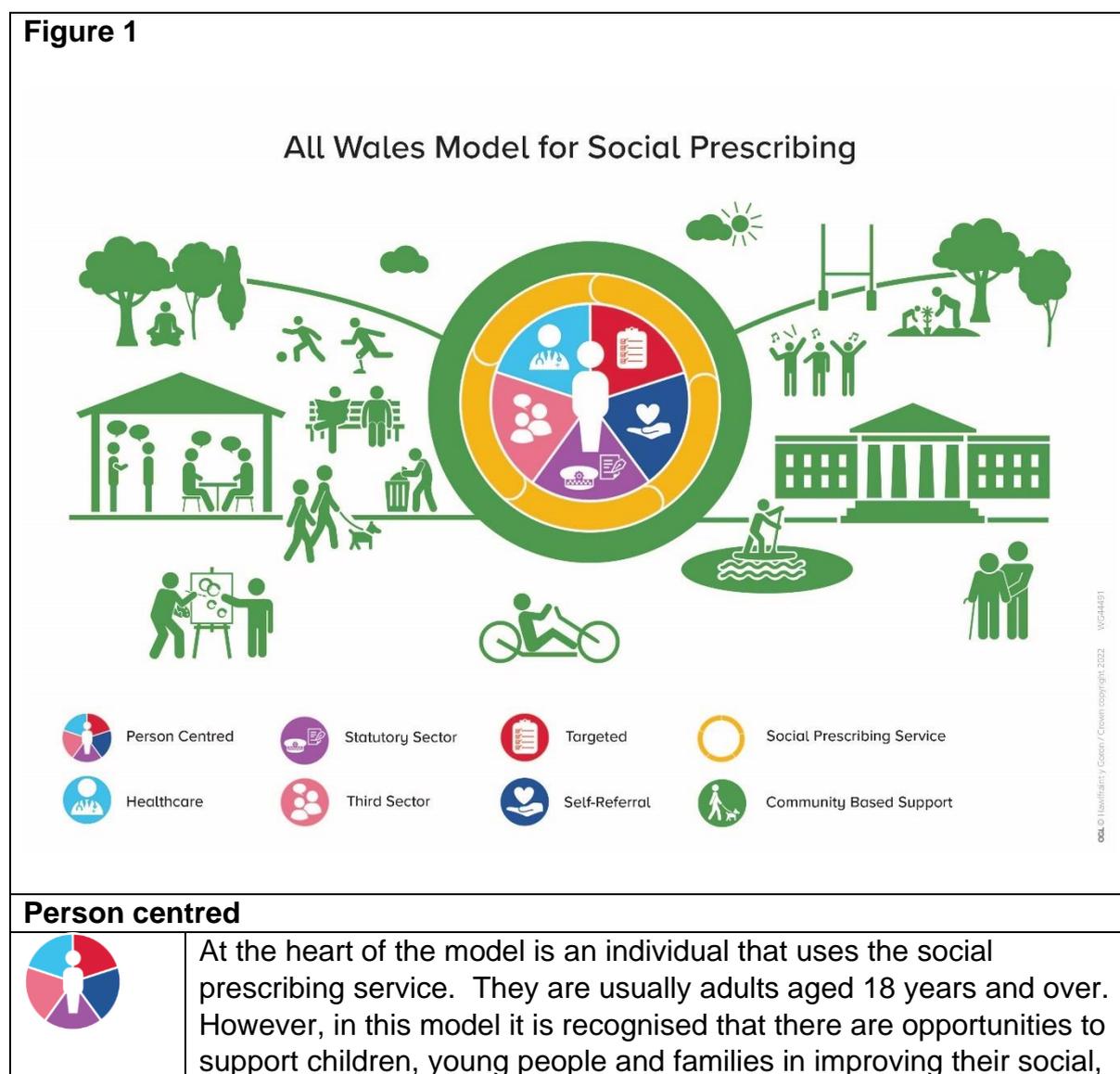
Whilst this document is primarily directed at professionals, it is key that we also hear from people who might use a social prescribing service. Please see the consultation page on the Welsh Government website for more information on how members of the public can contribute to the consultation process.

3.1 A common understanding of social prescribing

The first aim of this consultation document is to develop a **common understanding of social prescribing**. It is clear that social prescribing appears to be used and defined variably by professionals across Wales. There also appears to be significant confusion and lack of awareness within the public, with people unsure about exactly what social prescribing can offer them and terminology which stakeholders find confusing.

