

Quality Assurance for Social Prescribing

A consultation document for England

Draft for consultation



Quality Assurance for Social Prescribing

A consultation document for England

Version number: 2.4_release

Prepared by Craig Lister, Managing Director of TCV's Green Gym™ with funding from The National Lottery Community Fund and the support of many

Contact: c.lister@tcv.org.uk Twitter @craiglistertcv

I am particularly grateful to the following people for their support/inspiration:

Vicky Garfitt and Helena Christie (The National Lottery Community Fund)

Marie Polley and Dr Michael Dixon (The Social Prescribing Network)

Bev Taylor (NHS England Senior Manager, Personalised Care)

Penny Butcher (NHS England, Project Manager, Personalised Care)

Sian Brand (Programme Manager Connect Well, Mid Essex Social Prescribing Project)

Tim Anfilogoff (Herts Valley CCG)

Jo Ward (North West Social Prescribing Network Co-Chair, VCS feedback)

Jane Hartley (VONNE - Voluntary Organisations Network North East)

Marcello Bertotti (Senior Research Fellow, University of East London)

Marie-Anne Essam (GP Hertfordshire, Clinical Lead for Social Prescribing)

Mary Colvin (NHS Tayside, Senior Health Improvement Practitioner)

Kate Burton (Scottish Public Health Network, Public Health Practitioner)

Niall Taylor (Scottish Government)

Tony Doherty (Healthy Living Centre Alliance Northern Ireland)

Seamus Ward (Bogside and Brandywell Health Forum, Northern Ireland)

David Evans (Lecturer in Healthcare Sciences, Bangor University)

The Artisans Collective CIC (Prestatyn)

Carolyn Wallace (Associate Professor Integrated Care University of South Wales)

Fiona Harris and Judith Stone (Wales Council for Voluntary Action)

and...Arabella Tresilian and Debs Taylor (two wonderful lived experience colleagues)

...my humble apologies if I've missed anyone from this list.

Contents

Contents	2
1 Introduction	3
2 Context.....	3
2.1 What is social prescribing	4
2.2 What is quality assurance?	6
3 Development of this consultation document.....	7
4 Fundamental components.....	7
4.1 Suggested measures of quality assurance	9
4.2 Threshold.....	15
4.3 What's required; new tool or template?	15
5 Continuing development of the QA process	17
6 Appendices	18
6.1 Development contributors	18
6.2 Implementation Timeline.....	19
6.3 NHS England Comprehensive model of personalised care	20
6.4 Example of Social Prescribing Quality Monitoring of End Provider activities & services	21

1 Introduction

This document is an amalgamation of many months co-production, developing a draft quality assurance (QA) process for social prescribing in England, against which people can comment and influence.

It is intended to enable an agreed position against which all can seek to align, recognising key aspects pertinent to all, while recognising and embracing the variation across the breadth of social prescribing. It is a compilation of thoughts, processes, experience and rationale gathered from many organisations small and large, as well as numerous people with a vested interest and/or lived experience.

We ask that you read through this document with an open mind, considering how the concepts would work, what challenges you foresee and ideally a solution to that challenge and how certain aspects may be improved.

It is unlikely that there will be consensus on a single ideal QA tool, therefore we are seeking a workable solution that imposes as little as possible outside of what you ordinarily do. We want to ensure that social prescribing in its breadth is protected and that all organisations, specifically the very small groups are not dissuaded or disenfranchised.

Please feedback using the Social Prescribing Quality Assurance feedback form which can be found here (<https://www.socialprescribingnetwork.com/>)

Your feedback will be considered by a panel of people with mixed skills and experience and fed into a final version of the QA process.

We are in discussion to gain recognition, ratification or something similar from several groups who will add trust and legal/professional weight to the final process.

The process has been advanced in alignment with the NHS England development of the Social Prescribing Outcomes Framework and should be considered in parallel.

Funding from the National Lottery Community Fund has enabled this work.

2 Context

In January of 2018 the National Lottery Community Fund (BLF) awarded funding to The Conservation Volunteers (TCV) to support the development of a quality assurance (QA) process that would enable scaling of high-quality social prescribing (SP) across the UK. TCV is a community volunteering charity celebrating its 60th anniversary in 2019, with additional skills and experience in provision of health and wellbeing through its Green Gym™ programme. Within this context TCV is a facilitator/enabler, we have and will continue to liaise with a wide variety of groups across the UK including SP providers across the voluntary and community sector, commissioners, practitioners, statutory organisations and other stakeholder groups such as the Royal College of General

Practitioners (RCGP), the Royal Society for Public health (RSPH), Citizens Advice to create a consultation on what a QA process for social prescribing could look like.

The development of a QA process has previously been identified as necessary to protect the whole SP process, especially where there is direct referral and potential for public funding. This will enable national scaling of SP within defined levels of assurance, to protect the person at the centre of the SP process, the SP model and the providers.

Throughout this document “the person” refers to the person at the centre of the social prescription who might be a patient of a referring GP (i.e. through a link worker) but equally may be referred from a non-clinical source in other settings such as a library, job centre etc.

There are several challenges in this work, which covers the breadth of the UK. There are differing stages of development and models of SP across the UK, within and between the home countries, differing political/health environments and the challenges to sustainably funding social prescribing models, in particular the voluntary and community sector.

