

APPENDIX 1

Scope of Scrutiny Task Group Review

Background

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.¹

Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. It is one of a suite of approaches, sometimes called community-centred approaches, which aim to mobilise the power of communities to support and enable good health.

A social prescribing scheme usually has three key components:

- i) **A referral from a healthcare professional:** most often General Practices are involved in making referrals. Referrals could be made by a practice nurse, or nurse specialist or a consultant, or an allied health professional such as a physiotherapist.
- ii) **A consultation with a link worker:** A link worker may be situated within a GP surgery, in the local community, or a mix of these. Their role is to understand the patient's needs, by some form of assessment and to link them with appropriate support. The social prescribing scheme also collaborates with local partners to help community groups be accessible and sustainable and support people starting new groups.
- iii) **An agreed referral to a local voluntary, community and social enterprise organisation:** Schemes delivering social prescribing can involve a range of activities that are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary care settings such as GP Practices or secondary care such as hospitals.

¹ Kings Fund (2020) – What is social prescribing? <https://www.kingsfund.org.uk/publications/social-prescribing>

There is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes (as shown in figure 1 below)². Studies have pointed to improvements in quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety.

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nuture community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Community-centred ways of working can an effective way of improving the health and wellbeing of marginalised and vulnerable groups. For this reason, they are an essential way of reducing health inequalities within a local area or community.

There are a number of issues surrounding social prescribing schemes that can have a significant influence on its effectiveness within a local authority:

- What are the costs of Social Prescribing related to staffing, venues, administration and delivery? What are the associated costs in raising awareness and orienting the system towards a social model of health? Is there appropriate funding levels for social prescribing to effectively achieve its aims?
- What work needs to be done to avoid traditional siloed service provision for social prescribing schemes that require more holistic methods to be effective? How can health organisations work in partnership to achieve this?
- What engagement is taking place with the community and voluntary sector in Brent to ensure there is access to inclusive, community specific and effective social prescribing opportunities in Brent? Are these organisations supported to enable them to deliver these opportunities?
- What work needs to be done to educate and support healthcare professionals to ensure social prescribing works effectively like any other service?

² The Low Commission (2015). The role of advice services in health outcomes: evidence review and mapping study. Available at http://www.lowcommission.org.uk/dyn/1435582011755/ASA-report_Web.pdf

When increasing the number of people that are using local community and voluntary, community and social enterprise organisations, it is particularly important that the organisations receiving referrals can sustain their income and service provision.

For social prescription to work like any other service, the referrals of patients to link workers are important, however, not all healthcare professionals have time to get up-to-date with recent developments in social prescribing.

Making time and resource available to educate and provide for continuous professional development for healthcare professionals on aspects of social prescribing is therefore very important. Social prescribers need support to aid their development, but others also need to be educated so social prescribing's benefits are understood more widely.

Social prescribing in Brent is currently embedded in general practice and Primary Care Networks, all practices in Brent have allocated link workers as part of their team. The development of social prescribing in the borough has been a collaboration between Primary Care Networks for the past six years. Social prescribing link workers all share a team leader who works with the NHS to ensure aligned delivery across Brent in partnership with Brent Mencap.

There is a key opportunity for the Community and Wellbeing Scrutiny Committee to establish a scrutiny task group to conduct an in-depth review into social prescribing in Brent. With the continued implementation of social prescribing nationally and locally, there is a strong argument for reviewing the extent to which social prescribing is delivering on its intended outcomes. The creation of the task group will allow members to get a detailed insight into how effectively social prescribing is being delivered in Brent, and enable NHS partners to develop a strategy to fully realise the benefits of social prescribing in the borough.

Objectives

It is proposed that the scrutiny task group is set up to review Social Prescribing in Brent. Members of the scrutiny task group are in a unique position to question and challenge executive power by holding it to account and ensuring that decision-making is accountable and tested. As non-executive members, they are able to judge proposals against their unique knowledge of the borough and its communities. The scrutiny task group will make recommendations that are clear and directive and based on rigorous challenge and detailed evidence which can then be implemented.

The methodology will be to gather qualitative and quantitative evidence to help develop its recommendations. In particular, it is proposed that the scrutiny task group will undertake a number of interviews with a range of stakeholders involved in social prescribing including: primary care clinicians, link workers, social workers, community and voluntary groups, and patients and residents in Brent.

Terms of Reference

The following Terms of Reference are proposed and will be subject to confirmation at the first meeting of the scrutiny task group:

- (i). To review Brent's current social prescribing offer; including both the infrastructure and attitude to social prescribing, and evaluate whether Brent is fully realising the potential benefits of social prescribing.
- (ii). To understand the opportunities for social prescribing in Brent, and what can be achieved through social prescribing locally for all residents.
- (iii). To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.

Timescale

It is proposed that the scrutiny task group will report back to the Community and Wellbeing Scrutiny Committee on its progress on 25th January 2023, and will present its final report on 7th March 2023. It is envisaged that the report would be presented to Cabinet for consideration on 17th April 2023.

The schedule of scrutiny task group meetings will be outlined in its project plan.

Membership

The following membership for the Task Group is proposed:

Councillors

Cllr Ketan Sheth (Chair)
Cllr Rajan Seelan
Cllr Tazi Smith
Dr MC Patel – co-opted
Anita Thakrar – co-opted

Other key stakeholders to be invited as appropriate

In carrying out the scrutiny review, it is proposed that the scrutiny task group invites a range of key stakeholders to contribute through evidence sessions so they can share their expertise and experiences of services. The proposed key stakeholders to be invited are detailed below:

Representative(s) from the North West London Integrated Care System and Brent Integrated Care Partnership including those leading on Primary Care in Brent
Representative(s) from Primary Care Clinicians and other relevant health professionals in Brent
Representative(s) from organisations involved with social prescribing, including link workers.
Representative(s) from Brent's Community and Voluntary Sector
Representative(s) from Service User Cohort and Brent residents

Evidence Sessions

It is proposed that there will be 4 evidence sessions for the scrutiny task group. The proposed structure for the meetings is detailed below:

Evidence Session 1 October 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • What is social prescribing and its expected benefits • The national direction of travel for social prescribing • The Brent context: how social prescribing is delivered in Brent currently, including the outcomes of delivery. • The Brent context: what key health issues does social prescribing seek to address in Brent 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 2 November 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The opportunities locally for those professionals who socially prescribe • Current attitudes towards social prescribing in Brent among primary care professionals • Potential barriers to effective social prescribing in Brent for primary care professionals 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 3 November 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The local offer for social prescribing opportunities in Brent • What do local organisations who are offering social prescribing opportunities see as the benefits and opportunities in Brent? • What barriers are currently in place for organisations who offer social prescribing opportunities in Brent? • How attractive and inclusive are social prescribing opportunities for Brent residents? 	Attendees/Organisations <i>As appropriate</i>
Evidence Session 4 December 2022	Themes/Area for Discussion <ul style="list-style-type: none"> • The role of link workers in connecting those who socially prescribe with those who offer social prescribing opportunities i.e. Primary care colleagues and voluntary organisations • How well connected are different aspects of social prescribing in Brent • How could stakeholders involved in social prescribing in Brent work together more effectively • Evaluating & Monitoring 	Attendees/Organisations <i>As appropriate</i>

	<ul style="list-style-type: none">• Developing social prescribing in Brent with partners to fully realise the potential opportunities for social prescribing	
--	--	--