A proposed 'person centred' **model of social prescribing for Wales** is as depicted in **Figure 1,** further information about each element of the model is described below.

The model aims to describe the 'whole system' rather than from the viewpoint of one organisation.

Figure 1

All Wales Model for Social Prescribing

Person Centred	Targeted	Social Prescribing Service
Healthcare	Statutory Sector	Third Sector	Self-Referral	Community Based Support

Person centred

	At the heart of the model is an individual that uses the social prescribing service. They are usually adults aged 18 years and over. However, in this model it is recognised that there are opportunities to support children, young people and families in improving their social,

	mental or physical well-being and reconnecting them with local community based support. Individuals may require non-clinical/community based support for a broad range of health and well-being concerns such as, and not limited to, anxiety, loneliness, social isolation, chronic health conditions, bereavement, unhealthy lifestyle choices or financial difficulties. A recent systematic review found that adults engaging in social prescribing reported an increase in confidence, which was mainly a result of a reduction in isolation. The intervention motivated participants to join social groups and build a social network of support. The evidence suggested that using a co-productive approach to social prescribing gave individuals a sense of control[17]. Often the issues that people need support for are multi-faceted. It may not be as simple as an individual needing support with just one concern. An example of this could be someone who may have been bereaved and struggling with financial, practical, and emotional matters, requiring help with benefits advice and bereavement support; or someone with a recent diagnosis of cancer who may need additional social support alongside medical intervention.

Referral Pathways

Referral pathways are the processes, policies and procedures put in place to help people access the services they need. It can cross many organisations and has been agreed between professionals, organisations (e.g. statutory and third sector) and community groups.

Further information on the <u>five</u> possible referral pathways into a social prescribing service is provided below:

	The **self-referral pathway** into a social prescribing service commences when the person recognises, they need help for a particular well-being concern, for example loneliness and/or social isolation, low mood, or needs practical support such as shopping and prescription collections. For clarity, this referral pathway is intended to be **a self-referral to a social prescribing service only,** not for self-referral directly into community based support.

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[17] Thomas, G.; Lynch, M.; Spencer, L. A Systematic Review to Examine the Evidence in Developing Social Prescribing Interventions That Apply a Co-Productive, Co-Designed Approach to Improve Well-Being Outcomes in a Community Setting. International Journal of Environmental Research and Public Health 2021, 18, 3896.

	They will need to be aware of and able to access the local social prescribing service. In the case of children, and young people they may have recognised this need and accessed the social prescribing service with the support of a 'trusted adult'. Adopting a community-based model alongside a digital presence enables the social prescribing service to reach a wide range of people. A presence within a range of community settings can ease access for individuals and helps removes barriers. This may include providing and advertising the social prescribing service via community centres, art centres, the library, drop in events, sport clubs and leisure centres, local market and community events.
	The **healthcare referral pathway** commences when a health professional, for example a GP, pharmacist, occupational therapist, nurse, physiotherapist or paramedic, identifies that a patient may either benefit from *additional support* or *alternative support* via a social prescribing service. *Additional support* means that the individual may also receive health care at the same time for the same, or related problem. For example, an individual receiving a clinical intervention from a GP for anxiety, may also be referred to the social prescribing service for a range of community/non-clinical support. *Alternative support* means that there is a referral from the health professional to the social prescribing service because the health professional has decided, following an assessment, that the person would benefit from community/non-clinical support only. For example, they are experiencing social isolation. The healthcare referral pathway may be triggered in a variety of settings including primary care, secondary care and community care. A professional from the social prescribing service may attend a range of multi-disciplinary team (MDT) meetings within health settings. For example, hospital-based MDTs to discuss a patient transfer to their home through the discharge planning process, and virtual ward discussions within Primary Care to avoid hospital admission.
	The **statutory sector referral pathway** commences when someone from the statutory sector (e.g. Police, Fire, Housing, Social Services) identifies that an individual may benefit from community based support via a social prescribing service.

	This might occur for example, through a triage assessment at the point of call into any of those statutory services; Or the need for community based support maybe highlighted during someone's regular contact with a social worker for example.
	A **third sector referral pathway** into a social prescribing service commences when the professional identifies a need for community based support, which may not be within the remit of their existing service. For example, a third sector mental health service may refer to a social prescribing service to access financial advice for an individual. Third sector referrals can also be processed through multi agency meetings where the best course of support can be discussed between third sector professionals and appropriate advice provided to the individual.
	The **targeted referral pathway** is where a social prescribing service proactively offers early social prescribing support for individuals or populations who have a specifically identified need. The need for the targeted pathway could be identified through local evidence such as a population needs analysis or by health professionals taking a risk stratification approach to their patient group. Examples of this approach may include individuals who were previously shielding from COVID-19, or individuals with chronic health conditions, or patients within a specialist service such as a 'burns unit'. A proactive approach may also be developed within particular settings, for example within a university population of students where community based support would improve their well-being and prevent more serious issues arising. Other examples may include primary and secondary education establishments, and the private sector may also consider a targeted referral pathway to a social prescribing service as a way of supporting their workforce.
Social Prescribing Service	
	The social prescribing service spends time building relationships with the referrers, people using the service and the local community to ensure the pathway runs smoothly and there are identified community assets or well-being activities to meet the needs of the pathway users (Wallace et al, 2021; Roberts et al, 2021). Time spent with people referred to the service will vary depending on local arrangements and the needs of the individual. There are <u>five</u> key parts to the social prescribing service.

	1. **Relationship building**, this is a key function of the social prescribing service as it ultimately leads to maximising the well-being of the person accessing the service. This is often achieved through case work and includes a 'what matters' conversation with the person accessing the service in order to develop a co-produced, person-centred support/action plan. It also includes the ongoing monitoring of the person's well-being outcomes.
	2. **Signposting** is where the social prescribing service simply directs and/or connects the individual to community based support. This is usually for people who do not need a high level of direct support to reconnect with their local community, but may not be aware of the range of support available or need help in accessing well-being activities particularly low or no cost options.
	3. **Reconnecting people with their own community**. For people with particularly complex needs the service may offer more intensive direct support to help connect the individual to community based support. Peer mentoring may also be provided in a variety of circumstances, for example people recovering from substance misuse and/or mental health issues.
	
	4. **Community development**, the social prescribing service should also work closely with other relevant organisations in order to develop and strengthen the assets within the local community.
	
	5. **Providing feedback to the original referrer,** there are several reasons for implementing a feedback mechanism such as:
	
	    • informing the referrer how well the community/non-clinical support has worked for the individual
	    • any safeguarding concerns
	    • whether the referral, in the first instance, was inappropriate for the individual.

Community based support	
	Community based support could be provided face-to-face or via online. They are both formal and informal in nature and diverse in type and place. Examples include befriending, financial advice, healthy lifestyle groups, youth clubs/pensioner groups, book clubs, amateur dramatic associations, local choirs, community running or sporting groups, community food projects, such as community gardens, gardening clubs and creative and physical activities to support mental well-being.

It might also include well-being activities which have been developed to meet specific needs, such as art, craft and dance activities designed to support better mental health, singing for lung health classes and 'Dance to Health' (falls prevention programme for older people at risk). There are a number of examples of how engaging in creative activities can support mental well-being on the Arts Council of Wales website.

Other examples include the National Exercise Referral Scheme (NERS) or access to books such as the 'Reading Well' titles which helps people understand and manage their health and well-being.

The activities might include an element of peer support, and help people see that they are not the only ones experiencing difficult emotional issues, such as grief or loneliness.

They could be delivered inside through a wide range of community assets e.g. libraries, community centres, health and care centres, sport clubs and leisure centres, art and cultural venues or outside in parks, woods, mountains, lakes or in coastal locations. Undertaking activities outdoors can be known as 'green social prescribing' and is an integral part of this model.

Research has shown that library use is associated with subjective well-being. Controlling for other confounding factors, regular use of libraries is associated with a 1.4 per cent increase in general health. Based on reductions in GP visits due to these health improvements, it's predicted that the medical cost savings with library engagement stand at £1.32 per person per year[18].

There is also a growing body of evidence that undertaking nature based activities can provide multiple benefits for health and well-being[19]. A systematic review of 143 studies found that 'greenspace exposure' is associated with a wide range of health benefits. These include: statistically significant reductions in diastolic blood pressure, salivary cortisol and heart rate and statistically significant reductions in the incidence of diabetes, all-cause and cardiovascular mortality[20]. An emerging evidence base indicates that connecting with others in nature can increase feelings of connectedness with others and lower

[18] Fujiwara, D., Lawton, R. and Mourato, S. (2015) The Health and Wellbeing Benefits of Public Libraries Arts Council England: Manchester.

