DRAFT Common Outcomes Framework for Social Prescribing

This is a discussion paper created by NHS England and partners. We are seeking feedback on plans to introduce a Common Outcomes Framework, which will measure the impact of social prescribing.
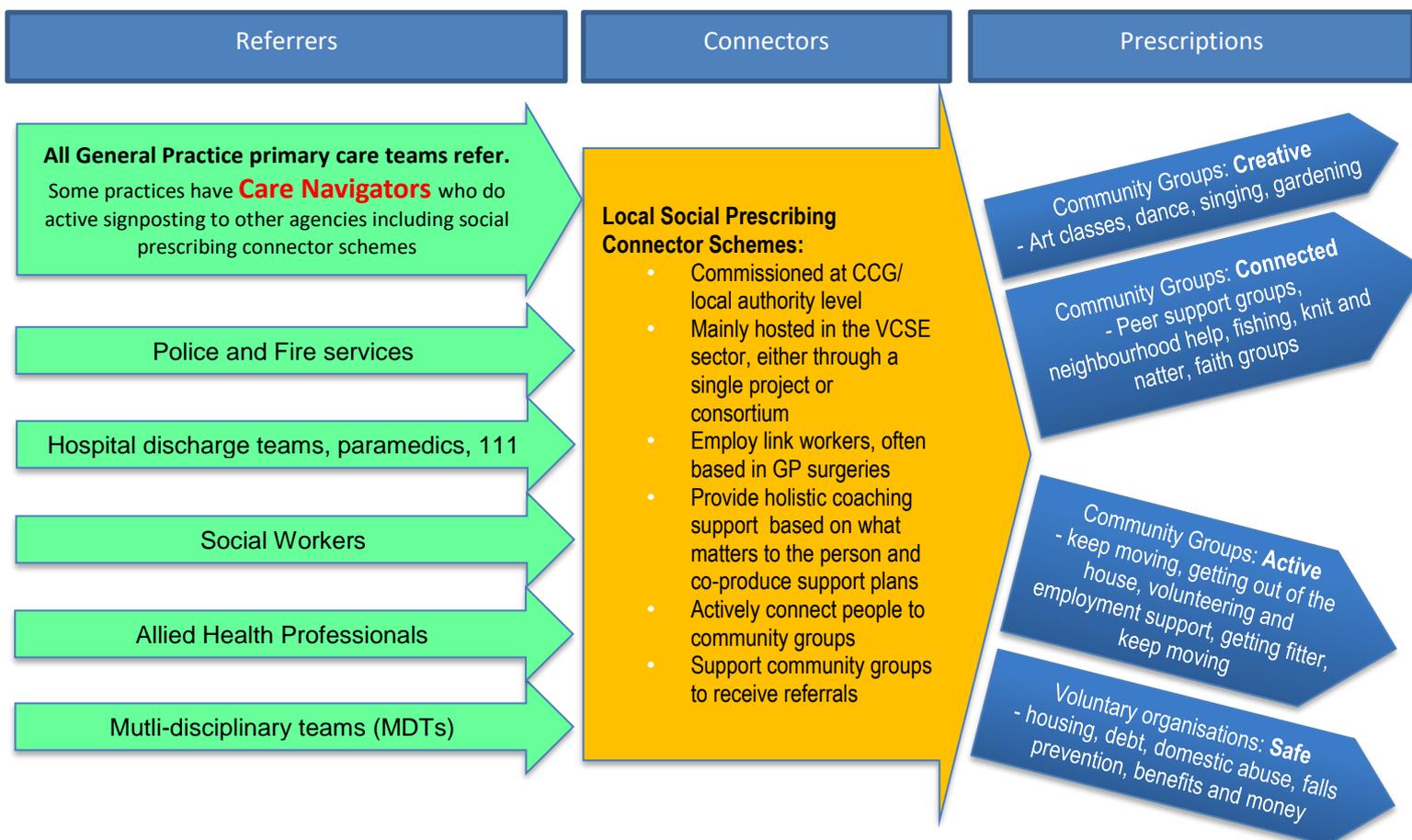
We would be grateful if you could read the following proposals and tell us your views. We will use this feedback to publish guidance in 2018.

NHS England is working with commissioners, practitioners, providers, evaluators and other stakeholder groups to work towards a consensus on what outcomes should be measured to show the impacts of social prescribing.

