

<b>Meeting:</b>	<b>Cabinet</b>	<b>Date:</b>	<b>25 March 2015</b>
<b>Subject:</b>	<b>Social Prescribing Update</b>		
<b>Report Of:</b>	<b>Cabinet Member for Communities and Neighbourhoods</b>		
<b>Wards Affected:</b>	<b>All</b>		
<b>Key Decision:</b>	<b>No</b>	<b>Budget/Policy Framework:</b>	<b>No</b>
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<b>Appendices:</b>	<b>None</b>		

## 1.0 Purpose of Report

- 1.1 To provide an update on the pilot of Social Prescribing in the Gloucester and South Tewkesbury Locality and to seek approval for the City Council to continue to host the social prescribing hub, subject to satisfactory evaluation of the pilot scheme.

## 2.0 Recommendations

- 2.1 Cabinet is asked to **RESOLVE** that:

- (1) The contents of the report be noted.
- (2) The City Council continues to host the social prescribing hub in partnership with the Clinical Commissioning Group (CCG) funded scheme, subject to satisfactory evaluation of the pilot scheme which ends in June 2015.

## 3.0 Background and Key Issues

- 3.1 Social Prescribing is the name given to a tool that aims to improve the health and wellbeing of some GP patients by using non-medical interventions. Social Prescribing works on the philosophy that not all ill health requires a medical intervention. For example if someone is lonely and suffering social isolation then local activities such as lunch clubs or knitting groups can be the remedy, equally if an individual is obese and has low self esteem then helping them into physical activity might be the remedy. There is no limit to the remedies that can improve an individual's health and wellbeing and therefore there should be no limit to what can be prescribed. All too often people are attending their GP's surgery and reporting problems that medication cannot solve. If GP's can refer patients where there is no medical issue to someone who can help identify a social remedy then it should be possible to reduce the number of GP visits made by those individuals.
- 3.2 There is a significant pressure on primary care with 1,834 patients per GP in Gloucester. Consequently if people are visiting their GP for non-medical issue this means that there is less time for them to see those that really need medical assistance. Many people make repeat visits where there is no medical issue and it is

this section of the population that Social Prescribing aims to help. By reducing the number of visits they make to their GP this will in turn increase the time available to GP's to see the patients they can help medically. Social Prescribing also has the added advantage of directly helping our communities by helping individuals to get involved with others it will enrich their lives and that of the community. Social Prescribing is an asset based approach to community development (ABCD) but with a focus on individuals. .

- 3.3 Gloucestershire Clinical Commissioning Group (CCG) has carried out small Social Prescribing pilots elsewhere in the County, namely Forest of Dean, Stroud, Cotswold and Cheltenham.
- 3.4 These previous pilots have been successful and in August 2014 the CCG offered to roll out a pilot study in Gloucester and South Tewkesbury which the City Council agreed to host for a period of six months. This supports the City Council objective: "An active, healthy and safe city for all to enjoy". The CCG committed £20,000 to cover the costs of the pilot, in particular to finance a Social Prescribing Co-ordinator. The City Council offered to set up the project, host the Social Prescribing Co-ordinator and provide seven hours support per week to the pilot. The seven hours would consist of five hours of support from a Partnership and Engagement Officer on finding suitable voluntary and community groups, to which patients could be signposted, and two hours project management time per week from the Senior Partnership and Engagement Officer.
- 3.5 The Social Prescribing Co-ordinator role involves receiving referrals from GPs and supporting individuals to work out a suitable plan to help their mental or physical health by signposting them to appropriate groups or services. For example someone suffering from social isolation may be signposted to local clubs or groups; someone with financial worries leading to anxiety may be signposted to debt advice agencies; whilst someone wanting to lose weight might be signposted to groups or clubs that would increase their physical activity levels or improve their eating habits.
- 3.6 For the unique role of Social Prescribing Co-ordinator it was essential to find someone with a good level of knowledge around physical health and illness as well as a working knowledge of the Voluntary and Community Sector (VCS). The Community Health Trainers who were already being commissioned by NHS Gloucestershire (prior to the restructure into the County Council) were identified as possessing the right skills for the role and together with their experience of health interventions and their commitment to Asset Based Community Development (ABCD) it was decided that they were well placed to deliver the pilot in partnership with the City Council. As such the role of Social Prescribing Co-ordinator was offered to the Community Health Trainers as a 6 month secondment opportunity.
- 3.7 To make the role sound less clinical, the role title has been changed to Wellbeing Coordinator and the Social Prescribing pilot has been branded as "Your Wellbeing".

### 3.8 **Project development and management**

The Senior Partnership and Engagement Officer has been responsible for managing the project set up on behalf of the City Council, working with the project manager from the CCG. This set up work included:

- Setting up a secure email address through which referrals are made to ensure compliance with data protection law and the NHS Information Governance Guidelines
- Production of marketing material
- Presentations to GPs at events around the city
- Managing the secondment process of the Wellbeing Co-ordinator

3.9 The project was rolled out in two tranches – half of the GP practices on 2<sup>nd</sup> December 2014 and the remaining half on 16<sup>th</sup> December 2014.

### 3.10 **Outcomes of Social Prescribing Pilot**

Between 2<sup>nd</sup> December 2014 and 12<sup>th</sup> February 2014, there have been 45 referrals to the service from GPs. Cases range in complexity and, therefore, some patients require more support than others. As an aim of the project is to reduce the number of times patients visit their GP unnecessarily, as much support is offered to the patient as needed to support them in managing their own health.

3.11 The project has already identified that people who have been referred are now more engaged in voluntary activities, their social connections have improved and their engagement in activities has improved (e.g. at GL1 Leisure Centre). These have all led to increased general well-being and fewer visits to GPs.

3.12 Formal evaluation of the project will be undertaken. This will be achieved by undertaking an evaluation of each patient at the outset of the referral and again after twelve weeks. The first review will be concluded in April 2015 with further ongoing reviews through the six month pilot period which ends in June 2015.

## 4.0 **Alternative Options Considered**

4.1 The City Council could cease its involvement in the project. There would be disadvantages to this in that the connections that the Council has, e.g. to other statutory services and to the VCS, would limit the breadth of the interventions that could be offered.

## 5.0 **Reasons for Recommendations**

5.1 Other social prescribing pilots have shown that use of primary care has reduced for patients who were previously frequent attenders, and that their wellbeing scores have improved. Social prescribing can be seen as a method of extending primary care through partnership working and the City Council is well placed to continue to deliver this given its connections with communities and the voluntary sector.

5.2 The value of the project is a healthier and more socially connected city. Health inequalities should reduce along with a reduced draw on public services.

## 6.0 **Future Work and Conclusions**

6.1 The CCG and City Council will continue to meet every two weeks to discuss project updates. Consideration will be given to the possibility of extending the pilot to a full year. If this goes ahead, it will be funded by the CCG. A further report would be bought to Cabinet for approval to continue to host the service at the City Council.

- 6.2 Anecdotally, there has been significant progress for some patients and they are already beginning to live sustainably healthier lifestyles. As data is recorded this will give a greater idea as to the effectiveness of the pilot.
- 6.3 The support offered by the Partnership and Engagement Officers has been important and has seen great benefit from the ABCD approach as well as the links and partnerships the Partnership and Engagement Team have found.
- 6.4 The extension of the project does not generate any requirement for additional resources. The work of the Partnership and Engagement Team is to build social connections with those most in need and this project is closely aligned with this aim.

## **7.0 Financial Implications**

- 7.1 There are no direct financial implications to the council by extending the scheme. CCG have funded an officer and the City Council support is provided through officer time and office space.
- 7.2 If the scheme continues, there would be no further commitment for the council other than the current arrangements.

(Financial Services have been consulted in the preparation this report.)

## **8.0 Legal Implications**

- 8.1 Under Section 1 of the Localism Act 2011, the Council has a general power of competence, to do anything that individuals generally may do. This would include the provision of services such as those outlined in this report.
- 8.2 Any specific other legal implications have been covered in the main body of the report.

(Legal Services have been consulted in the preparation this report.)

## **9.0 Risk & Opportunity Management Implications**

- 9.1 There are opportunities to bring the value of the VCS to the attention of the CCG for future commissioning.
- 9.2 There are also opportunities for people to be more socially connected within their communities and improving their health and well-being with knock on benefits for the Council e.g. preventing people falling behind with council tax payments and improving employment prospects for residents.
- 9.3 Potential risks include:
- CCG withdrawing funding when the pilot period ends
  - Possibility for the number of referrals to drop over time

## **10.0 People Impact Assessment (PIA):**

- 10.1 The PIA Screening Stage was completed and did not identify any potential or actual negative impact, therefore a full PIA was not required.

## **11.0 Other Corporate Implications**

### Community Safety

- 11.1 The work done through the project can help increase social interactions and add to a feeling of security, thus reducing the fear of crime.
- 11.2 Studies have shown that increased social connections and community projects can add to a feeling of security in communities as well as lower crime (Australian Bureau of Statistics, 2002)

### Sustainability

- 11.3 The project relies on the sustainability of VCS organisations. This model should lead to sustainable, healthy lifestyles as it is based on asset based community development (ABCD) principles.

### Staffing & Trade Union

- 11.4 None identified.