Quality Assurance for Social Prescribing

A guide to support social prescribing programmes in England

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A document to support the ongoing development of social prescribing (England version)

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This work programme was made possible with funding from The National Lottery Community Fund and the support of many groups, large and small and numerous individuals, who were sometimes supported by the National Lottery in their own right.

Prepared by Craig Lister, Managing Director of TCV's Green Gym™, with support from an advisory panel, the University of Westminster and a wide range of wonderful people dedicated to improving health and wellbeing throughout the community.

I have read through this document carefully and consider that it will make a valuable contribution to the ongoing development of social prescribing and its workforce.

I am pleased to be able to endorse the quality assurance process for social prescribing on behalf of the Royal Society for Public Health.

Dr Richard Burton Director of Qualifications The Royal Society for Public Health

Ownership

This document was made possible by funding from the National Lottery Community Fund, it is free to use either in part or whole to support the development of social prescribing.

This document is hosted by the National Social Prescribing Network in England which exists to promote social prescribing. It will be updated on a regular basis; however, users should ensure for themselves that specific details remain in date and have not been recently superseded.

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

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

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

Contents

1 Introduction

This document is the result of 18 months co-production, developing a guide to support appropriate quality assurance (QA) processes for social prescribing (SP) in England.

We view social prescribing as equitable to any other prescribing, therefore, it needs to show equity in terms of appropriate levels of quality, evidence and outcomes.

From the outset we sought to enable an agreed position against which all can align, recognising key aspects pertinent to all, while acknowledging 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, in combination with other key documents identified below, considering how the concepts would work for your programme, recognising the need for quality to be hand in hand with supporting the needs of the individual.

The process has been advanced in alignment with the NHS England development of the:

- Social prescribing and community-based support Summary (NHSE) guide containing the Social Prescribing Outcomes Framework NHS England; Social Prescribing Summary Guide - Appendix D; Common Outcomes Framework
- Social prescribing link workers: Reference guide for Primary Care Networks (due imminently)
- Driving forward social prescribing: A framework for Allied Health Professionals https://www.rsph.org.uk/our-work/resources/ahp-social-prescribing-framework.html

This document is designed to support VCSE providers particularly; it should be read in conjunction with the documents above. NHS England has developed this guidance for Primary Care Networks which supports the development of effective and safe social prescribing as part of the NHS Long Term Plan commitments. The intention is that these documents together with the National Quality Framework support coordinated effective system wide quality for social prescribing. For example, the ‘Social Prescribing Link Workers Reference Guide for primary care networks’ has a quality section for link workers that should be considered when developing or checking your quality system.

There is a need also to understand and consider that social prescribing and its quality, although can be nationally guided, is determined locally and that although reference is made here to new NHS plans for social prescribing, that system wide engagement in social prescribing locally is essential. Quality is vitally important in all elements of a social prescribing model, especially the VSCE provider opportunities offered to people as social prescriptions.

We are extremely grateful to the National Lottery Community Fund, who’s funding and support has enabled this work.

2 Context

In January of 2018 the National Lottery Community Fund (NLCF) awarded funding to The Conservation Volunteers (TCV) to act as lead in the development of a quality assurance (QA) process. This process supports scaling of high-quality social prescribing (SP) across the UK, with particular emphasis on the VCSE sector.

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 liaised 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 and people willing to share their lived experience to create this document.

The development of a QA process was previously identified as necessary to protect the whole SP process, especially where there is direct clinical 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, police 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 SP 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 processes, some of which are chargeable, or in some cases no specific QA process. However, it seems unlikely that there is a single legal interpretation of what quality is in the case of SP as yet, therefore everyone within the SP system should ensure for themselves that their work comprises quality systems that are reasonable, practicable and proportionate.

This work has been conducted in collaboration with the National/International Social Prescribing Network, the NHS and wider health organisations across England, Scotland

and Wales, the Public Health Agencies in Northern Ireland, 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 communities, 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 (over page) 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

- 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.]

2.3 Development of this document

We 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 was used, this approach provides a method that allows insight gathering, analysis, reflection, codesign and action.