This will enable local social prescribing connector schemes across the country to capture core outcome data, which will create a strong evidence base, support the business case and build a national picture on the impact of social prescribing.

Social prescribing is still a relatively new innovation and at present there is no standard framework for measuring impacts. Capturing lessons about social prescribing schemes are further complicated by the organic nature of the growth in social prescribing schemes across the country, with different terminology and models used.

NHS England is committed to supporting the spread of social prescribing, through the development of a locally commissioned core social prescribing 'connector' service at CCG/local authority level. How connector schemes work is outlined below:

Referrers	Connectors	Prescriptions

All General Practice primary care teams refer.
Some practices have **Care Navigators** who do active signposting to other agencies including social prescribing connector schemes

Police and Fire services

Hospital discharge teams, paramedics, 111

Social Workers

Allied Health Professionals

Mutli-disciplinary teams (MDTs)

Local Social Prescribing Connector Schemes:
- Commissioned at CCG/local authority level
- Mainly hosted in the VCSE sector, either through a single project or consortium
- Employ link workers, often based in GP surgeries
- Provide holistic coaching support based on what matters to the person and co-produce support plans
- Actively connect people to community groups
- Support community groups to receive referrals

Community Groups: **Creative** - Art classes, dance, singing, gardening

Community Groups: **Connected** - Peer support groups, neighbourhood help, fishing, knit and natter, faith groups

Community Groups: **Active** - keep moving, getting out of the house, volunteering and employment support, getting fitter, keep moving

Voluntary organisations: **Safe** - housing, debt, domestic abuse, falls prevention, benefits and money

Developing a Common Outcomes Framework – the process

We have listened to commissioners and practitioners across the country, through regional social prescribing networks. We have heard requests for a common approach to documenting the impact of social prescribing schemes.
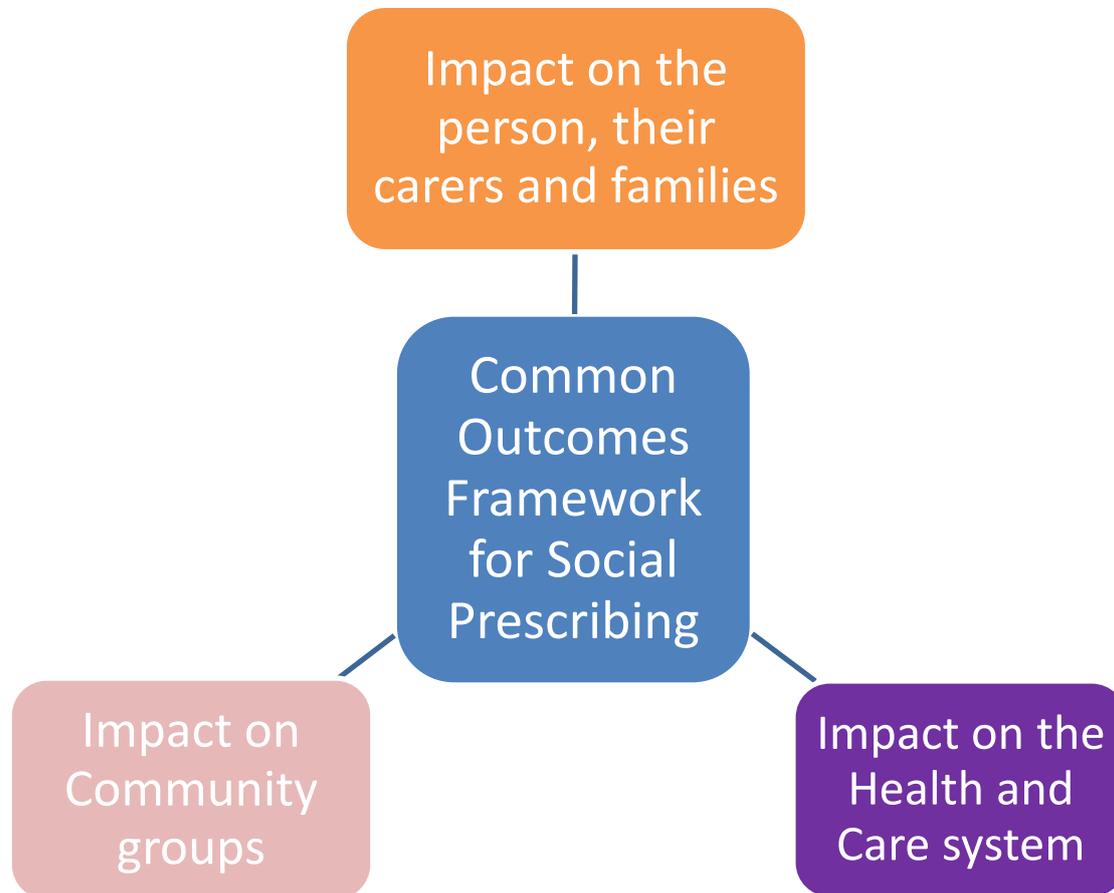
To develop the common outcomes framework, an action research approach is being used. This approach provides a method that allows data gathering, analysis, reflection and action. To date, two cycles of data gathering, analysis and reflection have been carried out between October 2017 and February 2018. Stakeholders who have been consulted include social prescribing service providers within primary care, the VCSE, academics and researchers and Community Interest Companies who have been collecting 'big data', commissioners and practitioners.