The QA process will enable local social prescribing connector schemes across the country to operate at or above a minimum acceptable level of quality, creating a high level of credibility and trust, whilst supporting the scaling and positive impact of social prescribing

Social prescribing is a growing social movement across the UK and several other countries internationally. In England an estimated 60% of Clinical Commissioning Groups commissioning schemes are investing in SP. At present there is no standard framework for determining or evidencing the quality of SP schemes, or the community and voluntary sector groups and activities that SP refers to. There has been rapid growth of local SP schemes across the country, leading to a wide range of quality and outcome systems.

Local schemes use different QA process, some of which are chargeable. However, it seems unlikely that there is a single legal interpretation of what quality is in the case of social prescribing.

This work has been conducted in collaboration with the Social Prescribing Network, the NHS and wider health organisations across England, Scotland and Wales, the Public Health Agencies in Northern Ireland, and the voluntary and community sector and other groups. The QA system will support the spread of social prescribing, through the development of a recognised system for ensuring quality.

2.1 What is social prescribing

Social prescribing a process to help people make positive changes in their lives and within their communities by linking people to volunteers, activities, voluntary and community groups and public services that can help them to:

- feel more involved in their community
- meet new people
- make some changes to improve their health and wellbeing

It is recognised now that for social prescribing to be able to scale up and embed across community's, people need to be able to access support from a variety of settings and organisations and it should not just be limited to healthcare professionals. This might include councils, housing associations, Department of Work and Pensions, and emergency service staff as well as others. It is even recognised that people should be able to self-refer in recognition that nationally there is a drive to encourage self-care and self-management of personal health and well-being.

Paid Link Workers are key to delivering social prescribing support.

Social prescribing is described by NHS England as:

Social prescribing enables all local agencies to refer people to a link worker.

Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support.

Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.

NHS England has developed a Model for social prescribing which has identified key elements which will make up a robust local social prescribing service. Each of these elements will require consideration of quality deliverables.



Figure 1, NHS England Model of Social Prescribing - Social prescribing and community-based support. Summary guide, Published January 2019

2.2 What is quality assurance?

The term "quality assurance" means maintaining a minimum level of agreed quality of support and service by constantly measuring the effectiveness of the organisations that provide it. In the case of social prescribing this means three key elements of quality

- The model of social prescribing and the referral pathways and processes therein
- The Link Workers and their competency to deliver a social prescribing service
- The providers to which people are referred to during or at the end of the service

It is also important to recognise the value of quality assurance for providers of social prescriptions through referrals. This isn't just about protecting the referrer or the person. Voluntary organisations themselves also want to show that they are working to high standards and want to know how they can demonstrate the quality and consistency of the services they provide.

There are several reasons why investing in quality is important

- Focuses on what the organisation is doing
- Brings people together to identify areas for improvement
- Demonstrates the quality of services to funders
- Improves satisfaction of service users, staff and volunteers
- Improves effectiveness and efficiency
- Motivates people to make visible progress
- Acts as a dynamic tool for identifying where the potential problems are and empowers staff and volunteers to address them
- Sets improvement targets and priorities and monitors progress against them ¹.

1. David Sutcliffe (2014) Quality Assurance, ISSUES (no.15):GMCVO:
<https://www.gmcvo.org.uk/system/files/issues%2015.pdf> 1

3 Development of this consultation document

We have sought input from a wide range of stakeholders, towards developing a common QA process, within defined areas, to support a minimum acceptable level of quality for social prescribing schemes.

An action research approach has been used. This approach provides a method that allows insight gathering, analysis, reflection, codesign and action.

Given the wide scope of the programme, considering different political, healthcare, geographic and other country specific agendas, the initial phase has been evidence gathering and sharing of insight. We are grateful to the wide range of stakeholders who have engaged with and supported this process including social prescribing schemes, Voluntary, Community and Social Enterprise (VCSE) organisations from very small to national, universities and academics, small private organisations, small digital tech companies, public health leaders, local commissioners and other government agencies, identified in Annex A:

4 Fundamental components

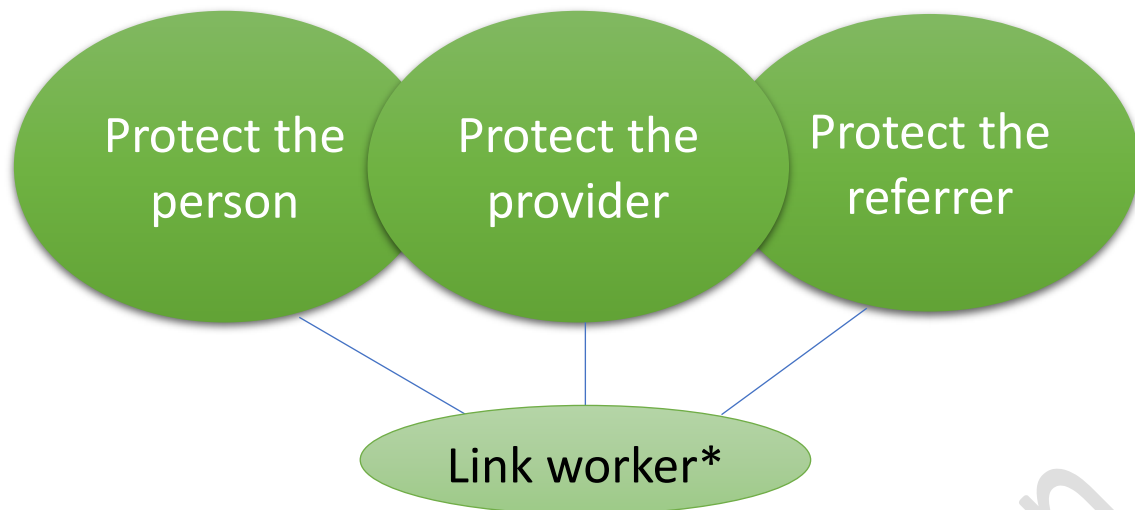
Our discussions have identified the person being at the centre of the process (i.e. no decision about me, without me” and “what matters to me” rather than “what is the matter with me”) and protected so far as possible.