We are grateful to the huge number of people who have input to the development of this document, many of whom are listed in the front and appendices, although the lists are not exhaustive. We are particularly grateful to the small groups and individuals who have limited capacity to do anything other than their great work supporting social prescribing, yet still gave their time.

Several organisations or networks such as the University of Westminster, the Royal Society for Public Health, the National Council for Voluntary Organisations (NCVO), the Citizens Advice Bureau, the All Wales Social Prescribing Network, the Scottish Communities for health & Wellbeing and the Healthy Living Centre Alliance in Northern Ireland have been significant in their support. Many of the people and groups are identified in appendix 6.1

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

3 Fundamental components

The development of this document has been through an iterative approach and there have been some key themes that have emerged through the feedback that has been received from people and organisations who engaged in this process.

NHS England has become formally engaged in the scaling of social prescribing through Primary Care and Primary Care Networks, the support of NHS England was seen as crucial to the development of SP. There was some concern over who should play a greater role in supporting the emerging costs of implementing quality assurance for social prescribing models, this is still being considered at the time of this release.

There was an overwhelming support for the tiered approach to quality assurance. People supported varying levels of quality assurance according to the size, type and nature of the organisation or activity being offered as a social prescription. There was a clear acknowledgement of the complexity in achieving this and how formalisation to such a degree may endanger the essence of social prescribing being rooted in communities and social action. This concern was particularly attributed to the much smaller informal community groups and activities which may not even be a part of constituted organisations, but who could demonstrate positive health and well-being outcomes.

Contributors to the consultation fed back that quality assurance for social prescribing should be mandatory, but that any costs associated with this that require more than what's already in place, one thought was for this to be met by commissioners.

The mandatory requirement should be applicable to large organisations, with recognition of options for smaller, more informal organisations such as self-assessment or assessments aligned with an umbrella VCSE group. There is a concern that additional quality assurance could become a burden to the VCSE sector and there may be unintended, inequitable treatment of smaller groups, as a result of new requirements. This document seeks to offer guidance to overcome this concern.

Feedback on the renewal of quality assurance varied between once a year, possibly using self-assessment to a formal review once every three years, with additional updates every time a change of significance to the activity/organisation happened.

This requires more work and it was highlighted that national organisations such as NCVO and NAVCA as membership organisations for the VCSE are well placed to support this work.

There are several fundamental components that were common themes throughout the research.

1. Our work identified the key concept of 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 that this should be protected so far as possible.
2. We identified that many provider groups, perhaps the most numerous overall, are very small and have limited capacity to take on any additional requirements, particularly where there is a cost. Notwithstanding this, the significant majority recognised the need for a minimum level of quality.

3. We recognised through discussion that we are not expecting to make the process free of risk, and that an element of risk (or ownership of actions by the person) 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.
4. Careful consideration of cost implications has been important too, as we are all working to deliver social prescribing in extremely challenging financial environments. This is document is not a QA tool, rather it identifies agreed principles and offers options for SP providers to ensure they are appropriately covered in terms of quality.

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 the concept of a triple lock approach as shown below.

