Medway Council
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

18 JANUARY 2022

SOCIAL PRESCRIBING

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Summary

Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. In 2018 Medway developed a 5 year plan to realise the potential that social prescribing can bring to residents and the health and care system. Following a significant investment from NHS England and the impact of the pandemic, this 5 year plan is currently being refreshed by the Medway and Swale Heath and Care Partnership. This report provides a summary of the draft plan and recent progress on social prescribing.

1. Budget and policy framework

1.1. Social prescribing has been identified as a priority area for the Medway and Swale Health and Care Partnership. The Local Care Steering Group has the responsibility for the development of a 5 year plan to realise the potential of social prescribing. A successful social prescribing system relies on meaningful input and engagement from the NHS, Local Authority and Community Voluntary Sector.

1.2. Medway Council plays an active role in the delivery of social prescribing service with link workers employed within Public Health and Adult Social Care, with the Partnership Commissioning team leading on the commissioning of some of the organisations who employ link workers. The Public Health team also play a lead role in the strategic co-ordination of the 5 year plan.

2. Background

2.1. In 2018 Medway developed a 5 year plan to realise the potential that social prescribing can bring to residents and the health and care system. Following a

significant investment from NHS England and the impact of the pandemic, this 5 year plan is currently being refreshed by the Medway and Swale Heath and Care Partnership

2.2. Within the original and refreshed plan social prescribing has been defined as "A means of enabling GP's and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary, community and social enterprise sector" - Social Prescribing Network (2016).

2.3. As of December 2021 there are a number of social prescribing services across Medway Swale, that directly employ 43 full time equivalent link workers. Funding sources for these organisations comes from a combination of NHS England, Clinical Commissioning Group, Medway Council and European funded projects. Each provider that employs link workers has a targeted priority group. For example, the CCG funded Live Well service prioritises adults with mental health needs who are best supported in the community, whereas the European funded Better Connected service supports Medway residents above the age of 65 who are socially isolated.

2.4. These services have been operating for a varying period of time. The Imago Wellbeing Navigation Service has been operational for over four years, where as some of the newly funded NHS England link workers within Primary Care Networks are brand new positions. There has been a diverse range of positive outcomes achieved by these services. A recent case study included within the Better Connected Social Prescribing service newsletter, highlighted the experience of a lady from Rainham who was referred during the lockdown period in 2021. Working within the social distancing guidelines, the service supported her to access befriending services and a walking group where she made great friends and even ended up becoming a volunteer befriender herself.

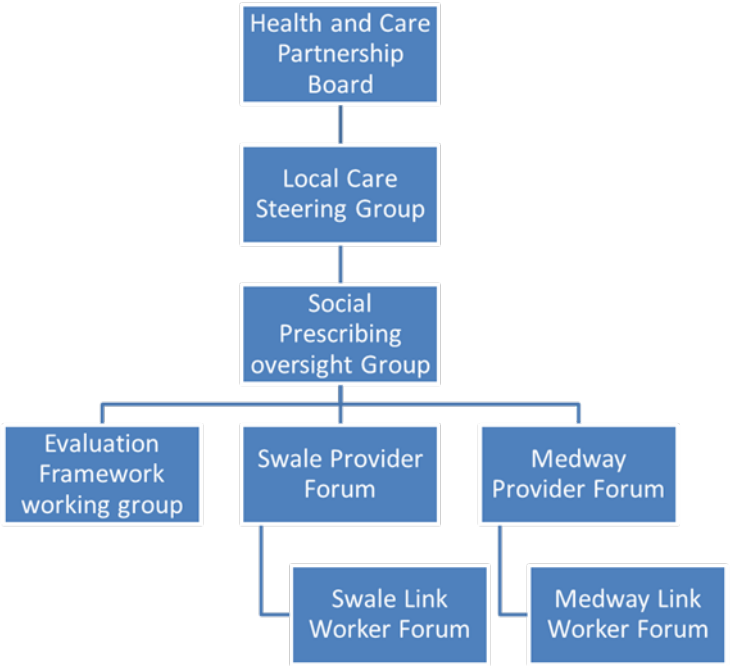
3. Medway and Swale Social Prescribing Plan 2022-2027

3.1. The revised 5 year plan has stated the following aspirations for the local system

- 40,000 people access a social prescribing service by 2027
- 20,000 people improve their health and wellbeing level through a social prescribing service
- 15,000 Voluntary and Community Sector activities accessed by clients
- 1,000 more Voluntary and Community Sector activities are launched to support people to improve their health and wellbeing
- All social prescribing services achieve an average of 90% on The Friends and Family Test
- All social prescribing providers and link workers engage in the provider and link worker forum community

- The establishment and roll out of a set of standards and a competency framework for all link worker staff and organisations delivering a social prescribing service

3.2. The plan includes the following governance structure to demonstrate the accountability for social prescribing. The table summarise the attendance and purpose of each group



Group name	Responsibilities	Organisations
Local Care Steering Group	-Hold system accountable for social prescribing (SP) -Ensure sufficient funding in place -Flag SP strategic risks to Health and Care Partnership Board	-Health service -Social Care -Voluntary and Community Sector (VCS)
Social Prescribing Working Group	-Ensure 5 year plan is delivered	-Commissioners of SP -Public Health -Clinical Directors -VCS -NHS
Provider Forums	-Sharing SP system challenges -Ensure consistent outcome measures are reported	-Commissioners of SP -Public Health -SP Providers
Link Worker Forums	-Peer support -Sharing best practise -Feedback on system risk and dependencies -Receive SP system level updates	-Front line link workers -Public Health
Evaluation sub-group	-Agree a consistent measure of wellbeing is recorded and reported -Develop a health economics model to evidence the financial impact of SP	-Public Health -Commissioners of SP -SP Providers

		-Office of Health Improvement and Disparities -NHS England

4. Directory of Community Activities

4.1. Within the initial 5 year plan a number of system dependencies were identified as needing to be developed, including a single directory of services for community activities. Excellent progress has been made on the https://medway.simplyconnect.uk/ system. In addition a business case was approved by Kent and Medway CCG to produce a Kent and Medway Simply Connect System, following the model developed in Medway. A working group is on track to see the county wide system launched in 2022, that will act as a directory of community activities and a social prescribing platform. Provider arrangements are in place with voluntary sector partners across the system to keep the content up to date and all the above social prescribing providers will be allocated referrer accounts to allow them to use the system and make referrals to community activities. Medway Voluntary Action are the lead provider for the Medway system, ensuring the directory is up to date and accurate.

5. Risk management

Risk	Description	Action to avoid or mitigate risk
VCS Capacity	With a large number of link workers now in post, and all looking for community activities to refer/prescribe residents to, there is the very real threat of not enough community activities being available. This system pressure is being experienced across all parts of the country and is a direct consequence of more link workers, but no proportionate investment to the voluntary sector. The net result of this could be no community activities to refer people into. COVID-19 has amplified this risk, due to the reduction of community activities seen in 2020/21	SP Working Group to develop a business case for the Health and Care Partnership board, relating to investment into the local community and voluntary sector
Appropriate referrals	Due to the large volume of people being referred to social prescribing providers, it's a common occurrence that some of these residents have complex needs that far exceed the professional competency of a link worker.	-Development of a training programme for potential referrers so they refer appropriate clients to SP providers. -SP providers work collaboratively to refer

Risk	Description	Action to avoid or mitigate risk
		between themselves reflecting their expertise with different client groups. -All providers being aware of Integrated Locality Review Teams who are in place to discuss complex clients
Competency framework	The level of competency can differ between providers who employ link workers leading to a variation in the SP service received by a resident and potential inequities of outcome	Development of a competency framework in line with best practise that is implemented by all SP providers and regulated by the SP Woking Group as a peer support model

6. Consultation

6.1 The five year plan continues to be developed in collaboration with link workers, social prescribing providers and NHS and care professionals.

7. Financial implications

7.1. There are no financial implications to Medway Council arising directly from the recommendations of this report

8. Legal implications

8.1 There are no legal implications to Medway Council arising directly from the recommendations of this report

9. Recommendation

9.1 The Committee is asked to note this update report.

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Appendices:

None

Background papers:

None