We recognise that many provider groups are very small and have limited capacity to take on any additional requirements, particularly at cost.

We also recognise through discussion that we are not expecting to make the process free of risk, and that an element of risk (or ownership of actions) may be positive. The main issue is seen as balancing the safety and protection of individuals with the need to maintain a system/process that is flexible, not shackled by regulations which would make the process inefficient.

Careful consideration of cost implications has been important too, as we are all working to deliver social prescribing in extremely challenging financial environments.

By clarifying what makes for quality in SP we expect to provide an opportunity for more consistent and informed conversations across the SP process, this should help with the development of the movement across UK. Through discussion and review of the processes/products already in place we recommend a triple lock approach as shown at the top of page 8



- Assessment by the link worker?
- Sitting under the umbrella of a larger CVS or VCSE group?
- Be assured by a SP system at a regional level?

Figure 2. Triple Lock

We have learnt through extensive discussion that while there are different requirements and processes across the UK, and flexibility is essential in assuring the quality of social prescribing, these fundamental components seem to resonate:

Protect the person: meaning the person at the centre of the social prescription, protecting them from poor quality or inappropriately trained link workers or providers, ensuring they are offered the best choices for them and have the best support to come to the best decision for them at that time. Recognising, however, that the person has obligations too to be part of the process and that this is not a removal of all risk (aligned to an advice/guidance continuum).

Protect the provider: recognising that larger providers will have established processes that might be mapped against a framework or new QA tool.

Most organisations have a range of different funders which will have different QA systems, particularly where local authorities fund activities. One shortcut to this could be to ask such organisations whether they already have other QA tools in place for their activities which may be the same as those they deliver for SP. If they do have such QA tools in place, then the link worker could assess that their QA needs have been met.

On occasion we recognise that smaller groups may need protecting from their own best intentions, where people are engaged/supported whose needs fall outside the competencies of that group. Equally, recognising that very small groups will have no capacity to complete a QA process while still needing to have a minimum level of quality, options might include:

- Assessment by the link worker
- Sitting under the QA umbrella of a larger CVS or VCSE group
- Be assured by a SP system at a local or regional level.

Protect the referrer: whether that be a clinical referrer or otherwise and the person between the referrer and the provider (i.e. a link worker). Developing a quality system that when followed protects them from legal challenge and ensures the best outcome for the person at the center of the referral.

Additionally, there is a need here to ensure neutrality, where for example, the commissioner/referrer is also a provider.

4.1 Suggested measures of quality assurance

The following are measures offered for consultation, they represent the culmination of reviewing many quality processes and workshops at various events

For ease these have been separated in to three elements:

1. Measures for the social prescribing model, pathway & processes
 2. Measures for Link workers
 3. Measures for providers
- Data protection – GDPR
 - To ensure that there is a robust process to share only pertinent information, that reporting is secure, that individual's rights to privacy are understood and complied with, consent is gained in an approved, legal manner and that legal requirements such as General Data Protection Regulations (GDPR) are met
 - Safeguarding
 - To ensure all pertinent safeguarding processes are in place to a recognised legal standard and complied with, to protect the person and staff
 - Safe referrals (there have been occasions where referring professionals have not passed pertinent information)
 - Insurance relative to the provision
 - Health and safety
 - This may include specifics such as food handling, manual handling etc
 - Lone worker
 - First aid at work or higher depending on provision
 - Financial
 - To ensure the appropriate spend of public monies, to reduce the potential for fraudulent claims, to ensure fair timely payment especially to very small groups
 - Equality
 - To ensure equality of provision as enshrined in law
 - Operate within a recognised constitution, set of rules or written governing document – appropriate to the size and nature of the organisation or activity
 - Process/pathway
 - To ensure the pathway for referral is robust and clear to all parties, that pertinent information is shared (in alignment with data protection) in a manner

that is understood by all parties, that there is a feedback loop of information where that person is being case managed by a Link Worker

- Skills and experience – aligned to workforce development
 - To ensure that the competencies required to work with the person are aligned to their needs
 - The point of competencies is very important from a clinical perspective. GPs are sometimes nervous to refer their patients to SP because they are unsure (mostly erroneously) that provider will not have sufficient skills to deal with a patient and that the responsibility for the patient's wellbeing is still with the GP.
 - The other end of the spectrum is that sometimes GP behave in a completely different manner. i.e. they (inappropriately) refer people who clearly need higher levels of clinical support.
- First aid including mental health first aid
- User experience
 - To ensure the user experience is captured and that the person remains at the centre of the process
 - To enable ongoing codesign and improvement of the process and local models of social prescribing

For small volunteer-led organisations such as “knit and natter” groups, GP Practice social groups or self-organised support groups, a different approach of quality assurance is required that provides support to ensure quality and safety but also does not stifle community action and empowers communities to facilitate people helping people. Many of these types of groups will not be constituted or organised in the same way as formalised charities but nevertheless provide an important support to people seeking to improve their health and well-being.