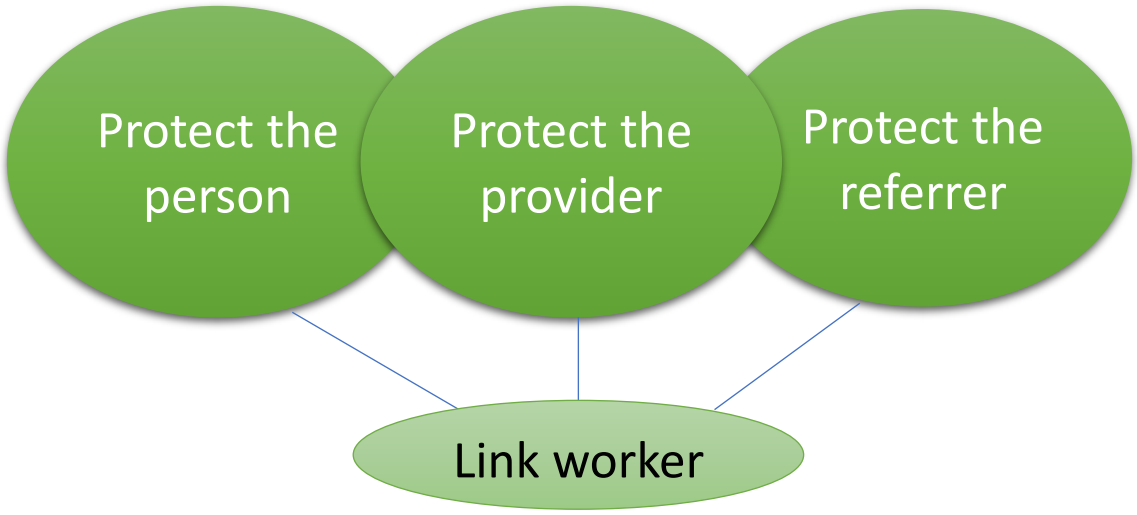


Figure 2. Triple Lock

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, or inappropriate referral, 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, so far as they can, and that this is not a removal of all risk.

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 or the NHS 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 or other agreed competent person 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, which would be agreed locally, 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 (accepting in the case of negligence), delivers confidence in the referrer to fully engage in the SP system 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.

3.1 Recommended measures of quality assurance

The following measures were agreed as a function of the consultation, they represent the culmination of reviewing many quality processes and workshops at various events

- 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 and other referrers are sometimes nervous to refer their patients/clients to SP because they are unsure (mostly erroneously) that the provider may not have sufficient skills to deal with a person and that the responsibility for the person's wellbeing is still with that referrer.
        - The other end of the spectrum is that sometimes referrers behave in a completely different manner, i.e. they (inappropriately) refer people who clearly need higher levels of support e.g. statutory or clinical
- 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, 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 while not stifling community action and empowering communities to facilitate people helping people. Many of these 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.

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 RECOMMENDED QUALITY MEASURMENT 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 bot 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 as required by legislation. 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 and any contractual requirements if appropriate
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 and Diversity 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 ensure basic mental health awareness training for appropriate paid staff and volunteers with possible offer of accredited 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 support 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

3.2 Levels of assurance

It is recommended that there are two or three levels or tiers of quality assurance, and accompanying 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).

This in turn aligns to the triple lock where all parties, especially the person at the centre of the process are protected from potential harm so far as is reasonably practicable.

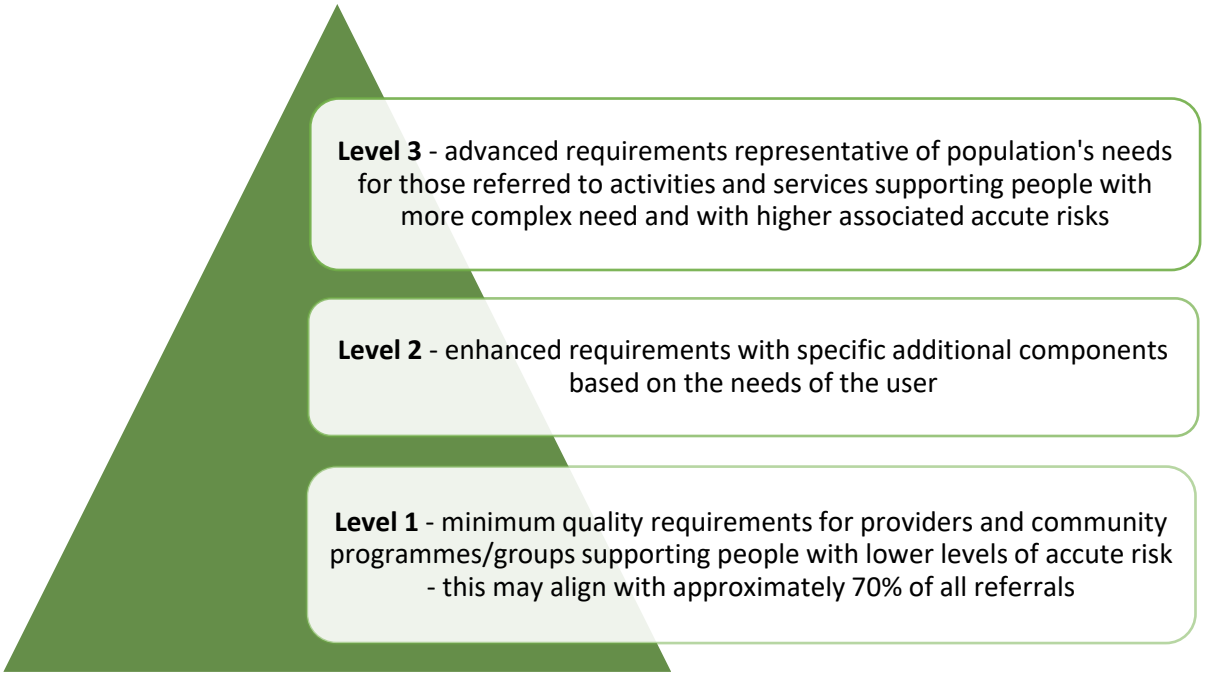


Figure 3. Levels of competency aligned to quality assurance

There is an agreed 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.

Organisations providing support and activities to people with more complex health needs, especially where there is an acute (current and potentially immediate) risk to health or life, 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 angina would require more robust systems and processes to assure quality and safety than, for example, a craft group working with people where there is no acute risk and the main rationale for referral is isolation.

Organisations, large or small, should be honest with themselves over the level of risk they will accept (risk appetite), the competencies they have to manage an event should it occur (i.e. hypoglycaemia, onset of angina, a person's threats to harm themselves or others) over the level of good they can do. In many cases engaging someone to have an objective view on this will support the best agreed outcome.

Part of the quality system should be reporting on outcomes; this is similar across all levels and is identified as:

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

3.3 Threshold

Of all the sections during the consultation and workshops this has had and continues to have the most discussion.

The threshold for the required level of appropriate evidence (i.e. that the overall SP process in a given place for given conditions is safe and effective) should be agreed at a local or regional level.

Recognition should be given to what is being offered and what is being sought, against what is the consequence of doing nothing. At a population level, sustained isolation coupled with inactivity is likely to be one of the most significant risks, therefore, it could be argued that doing anything is better than this. At an individual level however, this may not be true if there is an acute risk of significantly worsening the condition or presenting a threat to life.

The graph below recognises the need to assess the evidential threshold (i.e. how much evidence do you need and of what type) against the simplicity or complexity of the condition and the intervention. For a basic intervention of social inclusion around a relatively low risk activity such as walking or being in green spaces, the level of evidence may be low and is likely to be readily available. For a more complex intervention where there is greater complexity and higher potential to inadvertently do harm, there will be a higher threshold and perhaps a higher frequency of reporting.

The higher the reported evidence against the QA assessment, the greater the confidence in quality throughout the SP service. However, given that many providers are very small, too high a required level will inadvertently mean they are unable to meet the threshold and may be overlooked by link workers. This may in turn impact their other work and the ability for social prescribing to make a difference locally in people’s lives, by utlising assets to build both community and personal resilience.

