Voluntary Sector Forum
March 2018

Social Prescribing
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1 Introduction

Healthwatch Oxfordshire held its first voluntary sector forum for 2018 on 27th March at the Mill Arts Centre in Banbury. The meeting was open to all voluntary sector organisations and community groups in Oxfordshire. 43 people attended the meeting, representing 32 different voluntary sector and statutory organisations.¹

The meeting took as its focus social prescribing, in response to requests made by attendees at previous Healthwatch forums. Social prescribing is where health care professionals like GPs can refer people to local, non-clinical activities, which are often provided by voluntary and community groups. The aim of social prescribing is to enable people to look after their health and wellbeing in a holistic way by tackling social, emotional, economic and other non-medical issues they may have such as loneliness and isolation².

Maggie Dent, Equalities and Access manager at the Oxfordshire Clinical Commissioning Group (OCCG), provided an overview of social prescribing projects and activities taking place currently in primary care in Oxfordshire i.e. taking place in GP surgeries. There are a range of initiatives on social prescribing taking place, particularly in four parts of the county as part of their primary care locality plans.³ In her presentation, Maggie explained some of the potential benefits of social prescribing. She said that:

- National evidence suggested that social prescribing can lead to a 28% reduction in GP appointments.
- It supports people in taking care of their own health (known as self-care).
- It maximises voluntary and community sector assets.
- It fits with the recommendation made by the Oxfordshire Health Inequalities Commission to the Oxfordshire Clinical Commissioning Group to “consider the potential of social prescribing for improving the health and wellbeing of Oxfordshire residents, addressing health inequalities in particular.”⁴

Lan Jenner from the Oxford Federation for General Practice and Primary Care (OxFed) presented information on OxFed’s social prescribing project that covers the 21 GP surgeries in Oxford city. Her presentation included the information about the rationale

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¹ A full list of organisations that were represented can be found in the Appendix 1.
² You can read more about social prescribing at the King’s Fund website https://www.kingsfund.org.uk/publications/social-prescribing
³ You can read the slides from Maggie Dent’s presentation and hear her talking about social prescribing here https://healthwatchoxfordshire.co.uk/news/voluntary-sector-conference-looks-at-social-prescribing-watch-the-video/
for the social prescribing project and she said the aim was to enable people to be healthier, happier and less dependent on health services. OxFed’s primary care navigators have referred people to over 170 different community based services since the project started in 2015.

Pauline Mason, social prescriber from the Chipping Norton Health Centre, then gave an overview of the social prescribing project that the Health Centre is embarking on. Pauline explained how she has liaised with local community and voluntary groups in Chipping Norton to establish a list of organisations she can now refer people on to.

You can watch a short video about social prescribing from the Forum on our website. The link is https://healthwatchoxfordshire.co.uk/supporting-the-voluntary-sector/

How feedback was gathered from attendees:

Attendees were given the opportunity to ask questions of the speakers as well as engage in discussions around small tables with fellow attendees. This report summarises that feedback from attendees. The feedback has been divided into two sections- the first details what attendees thought the impact of the plans would be on the voluntary sector and the second section details the other questions and issues raised by attendees about the social prescribing models in Oxfordshire.

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5 You can read the slides from Lan Jenner’s presentation and hear her talking about social prescribing here https://healthwatchoxfordshire.co.uk/news/voluntary-sector-conference-looks-at-social-prescribing-watch-the-video/
2 Feedback on the impact on the voluntary sector

The feedback from attendees on what impact they thought the plans for social prescribing might have on the voluntary sector included:

2.1 Concerns around funding and capacity of the voluntary sector

“The plans presented today feel enormously fragile with little recognition of the diminishing resources for the voluntary sector that will apparently support social prescribing.”

One of the most frequent questions was what additional funding is available to the voluntary sector in order to enable them to increase their capacity to take on the referrals from primary care.

2.2 Lack of clarity on how organisations can get involved

“Could you make it clearer and easier for organisations to get involved?”

There were questions from groups present about how they could get involved in social prescribing. They wanted to know how they could create awareness of their services for those involved in making referrals. The feedback from attendees was that there was not enough clarity on this, even after the presentations and they wanted more information how groups with limited time and staff resource can link into the social prescribing projects.

2.3 More support needed for voluntary sector organisations to get involved

“Excellent idea but there are some issues around governance, safety, funding, processes, risk management, savings and costs.”

Attendees said that in addition to more funding and more clarity for organisations on how to get involved, there should also be more advice available to organisations on governance, risk management and safety issues. If there is to be an accreditation system to determine which organisations can be involved and take referrals, then attendees requested that there should be only a single accreditation process for any organisation. This should be the case even if one organisation were to go on to multiple directories of services for the different projects. Others requested more information on safety issues for staff and volunteers involved in home visiting as part of social prescribing.
2.4 Concerns about increased pressure on a finite pool of volunteers

“Where are the volunteers coming from?”