[19] Bragg, R., Wood, C., Barton, J. and Pretty, J. (2015) Wellbeing Benefits from Natural Environments Rich in Wildlife University of Essex: Colchester.

[20] Twotig-Bennett, C. and Jones, A. (2018) The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes Environmental Research 166:628-637.

| | participants' stress levels[21]. Although the exact pathways via which contact with nature may lead to health improvements are not known, possible pathways may include: air quality, physical activity, social cohesion and stress reduction[22].

Community assets/well-being activities may grow and decline depending on funding and demand. The ability of the social prescribing service to identify gaps and unmet needs and to feed this information into future commissioning plans and service design, enables a joined-up approach to community asset/well-being activity provision.

A full range of sustainable community assets and well-being activities are crucial to the implementation of this model. |
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Question 1a - Do you think the model captures an appropriate vision of social prescribing within Wales?

Yes	▭	No	▭

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

We have used the term 'social prescribing' as it is used nationally, and it is in keeping with the research, policy and guidance in this field. However, we are aware that the term 'prescribing' has its roots in a medical model, whereas the proposed Welsh model has many more referral routes.

Whilst acknowledging this term is commonly used by many professional groups, the right terminology is critical to ensuring a lay person's understanding of what we mean by 'social prescribing' in the wider community setting, and so may not resonate with the public and could prove to be a barrier to access. Conversely it could be an enabler in potentially creating a greater likelihood that individuals will take part in their 'prescription' activity.

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.

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[21] Leavell, M.A., Leiferman, J.A., Gascon, M., Braddick, F., Gonzalez, J.C. and Litt, J.S. (2019) Nature-based social prescribing in urban settings to improve social connectedness and mental well-being: A review Current Environmental Health Reports 6;297-308.
[22] Hartig, T., Mitchell, R., De Vries, S. and Frumkin, H. (2015) Nature and health Annual Review of Public Health 35:207-228.

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.

Alongside this consultation exercise, the WSSPR are conducting a research study into the language and terminology associated with social prescribing. The research aims to gather information from professionals associated with social prescribing to help develop an evidence-based glossary of terms, coupled with the responses to this consultation exercise this work will help inform the language and terminology used in the final national framework. The final glossary can then also be used as a refence tool for those writing policy, job descriptions, advertisements, training materials and curriculum, and for use in dissemination research to peers and the public.

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.

3.2   Referral pathways

The model described in **3.1** represents a 'whole system' view of social prescribing and not just the role of an individual 'social prescriber'. For example, more than one organisation might deliver aspects of a 'social prescribing service' within a locality. There will also be multiple organisations referring into the service and multiple organisations offering community based / non-clinical support. There may also be instances where to access more specialised community based support eg the NERS programme, certain criteria will need to be met.

Whilst a 'whole system' model can provide a clearer understanding at a strategic level, it is recognised that in practice, understanding how the different organisations involved at a local level relate to each other could be very complex.

Although it is not the intention of the national framework to dictate how services are delivered locally, to ensure social prescribing is embedded across Wales **clear referral pathways** are essential.

Referral pathways in primary and secondary care are being developed in line with the Planned Care Recovery Plan, through the implementation of a digital pathway interface which will allow primary and secondary care services immediate access to a number of agreed pathways. These will include alternative pathways incorporating social prescribing where appropriate. A national clinically led team will lead on developing the content of each pathway.

However, in order for people refer into social prescribing services, they must know about the service, recognise its value and be confident about the quality of the service being offered.

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?

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?

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?

Conversely, it is important for organisations/groups who might be able to offer community based support to know how to link into social prescribing services so that the social prescribing services are aware of, and can help develop a range of well-being activities that suit their communities need.

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?

There may be instances where it was not appropriate for someone to access community based support and more specialist care is required. For example someone with moderate to severe mental illnesses will require a medical approach with talking therapies and/or medication remaining the core treatment. Similarly someone may require Art therapy - a form of psychotherapy that uses art media as its primary mode of expression and communication as opposed to the artist led creative opportunities offered through community based support. Whilst, social prescribing can be an effective accompaniment to tried-and-tested medical approaches. It should also not be seen as a replacement for those with complex social care needs.