The table below focusses on a policy focussed checklist, but these smaller groups will require a bespoke assessment. It is anticipated that it will focus around a recorded structured conversation that identifies through key questions that the activity/opportunity is safe to refer to.

We are keen to receive your feedback and ideas on how a QA Framework might work for these smaller volunteer-led groups and build on any local examples of how this is already managed robustly by existing social prescribing models.

The table below identifies how each of these elements of quality measurement can be delivered in each of the three elements of a local social prescribing model.

TABLE TO SHOW PROPOSED QUALITY MEASUREMENT REQUIREMENTS

Quality Measurement	Social Prescribing Model – Partnership / Commissioners/ Employers	Link Worker	Provider activity / organisation
Data protection / GDPR	All elements of the local model & all participating organisations will need to comply with GDPR & have robust Information Governance Policies and Procedures in place for the model (such as, Data Protection, Confidentiality and information security) including a local Information Sharing Agreement	Will need to be aware of GDPR policies of their employer and trained in data protection and how to share & store information safely and legally	Providers receiving referrals will need to demonstrate that they have in place robust Information Governance Policies and Procedures (such as, Data Protection, Confidentiality and information security) that are appropriate for their organisation/group/activity and comply with all current legislation.
Safeguarding & DBS Check	To have a check process in place that all link workers and providers receiving referrals comply with safeguarding requirements and have DBS checks (where appropriate) For providers this may already be available through existing grant agreements or commissioned contracts Ensure that both Link Workers and end providers have in place escalation procedures appropriate to the service / activity being delivered to manage risk and maintain personal safety	Will need to be trained in safeguarding and be aware of local escalation procedures, with understanding that social prescribing is not an emergency or urgent service To have a DBS check by their employing organisation with cover for the venues in which they work Have in place escalation procedures appropriate to the service / activity being delivered to manage risk and maintain personal safety	Have in place Safeguarding Policies and Procedures that are appropriate for their organisation/group/activity and comply with all current legislation. Have in place DBS checks for staff, trustee and volunteer roles that are eligible. Have in place escalation procedures appropriate to the service / activity being delivered to manage risk and maintain personal safety
Insurance	To have a check process in place that all link workers and providers receiving referrals have	Be covered by appropriate insurance both including employer's liability and	Have appropriate insurance in place for your activities, staff and volunteers.

	appropriate types and levels of insurance in place For providers this may already be available through existing grant agreements or commissioned contracts	professional indemnity to appropriate levels	
Health & safety & Risk Assessments	To have a check process in place that all link workers and providers receiving referrals have appropriate policies, procedures & training in place for health & safety and risk management For providers this may already be available through existing grant agreements or commissioned contracts	To be trained in health & safety & risk management to an appropriate level and have knowledge of the employer's Health & Safety and Risk Management Policies and procedures and include appropriate risk management when working with clients. To be trained in lone working/ and home visiting if this is a part of their role.	Have in place Health & Safety Policies, Risk Assessments and Procedures that are appropriate for your organisation/group/activity and comply with all current legislation
Financial	To ensure best use of public resource to deliver social prescribing model, including appropriate levels of financial support for the VCSE in delivering local activities and services.	Not Applicable	To meet all legal financial requirements in place as required by the constitution of the organisation
Equality	To have in place an overarching equal opportunities agreement for the model including Equality Impact Assessments to assess accessibility	To be trained in equality & diversity and be aware of employers Policies and Procedures in relation to this. As a result, be able to ensure local health inequalities are given appropriate focus in delivering a local service	Have in place Equal Opportunities Policies and Procedures that are appropriate for your organisation/group/activity and comply with all current legislation.
Operate within a recognised constitution, set of rules or written governing document	Ensure that the model of social prescribing operates within a jointly agreed operating model with shared principles recorded within a written governing	Understand the governing structure of the social prescribing model who is responsible for which area of operation of the model and where to escalate issues of concern	Operate within a recognised constitution, set of rules or written governing document