Furthermore in June 2017 a steering committee representing key stakeholders for social prescribing was formed to guide the production of the current draft of the framework. The steering committee has met twice and more members invited to join as gaps in representation of stakeholders were identified (see Annex A).

The next action research cycle that you are being asked to take part in will be the 3rd round of data gathering. All feedback will be analysed and incorporated into the existing version of the framework.

The three main outcomes

We believe that the existing evidence, both academic and anecdotal, suggests that the outcomes of social prescribing cover the following three key areas:

Impact on the person, their carers and families

Common Outcomes Framework for Social Prescribing

Impact on Community groups

Impact on the Health and Care system

We have heard that there are the differing aims, target groups and funding sources of social prescribing schemes. This means flexibility is essential in measuring the impact of social prescribing across these areas. As a result of early feedback, the draft framework has been designed to focus on outcomes regarded as core impacts of social prescribing schemes, with additional, optional outputs included.

We are proposing to co-produce the following work:

Phase 1 (April 2018 - March 2019)

Phase 1 suggested outcomes

Impact on the Person

We know that all local social prescribing connector schemes are already collecting data on impact on the person using a variety of tools, such as Short Warwick Edinburgh Mental Well-Being Scale, Wellbeing Star and Patient Activation Measure
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In Phase 1, we are not asking social prescribing connector schemes to do anything different, but to carry on using your existing wellbeing tools. NHS England will appreciate feedback on how useful existing wellbeing tools are.

During Phase 1, we will look at good practice on reporting on employability, including staying in work, finding new employment, volunteering, accessing training, gaining qualifications and setting up new businesses and community groups. We will work co-productively with the system and welcome offers of help, with the view to asking all connector schemes to report on employability in Phase 2.

During 2018/19, we will be working with a wide range of stakeholders to co-produce a wellbeing measure that will be freely available to the system and tested in 2019/20. Depending on the identified needs of the person, we anticipate one or more of the following aspects of wellbeing to be improved:

- Does the person feel more in control and able to manage their own health and wellbeing?
- Are they more physically active?
- Is the person better able to manage practical issues, such as debt, housing and mobility?
- Is the person more connected to others and less isolated?

Impact on the Health and Care system

We are proposing to ask all local social prescribing connector schemes (and their commissioners) to collect data on the following outcomes:

- Is there a change in the number of GP consultations as a result of referral to social prescribing?
- Is there a change in A&E attendances as a result of referral to social prescribing?
- Is there a change in the number of hospital bed days as a result of referral to social prescribing?
- Is there a change in the morale of staff in General Practice and other referral agencies? We will provide a short survey to help with this task.

In order to collect the above data and track patients through the system robust data-sharing agreements and partnership working is essential. We will provide development support, case studies and examples to promote robust data-sharing. NHS England will be working with NHS Digital to introduce consistent national coding for social prescribing into GP IT systems which will make data collection easier.

In Phase 1, we will find good practice and we will explore whether it is possible to show the impact on social care packages for people receiving social prescribing support. We are aware that some local areas are already working on this and we welcome their involvement to co-produce a measure which we will aim to introduce in Phase 2.

Impact on Community groups

We are proposing to co-produce and test a freely available short survey for local community groups and the VCSE sector about the impact of taking social prescribing referrals.