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

3.3 Leadership & Governance.

Leadership is needed at political, clinical, and community level to embed the model across Wales and strong governance can provide people with confidence that there are core quality standards and robust safeguarding practices in place.

There are several aspects of good governance including the need for a standardised set of principles and values which guides delivery; clarity on differing roles and responsibilities, information sharing agreements; and standard procedures and processes are needed to ensure a consistency in approach.

Regional Partnership Boards (RPBs) have a role to play in leading on the development and implementation of the model. They will be expected to work with the Public Service Boards (PSBs), connecting with their local well-being plans, along with clusters involved in health and care locally to ensure that there is clear direction and a co-ordinated approach. Furthermore, consideration needs to be given to the Programme for Government (2021-2026) priority to develop more than 50 community hubs to co-locate frontline health, social care and other services and how those hubs enable, support and promote the social prescribing service.

Strong leadership and governance is required to ensure integration with other services such as, providing clarity on how the Discharge to Recover then Assess model (Wales) interacts with social prescribing, and how social prescribing can support the Six Goals for Urgent and Emergency Care. Within Goal One of the national Six Goals action plan, we have made clear our expectation that health boards develop community teams to support individuals who are lonely, socially isolated or excluded through social prescribing schemes, awareness of them and encouragement and support for their use.

Governance mechanisms across different partnerships will need to avoid duplication, identify gaps in delivery and provide clear referral pathways.

The successful local delivery of the model will need to be underpinned by the intelligent commissioning of services based on robust population needs assessments, with the people using social prescribing services and community based support involved throughout the commissioning cycle.

3.4   Accessibility

In order for social prescribing services to connect people to community based support, there needs to be improved awareness of what is available and how accessible it is. Online information is one solution that has developed.

Infoengine is the directory of third sector services in Wales provided by Third Sector Support Wales, a partnership of County Voluntary Councils and Wales Council for Voluntary Action. Infoengine highlights a wide variety of excellent voluntary and community services that are able to provide information and support so that you can make an informed choice.

DEWIS Cymru is a national well-being directory developed, owned and resourced by local government in Wales. It provides information or advice about people's well-being, such as feeling safe and secure at home or getting out and about, and advice on how to help somebody else with their well-being needs.

Infoengine and DEWIS Cymru are able to share information to provide a shared directory of local and national services. Further connectivity and sharing with NHS information sources is taking place and will enhance the information people can access and use with confidence. These shared directories can help the public and frontline staff to identify and connect with the right care, support or opportunity, from the right service, organisation or person, at the right time. DEWIS Cymru have also developed the Health and Well-being Wales app which provides off-line access to all the resources within the shared directory, ensuring access to accurate and up-to-date information regardless of mobile connectivity.

However, national level databases can pose some operational challenges as there are risks with information not being kept up to date, duplications of entries, being challenging to complete and therefore not fully benefitting from all of the available community based support at a local level.

Where these directories and digital services exist it's important for us to understand how they are currently used by people and professionals across Wales, and how their use can be built into and improved upon as part of this wider social prescribing model.

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?

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

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

Accessibility is not just about knowing about and physically getting to community based support, but also about being accessible to those with additional requirements, for example those individuals that may be deaf / hard of hearing, blind / partially sighted, or those whose first language is not Welsh or English.

Accessibility in its broadest sense needs to be carefully considered. For vulnerable people and those with complex needs, accessing community based support might require additional support, expertise and more safeguarding measures than would normally be the case.

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

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

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

Yes ☐   No ☐   Not sure ☐

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

> **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?

Covid 19 has also accelerated the development of more digital/virtual provision, which while making activities more accessible for some, can raise other digital inclusion concerns.

It's important for us to understand that a digital outcome or interaction relating to the delivery of the social prescribing model will not be the most appropriate option for some people or professionals. Welsh Government is committed to delivering support for assisted digital outcomes as part of its digital strategy, and so understanding the needs of users who will be digitally excluded or lacking in confidence will be key to the success of the prescribing model.

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

3.5 Sustainability

The sustainability of the social prescribing service, community assets and well-being activities used to deliver the community based support has been a recurring theme in the engagement to date.

Sustainable funding helps maintain community assets and well-being activities, helps retain staff and provides assurance to referrers. This in-turn reduces pressure and also helps enable consistent, reliable service provision. It is also needed to maintain productive relationships with people benefiting from social prescribing.