Attendees raised concerns about placing too much pressure on a limited pool of volunteers. Some people said that given the importance of social prescribing for reducing pressure on the NHS, relying on volunteers felt like a temporary solution. Others pointed out that with the increasing age of retirement, the numbers of people available to volunteer may decrease with time.
3 Feedback on the model of social prescribing presented

The attendees raised a range of questions and issues in response to the presentations on the current models of social prescribing. These included:

3.1 Social prescribing needs to be more joined up across the system

Attendees wanted to understand how primary care social prescribing was linked to other social prescribing initiatives happening outside of primary care such as those funded by Oxfordshire County Council. They wanted to understand how social prescribing in primary care was linked to other statutory services like public health. Attendees wanted to know who has control and oversight of the process in the county beyond primary care and urged closer working between the different parts of the system.

3.2 Other locations for social prescribing

Some attendees asked why the service was located only in GP surgeries and not in other community locations such as housing associations, churches, food banks, youth clubs, and libraries. They suggested that social prescribing could also be carried out by people such as elected councillors, midwives and health visitors.

3.3 Access for organisations outside primary care to the social prescribing service

Attendees raised the point that a number of organisations outside of primary care settings come into contact with vulnerable people, such as those that work with homeless people. They said it would be valuable for these organisations to also be able to signpost people to the social prescribing service as at the moment, this is not possible.

3.4 The challenge of keeping a comprehensive and up to date directory of services

Attendees wanted to know who would host the directory of services- the listing of all the organisations and their services- to enable social prescribers to make referrals. They also wanted to know how this list would be kept up to date. The suggestion from attendees was that the Oxfordshire Clinical Commissioning group should host a central hub of information. However, Maggie explained that at the moment each social prescribing project has its own directory of services and a central hub was not currently being considered. In response, attendees said they were concerned about both gaps and duplication with the multiple directories.
3.5 Questions about the processes involved in social prescribing

- Vetting processes for organisations - Attendees wanted greater clarity on the legalities involved in social prescribing - they wanted to understand if it involves only signposting to another organisation or whether it was a direct referral service. In case of a referral service, they wanted to know how organisations were vetted and assessed before people were referred on to them. They also wanted to know if it would be possible to have one vetting process for an organisation seeking to go on to the multiple lists, rather than having to repeat the vetting process for entry to each separate directory.

- Data protection processes - Another question was around data protection and consent. Attendees wanted to know if social prescribers had access to people’s medical records and if so, what safeguards there were in place to protect people’s privacy and how consent for this was sought from people.

- Training for social prescribers - Related to this were questions about social prescribers and what training they received in order to be able to support people and how they were different from social workers. One question, for example, was whether those carrying out social prescribing had been given training in the Care Act.

3.6 Reaching as many people as possible

Some of the comments from attendees were about how social prescribing projects can reach as many people as possible. One comment pointed out that it was not helpful to refer to the people who use social prescribing services as “patients” and it might be better to use a term such as “individual”. Attendees also suggested that GP surgery patient participation groups (PPGs) be used as a conduit to communicate about social prescribing. One suggestion was to make a film about social prescribing to explain what it was and who might benefit from it to make as many people as possible aware of the service.
Healthwatch Oxfordshire recommends

Having listened to the discussions and comments from representatives of the voluntary sector at the forum, Healthwatch Oxfordshire recommends the following:

1. Better cross system working - We urge Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Oxford University Hospitals NHS Foundation Trust and other system providers involved in different social prescribing initiatives to work together to have a more coordinated approach to social prescribing across Oxfordshire.

2. Better engagement with the voluntary sector - There needs to be more engagement with the voluntary and community sector to enable small, medium and large groups to enable them to understand how they can get involved with social prescribing. Groups need information on whom they need to contact and what the procedures are to get involved.

3. Learning from other social prescribing initiatives - We urge the Oxfordshire Clinical Commissioning Group and partners to draw on lessons learned about social prescribing from other parts of the country to ensure they offer appropriate support to the voluntary sector. This is important to enable the voluntary sector to have the capacity to play the vital role envisaged for them in the social prescribing plans for Oxfordshire.
Appendix 1: List of attending organisations

Age UK Oxfordshire
Ami
Aspire
Blossom Arts
British Royal Legion
Charity Mentors
Cherwell District Council and South Northamptonshire Council
Cornhill Companions, Royal Voluntary Service
Chipping Norton Health Centre
Chipping Norton patient participation group
Dementia Friendly Charlbury
Enrych Oxfordshire
Full Circle
Guideposts
Getting Heard
Headway Oxfordshire
Hightown Patient Participation Group
North Oxfordshire Locality Forum
Oxfordshire Association of Care Providers
Oxford City Council
Oxfordshire Clinical Commissioning Group (OCCG)
Oxfordshire Family Support Network
Oxford Federation for General Practice and Primary care (OxFed)
Oxfordshire National Pensioners Group
Oxford University Hospitals Trust NHS Foundation Trust member
Public and Patient Participation West Oxfordshire
Rethink Mental Illness
SEAP
Sunrise Multicultural project
The Association for Patient Empowerment
Unison retired members
Woodstock Stroke Club