

	<p align="center">Community and Wellbeing Scrutiny Committee 25 January 2023</p>
	<p align="center">Report from the Social Prescribing Task Group</p>
<p align="center">Social Prescribing Task Group Interim Report</p>	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	One Appendix 1 – Task Group Activity
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>George Kockelbergh Strategy Lead – Scrutiny, Strategy and Partnerships - Communities and Regeneration George.Kockelbergh@brent.gov.uk 020 8937 5477</p> <p>Tom Pickup Policy, Partnerships and Scrutiny Manager, Strategy and Partnerships - Communities and Regeneration Tom.Pickup@brent.gov.uk</p>

1.0 Purpose of the Report

- 1.1 To update the Community and Wellbeing Scrutiny Committee on the progress of the Social Prescribing Task Group.

2.0 Recommendation(s)

- 2.1 To note and comment on the body of the report, detailing the progress made by the Social Prescribing Scrutiny Task Group and the activity of the Task Group as set out in Appendix 1 – Task Group Activity.

3.0 Detail

Background Information

- 3.1 The Community and Wellbeing Scrutiny Committee established the Social Prescribing Scrutiny Task Group at its meeting on 22 September 2022. The task group is made up of non-executive members of the council and task group members co-opted by the Chair:
- Cllr Ketan Sheth (Chair)
 - Cllr Tazi Smith
 - Cllr Rajan Seelan
 - Dr MC Patel (Co-opted)
 - Anita Thakkar (Co-opted)
- 3.2 It was agreed that a number of evidence sessions would be held from October 2022 to December 2022, with time allocated after the evidence sessions for the Task Group and the Community and Wellbeing Scrutiny Committee to agree any reports and recommendations for submission to Cabinet in April 2023.
- 3.3 The Task Groups final report with its proposed recommendations are scheduled to be considered by the Community and Wellbeing Scrutiny Committee on 7 March 2023. The report will then be considered by Cabinet and thereafter by the Brent Health and Wellbeing Board.
- 3.4 The following Terms of Reference were agreed by the Community and Wellbeing Scrutiny Committee on 22 September 2022:
- a) 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.
 - b) To understand the opportunities for social prescribing in Brent and what can be achieved through social prescribing locally for all residents.
 - c) To consider the most effective ways of further developing social prescribing in Brent in collaboration with the NHS and other partners.
- 3.5 The Task Group held its first evidence session on 27 October 2022. This session focused on the practice of social prescribing, the key health issues it aims to address and how it is currently delivered in Brent. The session also focused on how social prescribing is developing nationally and in North West London.

- 3.6 The second evidence session was held on 15 November 2022. The focus of this session was on the opportunities to widen how social prescribing is delivered in Brent and the council's role in supporting this. Task Group members also questioned stakeholders on current issues in delivering social prescribing in Brent and how it is funded.
- 3.7 The third evidence session of the Task Group was focused on the role of Brent's community and voluntary sector in delivering social prescribing for residents. The session also reviewed the role that council services can play in delivering social prescribing, and how partners could raise awareness of social prescribing in Brent.
- 3.8 The final evidence session was held on 8 December 2022. During this session the Task Group focused on the opportunities to continue developing social prescribing in Brent. Members also used the session to test their understanding and discuss any emerging findings with the expert witnesses present at the session.
- 3.9 The Task Group has heard from a wide range of stakeholders and expert witnesses during its evidence sessions, a list of evidence sessions held and stakeholders in attendance is provided in Appendix 1. The Task Group thanks all those who have contributed to this process so far.

