Impact on the Voluntary Sector

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.

**OCCG response:** Social prescribing schemes in Oxfordshire are relatively recently established and those which have been funded by OCCG have provided ‘set up’ costs of the link worker(s). The exception is in the South East Locality, funding for which is to commission a voluntary sector organisation to deliver the scheme (thereby bolstering its capacity). Voluntary sector organisations can, and often do, apply for funding from Local Authorities and other grant funding bodies for capacity and project funding.

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.

**OCCG response:** The social prescribing schemes are gradually building their knowledge base of county wide as well as local organisations, groups, activities and initiatives which can offer support for people who are referred through social prescribing. If any organisation or group feels that they provide a service which could benefit people and they may not be known about, they can contact Maggie Dent, who will put them in touch with the local social prescribing co-ordinator/link worker. ([Maggie.dent@oxfordshireccg.nhs.uk](mailto:Maggie.dent@oxfordshireccg.nhs.uk))
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.

**OCCG response:** GPs and Practice staff will want to be assured that any group or activity being referred to has appropriate health & safety and other policies and governance processes in place. These issues would be verified by the local social prescribing schemes’ co-ordinators. If a community group can offer a valuable activity that would benefit patients, but doesn’t have the appropriate structures in place, they can get support from OCVA for this: [https://ocva.org.uk/](https://ocva.org.uk/). Home visits, if needed, are most likely to be carried out by the social prescribing link worker, who would have the necessary risk management process in place.

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.

**OCCG response:** volunteers may be required for both aspects of social prescribing schemes, i.e. they may be deployed to work alongside social prescribing link workers to engage with patients, as well as volunteers working within voluntary and community organisations that may receive referrals. Those organisations would decide if they need additional volunteer capacity. OCVA offers support sourcing volunteers.

**Model of Social Prescribing**

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.

**OCCG response:** Oxfordshire County Council doesn’t fund social prescribing schemes. It does, however, fund some services which people would be referred to, via social prescribing, such as benefits advice in GP Practices. People may be referred to some other Public Health funded services through social prescribing, such as the stop smoking service or the weight management service and these are known about by social prescribing link workers. They are more likely to be referred to these ‘health’ based services by a clinician. Social prescribing is predominantly a referral to an activity that is non-medical, i.e. it supports people’s social needs such as addressing loneliness.

### 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.

**OCCG response:** Some patients are seeing their GP, or other staff in the Practice, with issues that are non-medical, i.e. they are more ‘social’ problems, such as being lonely or needing advice on debt or benefits. Social prescribing addresses those social issues, which is why the social prescribing schemes are predominantly based in GP Practices and why GPs/other health staff are the primary referrers. This is to help to reduce the demand on GP time for non-medical issues. Services such as food banks, youth clubs etc are most likely those services which a social prescribing link worker will refer a patient to. Those services can also make onward referrals to other services. Other key people such as elected Councillors can signpost people to services, groups and activities, however, the benefit of a social prescribing referral, is that the referred-to service often knows to expect a person to contact their service/group and a link worker might accompany them on their first visit to help ‘break the ice’.

### 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.

**OCCG response:** If organisations are working with vulnerable people it is quite likely that those people will already be being linked to other support services that they need e.g. organisations working with homeless people link them into advice on housing, employment, benefits advice etc. Social prescribing is predominantly for vulnerable people, so the GP would refer them to the link worker for an onward relevant referral.

### 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.

**OCCG response:** There is no need to develop a new database. There are key web sites such as Live Well Oxfordshire, COACH and the Community Information Network which are validated and kept up to date by the organisations which host them and these are used by social prescribing schemes. These detail a range of activities and organisations county wide. Each scheme will also know its own local community groups and will have these listed for use by their link workers. The city social prescribing scheme is piloting a software programme which will collate information on services and activities referred to, which will then be a resource.

### 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.

**OCCG response:** Social prescribing is a referral process, not sign posting. The latter doesn’t work for the people who would most benefit from social prescribing. See the answer to point 2.3 re governance.

- **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.

**OCCG response:** GPs are the most likely primary referrers so they already have access to patient’s records. They will refer the patient to the link worker, with their permission. When the link worker meets with the patient and discusses their needs, they will ask their permission to refer them on to a service or activity. Link workers do not discuss patient’s medical issues - they would be referred back to their GP for this.

- **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.
**OCCG response:** Some link workers are already working in GP Practices in other roles, so have undertaken specific training such as safeguarding. Link workers would be able to access any training deemed relevant for their role by their employer.

### 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.

**OCCG response:** As mentioned, most people referred through social prescribing are in fact patients of the relevant schemes’ GP Practice. However, they are unlikely to be labelled as a patient to the service/activity that they are being referred to.

In terms of communication, each scheme has promoted its service in its locality through a variety of means, such as via Patient Participation Groups (PPGs); through local community forums; by inviting the voluntary and community sector groups to meet with the GP Practice staff and through outreach at other events and opportunities, such as fetes.