Indeed, longer term funding is key to enable a sustainable third sector and something the Third Sector Partnership Council Funding & Compliance sub-committee has been working with Welsh Government on. From April 2022, we are able to offer three-year grant funding, where applicable, with the possibility of this being extended by a further 3 years. We would encourage other funders to adopt a similar position.

A variety of routes have been used to resource social prescribing to date, for example from April 2022 our new £144.6m 'Health and Social Care Regional Integration Fund', will continue to support the social prescribing models that form an important part of the community-based care models we are seeking to embed.

We also recognise the importance of community assets and well-being activities as they often provide the infrastructure from which social prescribing takes place within the community. This is why we continue to provide support via our Community Facilities programme and our recently launched Community Asset Loan fund, the latter being managed by Wales Council for Voluntary Action. Other examples include the 60+ Active Leisure scheme, the 60+ Free Swimming Scheme, the £1.5m Loneliness and Isolation Fund and the £5.9m Healthy & Active Fund which delivers a number of projects across Wales to increase physical activity and support mental well-being.

Every NHS board in Wales also now has a dedicated arts & health co-ordinator to help embed the arts in the NHS as part of a suite of non-clinical tools to improve people's mental health and well-being.

However, these are not all the sources of funding to support the sustainability of social prescribing in the long term and pooled budget arrangements will be a key mechanism in achieving this.

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

Sustainability is not just about securing long term funding; we also need to consider the impact our actions have on wider challenges such as the climate emergency. As the demand for community based support continues to grow in Wales, there is the risk it will increase pressure on existing community assets and well-being activities particularly those in our natural environment.

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?

3.6   Demonstrating the value of social prescribing

Inevitably in order to secure funding in the long term, both the value and effectiveness of social prescribing must be clear.

There is already a commitment in the Connected Communities strategy to develop an evidence base and outcomes framework for social prescribing. This work builds on research undertaken in Wales since 2018, led by the All-Wales Social Prescribing Research Network (WSPRN) and the Wales School of Social Prescribing Research (WSSPR).

Although the emerging evidence suggests that social prescribing can improve people's health and well-being, possibly decrease workload for healthcare professionals and demand for secondary care services, further research is needed to identify which groups are most likely to benefit from social prescribing and the cost effectiveness of interventions[23]. This is important because the outcomes from social prescribing interventions are likely to vary for different populations[24]. Given, the more holistic model being developed in Wales, there is also the requirement to consider the benefit or otherwise of social prescribing on other parts of the wider system (e.g. impact on other frontline services such as police, social services, housing) alongside the health sector and wider environment impacts.

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[23] Drinkwater, C., Wildman, J. and Moffat, S. (2019) Social Prescribing BMJ 364.
[24] Husk, K., Elston, J., Gradinger, F., Callaghan, L. and Asthana, S. (2019) Social prescribing: Where is the evidence? British Journal of General Practice 69 (678)6-7.

Common research design limitations in the current evidence base include: a lack of comparative control groups, short follow-up duration with social prescribing participants and lack of use of standardised and validated measurement tools[25]. It also needs to be established whether any changes observed from the use of standardised tools are clinically significant[26]. The current evidence base is also limited by a high number of drop-off rates, where participant follow-up is used. This reduces the ability to demonstrate the statistical significance of outcomes and it potentially risks bias in the participants that do provide follow-up feedback[27].

There is also potential to build on the learning from the social prescribing pilots undertaken by MIND and British Red Cross which both piloted the use of Randomised Control Trial methods for a short time, prior to the Covid-19 pandemic. In particular, the evidence base on social prescribing could be strengthened with the use of: control groups and completion of standardised validated measures to be completed at baseline and a meaningful follow-up period after completion of social prescribing. Evaluation of social prescribing would also be strengthened by capturing data on greater numbers of participants, which would allow for a more robust analysis of outcomes. This would help in understanding the effectiveness of social prescribing for different groups and the effectiveness of the various interventions offered under social prescribing. We also need to understand the reasons why some participants may not complete social prescribing interventions and their outcomes as a result.

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

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

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

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[25] Bickerdike, L., Booth, A., Wilson, P.M. Farley, K., Wright, K. (2017) Social prescribing: Less rhetoric and more reality. A systematic review of the evidence BMJ Open 7:e013384.
[26] Kilgarriff-Foster, A. and O'Cathain, A. (2015) Exploring the components and impact of social prescribing Journal of Public Mental Health 14(3):127-134.
[27] Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K., and Refsum, C. 2017 'A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications'. University of Westminster.

