

Consultation Response

Developing a Social Prescribing Framework

Welsh Government

October 2022

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We provide information and advice to older people and carers; support through our Helping Others Participate and Engage (HOPE) project; and support through our Dementia Advocacy project. We also provide a range of health promotion programmes to help older people's physical and mental wellbeing. Our work involves both providing social prescribing services, as well as being a referring agent to social prescribing services that improve the lives of older people.

We welcome this opportunity to contribute to the development of the social prescribing framework as it has so much potential to improve the lives of older people in Wales. We welcome its preventative and earlier intervention focus, as this has the potential to vastly improve the quality of life for older people in Wales and in doing so, reduce the demands on health and social care services over time. In this sense it is vital that the framework is clear in terms of who the framework is aimed at and how it can improve different aspects of people's lives across Wales.

Appropriateness of model of social prescribing within Wales

We believe the model in the main captures the appropriate vision for Wales. We are pleased to see inclusion of wider referral routes, and recognition that social prescribing services require dedicated resourcing and a person-centred approach.

We welcome the focus on alleviating loneliness within the framework. In our recent survey¹ 37% of those aged 80 or over told us that they were isolated or lonely, with 37% of 65 to 79, and 27% of 50 to 64 year olds. Older people who fed back to us that being isolated or lonely had been a challenge were more like to find multiple other issues a challenge. This included challenges with transport, caring for a loved one, bereavement or grief, scams or abuse, access to cash, and challenges with

¹ <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf>

physical and mental health. Many of these additional challenges can be improved through social prescribing.

The model as it stands would benefit from saying what is and what is not a social prescribing service. We would like to see further detail on how the framework can serve different needs throughout Wales. There are differences across Wales in availability of social prescribing services and how they are delivered, and this can also be seen in differences in rural and urban provision.

Social prescribing may look very different for older people's needs. The framework makes little reference to different ages of people in need of social prescribing services - either old or young - and these differences need to be considered.

It is important that the multiple disadvantages that many older people face in daily living is closely considered in service design, development and delivery. For example, some older people live in remote and/or locations and often without internet access, so we would like to see further detail on how such people can be reached through the model.

In the section on commissioning on page 7 of our response we detail how reduced and unreliable public transport is impacting older people and how older people are less likely to drive a car.

Older people are at increased likelihood of living with co-morbidities. The proportion of people in the UK with multi-morbidities among those aged 65-74 is 46%. This proportion increases to 69% among those aged 85+.² As such older people have a high need for services to support their wellbeing.

It is vital that social prescribing service development fully involves older people to ensure they can access the information, advice, projects and groups they need.

The advice, services, groups and support that are important to older people's wellbeing may be different to some other groups that are expected to benefit from the social prescribing framework. As such it is important that the framework fully considers how these multiple disadvantage barriers can be overcome. Consideration is needed on whether telephone services, face to face services or outreach projects – or a combination of all - are the best way to reach people with a higher need for social prescribing services.

Language and terminology

We believe that for some older people to better understand what the framework means to them there needs to be careful consideration of the language used. Anecdotal feedback we have had from older people indicates that 'social prescribing' is not a term they recognise, and some feel this is too closely linked to health

² Kingston, A., Robinson, L., Booth, H., Knapp, M., & Jagger, C. (2018). Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age and Ageing*, 47(3), 374–380. <https://doi.org/10.1093/ageing/afx201>

services. In addition, the language used by public and contracted services can be very different to the language used by people in need of social prescribing services. As such, engagement with people across Wales who will benefit from the framework needs to be planned early to identify the language that make sense to people. This should be at national, regional and local level. Engagement opportunities would also assist in identifying what is needed to be truly focussed on people's individual needs.

Confidence for professionals to refer

In terms of equipping those referring to community links, agencies, projects and programmes, confidence is needed that these options are proven areas that can improve people's lives. Professionals also need to know that social prescribing services have sustainable funding and have quality standards appropriate to the service.

If professionals are equipped with the knowledge of the positive effects of social prescribing services – through both training and communications and campaigns through the roll out across Wales – they will be confident that they are doing the right thing. The evidence of the positive effects of social prescribing services needs to be included in campaigns and training to all staff involved in social prescribing across Wales.

Digital exclusion

The 2021 report, Understanding Social Prescribing in Wales,³ acknowledges there may be limitations in findings as the survey was only available online. In Wales 52% of people aged over 75 do not have broadband access and many older people do not use computers and smart phones.⁴ As such, older people's views and others who are not online may well have been missed through the limitations during the pandemic.

