

Executive Response to the Community and Wellbeing Scrutiny Committee

On 7 March 2023, the Community and Wellbeing Scrutiny Committee agreed recommendations to the with oversight from the Cabinet. Brent Integrated Care System's Executive Response and decisions against those recommendations are provided below.

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

The Task Group recognises the good work in developing social prescribing in primary care and sees the benefits that using a holistic approach can have in improving health outcomes for Brent residents. However, it is known that there are Brent residents who are not registered with a GP and therefore cannot currently access social prescribing services. These residents may not be registered with a GP due to historical barriers to access for residents impacted by health inequalities, or because some Brent residents may be mistrustful of traditional health services.

The Task Group believes that the Brent Integrated Care Partnership should drive the development of a Brent social prescribing approach that is available to all Brent's residents. This would ensure every resident can benefit from the holistic approach used in social prescribing and would help to address the unmet health needs of resident's who are currently excluded from accessing social prescribing. Existing health and social care staff within the Brent Integrated Care Partnership and staff in selected local authority 'access points' should be enabled to use social prescribing approaches in their work as part of the Brent social prescribing approach.

Executive Response:

The Brent Integrated Care Partnership welcome the Task Group's support for social prescribing.

Brent Health Matters will continue to work with public health and the borough primary care team to remove barriers to GP registration, which will promote more equitable access to the primary care social prescribing offer.

In addition, the ICP Executive agree that social prescribing is an effective intervention which should be utilised more widely by Council front line services, as a holistic approach to improving health outcomes with the potential to both promote independence and reduce demand for statutory services. We will therefore pilot the introduction of social prescribing into ASC with a view to expanding this to other front-line services learning from this pilot.

Decision: Agreed

Actions:

- i). The Brent ICP Executive will establish a Social Prescribing Task and Finish Group and appoint a Programme Manager, funded through the public health grant, to oversee the development and implementation of an action plan in response to these recommendations. The Task and Finish Group will be chaired by the DPH and will report quarterly to the Brent Integrated Care Partnership's Health Inequalities and Vaccinations Executive Group (see recommendation 5)
- ii). Once the work programme has been agreed and is established, membership of the Social Prescribing Task and Finish Group will be reviewed as the Group should transition into an Oversight Group also reporting into Health Inequalities and Vaccinations Executive

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.

The Task Group believes that social prescribing resources and funding should be weighted towards areas of Brent with higher levels of deprivation. Throughout the Task Group's work, partners have outlined that social prescribing is particularly important for residents living in areas with high levels of deprivation. The Task Group also recognises that residents living in areas of high deprivation are more likely to be impacted by health inequalities. It is therefore vital that these residents are supported with sufficient resources, especially in the context of a cost-of-living crisis which is continuing to have a detrimental impact on the health of our deprived residents.

Social prescribing in primary care currently allocates resources based on GP practice need at a Primary Care Network (PCN) level. There is an opportunity for Brent's social prescribing approach to be developed so that it is guided by residents' needs and focuses its resources and funding in areas of the borough with higher levels of deprivation, where residents are more likely to be affected by health inequalities. Ensuring that the approach listens and responds to Brent residents is essential in developing an equitable social prescribing offer that tackles Brent's deeply entrenched health inequalities.

Executive Response:

Central to the local model of social prescribing is a focus on the wider determinants of health and the need to assess residents' needs holistically. The ICP Executive recognises the potential for social prescribing to address health inequalities. To do so, resources and the social prescribing offer must be appropriately targeted and informed

by community engagement. Involvement of Brent Health Matters and public health in the Task and Finish Group will allow qualitative understanding of community needs to inform the social prescribing offer. The development of monitoring of appropriate measures of activity and effectiveness (recommendation 4) will aid targeting. Improved consideration of and response to the wider determinants of health, including the cost-of-living crisis, will improve the effectiveness of social prescribing. To achieve this, improved links between existing social prescribers and Council provision including housing, resident support and the Hubs will be developed.

To date social prescribing in Brent has been funded by the Primary Care Networks and the PCNs retain authority over the use and distribution of their resources. However, the planned work will enable a better understanding of need and how this is being met which will allow for improved targeting of resources.

Additional investment from the public health grant has been identified to support the implementation of the response to Scrutiny's recommendations. This will support the expansion of social prescribing, including the commissioning of a Wellbeing service to develop and build upon those aspects of the current Gateway contract which address social isolation. Public health grant funding will support the inclusion of social prescribing into the ASC front line in the first instance. At the same time, opportunities will be sought for existing Council services, for example libraries and leisure, and for Council / NHS grant funded VSC services to be more open in their service offer to residents referred by social prescribers. In the first instance this will be explored within existing resources e.g. a community group seeking a BHM grant to run a community wellbeing activity will be encouraged to explain how social prescribers can refer and residents can participate.

The Task and Finish Group will seek other opportunities for funding including business cases for health funding to support an increase in social prescribing and the provision of more opportunities for social prescribing.

Decision: Agreed

Actions:

- i). Additional investment from the public health grant to be applied as above
- ii). Additional investment to be sought from the ICB
- iii). Any additional investment in social prescribing will be informed by considerations of equity

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.

The Task Group found that there is currently not a comprehensive, real-time picture of all the social prescribing opportunities in Brent. This issue is currently hindering the effectiveness of social prescribing in Brent as not all services are connected into NHS frameworks and social prescribing link workers do not have the time to proactively research opportunities in the community and voluntary sector, which means that suitable opportunities for residents could be missed.

The Task Group believes that in order to develop more joined up working and information sharing on social prescribing between partners, the Brent Integrated Care Partnership should take ownership of bringing partners involved in social prescribing together to share information on social prescribing opportunities, best practice and adopt a shared understanding of how partners will work together on social prescribing. This will foster better information sharing and develop a Brent approach to working together on social prescribing. This will improve residents' experience of social prescribing, giving partners more knowledge on support in the community to refer residents into, therefore enhancing Brent's social prescribing offer by making it more diverse, targeted and community specific.

Executive Response:

The ICP Executive agree with the need for improved sharing of knowledge and good practice and more integrated working between social prescribing link workers, Council services and the voluntary and community sector. We agree that the ICP should take responsibility for bringing partners together to achieve this.

Having considered how to achieve this, we are not persuaded that establishing a working group will be sufficient to achieve this. We believe the following will also be necessary:

- A data base of "social prescribing opportunities" i.e. those services and organisations to which residents could be referred or signposted, these will include VCS and statutory services
- An improved and agreed understanding of (2 way) referral / signposting routes between social prescribers and Council / NHS services
- The creation of a Brent Social Prescribing Community of Practice to meet regularly to share learning and build relationships

Decision: Amended as per the actions below

Actions:

- i). Brent Health Matters working with the Integrated Neighbourhood Teams and the SPLW will establish and maintain a database of social prescribing opportunities
- ii). The Social Prescribing Task and Finish Group will support systems mapping to plot referral / signposting routes between social prescribers and Council / NHS services and to clarify the respective offers and responsibilities the Programme Manager will lead on this
- iii). All Council departments will identify social prescribing opportunities within their services, provide information on these to the data base and ensure this information is reviewed / updated at least quarterly

- iv). The Council and the NHS will explore the feasibility of requiring grant recipients in the VSC and community to identify social prescribing opportunities within their offer, to provide information on these to the data base and ensure this information is reviewed / updated at least quarterly
- v). The provision of social prescribing opportunities will be included as a potential social value measure in Council contracts.
- vi). The creation of a Brent Social Prescribing Community of Practice to share good practice and develop networks

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.

The Task Group believe that issues around data collection and evaluation are the key challenge for social prescribing's development locally and nationally. To improve data evaluation there must be sufficient data collected on social prescribing activities in the borough, which would show how social prescribing is developing and allow partners to monitor how social prescribing is contributing to behaviour change in the borough. The Task Group believe that the Brent Integrated Care Partnership should develop its own approach to collecting further data from all partners on social prescribing activities in Brent. Any further data collected by the Brent Integrated Care Partnership would be separate and additional to the reporting measures that already exist for separate partners. The ICP's additional data collection should complement partners' existing reporting measures and be a standalone measure that develops a shared view amongst partners. This further collection of data, driven by the ICP will develop a joined-up approach to data collection and give the ICP strategic oversight of how social prescribing is evolving and changing resident's behaviour.

Executive Response:

The ICP Executive agree that, as we expand our approach to social prescribing, there is a need to develop improved measurement of activity and impact with a specific focus on health inequalities. This is necessary in order to build system awareness and commitment to the approach and to make the case for further investment

As social prescribing is not currently undertaken nor commissioned by the Council, it is not possible to report on performance. However, it's introduction into Council front line will be accompanied by the introduction of new metrics to proportionally monitor success and impact. These will be developed in partnership with the front line but are likely to consider: the proportion of staff trained in social prescribing approaches; the number of social prescribing interventions made; the demographic breakdown of social prescribing participants at least by age, deprivation and ethnicity.

As social prescribing is introduced into grant funding and as a potential social value measure within Council contracts, metrics will be introduced to report on this aspect within the reporting of grant funding and social value.

Much of the initial work will focus on maximising opportunities for social prescribing within existing funded work (for example agreed budgets for grant funding and social value within contracts). At the same time, partners in particular the PCNs will continue to determine how they utilise their resources to support social prescribing. It is therefore not proposed in the first 18 months of this work to attempt to identify and quantify the funding of social prescribing but rather to focus on “bending the spend” and identifying improvements in process and outputs

Decision: Agreed

Actions:

- i). The Task and Finish Group will develop and own measures of activity and impact. These should be able to be captured by existing information systems and consistent across social prescribers. As a minimum these should enable reporting by deprivation and ethnicity.

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.

The Task Group consider a mechanism must be put in place which ensures social prescribing activities are reported across Brent. Currently there is no overall picture of how social prescribing is developing across the borough, which elevates risks of inconsistency in the social prescribing offer across the borough which could negatively impact residents. Reporting social prescribing activities into the Brent Borough Based Partnership (ICP) will allow the ICP to have strategic oversight of social prescribing’s development in Brent, which will promote greater uniformity and alignment across the borough.

The Task Group believe that social prescribing activities should be reported into the ICP’s Health Inequalities and Vaccinations Executive Group. The Task Group recognises that social prescribing is vital in areas with higher levels of deprivation, as it can play a significant role in improving health outcomes for Brent residents who are impacted by intersectional health inequalities. It is therefore logical that social prescribing activities should be reported into this executive group, so it can review the impact of social prescribing in reducing the deeply entrenched health inequalities that exist in Brent and the rest of the United Kingdom.

Executive Response:

The proposed reporting arrangements support the necessary senior health and care ownership of social prescribing.

As the scope of social prescribing expands to include other front line Council services (as is intended and as recommended by the Scrutiny Task Group), governance arrangements will be reviewed.

Decision: Agreed

Actions:

- i). Social prescribing task and finish group will report to the ICP's Health Inequalities and Vaccinations Executive Group quarterly.