	document supported by a governance structure		
Process/pathway	To develop jointly agreed pathways and procedures to ensure people are supported in a safe structured way which is timely and of high quality.	To follow agreed pathways and procedures as defined in the local social prescribing model and respond to requests for support in an agreed timescale	To follow agreed pathways and procedures as defined in the local social prescribing model and respond to requests for support in an agreed timescale
Skills / experience	To ensure that all areas of the local social prescribing model has roles (voluntary & paid) that are suitably supported with appropriate training and people have sufficient skills & competencies to fulfil their roles	To ensure that social prescribing link workers are suitably supported with appropriate training and people have sufficient skills & competencies to fulfil their roles	To ensure that all roles (voluntary & paid) supporting social prescribing are suitably supported with appropriate training and people have sufficient skills & competencies to fulfil their roles
First Aid Training incl. Mental Health First Aid	To ensure that all areas of the local social prescribing model has roles (voluntary & paid) that are suitably supported with appropriate level of first and mental health first aid training	To be trained in mental health first aid and ensure the place in which the Link Worker works meets its legal obligations for First Aid	To ensure that the organisation meets its legal requirements for First Aid Training and offers appropriate paid staff and volunteers Mental Health First Aid training
User experience	To ensure that user satisfaction and experience is captured regularly and consistently across the local social prescribing model	To capture on a regular basis user experience of the service/activity that people supported by social prescribing link workers are delivering assistance to a positive level or user satisfaction	To capture on a regular basis user experience of the service/activity that people are signposted/referred to, to ensure a positive level of user satisfaction

It is proposed that there are two or three levels of competency aligned to the needs of the person that the provider works with (i.e. higher skills to manage clinical conditions with higher acute risk)

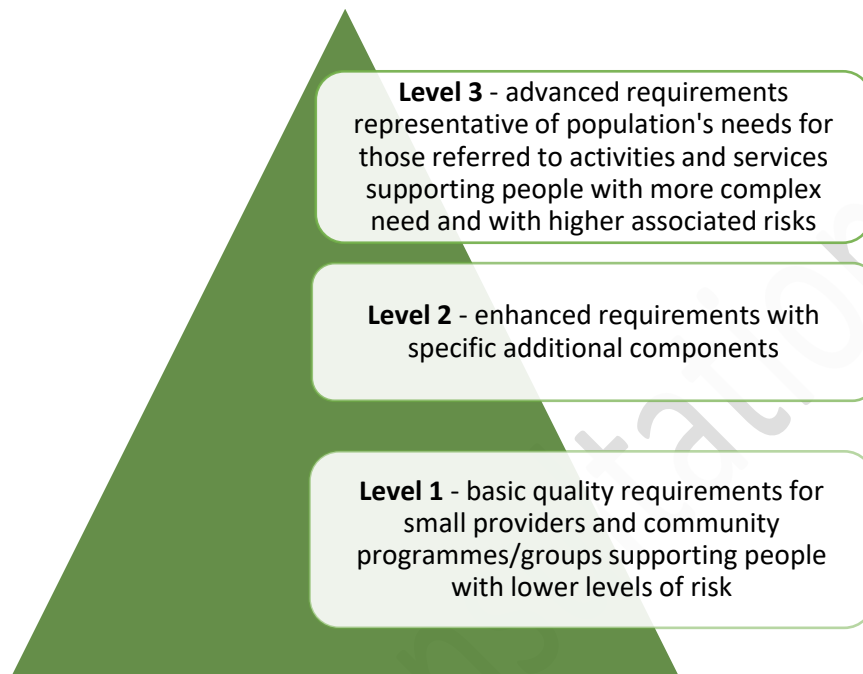


Figure 3. Levels of competency aligned to quality assurance

There is a particular need to ensure that across the three levels of QA there is a scale of increasing skills for the management of medical needs of referred people. The organisations providing support and activities to people with more complex health needs will need to meet a more vigorous quality assurance in terms of particularly health and safety and escalation procedures. For instance, physical activities for those with acute clinical conditions such as cardio vascular diseases would require more robust systems and processes to assure quality and safety than, for example, a craft group.

The consultation will ask how this may be best developed in terms of an accessible consistent tool for use by all providers.

- Outcomes
 - To ensure reporting is aligned to accepted norms, in England this has been identified in the National Outcomes Framework (but not to the exclusion of unexpected outcomes which are often extremely important evidence of value)
 - The reporting of outcomes and outputs is to be proportional to the value of the intervention, keeping it as simple as is necessary to report

4.2 Threshold

The threshold for level of appropriate evidence (i.e. that the overall SP process in a given place is safe and effective) needs to be agreed. The higher the reported evidence against the QA assessment, the greater the confidence in quality throughout the social prescription service. However, given that many providers are very small, too high a level will inadvertently mean they are unable to meet the threshold and may be overlooked by link workers, which may in turn impact their other work and the ability for social prescribing to make a difference locally in people's lives by utilising people's assets to build both community and personal resilience.

