

	Health and Wellbeing Board 15th November 2018
Title	Care Closer To Home Deep Dive: Social Prescribing and group consultation update
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix I: Presentation
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Summary <p>Substantial progress has been made in developing social prescribing system in Barnet and with a more consistent and coordinated offer across the borough social prescribing could make a significant contribution to health and social care transformation through the promotion of self-care and sources of informal social support.</p> <p>This paper also describes a recent development at GP practices that have been supported to introduce group consultations allowing multiple patients to be seen together for routine consultations and for better management of long term conditions through self-care and peer support.</p>	

Recommendations
<ol style="list-style-type: none"> To discuss the potential for scaling up social prescribing model across the borough in supporting the transformation of Care Closer to Home to promote access to self- care and sources of informal social support. To note the potential for expanding on group consultations in Barnet given local assets and initiatives already underway. To consider next steps and future plans for the development of the whole-borough model for social prescribing.

1. WHY THIS REPORT IS NEEDED

- 1.1 Social prescribing enables GPs and other frontline health and care professionals to connect people with social, emotional or practical needs to non-medical support often provided by voluntary, community and social enterprise sector. It has been identified as one of the ten high impact changes to release time in general practice.
- 1.2 Whilst the evidence base for social prescribing is not yet mature, systematic review (Poole et al., 2017) suggests an average reduction in GP appointments of 28% and A&E attendance by 24% following a referral to social prescribing.
- 1.3 The development of new consultation types is another of ten high impact changes to release time in general practice. Group consultations allow practices to see multiple patients at once for routine follow up and have the added benefit of creating opportunities to promote peer and self-support. Experience elsewhere suggests significant efficiency gains are acquired through group consultation although to date robust studies are lacking in the UK literature.
- 1.4 Scaling up the whole-borough model for social prescribing (including consultations) present significant opportunities to transform Care Closer to Home Networks as part of wider transformation plans.

2. REASONS FOR RECOMMENDATIONS

- 2.1 HWBB members will be aware that Barnet has a strong community asset-base with over 1200 registered charities operating in the borough.
- 2.2 Furthermore, there are a range of local initiatives that provide social prescribing to particular client groups or which present enablers to social prescribing in the borough. These include:
 - A wide-range of connector roles – e.g. Care Navigators, Link Workers, Coaching and Peer Support roles.
 - A Borough Directory of Community Services and the FAB (Fit and Active Barnet) which provide information on community activities in the Borough.
 - The Barnet Wellbeing Hub - which signposts adults with a wide range of social, emotional, health and practical needs.
 - Community Centred Practice – Volunteer Practice Health Champions support five local practise practices through the provision of health promotion and self-care activities and through raising awareness of wider community support.
 - Touchpoint - is a preventative service to support vulnerable people to access the right services at the right time and avoid emergency admissions, financial and personal crises.
 - Prevention and Wellbeing Co-ordinators - currently operate in Childs Hill, Edgware and Oakleigh and each support 30-40 individuals/families per

year with disabilities or mental health needs as well as older people and their families/carers.

- An expert patient programme which provides self-management support for people who are living with long term conditions by increasing their confidence and improving their quality of life.

2.3 Whilst there is a lot of social prescribing related activity in the borough, there is no consistent approach to access of various initiatives and support for residents is variable. We aim to develop a borough-wide social prescribing model, building on what is presently available, towards a clear and consistent offer that maximises positive impact.

2.4 At present we are working to further develop the enabling infrastructure for social prescribing in the borough, to build on the initiatives already underway and seeking to secure strategic buy in from partners for further innovation as we work towards a more coordinated and consistent social prescribing offer in the borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 It is recognised that residents with a very wide range of needs may benefit from social prescribing and that the complexity of these needs have a significant impact on the most appropriate means of delivery (for example from a healthy working age adult concerned that they are physically inactive to patients with multiple and complex morbidities). Information resources will be sufficient for many residents to identify and access sources supported either of their own volition or when prompted by the suggestion of a professional or volunteer worker. Others will require ongoing support to identify and to access provision.

3.2 Recognising the potential for social prescribing in support of a wide variety of needs and for alternative modes of delivery, we have avoided a narrowly defined social prescribing offer.

4. POST DECISION IMPLEMENTATION

4.1 Public health will continue to work with partners to develop social prescribing locally through innovation and testing and where appropriate with colleagues across the North Central London Footprint. Current activity includes:

- MiDOS search engine - It may be possible to extend the NHS directory of service to provide a single search engine to identify NHS, local authority and voluntary sector provision. We are currently awaiting clarification from My Health London.
- Virtual sources of social prescribing support – a ‘One You’ platform, developed as part of a Public Health England campaign on healthy living, which will provide advice and behavioural change support apps adding to existing sources of online support.
- Review the Barnet Wellbeing Hub alongside other elements of reimagining mental health programme ahead of possible recommissioning in 2019.

- Developing a social prescribing offer in CHIN 2 where Prevention and Wellbeing Co-ordinators (PWCs) will provide support of a frailty multi-disciplinary team.
 - Social prescribing in secondary care – the potential for a hospital based social prescribing initiative is being explored with British Red Cross focused on support of high intensity users.
 - Working in partnership with Barnet Local Authority, Barnet CCG and community and voluntary sector to develop systematic, borough-wide model for social prescribing for our residents.
- 4.2 Consideration is also being directed to the development of group consultations with nine practices being supported to introduce them locally. Particular attention is being given to the potential to expand provision for diabetic and pre-diabetic patients and those with respiratory conditions. This could potentially include provision of group based smoking cessation.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Joint Health and Wellbeing Strategy (2015-2020) makes commitments to supporting wellbeing in the community, expanding the prevention offer in the borough and working to ensure integration of health and social care services. One of the four priorities of Health and Wellbeing Strategy is Care Closer to Home Integrated Networks development and transformation. Social prescribing supports this transformation.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 At present the investment for social prescribing have come from local authority (in the case of prevention and wellbeing coordinators, touchpoint and community centred practice) and CCG (in the case of the wellbeing hub).
- 5.2.2 Looking ahead, some coordination of investments may help ensure maximum return.
- 5.2.3 There will be no extra financial implication to the council as it is being covered by the PH base budget.

5.3 Social Value

- 5.3.1 Not applicable, as this is not a procurement activity.

5.4 Legal and Constitutional References

- 5.4.1 The Terms of Reference of the Health and Wellbeing Board are contained within the Council's Constitution. Article 7 includes working together with health and wellbeing board members to improve services for health and social care and help people to move as close as possible to a state of complete physical, mental and social wellbeing.

5.5 Risk Management

5.5.1 It is important to ensure that any social prescribing schemes have appropriate governance and are supported by clear policies and procedures for the referring professional/volunteer, link worker and service providers.

5.5.2 It is recognised that different stakeholders can have differing expectations of the levels of governance required in a social prescribing scheme. This reflects the fact that different sectors are subject to different regulations.

5.5.3 Risk are mitigated through the involvement of partners at as early a stage in the design process as possible.

5.6 **Equalities and Diversity**

5.6.1 Social prescribing schemes contribute to efforts that?? tackle health inequalities by promoting access to services and informal sources of support amongst groups that are less able to identify and make use of such opportunities themselves.

5.7 **Corporate Parenting**

5.7.1 No direct or indirect impacts on children in care is envisaged.

5.8 **Consultation and Engagement**

5.8.1 Consultation and engagement events have/are being conducted locally and at NCL level. These have informed plans to date and will continue to do so.

5.9 **Insight**

5.9.1 These proposals have been informed by public health data and national and international evidence on social prescribing.

6. **BACKGROUND PAPERS**

6.1 None