Our latest annual survey with older people highlights a range of views regarding the use of digital technology.⁵ There was much frustration regarding the over reliance of online information and the lack of effort to ensure that information was accessible for everyone. People told us that information should be available and accessible in a range of formats. For those who do have access to the internet some told us of the benefits of being online and how it helps connect with family and friends who are further away.

³ <https://phw.nhs.wales/publications/publications1/understanding-social-prescribing-in-wales-a-mixed-methods-study-a-final-report/>

⁴ [National Survey for Wales, 2018-19: Internet use and digital skills \(gov.wales\)](https://gov.wales/national-survey-for-wales-2018-19-internet-use-and-digital-skills)

⁵ <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf>

As such, the framework needs to consider how those who are not digitally literate, but wish to be so, can gain the skills to benefit from online services and support. It is important that older people who are unable to use digital technology have the same level of access to social prescribing as those who are online, and for those it should be via means other than digital.

We also have concerns that if 'digital by default' is the main focus of the framework, many unheard voices may not be considered. As such we would hope to see a specific focus of actions to develop the framework on the volume of non-digital resourcing needed to reach more people who need its support.

The importance of appropriate referrals

Social prescribing offers a unique opportunity to provide a comprehensive and integrated approach to long term conditions that affect a significant proportion of older people. The framework is ambitious in scope. With multiple strands of referral pathways, it is important that each aspect of the model is resourced appropriately to the level of need to achieve the aims of the framework.

Where resources are scarce, and people's needs are high there is a danger that referrals for social prescribing are made to agencies that are generally known to support that client but without checking that they provide the specific support or service that the person needs. This may lead to agencies not being able to provide support and people being moved from pillar to post. This can be a barrier to a person seeking help when the first signpost they have been given fails. The framework needs to ensure that the interface between the professional, social prescriber and community is transparent, and each knows what role they can play in improving people's lives. This will require multi agency training and learning sessions to achieve this. Such sessions should include a focus on different areas where social prescribing is effective in improving lives.

Use of directories

Age Cymru Advice, our flagship advice service, uses a variety of online directories, but the service mainly uses its own directory that we can keep track of ourselves. We believe there is great value in the use of online directories to support social prescribing, but online directories can't always be a substitute for a meaningful conversation where trust in social prescribing can be built up. Having a conversation between a person who would benefit from social prescribing and a social prescriber with up-to-date information on local options and knowledge of what works is an essential part of the social prescribing framework.

Older people have told us that they would much rather be able to find information themselves and not rely on digitally included loved ones. Doing these things for

themselves allows more in control of their own lives. They have fed back that even when they have asked others for help online information is not always up to date and so their confidence in digital solutions can be diminished. As such, online directories need to be regularly updated and reliable in order to build trust. A suite of options should be available in order to reach as many people as possible.

One of the most important resources needed to get social prescribing right is dedicated roles with time focused on building relationships, talking through options, and the skills to understand the right time for people to access the things they need to improve their wellbeing. In many cases this can be by phone, but in other cases face to face contact is needed to build relationships and help work through options that can benefit the person.

If a service is overwhelmed with referrals and there will be a long delay, this information needs to be readily available either through the directory or through such things as a single contact number where staff have access to this information. Directories need to be able to tell referrers and those referring themselves whether there will be a wait before they are able to access the service, group or agency. It is vital that this level of clarity is available at the point of access in order for the framework to be successful.

Leadership and Governance

The framework is firmly focussed on an earlier intervention and prevention approach. It is vital that the focus on prevention is understood at all levels. If this is not the case, then social prescribing will not be given the due attention it needs by public bodies who are struggling to meet high levels of demand. Ringfenced funding is needed to reduce the possibility of this happening.

It is important that good practice is shared across Wales and that lessons are learned on what has and has not been effective in social prescribing developments. As such it is important that information is collected and disseminated across Wales in order to support more speedy developments of social prescribing services. This could be via an information hub.

Referrals

It is unreasonable to expect professionals to keep up to date with what is available, where and when. It is therefore vital that dedicated posts are created whose role it is to understand what is available, what helps people in different ways and when is the right time for a person to be linked in with social prescribing services. Roles are also needed to identify what is needed and then grow social prescribing services where there are gaps. These roles need to be embedded in local communities to attract

voluntary support, and give less visible vulnerable people increased opportunities to hear by word of mouth.

In order for the model to work it is vital that a holistic approach is taken to assessing what a person needs, offering all and relevant options in a way that they understand. This needs to be truly person centred, rather than a simple assessment of what is currently available that may not be suitable. We suggest that this has to be from impartial, qualified advice professionals.