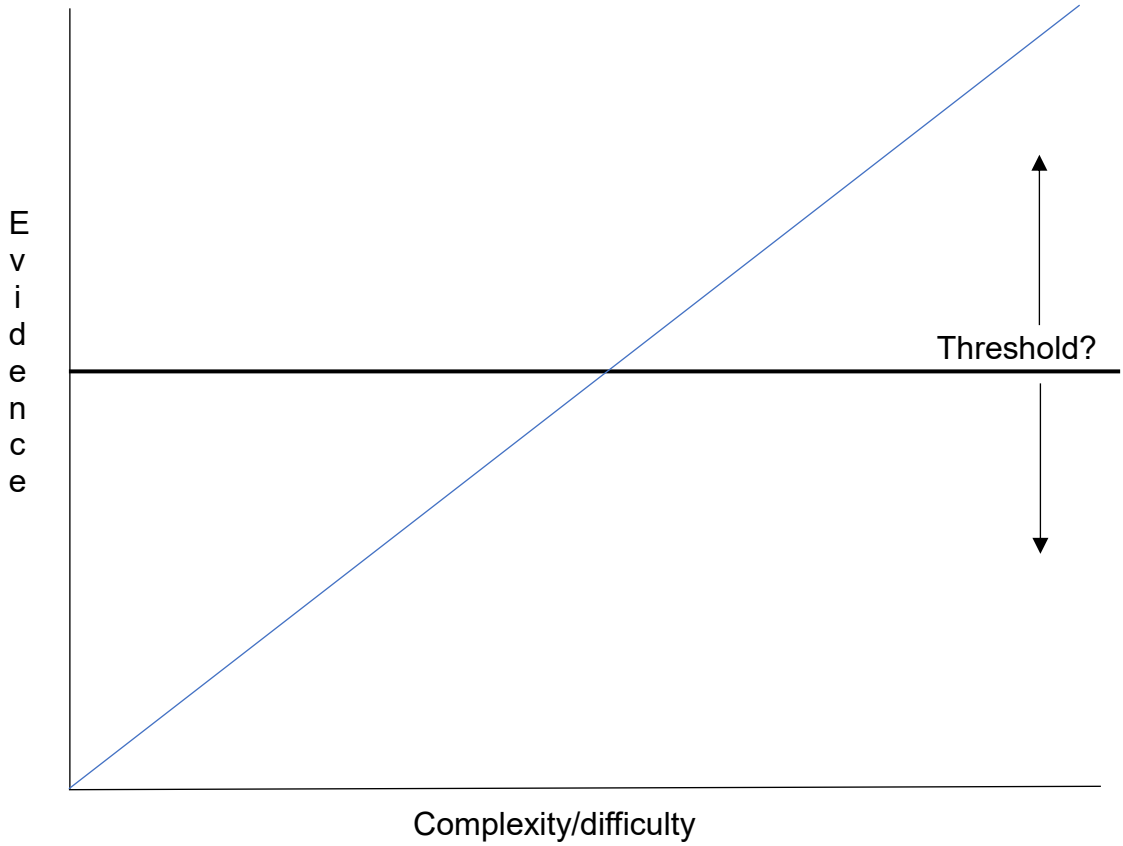


Figure 3. Threshold for evidence ©

3.4 A template for quality assurance in social prescribing

The SP QA Framework looked at 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

The majority feedback was that the framework will apply in terms of end providers only to 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.

Some of these 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. Many of these tools have a cost attached and some require membership to access.

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.

We have shared a list of some 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. This is not an exhaustive list.

It is anticipated that this QA framework will not be burdensome to already stretched organisations but will provide a level of common understanding across the breadth of the SP fraternity. This is especially pertinent for small providers that may have even less capacity and organisational structure to complete any new requirements.

4 Continuing development of the QA process

This document is not intended to be a final explanation of QA for SP, rather it will be a living document hosted by the National/International SP network in England.

It is anticipated and hoped, that it will continue to align closely with NHSE, other nations SP leads, both home nations and where appropriate international colleagues, PHE, the national VCSE and other key stakeholders.