4.0 Emerging Findings

Introduction – social prescribing in Brent

- 4.1 Throughout the evidence sessions the Task Group heard that social prescribing takes a person-centred approach to treating patients, this means looking at the person as a whole to understand possible non-medical root causes of a patient's medical issues. For example, a patient may present to their GP with symptoms of depression; instead of prescribing anti-depressants, the social prescribing approach will look at the non-medical issues that could be causing their symptoms of depression such as welfare issues or poor-quality housing. One of the key skills of a social prescriber is to be able to listen to a patient for an extended period of time, to build rapport and trust to learn about underlying issues which a patient may not share right away.
- 4.2 A social prescriber will work with a patient over a number of individual sessions to help the patient to address their issues. This person-centred, holistic approach has been key in effectively addressing both medical and non-medical issues that contribute to a person's health.
- 4.3 Social prescribing is currently being delivered in primary care settings in Brent, which are usually GP surgeries, and social prescribers are funded through the NHS's Additional Reimbursable Roles Scheme (ARRS), that was introduced in 2020. Further detail on the funding arrangements of social prescribing is developed later in this report. Social prescribing is currently delivered differently to residents depending on which Primary Care Network (PCN) their GP practice

is located. A Primary Care Network is a group of GP practices that work together to enable residents to receive more proactive health and social care close to their homes.¹Brent has 7 Primary Care Networks, these are:

- 4.4 The Task Group heard that the delivery of social prescribing is particularly important in deprived areas, where more patients are likely to need support with social and welfare issues. The support Brent residents are receiving through social prescribing is different to what many people thought it would be pre-austerity, and it is important to address that this is the position the borough is in. The Task Group noted that the nature of referrals had changed in Brent, and that social prescribers were now referring patients to services for welfare support and food banks much more often than they were referring people to swimming sessions.

Harness North

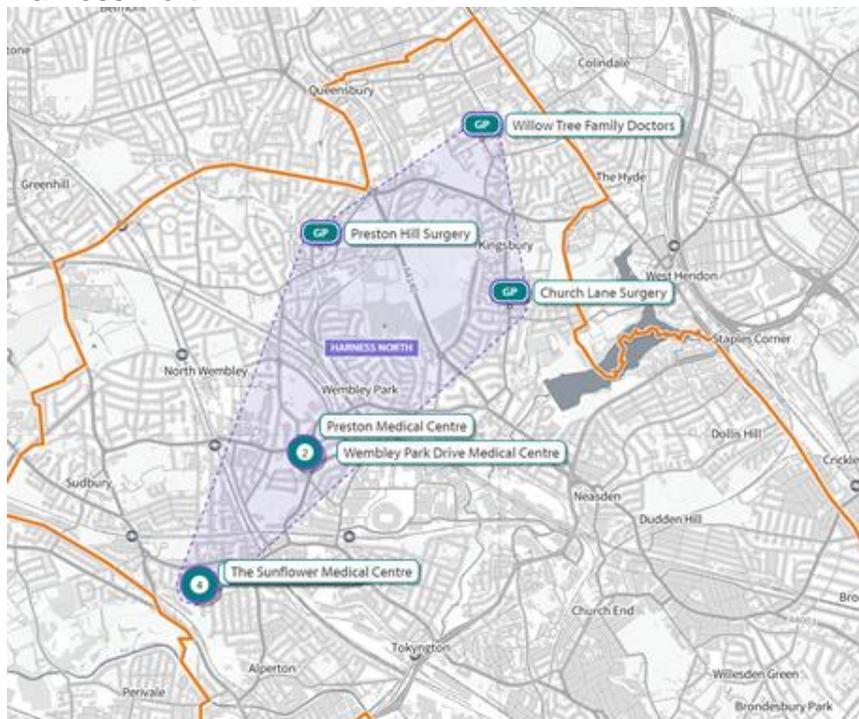


Figure 1: Harness North Primary Care Network

¹ NHS England, Primary Care Networks [NHS England » Primary care networks](#)