Referral pathways also need to consider how a person may need to come back to the social prescriber for different things as changes happen over time. This is particularly the case for people living with co morbidities who may not be in the right place to access everything they need in their lives.

Maximising self-referrals

Given the much wider range of social prescribing over formal public service support, it is vital that self-referrals are maximised. Many people do not approach statutory services until their need for information, advice and support is high. Some people see asking for help as a failure, and others may have been dissuaded from approaching public services because of adverse media coverage.

Our 'Why are we Waiting?' report on delays in social care with recommendations for pandemic recovery demonstrated that fewer older people approached social care for assistance during the peri-pandemic period.⁶ It is important that social prescribers are seen to be independent of statutory services but having close links for referrals with them.

Framework standards

Anything that is prescribed through social prescribing needs to be assured to work and so quality standards will be a necessary part of the framework. This will provide link workers with the confidence that what is socially prescribed will improve wellbeing, and the confidence to know that those referred to social prescribing services are safe there. We believe social prescribers should comply with The Information and Advice Quality Framework (IAQF Wales) standards. These are:

- Well-managed and well-planned
- Accessible, caring, and safe
- Provide effective advice in the best interests of services users
- Ensure all staff have the awareness, knowledge, and skills to meet the needs of service users
- Meet the needs of Welsh speakers

⁶ August 2022 Why are we Waiting? Delays in social care report available at <https://www.ageuk.org.uk/cymru/get-involved/campaigns/why-are-we-waiting/>

- Contribute to and promote the seven national well-being outcomes set out in the Social Services and Well-Being (Wales) Act 2014

Within the above, we believe that there needs to be an additional focus within the standards above on:

- Ongoing restorative supervision for social prescribers. This is in recognition of the difficult conversations they will have with people experiencing multiple disadvantage
- Ongoing dedicated time to develop and maintain community relationships.
- Flexibility to deliver projects in different ways according to changing needs and necessity.

Commissioning

It is positive that the consultation document highlights the importance of sustainable funding. We are pleased that the additional Regional Partnership Board funding has a focus on longer term funding. This will help facilitate service improvement and expansion.

Regions in Wales have all developed different versions of social prescribing, and some areas are ahead of others in their developments. In Wales the developments have been generally 'bottom up': developing where needs have been identified and resourcing can be found.⁷ As such, there may be variations in levels of commissioning in different areas of Wales. It is important that regional population assessments are updated to include the wider sphere of social prescribing.

At this stage it is unclear whether this resourcing will be sufficient as social prescribing increases across Wales. Third sector agencies can source charitable funding, but there are limitations in what this can support. Projects that meet statutory needs or are longer term are almost always outside the remit of what can be funded and so the wider commissioning process needs to involve all partner agencies that have a role to plan in early planning.

Commissioning also needs to consider wider community connections such as transport. For older people, transport is a major concern. Older people are less likely to own a car⁸ and public transport limitations will be a barrier to the uptake of social prescribing services. In our most recent survey⁹ older people told us, a key issue for them was that with public transport has not returned since the peri-pandemic period. In rural areas people told us of the additional impact this has when pre-pandemic public transport was not joined up. Challenges with transport was highest with

⁷ <https://phw.nhs.wales/publications/publications1/understanding-social-prescribing-in-wales-a-mixed-methods-study-a-final-report/>

⁸ 1/8/2003, G Windle & V Burholt, Journal of Quality in Ageing in Older Adults, Older people in Wales, their transport and mobility: A literature review.

<https://www.emerald.com/insight/content/doi/10.1108/14717794200300011/full/html> Accessed 24/10/22

⁹ See (1)

people aged 80 or over (22%), then 65 to 79 year olds (16%) and followed by 50 to 64 year olds (13%).

As such, resourcing should include community transport in areas where it will make an impact and contribute towards positive outcomes.

Social prescribers by the nature of their roles will be working with highly vulnerable people and as such will need enhanced levels of supervision and support. The model needs to include resourcing for restorative supervision for social prescribers and commissioning needs to consider this cost in funding opportunities.

Some social prescribing services will be very small. As such commissioning and procurement processes need to make space for a simpler and proportionate commissioning process to give smaller community-based organisations and groups fairer and equitable access to funding alongside larger not-for-profit organisations.

Measuring the impact of social prescribing

As stated earlier the framework is ambitious in scope. It is important that the resources allocated to this are used well and that improvements in people's lives are measured. Demonstrating positive outcomes can also attract additional funding.

We suggest that longer term outcomes should include:

- Reduced need for GP appointments
- Reduced need for support from formal social care services
- Improved self-reported well-being of people using social prescribing services

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