



**Community Wellbeing Scrutiny  
Committee**

4 March 2024

**Report from the Director of Public  
Health**

**Lead Cabinet Member: Cllr Nerva  
Cabinet Member for Public Health  
and Adult Social Care**

**Social Prescribing Task Group One Year Update**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<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>List of Appendices:</b>	Two: A: Scrutiny Task Force Final Report B: Executive Response to the Community and Wellbeing Scrutiny Committee
<b>Background Papers:</b>	None
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**1.0 Executive Summary**

1.1 This report provides an update one year on from the report of the Community Wellbeing Scrutiny Task Group on Social Prescribing in Brent and the Cabinet and Brent Integrated Care Partnership's response to those recommendations.

**2.0 Recommendation(s)**

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the update.

**3.0 Detail**

**3.1 Contribution to Borough Plan Priorities**

Social prescribing contributes and has the potential to contribute to a number of the Borough Plan Priorities:

- Prosperity and Stability in Brent

Many of those accessing the primary care social prescribing service have economic or housing needs and the service provides support and signposting for these for example linking to the Council's welfare support offer and the VCS

- A Cleaner, Greener Future

The development of green social prescribing opportunities and closer links between the Council's environment and leisure services and social prescribing is being explored and would be welcomed by residents.

- A Healthier Brent

Not only does social prescribing have proven benefits for physical and mental wellbeing but effectively targeting both access to the service and the opportunities it provides will address health inequalities.

## **3.2 Background**

3.2.1 Community Wellbeing Scrutiny established a Task Group in September 2022 to conduct an in-depth review of how social prescribing has been implemented in Brent so far and to evaluate the options for its future development. The Task Group described social prescribing as an intervention in healthcare that allows healthcare professionals to refer patients onto a range of local, non-medical services in the community which seeks to improve health outcomes by addressing a patient's wider issues that may contribute to their overall health.

3.2.2 The Task Group reported in March 2023. It made five recommendations which, given their implications for the Council and the NHS, were considered by both Cabinet and the Brent Integrated Care Partnership (ICP). Cabinet and the IPC welcomed both the Task Group's interest in social prescribing and the specific recommendations. Appendix A contains the Task Group's Final Report and B the Executive response.

## **3.3 Update**

This report provides an update of the actions by the Council and the IPC one year on and is organised on the following themes:

- Governance
- Access to social prescribing
- The social prescribing offer.

## **3.4 Governance**

3.4.1 The implementation of the Cabinet and ICP commitments in response to Scrutiny Task Group is led by public health and funded through the public health

grant. The work falls within the Health Inequalities ICP priority. A Senior Programme Officer has been appointed with a background in Brent Health Matters to develop and co-ordinate the work programme.

3.4.2 The work of the Task Group and the ICP plans were shared with a range of partners from across the Council and the VCS in a workshop in the autumn. An internal Working Group across Customer Access and ASC has been established to develop the first pilot to be funded from the public health grant. Attendees at the autumn workshop will form a stakeholder group to be asked to provide wider context and guidance to the pilot, including advising on success measures.

3.4.3 The primary care social prescribers are commissioned by the Primary Care Networks and as such independent of the Council and the ICP. However, closer links, both operationally and strategically, have been established between the social prescribers and public health as a result of the Scrutiny Task Group

### **3.5 Access to social prescribing**

3.5.1 The Task Group recommended that social prescribing should be widened from NHS primary care settings to enable ICP partners, front line social care and selected front line services to use social prescribing approaches. The ICP Executive agreed to pilot the introduction of social prescribing into Adult Social Care to explore its potential to both promote independence and reduce demand for statutory service.

3.5.2 The pilot is being delivered jointly by Customer Access and ASC with support from public health. A new post has been created of Social Prescribing Co-ordinators which will be trialled in both the Front Door and ASC. These roles will:

- Coordinate the delivery of social prescribing within ASC/Front door, triaging referrals and supporting staff to identify residents who may benefit from social prescribing
- Work as part of ASC and the Front door, taking referrals and managing a caseload of residents assessed to be suitable for social prescribing support, providing ongoing support for an allocated timeframe to promote engagement with identified services and achievement of goals

The posts will be funded through the public health grant. Both the process and the outcomes will be evaluated to inform a decision as to whether or how to expand social prescribing to other front-line services.

3.5.3 The Scrutiny Task Group recognised that not being registered with a Brent GP meant Brent residents were unable to access the existing primary care social prescribing offer. Much work has been undertaken by the ICP to ease registration with Brent GPs. All GP practices in Brent have achieved Safe Surgery status. Safe surgeries is a scheme developed by Doctors of the World which removes barriers to registration, in particular for migrants or those without documentation. Brent Health Matters (BHM) and public health staff regularly

encounter unregistered residents through their outreach and are actively supporting registration, including accompanying residents to practices where necessary. Screening questions to check whether a resident has a Brent GP are being introduced into the Hubs with appropriate advice and access to BHM support being available for those who need it. Support for GP registration will be one of the services offered by the new Community Wellbeing Project.

### **3.6 The social prescribing offer**

- 3.6.1 Social prescribing in Brent has to date been funded by the NHS through the Additional Roles Reimbursement Scheme (ARRS). This scheme was designed to improve access to general practice. Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of a number of specific roles within the primary care multidisciplinary team.
- 3.6.2 The use of this funding stream to support social prescribing in Brent has meant that funding has been available for social prescribers but not to support or increase the services or opportunities for which the social prescribers may prescribe.
- 3.6.3 Working with the VCS to explore our response to the Scrutiny Task Group recommendations, the extent of the sector's concerns that the development of social prescribing will simply mean more signposting from statutory services to the VCS without any additional funding became apparent. There is no simple solution to this, but any expansion of social prescribing must avoid cost shifting from statutory services to the VCS.
- 3.6.4 One possible mitigation suggested in the Executive response would be for statutory partners to explore closer links between grant funding or commissioning of offers to residents to pathways from social prescribing. Another mitigation would be to include social prescribing opportunities as a potential social value measure in Council contracts. Limited progress has been possible on either of these approaches
- 3.6.5 Another approach will be to increase social prescribing to Council services, for example the existing Libraries, Arts and Heritage offer, and the various services provided by Environment and Leisure. Both services are committed to increasing access to their services and want to attract social prescribing 'referrals'.

This would be facilitated by the ICP's proposal to develop a data base of "social prescribing opportunities" i.e., those services and organisations to which residents could be referred or signposted, including both VCS and statutory services. Such a data base would have significant other benefits in adding value to existing work across the Council, NHS and the VCS.

- 3.6.6 One year on this has been explored in some depth. A number of challenges have become apparent which include bringing together the numerous existing Directories of Services (e.g. the Brent Front Door's DOS, that used by the primary care social prescribers and the Integrated Neighbourhood Teams'

DOS); addressing the ownership of these assets; making the information accessible to partners who are using different IT systems; integrating the DOS into the services' management systems and keeping the information updated. A digital solution used elsewhere in NWL NHS to support social prescribing appears a potential solution and the Council's digital transformation team is helping to explore whether this could be implemented in Brent.

- 3.6.7 One positive and practical addition to the social prescribing offer in Brent has been achieved through the expansion and development of the Council's Community Wellbeing Project. Social prescribers (as well as Brent Health Matters and public health outreach team) will be able to refer to the expanded Community Wellbeing Project delivered from New Millenium

#### **4.0 Financial Considerations**

- 4.1 There are no financial or budgetary implications resulting from this update.

#### **5.0 Legal Considerations**

- 5.1 There are no legal implications resulting from this update.

#### **6.0 Equality, Diversity & Inclusion (EDI) Considerations**

- 6.1 The health inequalities considerations are included in the body of this report

#### **7.0 Climate Change and Environmental Considerations**

- 7.1 In future the potential to develop green social prescribing opportunities will be explored which could have both health and environmental benefits. Environment and Leisure colleagues are linked into the stakeholder group.

**Report sign off:**

**Rachel Crossley**

Corporate Director of Care, Health and Wellbeing