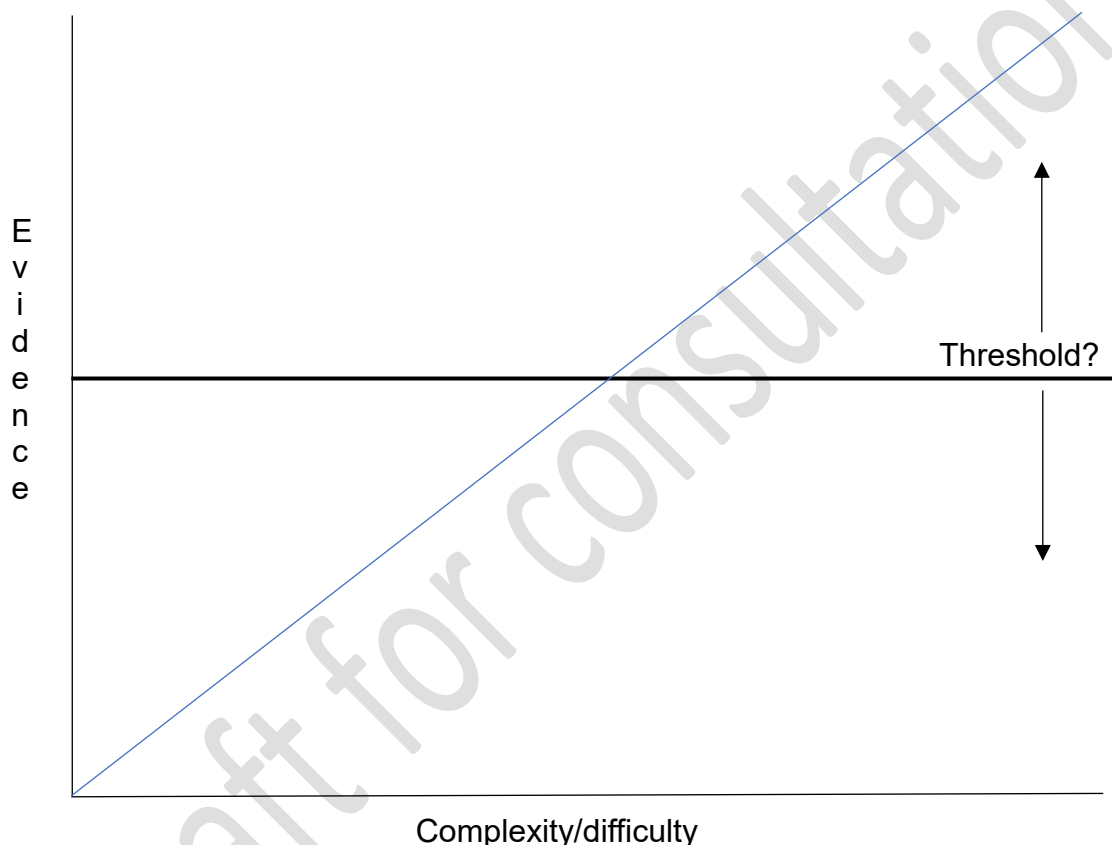


Figure 3. Threshold for evidence

4.3 What's required; new tool or template?

The Quality Framework will look at all three key elements of social prescribing quality;

- The model of social prescribing and the referral pathways and processes therein
- The Link Workers and their competency to deliver a social prescribing service
- The providers to which people are referred to during or at the end of the service

However, the framework will apply in terms of end providers to only those organisations, groups and activities that are receiving social prescribing referrals from a formalised

social prescribing model and its Link Workers and agreed associated roles (i.e. Champions or equivalent roles if signposting also takes place).

It is recognised that end providers are likely to already report on quality for other funding they receive to deliver their work, either through grant funding or commissioning contracts. It is not the intention to duplicate this good practice but utilise what already exists and build on and to ensure that all providers.

There are numerous QA processes already in place at a local level for the community and voluntary sector to use, which is a good starting point from which to develop a more consistent QA framework, but they are not necessarily universal and there are gaps in coverage. It is also unclear to what level of legal robustness they have been assessed and none seem to be validated at a national level.

There are some fundamental websites and publications that any community or voluntary sector organisation or activity should be aware of and use to maximise their safety, effectiveness and good practice. Some of these are listed below

- The Charity Commission – <https://www.gov.uk/government/organisations/charity-commission> . This website details all legal requirements of charities and how they can be met as well as good practice guidance.
- The Charity Governance Code (- <https://www.charitygovernancecode.org/en>). This website details the Charity Governance Code for both small and large charities and includes a self-assessment tool for organisations to measure good governance outcomes. This Code and its tools were developed by a national partnership steering group which includes NCVO, Charity Commission for England & Wales, ACEVO, ICSA & the Small Charities Commission

These will all contribute to improving quality delivery of a provider's activities and services and we propose will contribute to baseline or Level 1 competency in a standard quality framework.

Most tools are free to use as they have been developed in unison with one or more providers and the regional/local social prescribing network and/or VCSE organisations, often in partnership with commissioners.

For organisations who wish to further develop their robustness and have their services quality assured, quality marks which are achieved through supporting organisation development, submission of evidence and independent assessment and verification are available.

Various general quality marks are promoted as adding value through self-assessment, business development and other useful processes that are seen as valuable by the providers. They also look at measuring both organisational and/or health and well-being outcomes.

The aim of this document, Quality Assurance for Social Prescribing, is that it is freely available for partners and considered as best practice nationally. The use of quality marks and external support to quality assure services will be down to individual localities to explore with their partners.

It is proposed that we share details of the quality standards and a list of available tools with the caveat that organisations will need to make their own informed decisions regarding which are suitable for your needs.

It is agreed that a new QA framework will not be burdensome to already stretched organisations but will provide appropriate levels of protection across the triple lock; person, provider, referrer. This is especially pertinent for small providers that may have even less capacity and organisational structure to complete any new requirements.

Two options will be considered and detailed that have both positive and negative attributes. Either option should be ratified or certified by one or more authoritative organisations recognised by all stakeholders.

- **New tool (or hybrid)**
 - + Single, universal process, consistent application for all providers
 - Invalidates current tools, impacts business, not utilising locality assets where they exist, may have a cost attached, duplication of efforts
- **New template**
 - + Allows mapping of current process, builds on existing investment in local existing systems
 - Too generic, difficult to manage risk

5 Continuing development of the QA process

We are now asking for feedback on this consultation to provide a QA process, recognising and allowing regional/local variation, that is both robust and flexible.

Please respond using the **Quality Assurance for Social Prescribing consultation response form** available from the Social Prescribing Network here:

<https://www.socialprescribingnetwork.com/>

The consultation will be open from Thursday 14th March until Sunday 28th April for a period of six weeks.

During this time, we will also be working closely with NHS England to ensure that the work they are undertaking in relation to the Directly Enhanced Service for Social Prescribing Link Workers continues to closely align with the development of this Quality Framework.

6 Appendices

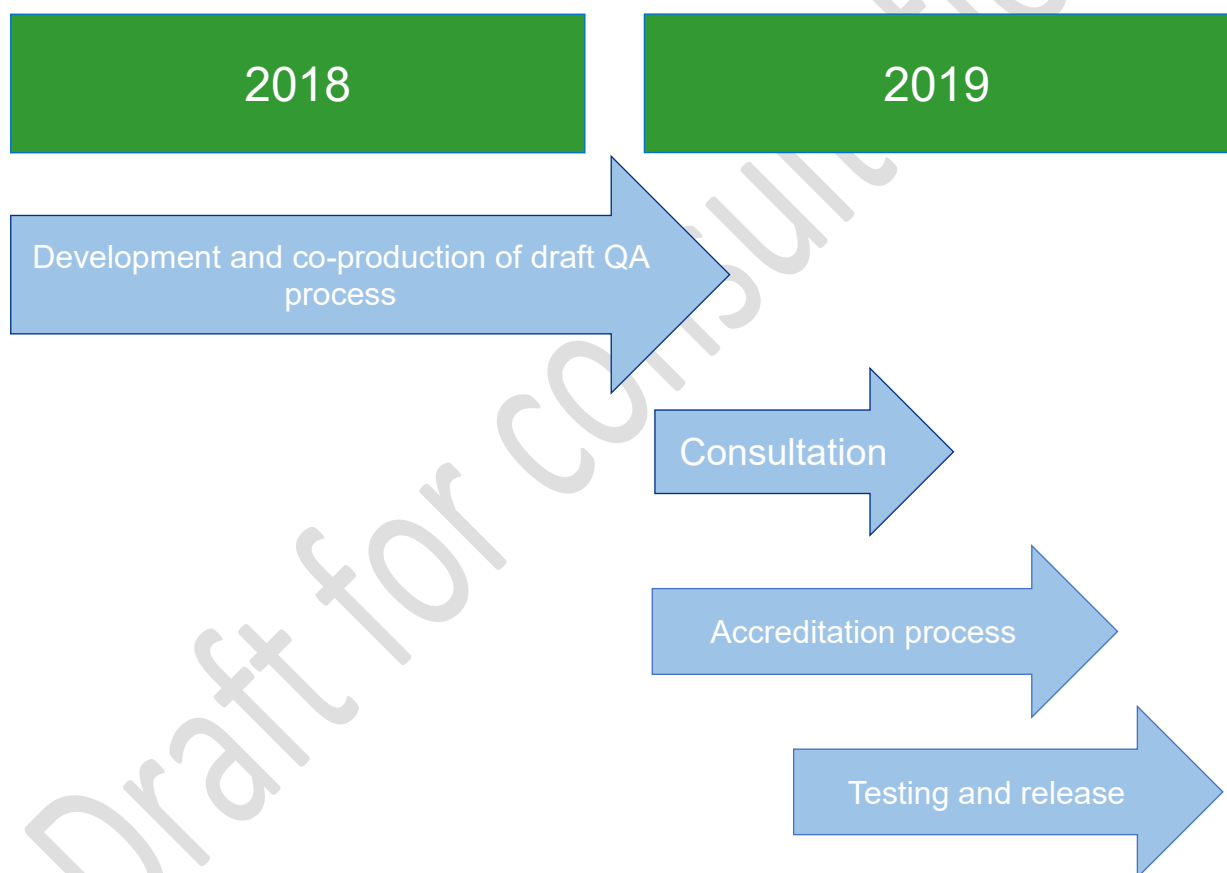
6.1 Development contributors

- The Social Prescribing Network and Regional social prescribing networks
- NHS England Social Prescribing team
- Public Health England, NHS Improvement, the Royal Society for Public Health
- Department of Work and Pensions (DWP) Strategy, Work and Health Unit
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Health Education England
- Herts Valley CCG
- East Lancashire CCG
- London CCGs via the Healthy Living Partnership
- Shropshire Council
- Public Health Wales
- All Wales Social Prescribing Research Network
- University of South Wales
- Bangor University
- Wales Council for Voluntary Action (WCVA)
- The Artisans Collective (Wales)
- Scottish Government
- Scottish Public Health Network
- Scottish Communities for Health and Wellbeing
- Voluntary Action Scotland
- Public Health Agency Northern Ireland
- Healthy Living Centre Alliance Northern Ireland
- Voluntary Organisations Network North East (VONNE)
- Association of Chief Executives of Voluntary Organisations (ACVVO)
- Voluntary Centre Services West Lindsey (VCS)
- Lev Pedro (Public Services Senior Officer NCVO)
- Numerous small voluntary and community groups
- Timebanking UK
- Linda Parkin (Royal Association for Deaf people)
- Kathryn Rossiter (Chief Executive Thrive)
- Citizens Advice
- Dr Michelle Howarth (Programme Leader MSc Nursing/Research Lead: Health - Salford University)
- Antony Cobley (Head of Inclusion, Engagement and Wellbeing QE II Hospital Birmingham)
- Dr Zoe Williams and Dr Andrew Boyd (GP clinical champions)
- Dr James Syzankiewicz (Chair Local Nature Partnership Natural Devon)
- Elemental and Intelligent Health (digital providers to social prescribing agenda)

