Response to Developing a National Framework for Social Prescribing

October 2022

Tenovus Cancer Care is one of Wales's leading cancer charities, with a long and distinguished history of providing practical and emotional support to everyone affected by cancer in their community.

Tenovus Cancer Care has, to date, contributed to workshops concerning this consultation organised on behalf of Wales Council for Voluntary Action (WCVA) and Welsh Government (WG). This response compliments, and at times replicates, some of those contributions.

Response form

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes
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.
	The definition and associated language appears sufficiently broad in scope, most if not all of the services provided by the charity would/could fall within the Framework. **Some apprehension concerning the use of the word "prescription" in this context. It can appear too "medicalised" to people with cancer who may have gone through many, significant and invasive medical procedures, and are learning to live with or after their cancer. The word "prescription" might become a barrier to getting support.** **On the flip side, some people might not feel they have permission to seek out or engage with support unless they have a "piece of paper".** **Some flexibility/less rigidity with the use of language when thinking about the promotion of social "prescriptions", especially in the context of self-referral might be helpful in addressing barriers.**

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.
	Be prepared to engage with marketing professionals and market research to understand the different audiences. May need more that one sort of marketing/public awareness campaign to increase understanding. **Be prepared and flexible enough to drop or modify the term, "social prescription" if it is identified by the public as a barrier.**
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?
	See 3. **Map out and tap into their professional, formal and informal networks, both nationally and locally.** **Significant effort may need to be invested into promoting, highlighting, reinforcing the value and need for making referrals. In the 3rd sector it's an ongoing challenge to get the NHS/public sector to recognise and accept anything outside of their immediate role/activity. Referral numbers can be low and needs continuous work to maintain.**
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?
	See 3. **Also, people who are carers are unlikely to think of themselves as carers, they label themselves "wife", "son", "best-friend" etc, and are therefore less likely to self-refer to get a carers assessment. Their needs are only met if they reach an emergency, or someone has had to escalate. The Framework needs to be conscious of barriers of this nature, and build into the implementation/delivery plan the activity that will be needed to address the issue.** **From inception, engage with and co-produce activity with groups and individuals that a representative of the people who may self-refer. Groups like the All-Wales Cancer Community are made up of people who want to share their insight and experience; who want to engage with the policy making and delivery processes and want to contribute positive, constructive feedback. Early engagement is critical, it allows the charities supporting groups of this nature to allocate capacity and**

	resource, and gives people times to collect their thoughts and contribute in a meaningful way. **https://www.tenovuscancercare.org.uk/research/get-involved-in-research/all-wales-cancer-community**
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?
	In the context of cancer, we regularly see that the individuals who are referred for benefits advice tends to come down to a chance happening of whether they have a CNS; if that person has time to proactively refer to us; if they are seen in clinic, if the CNS is aware of Tenovus Cancer Care etc. That can lead to a patchy picture of referrals from geographical pockets of referrers. **A more targeted, systematic approach might see CNS suggesting/promoting social prescribing services of the kind provided by Tenovus Cancer Care as a result of an holistic assessment all cancer patients are expected to receive and are entitled to.**
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?
	Needs national promotion and support to become an integrated part of practice. **WG could help by providing evaluation training and template surveys to organisations providing activities listed in the directory, if this is a route they go down, to better understand impact/outcomes.** **A lot of people 'self-refer' without thinking about it in this way, so there will always be evaluation gaps there, but for more formal referrals such as statutory, healthcare, third sector and targeted, reporting from this source could be a lot easier, though again there will be complexities around who is being referred directly vs who is being signposted.** **Focussing on the activity provider rather than the referrer might give clearer insight (eg. A question like 'how did you come to start using this service' for example), and many might already have existing evaluation methods which could be modified to include questions like this.**
6a	What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?
	Education and clarity about the service offer - the definition is very wide and may inevitably lead to inappropriate referrals but this needs to be balanced with the need to not lose anyone who needs support by overly focussing on this.
6b	What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community-based support
	See 6a.

7	Which actions could be taken at a national level to support strong leadership and effective governance arrangements?
	Central investment to support the Framework's delivery. **A national lead to drive the Framework forward.** **Governance? - national steering group?**
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?
	Appoint a national lead to drive forward reporting back to steering group for informed decision making. **Identify, feed into/ create processes of consultation through existing mechanisms across the public sector and 3rd sector groups.** **WG could further examine why there is a lack of provision in certain areas. Particular demographics will engage even less with social prescribing than with conventional medical prescribing.** **Utilise the intelligence gathering potential of community groups, such as the AWCC (see 4b). In terms of what Tenovus Cancer Care offers that would fall under social prescribing, evaluation hasn't been done consistently across services since early 2020.**
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?
	Real challenge keeping online directories and other sources of data up to date and valid. Dewis is a good example of a national Wales database – however, it can quickly get out of date, for instance Tenovus Cancer Care information, following staff changes, and other developments can become outdated, and the ability to update is constricted, due to staff capacity/resource.
9b	Are there other online directories / sources of information you use?
	Have considered/attempted to compile resources that might suit people affected by cancer. **Swansea Neath Port Talbot have recently launched a local level referral portal for organisations to use to move clients between organisations - an example of a more local level portal, Swansea Neath Port Talbot Community Advice Network - snptcan@swansea.ac.uk**
9c	What are the key features you think online directories should provide to help people access community based support?
	Access – for the service user: has what a person needs to manage their needs.

	Access – for the organisation providing support, minimal number of steps to add/amend/update entries, recognises the resource and capacity needs of smaller organisations.
10a	What actions could we take at a national level to help address the barriers to access?
	See 8.
10b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?
	See 8.
11a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns?
	Is there a genuine need for a set of national standards? It risks imposing an additional layer of regulation, stifling innovation and creative responses to issues and problems, in particular small charities. **Would a less prescriptive approach be preferable, at least initially? Recommended guidance/advice for charities/organisations providing community support?** **Many charities, like Tenovus Cancer Care adopt strong safeguarding policies and provide training for all staff and volunteers, but that comes at considerable cost to the organisation.** **Something to note and potentially review/evaluate at a later date? Following adoption and use of the framework?**
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?
	See 11a.
12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
	Support and recommend through guidance digital standards that are open and inclusive.
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
	Leadership figure and steering group. Investment from the centre and effective guidance.

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?
	See 13.
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	Improvement in well-being. **Reduced strain on statutory services - increased ability to manage, contributing to fewer GP appointments.** **Fewer calls on NHS time - more community activity, greater community cohesion.**
16a	Do you have any research or evaluation evidence you'd like to share with us?
	The impact of Tenovus Cancer Care's "Sing with Us" choirs **https://www.tenovuscancercare.org.uk/research/more-than-singing**
16b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
	The Welsh Government could help by providing evaluation training and template surveys to organisations providing activities listed in "the directory" to better understand impact/outcomes. **Many people 'self-refer' without thinking about it in that way (see 4b), so there will always be gaps, but for more formal referrals such as statutory, healthcare, third sector and targeted (which would fall under all of the other 4 I guess) reporting from this source could be easier. However, there will be complexities around who is being referred directly v who is being signposted, and capturing that complexity via a survey or other processes.** **Focussing on the activity provider rather than the referrer might give clearer insight (e.g. a question like 'how did you come to start using this service' for example), and many might already have existing evaluation methods which could be modified to include questions like this.** **The Tenovus Cancer Care benefits team:** **"Financial gains for our clients are very trackable, non-monetary gains for our clients less so. We send out (a bit ad hoc sometimes) an evaluation form at the point a benefits case is closed. We use a QR code on a closing letter that can be scanned on phone and filled in quickly . In the past we have also then done a larger scaled, periodic evaluation of clients who have used services eg in the last 3 months, to capture a wider picture."**
17a	What are the key knowledge and skills the planned competency framework should cover?

	Seeing an individual holistically and not just seeing the presenting problem **Active listening and how to understand What Matters Most to someone** **Use of Tools eg Holistic Assessment that can be used for any client across any discipline**
17b	How can the planned competency framework best complement existing professional standards?
	This is quite difficult to answer - if you want it to complement existing standards, speak to existing standard holders as a starting point. **To make it academically accredited will lengthen the time taken to achieve it. That will likely disadvantage some of the smaller community providers they are seeking to include.** **To establish full access to all groups needed to make this work there needs to be a flexible approach to this. Benefits are that it clearly gives legitimacy.**
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?
	Investment in staff development. **Make education/training courses available for free or at cost** **Make the roles attractive and competitive i.e through levels of pay**
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

	Used correctly digital technology supports the person/service-user through not having to repeat their story and having a coherent experience across the pathway, potentially involving multiple support services.
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: