HEALTH SCRUTINY COMMITTEE

6th January 2020

Title: Social Prescribing in Barking and Dagenham	
Open Report	For Information
Wards Affected: All	Key Decision: No
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Summary

As part of the new GMS contract, Primary Care Networks (PCNs) are receiving funding for social prescribing programme development for their population. The PCN clinical directors have agreed to fund the Council to provide their social prescribing service.

A Social Prescribing service will open up the Community Solutions (ComSol) prevention pathway to our population and deliver a universal prevention and Early Help offer across Barking and Dagenham, for all our residents.

This report sets out what Social Prescribing is in the context of Barking and Dagenham, work that has been carried out to implement a social prescribing model and planned work for wider implementation across the next 3 years.

Recommendation(s)

The Health Scrutiny Committee is recommended to:

(i) Note the contents of the report and provide feedback that can assist with the onward development of social prescribing within Barking and Dagenham.

Reason(s)

Social Prescribing is an opportunity to work more closely with health colleagues across the borough, ensuring that residents are connected with information, advice, guidance and where necessary targeted support that prevents escalation of need for individuals and families.

It links to several of the Council's priorities (Enabling social responsibility and Well run organisation) through promoting self-help, building resilience and connecting relevant services and provision in order to support residents in an integrated and effective way.

1. Introduction and Background

- 1.1. Barking and Dagenham Council recently concluded a 6-month social prescribing pilot. During the 6 months, three pilot GP sites referred directly into a Community Solutions Social Prescribing pathway. The focus during the pilot were patients identified as socially isolated, experiencing debt/financial issues, having housing issues, needing support with employment and further education as well as the existing healthy lifestyles programmes.
- 1.2. This unique model provided GPs with the opportunity to refer into the council's resident facing services, while increasing the likelihood of residents being identified earlier and supported to thrive. Embedding the pathway within ComSol meant work could be scaled up with limited additional resources and benefit from working relationships with the voluntary sector and commissioned services.
- 1.3. Social Prescribing starting in Primary Care will be the start of helping with wider integration for health and social care, offering opportunities for joint up working across a range of areas.

2. Social Prescribing across the borough

- 2.1. As part of the new GMS contract, Primary Care Networks (PCNs) are receiving funding for social prescribing programme development for their population. The PCN clinical directors have agreed to fund the Council to provide their social prescribing service.
- 2.2. With the new funding from the Department of Health and Social Care, each PCN will have a named social prescribing link worker. These link workers who will be employed by ComSol, will work closely with the PCNs, primary care and the council to deliver a social prescribing pathway that works for our residents.
- 2.3. The named link worker will act as the primary contact for GPs and the council, screening referrals and allocating cases to their designated (Frontline Plus)

 Officers. This will enable a greater reach and volume of residents that can be supported through the social prescribing route.
- 2.4. Within the Barking and Dagenham Social Prescribing pathway, GPs will be able to refer into the programme under the categories below. This isn't to say if other needs are identified through the assessment process following the social prescription, additional support wouldn't be put in place. (See Appendix 1 for further details on the pathway and Appendix 3 for ComSol Offer)
 - Healthy Lifestyles;
 - Housing;
 - Money and Debt;
 - Employment and Further Education;
 - Social Isolation;
 - Family Support;

- Substance Misuse;
- Mental Health; and
- Domestic Abuse.
- 2.5 In order to increase the capacity of the system, Community Solutions will work with the community and voluntary sector to ensure that all the community assets across Barking and Dagenham are being fully utilised to improve the quality of life of our residents.
- 2.6 One of these services is *Reconnections* by Independent Age, a pilot taking place in Barking and Dagenham over two years which will provide personalised support and community response to loneliness. It works with older person over an average period of 6 months to understand their individual strengths and needs; rebuilding confidence and supporting them to connect with people, places or activities in their community.
- 2.7 Social Prescribing offer is being developed at a time where review and a redesign of ComSol Healthy Lifestyle services is underway. This is a conducive time to influence the ComSol and Health Lifestyle services provision in the borough to be aligned with our social prescribing offer.
- 2.8 An older people prevention offer is being developed across Barking, Havering and Redbridge (BHR) as part of the BHR Integrated Care System to support the Older People and Frailty Transformation programme. The purpose of this work is to help older people live longer and healthier by preventing, delaying or reducing frailty. This work is being led by Barking and Dagenham Public Health Team with the development of a local approach in Barking and Dagenham, which will help influence BHR prevention offer. This will help inform the social prescribing offer for older people in the borough by helping to connect the council, NHS and community voluntary sector initiatives and improving their access and provision across the borough. Social prescribing is a fundamental tool to ensure older residents accessing health and care services have a route into community level interventions that can help reduce social isolation, improve independence and keep them active.

