

UPDATE ON SOCIAL PRESCRIBING

Head of Service/Contact: Ian Dyer, Head of Operational Services

Urgent Decision?(yes/no) No

If yes, reason urgent decision required:

Annexes/Appendices (attached): **Annex 1** – Map of Primary Care Network's in Surrey Downs Clinical Commissioning Group

Other available papers (not attached): Report and Minutes of the Community and Wellbeing Committee, 9 October 2018

Report summary

This report provides a background on Social Prescribing, and an update on the delivery of the service by the Council.

Recommendation (s)

That the Committee:

- (1) **Notes this update report and endorses the continuation of the Social Prescribing service;**
- (2) **Agrees to the Head of Operational Services, in consultation with the Chairman and Vice Chairman of the Committee, to entering into appropriate contracts for the delivery of Social Prescribing services by the Council to relevant Primary Care Networks.**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 This initiative of Social Prescribing promotes our corporate priority of 'Supporting our Community', by promoting healthy and active lifestyles, especially for the young and elderly.

2 Background

- 2.1 Social Prescribing is a framework for local GPs and healthcare professionals to refer patients to non-clinical services that can help meet their needs.

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- 2.2 It is an innovative and growing movement, with the potential to reduce the work load of people visiting the GP's particularly in the Primary Care Network (PCN).
- 2.3 Social Prescribing takes into account that people's health is determined primarily by a range of social, economic and environmental factors, and seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.
- 2.4 These needs are increasingly being regarded as factors intrinsic to a happy, healthy, and productive life.
- 2.5 Social prescribing came about due to a growing recognition that a person's health is not simply determined by their medical status. The fulfilment of social, emotional and practical needs also play a role in helping a person to be fully active and engaged in society. These requirements, which are of a personal nature, cannot be solved by a prescription filled by a chemist.
- 2.6 The rationale for this approach derives from the strong evidence base that demonstrates how health outcomes are socially determined, i.e. heavily influenced by the conditions in which people are born, grow, live and age.
- 2.7 General practitioners, practice nurses and other frontline healthcare professionals are well placed to identify suitable people for referral using a Social Prescription.
- 2.8 Surrey Downs Clinical Commissioning Group (SDCCG) and Surrey County Council (SCC) in partnership offered funding for a one year pilot to the Districts and Boroughs in their catchment area to employ a Link Worker to support these cases.
- 2.9 In September 2018 Epsom and Ewell Borough Council employed a Link Worker on one year fixed term contract.

3 Update

- 3.1 In April 2019, NHS England introduced a funding stream to each of its PCN's.
- 3.2 There are two PCN's in Epsom and Ewell:
 - **Integrated Care Partnership Primary Care Network (ICP PCN)** which consists of
 - Fitznells Manor Surgery
 - Cox Lane Surgery
 - Old cottage Hospital Surgery

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- Stoneleigh Medical Centre
 - **Epsom Primary Care Network**
 - Shadbolt Park Surgery
 - Stoneleigh Surgery
 - Fountain Practice Spring Street
 - Derby Medical Centre
 - Ashely Centre Surgery
 - St Stephens House Surgery
- 3.3 **Annex 1** provides a map of the two PCN's covering Epsom and Ewell, as well as the others within the Surrey Downs CCG area.
- 3.4 ICP PCN approached the Council earlier this year regarding the delivery of Social Prescribing within the Network's area. The PCN enquired if the Council would be in a position to deliver our Social Prescribing model for their patients over the remaining four year six months of the funding provided to them from NHS England.
- 3.5 As the Council already delivered a Social Prescribing service, delegated authority was sought and granted from the Chairman of Community and Wellbeing Committee on the 15 August 2019 to deliver Social Prescribing to the ICP PCN.
- 3.6 Funding of £34,000 per annum is being committed by the ICP PCN.
- 3.7 The Council has prepared a contract for the ICP PCN and this is in an advanced stage and we hope for it to be signed and agreed shortly.
- 3.8 The Council has also been approached by Banstead PCN querying if we would deliver our model of Social Prescribing to the residence of the Borough of Banstead.
- 3.9 Delegated authority was sought and granted on the 15 August 2019 with the Chairman of Community and Wellbeing Committee to deliver our model of Social Prescribing to the residents of Banstead.
- 3.10 This will be subject to contract and the funding provided will be £34,000 per annum for the next four years and six months.
- 3.11 Officers are aware due to the popularity of our SP model two other PCN's are very likely to request for EEBC to supply our model.
- 3.12 Officers request authorisation within this report to enter negotiation with
 - Epsom PCN funding available for two Link workers £34K each post

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- Leatherhead funding available for two Link workers £34K each post

4 Financial and Manpower Implications

- 4.1 The funding of £34,000 covers the cost of the role of the Link Worker and expenses related to the role.
- 4.2 Referrals to services may increase our market share and revenue income
- 4.3 **Chief Finance Officer's comments:** The Social Prescribing model provides that the service will be self funded, with the potential for additional revenue through increased take up of council services. This will be monitored regularly.

5 Legal Implications (including implications for matters relating to equality)

- 5.1 All referrals that have been considered for the social prescription service and the service will to open to all with the PCN's footprint.
- 5.2 Contracts will need to be agreed and completed by the parties for the provision of services by the Council to any third party.
- 5.3 **Monitoring Officer's comments:** none arising from the contents of this report.

6 Sustainability Policy and Community Safety Implications

- 6.1 The Link Worker's role is covered by the appropriate disclosure and barring (DBS) checks which are needed for working with vulnerable people.
- 6.2 Training of the Link Worker includes, safeguarding, General Data Protection Regulations (GDPR), health and safety, Care Navigation and Making Every Contact Count training, lone working policy, Council policies and online induction training. The Link Worker will also have one day induction training with the other provides within the Epsom & Ewell Social Prescribing Group.
- 6.3 An outcome of our lone working assessment recommends that the Link Worker role should not visit people in their own homes. Where one to one meetings are requested, these will take place in the Wellbeing Daycare+ Centre or in a public place, such as a library or cafe.
- 6.4 If the people would like to be accompanied on their first visit to an activity or service with the Link Worker, the person will need to become a member of our Transport from Home service and use this transport to the event.
- 6.5 Where new organisations ask if they can be on our referral list we will ask for their standards of governance, health and safety, safeguarding and complaints policies and GDPR information. When an organisation cannot supply this information, we will not include it on a list of service for referral.

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- 6.6 The Link Worker will receive monthly one to ones and there will be regular telephone surveys to measure the outcomes and satisfaction for the people they are supporting.

7 Partnerships

- 7.1 We will be working in Partnership with the PCN's as noted in this report.
- 7.2 We will be working in partnership SCC Contact Centre.
- 7.3 We will be working with SCC, Age concern Epsom, Mary Frances Trust, Voluntary Action Mid Surrey and Citizens Advice.
- 7.4 The Link worker will be signposting throughout the community, voluntary and faith sector within the Borough.

8 Risk Assessment

- 8.1 It should be noted that all Social Prescriptions first start with the healthcare professional. The responsibility that sits with GP within the PCN.
- 8.2 Social Prescriptions, once prescribed are processed by SCC into a filtering system, which is then forwarded by them to the local expert best suited to deal with the case..
- 8.3 We will only accept social prescriptions form with the PCN's
- 8.4 Referrals that point to the Council services such as Meals at Home, Transport from Home, Home Improvement Agency, handy man service, Community and Wellbeing Centre will help to increase our market share and improve our income to support our services.
- 8.5 The funding provided is based on a 4 year 6 six month contract. We have no further information of what the funding stream will be after this period therefore their a risk that the Social Prescribing service may cease after the contract end date of the contract.
- 8.6 The management of risks, safeguarding and governance is covered within the report.

9 Conclusion and Recommendations

- 9.1 The committee is requested to note this update report and endorses the continuation of the Social Prescribing service.
- 9.2 That the committee notes through delegated authority that the councils is entering into a contract agreement to deliver Social Prescribing through a Linkworker to the Integrated Care Partnership Primary Care Network (Ewell) and Banstead Primary Care Network.

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- 9.3 The committee agrees with us entering into negotiations to carry out Social Prescribing in
- Epsom PCN
 - Leatherhead PCN
- 9.4 Only persons identified by GPs or other healthcare professionals with the PCN will be accepted for the Social Prescribing.
- 9.5 The Link Worker will monitor and report all of our cases and outcomes to the PCN through quarterly reporting
- 9.6 If no further funding is received after the four year six month contract then Epsom & Ewell Borough Council will no longer provide a Link Worker within this Social Prescribing model.

Ward(s) Affected: (All Wards);