Response form from the Royal College of Speech and Language Therapists in Wales

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes to an extent.
	Speech and Language Therapists (SLTs) recognise that people's health is determined by a range of social, physical, emotional and environmental factors. We welcome the ethos behind the model and the intention to approach health improvement in a holistic way, helping people improve areas of their lives likely to contribute to their entire health and wellbeing.
	As experts in supporting people with communication and swallowing difficulties, our members report that many of the people with whom they work experience mental health difficulties, loneliness and isolation. SLTs regularly signpost to a range of trusted community partners such as Age Connect, Headway, and Macmillan who are able to provide support in a variety of areas.
	Members have commented that it positive to see a broad range of referral options within the proposed model.
1b	If not, why not? Is there anything missing / not appropriate?
	We were surprised to see that education and childcare are not featured as one of the potential referral routes. If the model is intended to be all-age, it is crucial that it reaches people where they are or predominantly spend their time. In the instance of children and young people, there is a clear role for childcare and education settings.
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.
	A number of members have commented on the usage of the word 'prescribing' and 'referrals' which traditionally have medical model connotations. To many, the usage of the word referral also implies the duty of care and introduces a level of risk. Several members have highlighted that a referral would necessitate confidence in the quality of the service offered by the provider and clarity around where risk would lie.
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.
	A number of members have talked about the fit between this model and the care aims methodology that is being rolled out across health professionals as

	a Welsh Government priority. We believe that looking at the terminology used within the care aims model may be very helpful. For example, request for assistance rather than referral.
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.
	We believe a range of communications may be required to meet the needs of the different audiences and maximise the applicability of the framework. For example, phrases such as statutory and third sector are in common usage within health and social care and appropriate for professionals likely to be referrers. However, they may not be widely recognised by the general public.

We recommend that the term 'social prescribing' should also be defined in simple language – many people requiring support are likely to have significant difficulties with language and would find it a difficult concept to understand.

It may also be helpful to include case study examples to highlight how each mode of referral may work in practice.

We also recommend the usage of images to support communication and development of underpinning pathways/algorithms.

The service will also require publicity such as media adverts/ social media etcetera |
| 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? |
| | Our members have raised the importance of the quality assurance processes in place. Many of the people with whom SLTs work may have significant communication difficulties. It is essential that providers are able to offer support that meets the needs of such individuals.

In addition, an effective digital infrastructure will be key. For example, a website that will allow professionals to know what is available locally and clear pathways. This needs to be kept up to date and easy to access and search so that professionals can provide information within a consultation. |

	Our members also suggest evidence-based information around benefits, and client's journeys would also support healthcare professionals to see the value of social prescribing. It may also be helpful to consider training in the form of a short video to show professionals how to access the information and make a referral, including information on how to structure a conversation around social prescribing in a session. Some members have highlighted the importance of considering a universal offer similar to Making Every Contact Count. We believe there is interesting learning from the Vale of Glamorgan Community Resource Team. Age Connect is a trusted member of this team and health professionals are happy to refer people who may be facing issues such as isolation or mental health difficulties to the service for matching with appropriate services and activities.
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?
	Proposed directories need to be accessible, include images as well as words and offer a range of filter options and need to be promoted via social media. Key factors such as available transport/ access arrangements also need to be included within descriptions. For those, who may not be digitally confident, there should also be telephone and face to face options available.
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?
	It would be helpful to consider how the population needs assessment undertaken by Regional Partnership Boards might be utilised to support targeted activity.
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?
	Our members recommend that good and easily accessible information needs to be provided around processes and clearly defined criteria developed.

	Support needs to be put in place for where problems arise, for example if a person is referred to a group which is unsuitable. Effective feedback mechanisms need to be established to ensure support develops over time and training needs are identified.	
	Several members have suggested that consideration should be given to award schemes for making a difference in people's lives.	
	Additionally, a range of relevant, easily accessible training needs to be made available to groups/ organisations offering community-based support covering key areas such as safeguarding and equality, diversity and inclusion.	
6a	What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?	
	We recommend clearly defined criteria for access. The process needs to be person centred from the start, with sufficient time allocated to understand the complexity of the person's difficulties.	
	As mentioned above, effective feedback mechanisms also need to be in place to ensure inappropriate referrals are minimised and training needs identified.	
6b	What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support	
	We would wish to see good and up to date information about the person and the socially prescribed organisation. As previously mentioned, effective feedback mechanisms need to be in place to ensure inappropriate referrals are minimised and training needs identified. However, it needs to be acknowledged that inappropriate referrals may happen and support put in place for organisations and individuals if there are issues.	
7	Which actions could be taken at a national level to support strong leadership and effective governance arrangements?	
	We recommend gathering good information around outcomes and experience from service users, prescribers and organisations from the start, to identify strengths and weaknesses in the scheme. In addition, there is a need to build in opportunities to learn lessons over time.	

	Our members also feel it would be helpful if leaders had experience in health and social care.

We also feel it may be beneficial to learn from existing peer support governance arrangements in place for current roles with health boards such as IMROC within Cardiff and Vale University Health Board. | |
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?	
	We would encourage ensuring the involvement of local community in all its diversity to ensure a clear understanding of population need.	
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?	
	It is clear from our conversations with members that different organisations use different online resources to promote their activities. There is some awareness of Dewis but many were unaware if there was an overall directory of what is available. There was a sense that current online information is not tailored for social prescribing with a suggestion that organisations would need to be involved in discussions around what information is required to support decisions.	
9b	Are there other online directories / sources of information you use?	
	A number of members mentioned directories co-ordinated by local voluntary councils.	
9c	What are the key features you think online directories should provide to help people access community based support?	
	Members highlighted a number of features including;

- easily understood IT.
- simple, accessible language and usage of images. Many people who are struggling have language and literacy difficulties | |

	Good filters to find organisations that meet the individual person's needs.
10a	What actions could we take at a national level to help address the barriers to access?
	Well-designed IT adhering to high accessibility standards and easily accessible from mobile phones. A telephone support line for those who are unable to use IT.
10b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?
	Development of a telephone support line. Individual face to face or virtual support for very vulnerable people, with time to assess the complexity of their needs.
11a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns? Not sure
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?
	We understand that standards would be helpful in ensuring quality assurance of community support and increasing confidence of health professionals to refer to initiatives. However we are concerned that standards that are robust enough to safeguard may be deterrents to becoming involved. Good engagement should ensure that organisations were appropriate.

12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
	As previously mentioned, we would wish to see a telephone helpline, and bespoke home visits for very vulnerable people.
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
	We believe there needs to be focus on robust outcomes and easy and effective communication supported by an easily searched and up to date database with good information.
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?
	We would encourage the development of robust criteria. Organisations should reserve a right to limit the number and complexity of individuals accessing their activities through social prescribing. We would also encourage the development of a system for providing support when organisations run into problems. This may be because many people are accessing an activity through social prescribing which stretches the capacity of the organisation to support, or because a single individual cannot be suitably supported.
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	We would recommend utilising PROMS and PREMS to consider the impact on overall health and wellbeing, and also measures such as reduction in reliance on healthcare e.g. GP appointments, attendance at Emergency Departments, use of anti-depressants. Our members have also suggested collecting patient stories and patient feedback to gain qualitative evidence of impact.
16a	Do you have any research or evaluation evidence you'd like to share with us?

	The Royal Society Of Public Health have worked collaboratively with Public Health England and NHS Improvement to develop a framework to support Allied Health Professionals (AHPs) to increase their social prescribing and to create a vision of social prescribing for AHPs which is available here: https://www.rsph.org.uk/about-us/news/launch-of-new-social-prescribing-framework-for-allied-health-professionals.html The framework importantly includes a wide range of case studies from different AHPs working in a variety of settings.
16b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
17a	What are the key knowledge and skills the planned competency framework should cover?
	We believe the framework should consider; - An understanding of person centred care. - An understanding of effective communication and adaptations and strategies for dealing with individuals with communication impairment. We recommend the free Communication Access UK training which supports inclusive communication for all and is available here - https://communication-access.co.uk/ - An understanding of disabilities – particularly Autism and Learning Difficulties. - An understanding of mental health difficulties.
17b	How can the planned competency framework best complement existing professional standards?
	There should be significant overlap between existing frameworks. This would build a workforce that has developed appropriate skills to support the scheme effectively. We believe it may be helpful to link with the social prescribing framework for AHPs - https://www.rsph.org.uk/about-us/news/launch-of-new-social-prescribing-framework-for-allied-health-professionals.html We also feel it may be beneficial to learn from existing peer support governance arrangements in place for current roles with health boards.

18	Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited?
	Members felt that social prescribers would require specific skills such as resilience and strong facilitation skills to hold 'what matters' conversations. Recruitment/retention of staff may improve with increased opportunities. There would be greater equality in provision if the competency framework was underpinned by education and training.
19	What other actions could we take at a national level to support the development of the workforce?
	Good communication skills will be key to success. Consideration may also need to be given to whether the workforce would require access to digital notes. Learning from the example of third sector organisations embedded into community resource teams may be helpful here.
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
	• Referral process – Members have highlighted that it is currently very difficult to find the critical information needed to socially prescribe and have noted that as a prescriber you have a responsibility to ensure that the organisation you suggest is appropriate. For our NHS members, many websites are often blocked due to security walls. • Assessment process • Accessing community based support • Delivery of community based support • Management of information and reporting of outputs / outcomes • Sharing of information / good practice – There is historic poor facility to share information between organisations such as health and social care with limited common IT systems.

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
	• Referral process – an excellent database which is easy to search with relevant information. Ability to print or email a 'prescription' straight from the database to enable prescribing within a consultation. • Assessment process • Accessing community based support • Delivery of community based support – currently community based organisations use a wide range of ways to spread information (e.g. facebook, blogs) and register involvement (Eventbrite etc). Consideration is required of the inclusiveness of information. • Management of information and reporting of outputs / outcomes • Sharing of information / good practice.
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: