

Meeting:	Cabinet	Date:	9 December 2015
Subject:	Social Prescribing Update		
Report Of:	Cabinet Member for Communities and Neighbourhoods		
Wards Affected:	All		
Key Decision:	No	Budget/Policy Framework:	No
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Appendices:	None		

FOR GENERAL RELEASE

1.0 Purpose of Report

- 1.1 To confirm the completion of the Social Prescribing project and update on the progress of the fully implemented scheme.

2.0 Recommendations

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

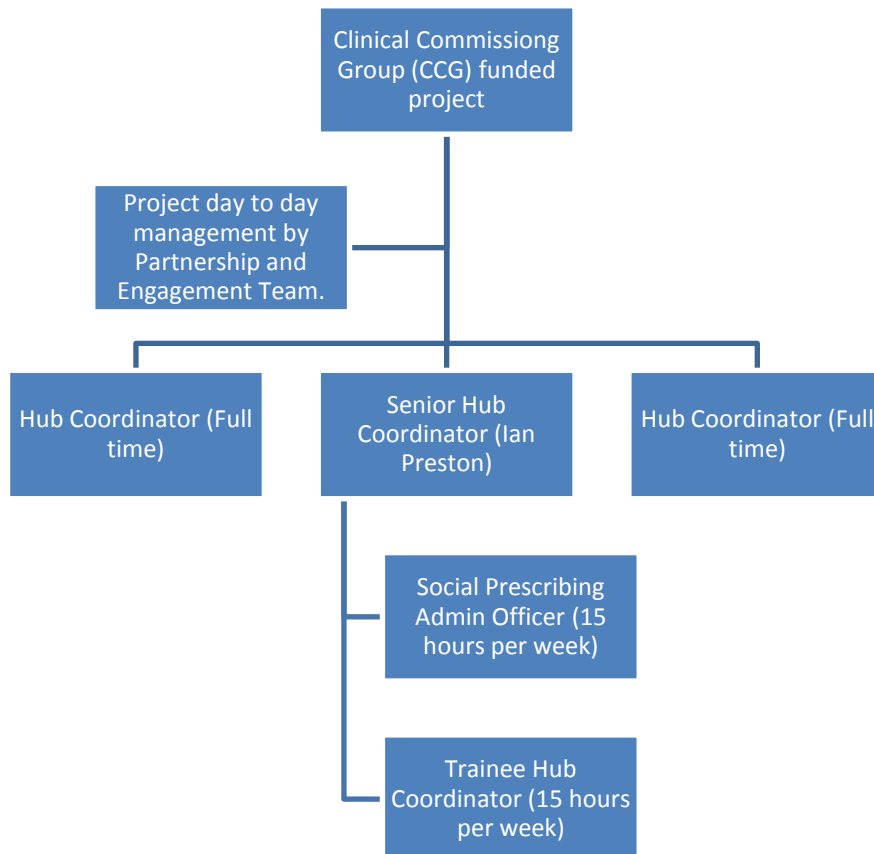
- (1) The contents of the report be noted.
- (2) The City Council continues to host the social prescribing hub in partnership with the Clinical Commissioning Group (CCG) funded scheme.

3.0 Background and Key Issues

- 3.1 The background to the Social Prescribing project was reported on in Cabinet Report presented on 25 March 2015.
- 3.3 In July 2015, the Clinical Commissioning Group was awarded £4M by the Prime Ministers Challenge fund as part of a bid to offer more flexible services. Some of that money was to fund Social Prescribing for one year. Acknowledging that the Gloucester and South Tewkesbury Locality was the largest and most used pilot project with the highest number of patients and had seen significant health improvements, the money has been used to grow the service.

3.4 Project development and management

Following the investment from the Prime Ministers Challenge Fund the following structure is now in place for the forthcoming calendar year



All operational roles, Senior Hub Coordinator, 2 x Hub Coordinators, Admin Officer and Trainee Hub Coordinator will be directly employed by the Independence Trust. The project will be managed by the Senior Partnership and Engagement Officer. All posts will be based at Gloucester City Council though it is anticipated that for the majority of their time, they will be working from home or GP surgeries.

3.5 The aim of having the project located at the City Council is to build links with the Local Authority who have good knowledge of local communities and to be close to some of the advice and services that are delivered by the City Council. The City Council will receive a management fee for managing the project and this will cover buying car park passes for all employees as well as other on costs, and will generate a modest income.

3.6 Outcomes of Social Prescribing Pilot

Between 2nd December 2014 and 29th September 2015, there have been 158 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 assist them in managing their own health.

3.7 An array of outcomes were measured in the Gloucester City Locality pilot. The core measure across all pilots is the Shortened Warwick Edinburgh Mental Health and Wellbeing Score (SWEMWBS) which measures mental wellbeing. In the Gloucester City pilot General Health and Friendship was also measured as this was seen as

important when looking at holistic health outcomes and high scores in friendship indicates that there is an increased likelihood of the improved level of health being maintained into the future.

3.8 Quantitative outcomes

	Before	After		Relevance
SWEMWBS	16.1	22.8	41% increase	Population data 21 -Lower quarter of the population 23 – The middle score of the population 26 – The upper quarter of the population
General health	4	5.6	40% increase	
Friendship	9.4	14	48% increase	Total = 19-24 Friendship High Acuity Total = 16-18 Friendship Moderate Acuity Total = 0-15 Friendship Low Acuity

Table 1. Analysis of SWEMWBS, General health and Friendship scores for all respondent (n=42) of patients that were signed off Social Prescribing.

*http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/interpretations/wemwbs_population_norms_in_health_survey_for_england_data_2011.pdf

Other lifestyle outcomes that are measured are physical activity; alcohol consumption; quantity and frequency of fruit and vegetable consumption and Body Mass Index (BMI). These factors illustrate holistic health improvement, as well as being able to evaluate Social Prescribing against other health interventions.

Averages	No. of clients	Pre	Post	Change
Physical activity (minutes per week)	11	128	228	84% increase
Alcohol consumption (units per week)	5	32.7	23.8	27% decrease
Days per week eating fruit & vegetables	15	2.3	4.6	93% increase
Fruit & vegetables - portions per day	15	1.6	2.7	69% increase
Body weight in kg	5	444.1	415.3	Reduction in BMI of 6.4% (4 ½ stone)
Smoking cessation	2	-	-	Quit smoking (4 weeks)

Table 2. Analysis of changes in patient lifestyle factors before and after the Social Prescribing intervention

4.0 Asset Based Community Development (ABCD) Considerations

4.1 Social Prescribing absolutely begins with the abilities and desires within the patient. These are collected and recorded using Motivational Interviewing to use what the patient wants. After this the patient is either referred into a scheme where advice or assistance is given or opportunities are found for them where they can use their abilities and desires about their health in a voluntary group. Examples include people

painting furniture on behalf of furniture recycling schemes. This uses the abilities of the patient to benefit other people.

5.0 Alternative Options Considered

5.1 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.

6.0 Reasons for Recommendations

6.1 Social Prescribing uses the model of connecting people into their communities. This model is built upon ABCD and compliments the work of the Partnership and Engagement Team. This is part of the main goal of communities being built from within and the tangible benefits this provides to people.

6.2 It is also an important service to host within the City Council with the joint work with the County Council. As we see patients who benefit from assets in their communities to improve their health, it will allow greater clarity over where Public Health interventions might be better implemented.

7.0 Future Work and Conclusions

7.1 The Prime Ministers Challenge Fund means that the project can continue fully funded for one year, until October 2016. As this project is funded almost entirely by the CCG, the decision of the future of the project after a year will be that of the CCG.

8.0 Financial Implications

8.1 There will be a management fee paid directly to the council for project management. This fee is 5% of the salary of each officer employed in the Social Prescribing project. This income will be approximately £3600 per annum. This income can allow Car Parking Permits to be provided for all Social Prescribing officers at no cost to the Council.

8.2 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.

8.3 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.)

9.0 Legal Implications

9.1 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.

9.2 A short agreement or exchange of correspondence is advisable to set out the CCG and Council commitments relating to the location of the Social Prescribing staff at the Council's offices and the management fee referred to in paragraphs 3.4 and 3.5 of the report. .

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

10.0 Risk & Opportunity Management Implications

10.1 There are opportunities to bring the value of the VCS to the attention of the CCG for future commissioning.

10.2 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.

10.3 Potential risks include:

- CCG withdrawing funding when the pilot period ends
- Possibility for the number of referrals to drop over time

11.0 People Impact Assessment (PIA):

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

12.0 Other Corporate Implications

Community Safety

12.1 The work done through the project can help increase social interactions and add to a feeling of security, thus reducing the fear of crime.

12.2 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

12.3 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

12.4 None identified.

Background Documents: None