3. Impact

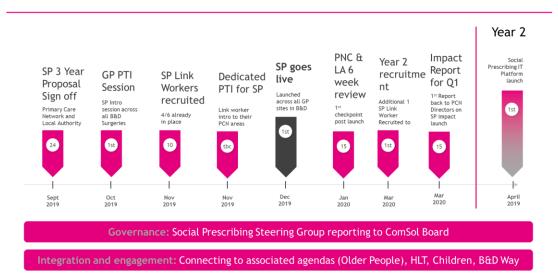
- 3.1 The aim of this social prescribing pathway in Barking and Dagenham is twofold. Firstly, it aims to support health and social care to increase their capacity and access to community and healthy lifestyle services and thus help to manage demand upstream thus reducing the burden on treatment and intervention services downstream. Many patients presenting to primary care services have non-medical issues. Having this social prescribing pathway available for GPs and the council will enable to tackle the root cause of issues, hence saving up time and capacity in the longer term.
- 3.2 Secondly, the aims for establishing a social prescribing offer in Barking and Dagenham is central to the aims of the Borough Manifesto, Joint Health and Wellbeing strategy, NHS Long-term Plan, Barking and Dagenham Way and ComSol's vision, of identifying root causes, fostering resilience and helping

people to help themselves. The advent of a strong social prescribing pathway in the borough will help increase access to health and care services at a population level and to manage demand upstream. (See Appendix 4 and 5 for exemplars of how impact will be captured)

4. Timelines

4.1 The Social Prescribing programme is set within a 3-year timeframe, with funding being draw down each year to support onward implementation. The visual timeline below sets out activity over the coming months that will see the start of social prescribing across all GP sites.

Social Prescribing milestones into year 2



5. Financial Implications

Implications completed by: Kofi Adu – Group Finance Manager

5.1 The Primary Care Networks clinical directors have agreed to fund the Council to provide their social prescribing service. This service will be cost neutral to the council, funding will be provided by the PCN and there will be no financial burden on the council's general fund.

6. Legal Implications

Implications completed by Lindsey Marks Deputy Head of Legal Community

6.1 There are no direct legal implications arising from this report.

7. Other Implications

7.1 **Risk Management –** Due to the approach being taken in implementing and embedding social prescribing into Community Solutions, the risks are very

low. We are effectively operating as business as usual with the only exception that two additional managers will be employed via the funding from PCN Directors. As these are internal staff on rolling secondment contracts, any change in funding would have limited implications for the service and Council.

- 7.2 **Corporate Policy and Equality Impact –** Social Prescribing and the introduction of signposted and referral mechanisms between primary health care services, compliments the existing safeguarding arrangements for both child protection and adult safeguarding. GP's, and potentially broader health practitioners will have, through our social prescribing pathway, a mechanism to help patients/residents access services in and outside of the Council in a more effective manner than ever before. We are rolling out social prescribing across all GP sites in the borough so all wards will have access to the service provision.
- 7.4 Safeguarding Adults and Children As mentioned in 7.4, this pathway for social prescribing will build on (not replace) existing safeguarding protocols. With Children's and Adult safeguarding referrals already being managed through Community Solutions and our Triage lifecycle, there will now be a more integrated way of screening and allocated cases across the continuum of need for both children, families and vulnerable adults. Training on the social prescribing pathway, including threshold application will be delivered in advance of the social prescribing programme starting. With dedicated link workers for each PCN area, feedback on appropriateness of referral will be easily managed and help inform any changes or development work required.
- 7.5 **Health Issues –** This work will only help in addressing root causes sitting underneath presenting issues via GPs and primary care settings. It follows the same principles and ComSol objectives of building resilience, intervening early and promoting health and wellbeing across our communities.

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

Appendix 1 – Social Prescribing Pathway

Appendix 2 – GP Surgeries and Pharmacies

Appendix 3 – ComSol Offer

Appendix 4 – Social Prescribing Outcomes Framework

Appendix 5 – MYCAW template

Appendix 6 – 3 year Social Prescribing Financial Breakdown

Appendix 7 – Social Prescribing Pilot Evaluation (see separate Health Watch report)