3.7 Workforce

The social prescribing workforce is growing, with employees across Wales performing an aspect of social prescribing as either their main role or part of their role.

There is also an action within 'Connected Communities' to develop a national 'once for Wales' skills and competency framework for social prescribers to underpin their education and training needs.

The skills and competency framework will be designed to ensure that it comprises the key knowledge and skills needed to successfully perform the social prescribing role at the different experience levels required within a service. It will need to take account of a wide range of settings and workforces ranging from volunteers to highly trained professionals. It will also need to take account of the fact that some groups of people with an interest in social prescribing will already have their own set of established competencies and should serve to upskill those staff who are in a position to 'make every contact count'.

A 'Community Based Care' Community of Practice (CoP) has been established which will act as the key point to share practice and ideas during the lifetime of the Regional Integration Fund. The purpose of the CoP is to identify and propose what will be the core components of national Community Based Care models in Wales.

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

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

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

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

3.8 Technology

Technology/digital solutions can play a key part in raising awareness of social prescribing amongst public and professionals. It can help strengthen the evidence base by facilitating the referral process and systematically collate management information, as well as helping people to access services and deliver activities. In

3.4 above we highlight the digital solutions which provide information about community resources to the public and professionals. Technology linked to Telecare and Telehealth are also supporting people in their lives.

There is a commitment within the Connected Communities strategy to develop and launch an online resource portal to support social prescribing activities in Wales. However, there is a need to further agree the scope, ownership, and resource needed and how these interact with other systems.

There is currently a mixed picture across Wales in the use of digital platforms and mixed views on the appropriateness of a single resource. In addition to the national resources outlines in **3.4**, some organisations have invested in software solutions specifically designed for social prescribing, whilst others have developed an inhouse solution. Local health boards and local authorities have also adopted digital solutions to record and maintain records about the people they support.

In developing online platforms, or databases, it is important to remember that social prescribing digital solutions need to be accessible to all and inclusive of everyone. Finding ways that technology – whether in systems, or in ways of enabling remote connections between individuals and organisations – works for people is central to social prescribing's growth. We must also ensure that any digital services which are developed comply with international standards on digital accessibility and usability, with any services developed with the user at the centre of the design process and tested accordingly – understanding as much as possible about the users of these services is therefore essential to their success.

This insight will be necessary for any new digital development or coordination of the various platforms, understanding the needs of users currently using them, any gaps or 'pain point's' and the wider ambition of professionals and organisations will inform the way we develop digital support for social prescribing going forward.

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

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

Glossary of terms

Assessment	A what matters conversation between a professional and an individual so their needs can be determined
Clusters	A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the well-being of individuals and communities.
Commissioning	The process by which health and care services are planned, purchased and monitored.
Community assets	These are the buildings or land which are used for the well-being or social interest of the local community. These may include parks and open spaces in nature, libraries, cinemas, museum and other cultural spaces, swimming pools and other leisure facilities, community centres, youth centres etc.
Community of Practice (CoP)	This is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfil both individual and group goals.
Competency	Capability to apply knowledge, skills and behaviours to successfully perform work functions
Green prescribing	Green prescribing is a form of social prescribing: a way to connect the people they are supporting with a range of non-clinical sources of support in the community, but with a particular focus on nature based activity
Logic Model	A logic model is a graphical representation of a program of work which describes the resources (inputs) and activities that will take place, to the deliverables (outputs) and goals (outcomes) that the program will produce.
Multidisciplinary Team (MDT)	A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.
National Framework	A set of standards, guidance and actions developed at a national level to ensure a consistency of delivery at a local level.
Peer mentoring	Peer mentoring is a form of mentorship that usually takes place between a person who has lived through a specific experience and a person who is new to that experience.
Peer support	Peer support is given by a person to another and belongs to the same group or shares the same experience.