5 Appendices

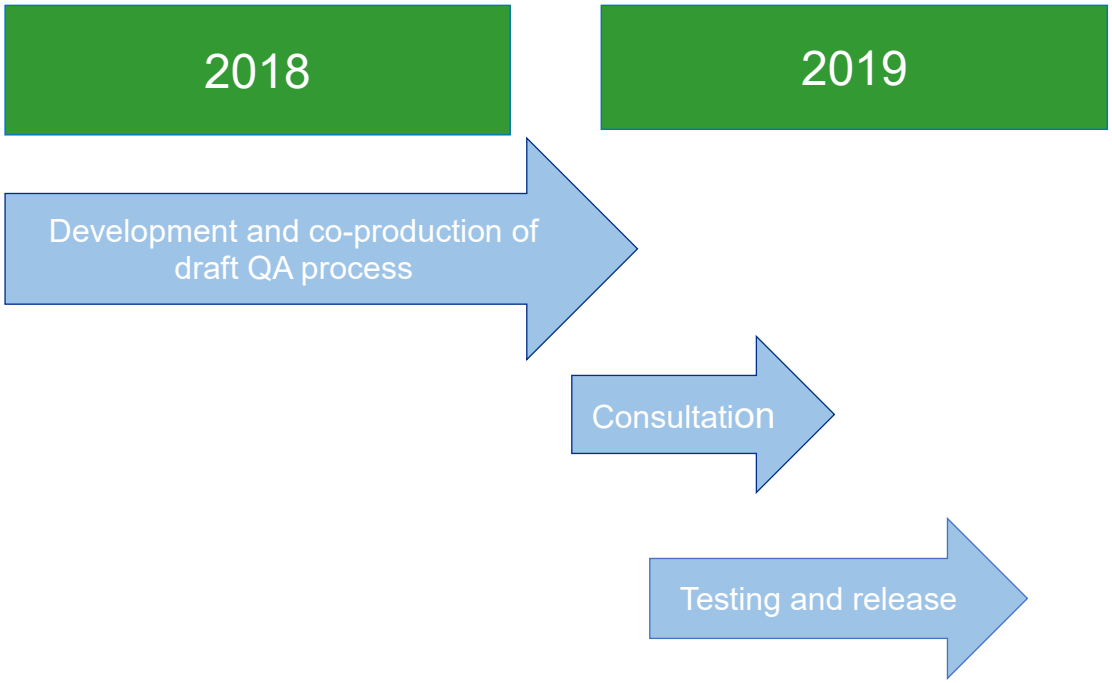
5.1 Development contributors

In no specific order we are indebted to the following groups and people, again the list is not exhaustive and we apologise for missing anyone

- The Social Prescribing Network and Regional social prescribing networks
- NHS England Social Prescribing team
- Public Health England and 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
- Kate Burton 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 (ACVEO)
- Voluntary Centre Services West Lindsey (VCS)

- NCVO (Lev Pedro and Patricia (Trish) Kiss)
- Numerous small voluntary and community groups
- Timebanking UK
- Siân Brand (Salus Management Solutions Ltd)
- 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) (Quality For Health, a quality assurance standard for the voluntary and community sector)
- National Association of Link Workers
- 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)

5.2 Implementation Timeline



5.3 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/

5.4 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.

Powered by Essex Connects into the heart of local communities

Connect Well connecting you with help & wellbeing support

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.*

5.5 Example Quality Assurance Schemes

QUALITY ASSURANCE SCHEMES FOR LOCAL VOLUNTARY AND COMMUNITY GROUPS / ACTIVITIES				
Name	**Detail**	**Coverage**	**Contact**	**Cost**
The NAVCA Quality Award	The NAVCA Performance Standards and Quality Award is a set of outcome-based quality standards for NAVCA members delivering support and services to local voluntary organisations and community groups. Our members use the NAVCA Standards to provide shape and direction for their work. They are unique in that no other quality mark provider assesses performance provided by local sector support and development organisations. The Standards reflect the essential functions of a local support and development organisation and help them to demonstrate how the services they provide make a real difference to their local voluntary and community sector. The outcome of a successful audit can be shared with local commissioners, elected members, public bodies, local MPs and other significant stakeholders as a real demonstration of the organisation's ability to make a difference in their community.	UK	https://navca.org.uk/navca-quality-award	Yes & membership required
NCVO Quality Standards	The NCVO quality standards offer organisations, both in and outside the voluntary sector, an externally-verified seal of approval, which publicly demonstrates organisation's commitment to quality assurance and continuous improvement. Organisations that are charity, civil sector, or volunteer-involving organisation, can obtain recognition through independent assessment that their organisation is fit for purpose. Organisations will be able to demonstrate to commissioners, funders, beneficiaries and other	UK	https://www.ncvo.org.uk/practical-support/quality-and-standards	Yes