- Voluntary Action Calderdale (VAC) (developed Quality For Health, a quality assurance standard for the voluntary and community sector)
- ConnectLink (a link worker training model)
- Paul Jarvis-Beesley (Head of Sport and Health Street Games – Young Peoples SP)
- The Eden Project
- UKRI MARCH Network (social, cultural and community assets and mental health)

This list is not exclusive and we apologise for missing anyone from the above

6.2 Implementation Timeline



6.3 NHS England Comprehensive model of personalised care

In January NHS England published “Universal Personalised Care: Implementing the Comprehensive Model”

NHS England states that;

“Personalised care is one of the five major, practical changes to the NHS that will take place over the next five years, as set out the recently published Long Term Plan. Working closely with partners, the NHS will roll out personalised care to reach two million people by 2023/24 and then aim to double that again within a decade.

Personalised care means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs.”

For more information about the Comprehensive Model for Personalise Care please go to;

<https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/>

6.4 Example of Social Prescribing Quality Monitoring of End Provider activities & services

Connect Well Essex is a local model of social prescribing that utilises an online referral tool for Link Workers and social prescribing Champions to link people directly to opportunities in the community and voluntary sector.

For providers to have their activities on the website they need to complete an application form detailing their opportunities. The form includes a pledge which needs to be signed up to in order to guarantee a level of quality in delivery of local services.

This ensures that providers are committing to abide to an agreed set of standards when receiving referrals from the Connect Well social prescribing service and delivering support to referred people.

Connect Well is hosted by local VCSE Infrastructure organisations led by Chelmsford Centre Supporting Voluntary Action. All providers on Connect Well are either CVS members or locally commissioned services. CVS organisations will provide support to smaller organisations and groups who need assistance with the pledge building local capacity.



Social Prescribing Pledge

Thank you for agreeing to be part of Connect Well, the social prescribing referral service for North East Essex, Basildon and Mid Essex. So that we can safely refer individuals to your service or activity and offer a consistent level of customer service to individuals who will be directed to you via the Essex Connects - Connect Well Essex website, we ask you to agree to abide by the following:

- ☐ Acknowledge each referral made to you within 10 working days telling the individual when they can expect to receive service or a more detailed contact from you.
- ☐ If at any point you are unable to continue to take referrals due to loss of service or due to demand placing long waiting lists for your service/activity you commit to contacting Connect Well, the social prescribing referral service (see below contacts) at the earliest possible opportunity.
- ☐ Abide by the Terms of Use of the website.
- ☐ Have appropriate insurance in place for your activities, staff and volunteers.
- ☐ Have in place robust Information Governance Policies and Procedures (such as, Data Protection, Confidentiality and information security) that are appropriate for your organisation/group/activity and comply with all current legislation.

- ☐ Have in place Safeguarding Policies and Procedures that are appropriate for your organisation/group/activity and comply with all current legislation.
- ☐ Have in place DBS checks for staff, trustee and volunteer roles that are eligible.
- ☐ Have the authority of your organisation to add services to the directory and take referrals.
- ☐ Have in place Health & Safety Policies, Risk Assessments and Procedures that are appropriate for your organisation/group/activity and comply with all current legislation
- ☐ Have in place Equal Opportunities Policies and Procedures that are appropriate for your organisation/group/activity and comply with all current legislation.
- ☐ Operate within a recognised constitution, set of rules or written governing document.

By agreeing to have your information included on the Connect Well Essex social prescribing website you sign up to each element of this Pledge.

Signed

Role at Organisation

Print Name

If there are any elements of the above that will prove challenging for your organisation, please don't walk away from Connect Well! Contact your local CVS to discuss (see overleaf).

Your local CVS can offer help and support if you need it to develop necessary policies and procedures and Maldon & District CVS offer an affordable DBS Umbrella service with 50% discount for CVS members.

Data Protection

Chelmsford CVS is the data controller for this information. The above details will be stored on a computer database administered by Chelmsford CVS and may be deleted at any time upon request. Where it is of direct benefit to stakeholders and individuals, your **public** contact and service details may be shared with third party.

I agree that Chelmsford CVS may use this information to compile an online public facing directory, called Connect Well Essex and used to answer queries from the public and statutory sector and to make direct referrals to you. Full Terms & Conditions of Use are available on the website.

Signed

Date

Print Name

Thank you. We will contact you when your details are live or if, for any reason, we are unable to add your details to the directory. Please keep us informed of any changes in your organisation.

Draft for consultation