This survey will test whether community groups and VCSE organisations are stronger or weaker as a result of their involvement in social prescribing at a local level. This will include changes in the numbers of volunteers, capacity to manage referrals and what support is needed to be sustainable.

Phase 1 suggested outputs

To encourage a consistent approach, we ask all social prescribing connector schemes to measure the following outputs:

- Number of people referred into social prescribing schemes, number of people directly benefitting from social prescribing and number of people rejecting a referral
- Age range of people referred
- Referral criteria – ie. Long Term Conditions, in receipt of social care support, etc.
- Referral process – who refers
- Number of community groups referred to
- Number of support plans co-produced with those referred
- Number of link workers
- Salaries of link workers
- Number of volunteers
- Average amount of time spent with each person
- Total investment in the social prescribing connector scheme

This information will help us to build a national picture about the size and nature of social prescribing.

Phase 2 (April 2019 - April 2020)

During Phase 2, we will look to consolidate and develop the work initiated within Phase 1, which will include asking some social prescribing schemes to test the wellbeing, social care and employability related measures developed during Phase 1.

We will look to develop and test the concept of a national dashboard to enable local social prescribing connector schemes to regularly upload their outputs and outcomes in real time. This will enable us to build a national evidence base on the impact of social prescribing and strengthen the case for investment.

Developing a Common Outcomes Framework – what's already happening?

To inform and shape the development of the draft common outcomes framework outlined above, NHS England is looking to engage with commissioners, practitioners and academics working on Social Prescribing to better understand what is already being captured, what the challenges are and what support NHS England can offer through the framework.

To have your say, please answer the questions outlined below across all three areas identified and return to england.socialprescribing@nhs.net:

i   Impact on the Person
ii Impact on the Health and Care system
iii Impact on Community groups

1. Please comment on the above draft Common Outcomes Framework. Does this provide you with a helpful framework?

2. What challenges does the Common Outcomes Framework present?

3. What support do you require to put the suggested Common Outcomes Framework in place?

4. Any other comments or feedback

Annex A - Stakeholder Engagement

Steering Group

Tim Straughan (Chair)	Choice and Personalisation, NHS England
Sue Allan	NHS Digital
Nuzhat Ali	Public Health England
Sian Brand	Living Safe and Well
Jamie Bull	General Practice Development, NHS England
Faye Bunch	Department of Health
Diarmid Campbell-Jack	Ecorys
Keith Davies	I5 Health
Emma Dickson	Sheffield City Council
Alex Fox	Shared Lives Plus
Caroline Hallett	Imago
Ulrike Harrower	Public Health England SW
Mike Haslam	Evidence Unit, NHS England
Amelia Howard	Healthy London Partnerships
Richard Kimberlee	University of the West of England
Andrew Liles	R-Outcomes
Craig Lister	The Conservation Volunteers
James Magowan	Department of Culture, Media and Sport
Jon Owen	Tower Hamlets CCG
Marie Polley	University of Westminster
Jaynaide Powis	Evidence Unit, NHS England
Peter Standfield	NHS Business Services Authority
Catherine Swann	Public Health England
Bev Taylor	Choice and Personalisation, NHS England
James Watson	Choice and Personalisation, NHS England
Jayne Whiteside	University of Westminster
Giles Wilmore	Greater Manchester Combined Authority

Wider Stakeholders

Tim Antilogoff	Herts Valley CCG
Marcello Bertotti	University of East London
Malcolm Bray	
Jon Burchill	University of Sheffield
Tony Carr	Social Enterprise Solutions
Janet Coan	
David Cowan	
Chris Dayson	Sheffield Hallam University
Michael Dixon	

Chris Drinkwater	
Warren Escadale	
James Fleming	East Lancashire CCG
Jane Hartley	VONNE
Dan Hopewell	Bromley-by-Bow Centre
Rachel Jenkins	Nottingham CCG
Susan Kay	The Dunhill Medical Trust
Clare Mahoney	Liverpool CCG
Alyson McGregor	Altogether Better
Jennifer Neff	Elemental
Sharda Patel	NHS Digital
Karen Pilkington	Portsmouth University
Jo Robins	Public Health Shropshire
Elaine Russell	West Midlands Academic Health Science Network
Mohan Sekeram	Merton CCG
Julie Stenlake	Department of Work and Pensions
Jenny Walsh	Red Zebra
Jo Ward	
Emma Woolfall	West Cheshire CCG
Lois Wreathall	West Suffolk CCG