	stakeholders that they are delivering quality services and working to a recognised framework of assurance. Whether organisations are big or small, the quality mark can be applied to all types of organisation or if something more specialised, NAVCA has a standard to suit all organisations			
Trusted Charity – used to known as PQASSO	This element of quality assurance from NCVO used to be known as PQASSO but has now changed its name to Trusted Charity. Trusted Charity is a straightforward process designed to help run VCSE organisations more effectively and efficiently. It sets out what organisations need to have in place to ensure sound governance practices, proper financial and risk management systems, and a reliable system for measuring outcomes. It offers a flexible approach, allowing organisations to work at its own pace		https://www.ncvo.org.uk/practical-support/quality-and-standards/trusted-charity	Yes
Matrix Standard	The **Matrix** Standard is the unique quality framework for organisations to assess and measure their information, advice and/or guidance services, which ultimately supports individuals in their choice of career, learning, work and life goals	UK	https://matrixstandard.com/	Yes
Quality For Health	Quality For Health is a quality standard focusing on robust quality assurance which can help position voluntary, community and social enterprise organisations at the heart of delivering local health and wellbeing priorities. A number of areas have developed a list of 'Approved Providers' ready to deliver services or accept referrals. Originally developed in partnership with Calderdale Clinical Commissioning Group, Quality For Health was set up to support the Voluntary, Community and Social	UK	https://qualityforhealth.org.uk/	Yes

	Enterprise Sector to demonstrate the quality of their services. Since then, the standard has continued to develop and expand and is now being used across a variety of sectors and locations in the UK to provide assurance to service users, funders and referrers that services are of the highest quality. Quality For Health has three levels designed to support organisations – from small community based groups to larger established organisations. The standard addresses the three pillars of quality identified in the NHS Five Year Forward View and the five key questions posed by the Care Quality Commission.			
The South Devon & Torbay Quality Assurance Mark	The Quality Assurance (QA) Mark has been developed for the community, voluntary and social enterprise (VCSE) organisations that provide health and well-being services and activities in the South Devon & Torbay area. The aim of the QA Mark is to contribute to the health and well-being of our communities by providing the option of a quality assurance scheme to boost confidence and build trust with the statutory sector, particularly around the areas of service quality, data management, confidentiality, and training and support for volunteers. The scheme is also designed to highlight the range of quality VCSE services available that support prevention for the most vulnerable.	South Devon and Torbay	https://www.teigncvs.org.uk/quality-assurance-mark/	No
The Community Action Suffolk Quality Standard	The CAS Quality Standard is an award which VCSE organisations can achieve to demonstrate its effectiveness and efficiency. (The CAS Organisation Self-assessment option is also available)	Suffolk	https://www.communityactionsuffolk.org.uk/support/your-organisation/quality-standard/#	yes

	The CAS Quality Standard is endorsed by Suffolk County Council and the Suffolk Local Safeguarding Children Board. It is externally assessed by the Quality Standards Awards Panel comprised of Community Action Suffolk, Suffolk County Council Commissioning, Suffolk Local Safeguarding Children Board and the Suffolk Safeguarding Adults Board. It was developed in 2005 by VCSE sector organisations, for VCSE sector organisations. The CAS Quality Standard means a commitment to quality. It can evidence that your organisation has the structure, policies and procedures in place to be a safe, well run provider of services. It covers four crucial organisational sections: Safeguarding Health, safety and welfare Staff recruitment and development Organisation Management Each of the four sections can be completed independently and assessment feedback is provided on each section as completed (rather than at the end of the whole process).			
Advice Quality Standards	The Advice Quality Standard (AQS) is the only sector-owned, independently audited standard that focuses on advice. It is awarded to organisations that give advice to members of the public on legal issues. Organisations are audited every two years and have to demonstrate that they are accessible, effectively managed, and employ staff with the skills and knowledge to meet the needs of their clients		Advice Services Alliance https://asauk.org.uk/advice-quality-standard/	Yes
Performance and Quality Framework	Only relevant to local Citizens Advice Covers quality of advice given, financial health, people (staff & volunteer satisfaction) and Client Experience			

	survey. It includes an annual Leadership self-assessment, which covers governance, business planning, risk management, financial management, operational performance management, partnership working, people management, research and campaigning and equality.			

This work programme was made possible with funding from The National Lottery Community Fund