Common Outcomes Framework for Social Prescribing
Why has it been developed?

• Social Prescribing is a vibrant social movement - 60% of CCGs investing?
• Existing schemes are measuring different things
• Consistency is key!
• Three key areas:
  • Improved wellbeing
  • Reduce pressure on the system
  • Effect on local communities
Examples

Rotherham – 30% reduction in GP consultations

Gloucestershire – 23% reduction in A&E attendance

Crawley – Return on Investment of £1.76

Tower Hamlets – 12% reduction in GP consultations
What are we doing?

- Working to gather data consistently to tell a national story
- Building a consensus on outcomes and impacts
- Making it simpler for smaller organisations to report and share data
- Long term interests:
  - medication use
  - social care
  - employment
- We’re keen to test the framework and learn what works and what doesn’t
Who is helping us test it?

- Department of Health and Social Care Health and Wellbeing Fund sites
- NHS England Personalised Care Demonstrator sites
- Ground swell of areas wanting to test
- Publication of the document will encourage further take-up and consistency
The three key areas

- Impact on the person
- Common Outcomes Framework for Social Prescribing
  - Impact on Community groups
  - Impact on the Health and Care system

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Impact on the Person

• We know that areas use different tools to suit their local needs – i.e. SWEMWBS, ONS, PAM, etc.
• We want all social prescribing schemes to continue measuring wellbeing as normal
• We will look to review measures being used in the next year and consider whether there is a need for a new measure to be developed in the long-term
Impact on the System

- We want schemes to collect (and receive consent for) people’s NHS numbers
- We will look to track the following:
  - GP consultations
  - A&E attendance
  - Secondary Care (hospital bed days)
- Appropriate data-sharing agreements in place locally
- We will learn from schemes currently collecting this data and share best practice
Impact on community groups

• Are community groups and organisations that receive referrals able to cope? Are they stronger or weaker as a result of social prescribing?
• Are there more volunteers? What support do local organisations need to thrive?
• We are looking to work with partners to develop an easy survey to test this