Harness South

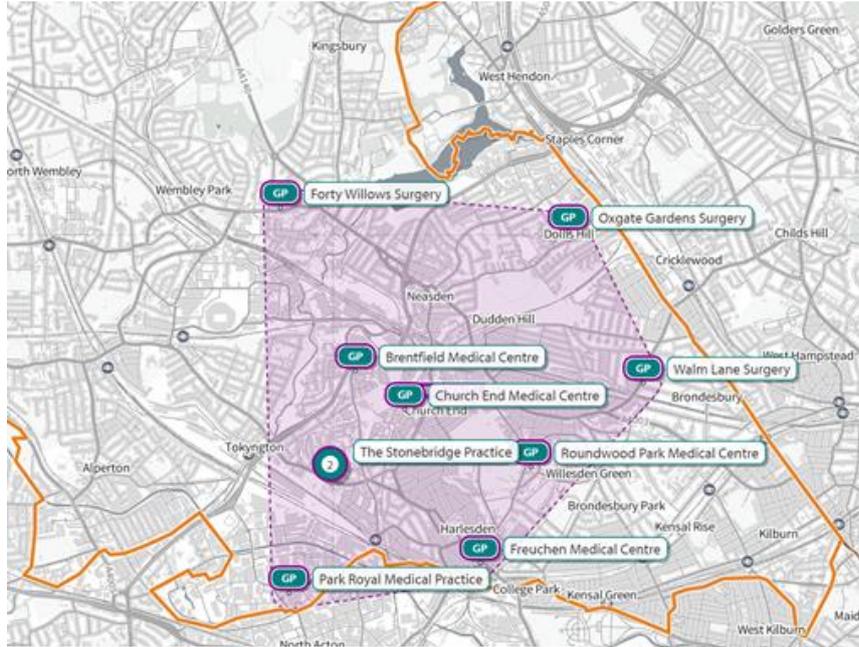


Figure 2: Harness South Primary Care Network

K&W North

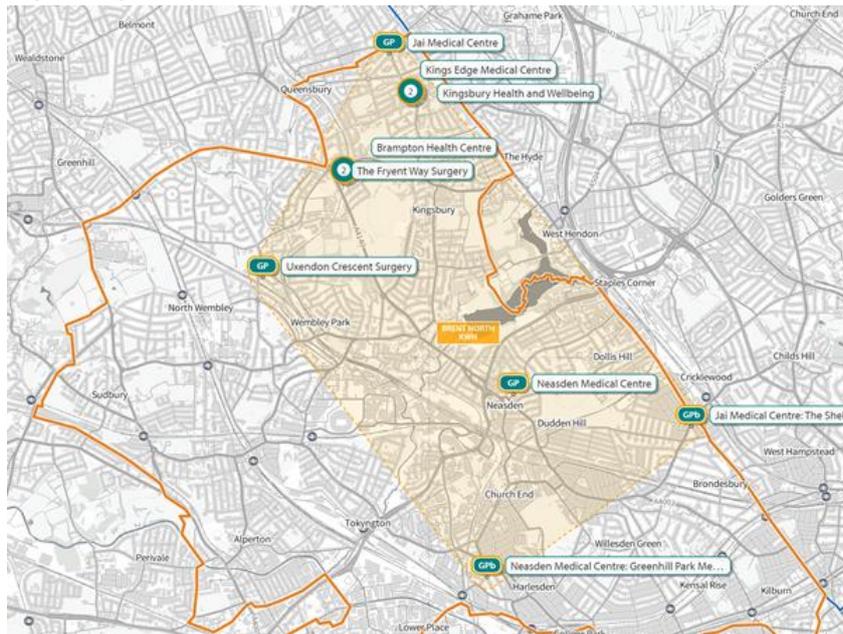


Figure 3: K&W North Primary Care Network

K&W South

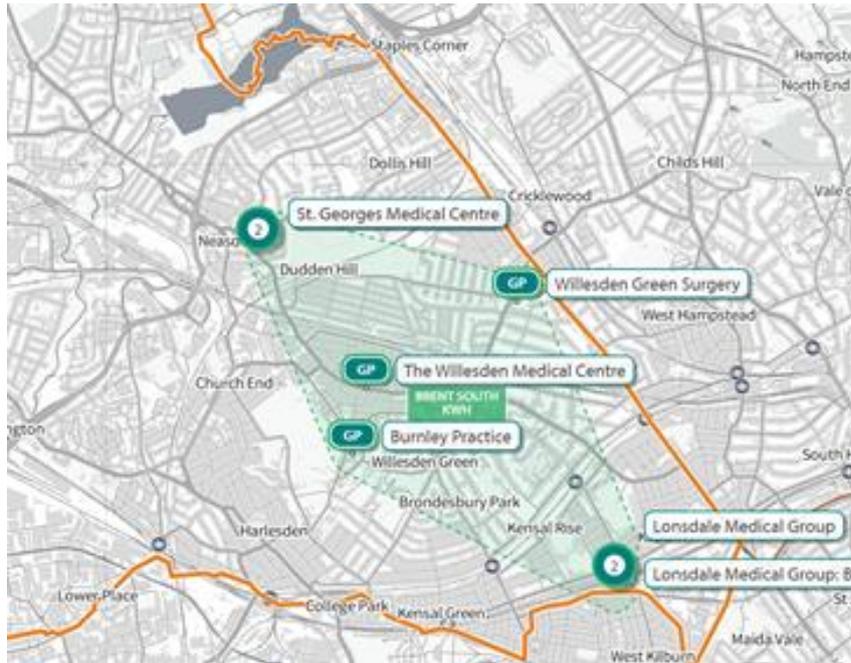


Figure 4: K&W South Primary Care Network

K&W Central



Figure 5: K&W Central Primary Care Network

K&W West

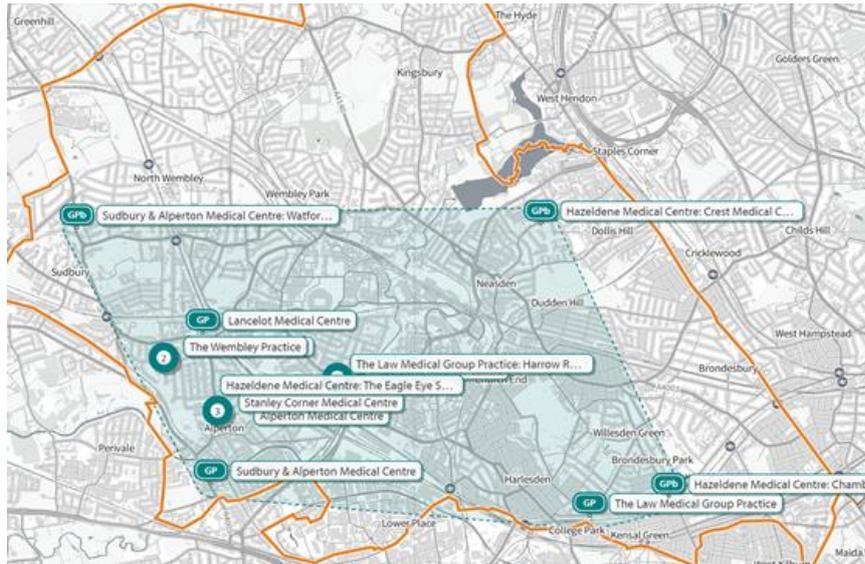


Figure 6: K&W West Primary Care Network

Kilburn



Figure 7: Kilburn Primary Care Network

- 4.5 Harness and K&W PCN areas jointly commission Brent Mencap to deliver social prescribing in their GP surgeries, whereas Kilburn PCN has its own arrangements for social prescribing. There are currently 32 link workers who cover Brent's 51 GP practices², the amount of time each practice is allocated with a social prescribing link worker is decided at PCN level and is based on need. As of November 2022, 453,419 people were registered with a GP practice in Brent,³ which gives an indication of the number of people that are registered to a Brent GP per social prescriber in the borough.

² Evidence session 2, p3

³ NHS NW London, Number of residents registered with a Brent GP.

- 4.6 The task group heard that the demand for social prescribing was increasing in Brent, social prescribing link workers that cover the Harness North and South PCN areas received 2,512 referrals during in 2021-22, this was an increase from 1575 referrals in the previous year⁴, part of this increase may have been due to the impact of the Covid-19 pandemic or other factors such as population growth in this area. For each referral a patient would be contacted by their link worker 5 times on average. Furthermore, when a referral is related to mental health support, social care, housing or welfare benefits, link workers will often contact that patient between 8-10 times. The rise in demand for social prescribing services will likely lead to additional pressures being put on link workers in Brent, who are currently delivering an essential service for some of Brent's most vulnerable residents.
- 4.7 The following sections of this report outline the key findings from the Task Group's evidence sessions, these have been broken down thematically based on the evidence received. It is envisioned that the Task Group's final recommendations will be drawn from these key themes.

Extending Access

- 4.8 Whilst the Task Group were reassured that social prescribing is being delivered effectively in Brent, it also heard that the current model of social prescribing was limited as it required residents to be registered with a GP practice to access social prescribing services. From the work undertaken in the community through Brent Health Matters, the council has heard that there are large number of residents in Brent who are either mistrustful of health services or unregistered with a GP practice, who will be unable to access social prescribing in Brent at this time. It was stated that widening access to social prescribing would be an effective way of allowing all residents to access these essential services.
- 4.9 It is clear that any extension to social prescribing should compliment and support the existing offer in primary care. This extension of access should also consider how social prescribing should be extended to meet the need in the community that is not being addressed by primary care. The local authority knows that residents access services in different places or 'access points'. There is the opportunity to build social prescribing into these access points, so that these access points can begin to look at residents' wider needs and make appropriate referrals. The local authority should also consider how to tailor the social prescribing offer at different 'access points' to ensure that many groups of residents benefit. There are both soft access points such as faith groups and hard access points such as the Adult Social Care front door which could both effectively extend access to social prescribing for different groups of Brent residents.

Empowering staff to adopt a social prescribing approach

- 4.10 The Task Group heard that the ethos, resources and holistic approach used by social prescribers was key in allowing them to address a patient's wider issues.

⁴ Social Prescribing Link Workers Harness North Report

This ethos, resource and holistic approach used by social prescribers is transferable and should underpin any possible extensions to social prescribing in Brent. As part of any extension to social prescribing, those adopting this holistic approach could work closely with social prescribers, to learn about the existing work and good practice taking place within primary care settings.

- 4.11 The Task Group heard that front line local authority staff could be key in the success of extending social prescribing to local authority 'access points' should this happen in the future. Front-line staff could be incredibly valuable assets for social prescribing, as they are often the only staff that residents interact with in the council. Brent Hubs and front-line staff also interact with some of Brent's most vulnerable residents who have the greatest need for support that is offered through social prescribing. So, there would be value in developing existing local authority staff to further adopt a holistic and person-centred approach to supporting residents.
- 4.12 The Task Group heard that workforce development and training on social prescribing in council services could empower staff to adopt the consistent ethos and holistic approach of social prescribers, that was identified as their key point of different. This would benefit residents as staff would be in more informed position to provide support to a resident using a holistic, person-centred approach.
- 4.13 There is not yet consensus on how this workforce development would take place. Whilst a local qualification on social prescribing could be useful the key message is that building consistency in the ethos and approach of those delivering social prescribing to residents is the most important factor in achieving successful outcomes, rather than the exact same training. It is likely that training alone will not be sufficient for existing staff to adopt the same approach to supporting residents as current social prescribers. Existing staff will also require access to comprehensive information on what services are available in Brent, so they make informed choices on what services would best benefit a resident.

Developing more joined up working between the local authority, NHS and the community and voluntary sector on social prescribing in Brent

- 4.14 During the evidence sessions partners questioned whether those involved in social prescribing were making full use of the opportunities available for social prescribing in the community and voluntary sector in Brent. Stakeholders representing Brent Council also questioned whether the local authority was making the most of the opportunities in its services for social prescribing and whether it had been proactive enough in identifying the gaps in social prescribing opportunities that council services could fill.
- 4.15 Task Group members also heard that in some cases there are council services that aren't connected to NHS frameworks such as the libraries service. This can prevent social prescribers from making referrals to these services in some cases, limiting the choice of social prescribers. Taking steps to ensure more joined up working will achieve better outcomes for patients and social

prescribers as there will be greater choice and opportunity for targeted interventions.

- 4.16 There is also in some cases a lack of knowledge or lack of sufficient support for social prescribers to know exactly what opportunities exist within organisations or programmes. A lack of resource can also hinder social prescribers' ability to research and engage with the local authority and community and voluntary sector to discover all the opportunities available to them in Brent. Allowing social prescribers the space and time to engage with its partners would lead to better outcomes for residents, though with demand for services increasing this could continue to be a challenge.
- 4.17 The Task Group heard examples of good practice in information sharing between the council's housing department and social prescribers representing Kilburn PCN. The social prescribers have received guides on how to navigate the housing departments functions which has enabled social prescribers to advocate more effectively for their patients, it is suggested that this could be extended to other council services that social prescribers interact with and be replicated for other primary care networks in Brent.
- 4.18 During the evidence sessions partners expressed the view that there is not currently a comprehensive picture of all the social prescribing opportunities available in Brent that residents could be referred into. As a remedy to this, stakeholders have suggested that a comprehensive and regularly updated directory could be co-produced with the community and voluntary sector and to provide a real-time picture of the social prescribing opportunities in Brent. It was suggested that suppliers could be obliged keep the information up to date in such a directory and that the council could also require commissioned or grant funded opportunities to maintain entries as a condition of their funding.
- 4.19 Throughout the evidence sessions the Task Group heard a number of different terms being used by different agencies to describe the same social prescribing practice. Using different terms for similar practices is confusing and could be acting as a barrier to accessing social prescribing for residents, especially for those who may be mistrustful of health services. Developing a common language on social prescribing could have a beneficial impact on the uptake of social prescribing in our diverse communities.
- 4.20 The Task Group heard that a recent piece of work on the council's response to the cost-of-living in Brent had been an effective way of sharing information on support available for residents that are struggling with the impact of the cost-of-living crisis. There is an opportunity to learn from the success of this work in regard to the methods of information sharing amongst residents and staff. Elements of this approach could be borrowed to highlight existing opportunities available for social prescribing in Brent to our residents.
- 4.21 In the evidence sessions there was an ambition amongst partners to further strengthen the partnership working approach between those involved in social prescribing. Further strengthening this partnership approach would facilitate future conversations about how the social prescribing ethos could be built into

other parts of the health landscape in Brent. This could include the Brent Integrated Care Partnership's emerging neighbourhood teams and the front doors of other health providers in Brent.

Improving data evaluation for social prescribing, to continue developing social prescribing in evidence and needs based way.

- 4.22 The Task Group heard that there is both a local and national drive for data collection and evaluation of social prescribing to be improved. Social prescribing currently has an ongoing challenge with data collection and evaluation compared to traditional forms of medicine, in part due to the somewhat subjective nature of social prescribing's outcomes compared to traditional forms of medicine. For social prescribing to be expanded in Brent, it is essential that partners can evidence the activity and impact of social prescribing in the borough.
- 4.23 Data evaluation gives partners a clear indication of how social prescribing is developing in Brent. This is important as it shows partners what areas of social prescribing need further development and help provide a general understanding of trends within service provision. For example, Harness North and South PCNs have identified that Arab communities and those with learning disabilities are currently underrepresented in social prescribing figures in their practices and are working to address this.
- 4.24 During its evidence sessions Task Group members heard of the ongoing work to address issues with data evaluation in social prescribing. NHS North West London Integrated Care System partners advised that a new case management system for social prescribing had been procured and was currently being trialled in Westminster, Ealing and Harrow⁵ with a view to be used across North West London. Colleagues advised the task group that this would improve social prescribers' ability to collect more comprehensive data from their patients.
- 4.25 Whilst the procurement of a new case management system is welcome, for social prescribing to be developed in an evidence and needs based way there is still work to be done. It was stated that in some cases the data on social prescribing activities is not being fully captured and shared with all those involved with social prescribing, which makes it difficult to understand if services are being duplicated for residents. The lack of information sharing was also highlighted as a borough wide issue which is currently hindering effective data evaluation.
- 4.26 The development of Key Performance Indicators (KPIs) for social prescribing in Brent were suggested as a possibly effective solution for improving data evaluation. These KPIs would need to count proper quality and could be used by all partners involved in social prescribing, so that they highlight areas of challenge for the NHS, social prescribers and the local authority. These KPIs would be essential in evidencing activity and impact of social prescribing, which

⁵ Evidence Session 1, p2

would increase partners confidence of expanding Brent's social prescribing model.

- 4.27 It was suggested that using the North West London EMIS template could provide a basis for developing these social prescribing KPIs, and that the NWL EMIS template could be universally used by professionals across the borough to provide a more uniform and comprehensive picture of social prescribing activity and impact in Brent.

Ensuring social prescribing's funding arrangements are sound so that it can be developed sustainably.

- 4.28 During its evidence sessions the Task Group heard that social prescribing was being funded in a limited way, described as 'seed funding' by NHS colleagues. It was stated that this is so the NHS can test and measure the impact of funding in social prescribing without taking significant financial risks whilst social prescribing is in a developmental stage.
- 4.29 Currently social prescribing link workers are funded through the NHS's Additional Reimbursable Roles Scheme (ARRS) introduced in 2020. Primary care networks are responsible for drawing down funding from the ARRS. Primary care networks use of this funding for social prescribing link workers should reflect the demand for social prescribing in their GP practices. The Task Group have heard that delivering social prescribing is especially important in deprived areas, where residents have greater need for the services link workers refer residents into. It is therefore important that areas of Brent with high levels of deprivation are allocated sufficient link worker resource by their primary care networks to support GP practices in these areas.
- 4.31 The Task Group also heard that for social prescribing to continue to develop sustainably thought needs to be given to the role of Brent's vibrant community and voluntary sector in delivering these social prescribing opportunities. Whilst increased demand for social prescribing may not directly lead to increased costs for the voluntary sector, it is important that the voluntary sector is sustained in Brent through capacity building and funding. The community and voluntary sector has to be effectively supported by its partners in social prescribing. Otherwise, there is a risk that there will be fewer diverse, targeted and culturally specific social prescribing opportunities for Brent residents.
- 4.32 Given the emerging findings that have been outlined in the body of this report, there will need to be consideration given to how any potential developments to social prescribing would be funded. The task group have heard any considerations for additional funding for social prescribing from the local authority as part of its development are dependent on further detailed evidence of social prescribing's activities and impact.

5.0 Forming Recommendations

- 5.1 In the period between discussion of this interim report on 25 January 2023 and the presentation of the final report of the Task Group at the 7 March 2023

Community and Wellbeing Scrutiny Committee the Task Group will develop a number of recommendations.

5.2 These recommendations will be developed by the Task Group and will be based on the evidence it has received so far through: evidence sessions, discussions of the interim report at the 25 January 2023 Community and Wellbeing Scrutiny Committee meeting, and further discussions between the Task Group and key officers and partners.

5.3 These finalised recommendations will be presented as part of the Task Group's final report which will be brought to the 7 March 2023 Community and Wellbeing Scrutiny Committee.

6.0 Financial implications

6.1 There are no financial implications for this report.

6.2 It is possible that some recommendations made by the Task Group in future will have financial implications for the local authority and/or local NHS organisations. Any financial implications will be subject to consideration by Cabinet and, if relevant, by the NHS.

7.0 Legal Implications

7.1 Section 9F, Part 2 of the Local Government Act 2000, overview and scrutiny committees: functions, requires that Executive Arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the authority's area or the inhabitants of that area.

7.2 Section 9Fe, *duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive:

- (a) consider the report or recommendations,
- (b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,
- (c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equality Implications

8.1 The scrutiny review should consider equalities duties as part of the general duty set out in the 2010 Equality Act.

8.2 Under Section 149 of the Equality Act 2010, the Council has a duty when exercising their functions to have 'due regard' to the need to:

- a) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act.
- b) advance equality of opportunity; and
- c) foster good relations between those who share a “protected characteristic” and those who do not.

8.3 This is the Public Sector Equality Duty (PSED). The ‘protected characteristics’ are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

9.0 Consultation with Ward Members and Stakeholders

9.1 This report has been written in consultation with Task Group members.

Report sign off:

Lorna Hughes

Director of Communications,
Strategy & Engagement