



**Cabinet**  
22 May 2023

**Report from the Social Prescribing Task Group**

**Recommendations from Community & Wellbeing Scrutiny Committee: Social Prescribing Task Group**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>Appendices:</b>	Two:  Appendix 1: Community & Wellbeing Social Prescribing Task Group Report Appendix 2: Executive response to Social Prescribing Scrutiny Task Group Report
<b>Background Papers:</b>	None
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**1.0 Purpose of the Report**

- 1.1 To share the Brent Integrated Care Partnership’s Executive Response to the Social Prescribing Task Group’s final report and recommendations with Cabinet.
- 1.2 Additionally, to seek Cabinet’s endorsement for the recommendations made by the Social Prescribing Task Group and the response to them provided by the Brent Integrated Care Partnership.

## 2.0 Recommendation(s)

That Cabinet:

- 2.1 Endorse the Task Group's recommendations, as set out in Paragraph 3.3, and the response to them provided by the Brent Integrated Care Partnership as set out in Appendix 2.

## 3.0 Detail

- 3.1 Scrutiny committees have the power to commission evidence-based reviews of a policy area of function of its local authority led by non-executive members; these reviews are commonly referred to as Task Groups. The Social Prescribing Scrutiny Task Group was established by the Community and Wellbeing Scrutiny Committee at its 22 September 2022 meeting. It was established as the committee wanted to review current social prescribing provision in Brent and explore how it could be further developed to benefit residents in Brent
- 3.2 As part of the Task Group's work, it has produced a final written report with ambitious and actionable recommendations made to the Brent Integrated Care Partnership. These recommendations are in accordance with Part 4 of the Brent Council Constitution which states the Community and Wellbeing Scrutiny Committee may make recommendations to relevant NHS bodies or relevant health service providers. This Task Group's recommendations have therefore been made to the Brent Integrated Care Partnership as they have the remit to implement them.
- 3.3 This report and its recommendations were discussed and confirmed at the March 2023 meeting of the Community and Wellbeing Scrutiny Committee. The recommendations were as follows:
  - **Recommendation 1:** It is recommended that Brent's social prescribing model is widened from NHS primary care settings, to enable ICP partners, front line social care and selected front-line council staff to use social prescribing approaches. The Brent Integrated Care Partnership should lead in developing a social prescribing approach for Brent, where partners work together to ensure that all of Brent's residents have the opportunity to benefit from the holistic approach of social prescribing, as a way of further tackling health inequalities in the borough.
  - **Recommendation 2:** It is recommended that there is an equitable social prescribing offer across the borough that explicitly addresses deeply entrenched and intersectional health inequalities, listens to, and responds to communities, and ensures funding is allocated by areas of Brent with higher levels of deprivation.
  - **Recommendation 3:** It is recommended that the Brent Integrated Care Partnership sponsors a social prescribing working group that brings partners involved in social prescribing together quarterly to develop a Brent approach to sharing knowledge, best practice and working together

on social prescribing. This will ensure there is greater shared understanding of all social prescribing opportunities in Brent to increase partners' ability to effectively meet residents' needs.

- **Recommendation 4:** It is recommended that the Brent Integrated Care Partnership develops a Brent approach to capture further activity data and develop an understanding of how resources are distributed. In order monitor behaviour change and the effectiveness of social prescribing in Brent. This approach should complement partners' respective reporting mechanisms and be used by all partners involved in social prescribing. This will further support the Brent Integrated Care Partnership to develop a joined-up approach to data collection amongst partners in the borough.
- **Recommendation 5:** It is recommended that social prescribing activities are reported quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group, to evaluate social prescribing activities for the borough. This will create greater consistency and alignment for social prescribing across the borough.

3.4 The Brent Integrated Care Partnership has provided a response to each of the five recommendations made by the Task Group, which is set out in Appendix 2. In its responses the Brent Integrated Care Partnership has provided an action plan which outlines the steps it will take to implement each recommendation.

#### **4.0 Next Steps**

4.1 If endorsed by Cabinet, the Brent Integrated Care Partnership will then lead the delivery of the actions, set out in its response to the Task Group's recommendations in Appendix 2.

4.2 If endorsed by Cabinet, it is planned that the Task Group's recommendations and the response to them from the Brent Integrated Care Partnership will be considered by the Brent Health and Wellbeing Board.

4.3 The Community and Wellbeing Scrutiny Committee will then monitor the implementation of the recommendations, with a progress update coming to the committee a year after the recommendations were confirmed.

#### **5.0 Financial Implications**

5.1 It is possible that recommendations made by the Task Group, if accepted and implemented may have financial implications for the local authority and/or local NHS organisations. £0.1 million from the public health grant has been identified to support the implementation of the recommendations made by the Social Prescribing Task Group. Costs to the council will be no more than £0.1m.

5.2 The Brent Integrated Care Partnership will seek other funding opportunities, including business cases for health funding to support an increase in socialprescribing.

## **6.0 Legal Implications**

- 6.1 Section 9F, Part 1A of the Local Government Act 2000 (LGA 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.
- 6.2 Section 9Fe, Part 1A LGA 2000 (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

## **7.0 Equality Implications**

- 7.1 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.
- 7.2 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.
- 7.3 The recommendations of the Task Group are intended to reduce inequality in a number of protected characteristics by reducing health inequalities. Once implemented the Task Group's recommendations should enable social prescribing to further reduce inequality in Brent.

## **8.0 Consultation with Ward Members and Stakeholders**

- 8.1 The Task Group's report was drawn up in consultation with Task Group members.