Person centred approach	A person-centred approach is where the person is placed at the centre of the service and treated as a person first. The focus is on the person and what they can do, not their condition or disability.
Population needs assessments (PNA)	The **Social Services and Well-being (Wales) Act 2014** requires that local authorities and local health boards must jointly carry out a population needs assessment (PNA) of the needs for care and support, and the support needs of carers in the local authority areas.
Professional	The term professional refers to anyone who earns their living from performing an activity that requires a certain level of education, skill, or training.
Pooled Budgets	Pooled budgets are an arrangement where two or more partners make financial contributions to a single fund to achieve specified and mutually agreed aims.
Public Services Boards (PSBs)	Public Services Boards (PSBs) improve joint working across all public services for each local authority area in Wales. Each board must carry out a well-being assessment and publish an annual local well-being plan. The plan sets out how they will meet their responsibilities under the Well-being of Future Generations (Wales) Act 2015.
Reading Well	The Welsh Government funds the Reading Well – Books on Prescription scheme, in which GPs recommend books from a reading list focus on areas such as general well-being; managing feelings coping with loss, trauma, parental mental health; specific conditions such as OCD, ADHD, and Autism Spectrum Disorders as well as living with physical disabilities. The scheme is based on evidence that reading can improve health and well-being[28].
Referral	The act of directing someone to a different organisation, place or person for information, help, or action:
Referral pathway	Referral pathways are the processes, policies and procedures put in place to help people access the services they need. It can cross many organisations and has been agreed between professionals, organisations (e.g., statutory and third sector) and community groups.
Regional Partnership Boards (RPBs)	The Social Services and Well-being Act Wales (2014) identified the statutory need for regions to create Regional Partnership Boards (RPBs) to oversee integrated strategic approaches to deliver integrated Health and Social Care services.
Risk Stratification	Refers to the process in which patients are divided into groups based on factors like their health history, the

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[28] Fanner, D. and Urquhart, C. (2008) Bibliotherapy for mental health service users part 1: A systematic review Health Information and Libraries Journal 25(4):237-252.

	severity of their health problems, and the complexity of care.
Safeguarding	Safeguarding means keeping people safe from harm, abuse and/or neglect.
Signposting	Similar to referral in that it is the act of directing someone to a different organisation, place or person for information, help, or action. However, with signposting it is likely that the signposting organisation has not undertaken any detailed work with the person, whereas with referral it is likely that the organisation has started to work with the client on a query but for some reason can no longer continue.
Social Prescriber	Also known as link worker or community connector, is a person who empowers people to take control of their health and well-being.
Statutory sector	The statutory sector involves all the organisations that are established and funded by the government, for example the NHS, local authorities, Police and Fire services.
Telecare	The use of technologies such as remote monitoring and emergency alarms to enable the unwell, disabled, or elderly to receive care at home so that they can live independently.
Telehealth	Telehealth is a broad term that encompasses a variety of telecommunications technologies and tactics to provide health services from a distance.
Third sector	'Third sector' is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.
Triage Assessment	Triage involves performing a rapid assessment of a patient**;** to identify a patient's presenting problem, collect the patient's basic history and ascertain the patient's current physical / psychological condition.
Trusted Adult	The role of a 'trusted adult's is as described in the NEST Framework. It is about the vital role that the proximal grown-ups have in helping babies, children, and young people, with their mental health and well-being
Well-being	Well-being is defined as a sense of health and vitality that arises from your thoughts, emotions, actions, and experiences. When we have well-being, we feel happy, healthy, socially connected, and purposeful most of the time. Welsh Ministers issued a Well-being Statement
Whole system	A 'whole system' approach involves identifying the various components of a system and assessing the nature of the links and relationships between each of them**.**

Your name:	
Organisation (if applicable):	
email / telephone number:	
Your address:	

Is your response from the view point of :

A member of the public	
Provider of community support / well-being activity	
Provider of a social prescribing service	
Referral organisation	
A commissioning organisation/ funder	

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes / No
1b	If not, why not? Is there anything missing / not appropriate?
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.
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?
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?

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?
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?
6a	What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?
6b	What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support
7	Which actions could be taken at a national level to support strong leadership and effective governance arrangements?

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?
9a	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?
9b	Are there other online directories / sources of information you use?
9c	What are the key features you think online directories should provide to help people access community based support?

10a	What actions could we take at a national level to help address the barriers to access?	
10b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?	
11a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns? Yes / No / Not sure	
11b	If yes, what are the key things the national standards for community support should cover?	

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?	
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?	
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?	

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

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
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:

Responses to consultations are likely to be made public on the internet or in a report. If you would prefer your response to remain anonymous please tick here.	: