

Report of	Meeting	Date
Director of Change and Delivery (Introduced by Deputy Leader and Cabinet Member (Health and Wellbeing))	Council	Wednesday, 23 November 2022

Social Prescribing Service

Is this report confidential?	No
Is this decision key?	Not applicable

Purpose of the Report

1. To consider the establishment of an integrated social prescribing service.

Recommendations to Council

2. To approve the establishment of a social prescribing service for South Ribble and allocate funding of £240k from the Covid Recovery Fund Reserve.
3. To delegate authority to the Cabinet Member for Health and Wellbeing to proceed with subcontracting negotiations with Ribble Medical Group for the purpose of enhancing social prescribing provision in the Borough.

Reasons for recommendations

4. Health inequalities are widening. The 2019 indices of multiple deprivation showed that nine areas of the borough (lower super output areas) are in the 20% most deprived in the country, compared to five in the indices released in 2015. The impact of the pandemic and cost of living is likely to only contribute further to widening health inequalities and social isolation. Targeted intervention through social prescribing and health coaching can provide effective support and improved outcomes for individuals.
5. The approach supports the Council's strategic and partnership objectives of establishing an enhanced social prescribing service that reflects the needs of local communities and builds closer integration with primary care.

Other options considered and rejected

6. The Council could decide not to establish a social prescribing service, however the widening inequalities and proven track record of a social prescribing and health

coaching approach to improving health outcomes, is in line with the Council's priority to thriving communities and approach to early action and intervention.

Corporate priorities

7. The report relates to the following corporate priorities:

An exemplary council	Thriving communities
A fair local economy that works for everyone	Good homes, green spaces, healthy places

Background to the report

8. South Ribble Borough Council has expressed its ambition to develop a Social Prescribing service. This seeks to build on the learning and processes developed through the 'South Ribble Together' model in response to the pandemic, to strengthen the way in which the council can provide individual support to residents as part of early action and intervention.
9. Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, health care professionals and similar organisations to refer people to a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which 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. It can also involve referrals through to public services as well that can assist people with access to financial advice, income maximisation and wellbeing support.
10. A council hosted social prescribing service offers unique benefits by enabling streamlined access into a range of complementary council services such as housing, active health and community development. These services respond to the wider determinants of health that often influence a person's longer-term wellbeing. Alignment with the council means that we can quickly spot gaps in provision or opportunities to respond to local needs by working with community groups and associations.
11. Social prescribing is currently funded by the NHS and contracted to clusters of GP practices known as primary care networks. Some networks choose to further contract this provision to other organisations with more direct delivery experience and knowledge.
12. There has been positive engagement with Ribble Medical Group, one of the primary care networks (PCNs) within South Ribble (covering Longton Health Centre, Lostock Hall Medical Centre, Kingsfold Medical Centre, New Longton Village Surgery, Beeches Medical Centre, Fishergate Hill Surgery and St Fillan's Medical centre), who are in principle open to subcontract their social prescribing function to South Ribble Borough Council. Ribble Medical Group covers a significant area of South Ribble (Appendix A: Service Model) and would enable the council to enhance significantly the social prescribing provision across the borough by establishing additional social prescribing link workers alongside the provision already in place with Ribble Medical Group.

Proposals and Service Scope

13. The proposal is to establish an integrated social prescribing service in South Ribble, open to all residents in South Ribble, targeted at adult and family support. The service would work with primary care networks to enhance the social prescribing offer to residents as well as increasing the capacity and opening up referral routes.
14. The service will be able to receive referrals from key partner-based agencies in South Ribble, and patients included in any subcontracted Primary Care Network. There is also opportunity to develop a proactive approach to target interventions and early action through collaboration with GPs and local partners, demonstrated by a successful pilot the Council undertook with the former clinical commissioning group in 2021 as part of a winter covid support programme, to prevent hospitalisations.
15. The social prescribing team would be integrated within the Community directorate as part of its delivery model and align with existing resources and key functions such as housing, active health and the community hubs. Social prescribing link workers are well placed to identify gaps in local provision and will be able to proactively work with existing council services to improve referral pathways, and through the community team seek growth in local voluntary and community-based groups. The approach will also strengthen the Council's role in forums such as the South Ribble Integrated Team and provide capacity for case management and referrals as well as linking to wider council services such as council tax support.

Structure

16. The service would be based within the Communities Directorate and a structure is outlined in Appendix A.
17. Responsibility for the service overall would be with the Head of Communities and Housing. The rationale for basing the service within this area of the Communities Directorate is to ensure that the service links with existing resources in the Communities Team which would be responsible for supporting the model. Their role would be to support building community resilience and provide capacity through the community officers to establishing and supporting community groups and activities that social prescribers can refer in to, based on any need identified by the social prescribing link workers.
18. The service structure is based on a partnership-based model, where capacity is provided jointly by the council and through subcontracting with the proposed PCN. Three social prescribing roles would be provided through a subcontract (subject to agreement by both parties) and funded by the NHS, and additional capacity and management provided through three council funded roles (a senior social prescriber and two social prescriber link workers).
19. A Senior Social Prescriber role is proposed to be established to manage the service. The role would include a level of case work but in addition be responsible for ensuring effective case reviews and development of the service to provide assurance that the council has the right skills and expertise to take forward an effective social prescribing model. The Senior Social Prescriber will oversee the day today relationship with any subcontracted Primary Care Network (PCN) within the partnership and manage directly their NHS funded social prescribers as well as the two social prescribers funded by the Council.

Resource and Finance

20. Resourcing for the service is proposed initially for 24 months and is aligned to existing known arrangements for NHS funding. The option of 24 months gives the council time to consider and evaluate the impact of the service before any further commitments and enable any partnership with a subcontracted primary care network to be reviewed.
21. Pay structure and Terms and Conditions for newly established posts would be based on the new terms and conditions of the Council. Estimated costs are attached at Appendix C (Job Evaluation pending). The costs to South Ribble are estimated to be between £113k to £120k per year.
22. NHS funding available to primary care networks is capped at £36,428 per year, per role, with an allowance of £200 per month per role able to be claimed by the provider when subcontracted. When a subcontracted role is taken on by the Council this will be available to be claimed. However, the pay terms and conditions offered by the Council are more advantageous to the employee and therefore more expensive to the employer so all costs over and above the capped amount will need to be met by the Council. This is expected to be a limited cost.
23. For clarity the roles funded by South Ribble Council will be ringfenced to supporting patients / residents within the South Ribble district boundaries. Primary Care Network boundaries are often different and run over in to neighbouring authorities. Where this is the case any patient or resident outside the district boundary will be the responsibility of the roles funded through the PCN and NHS provision.

Recruitment and TUPE

24. Following approval, recruitment to the council-based roles would be undertaken immediately, following the Council's recruitment policies.
25. Should the Council move forward with Ribble Medical Group and undertake a subcontracting of the social prescribing roles, employees(s) will transfer under TUPE.

Primary Care Networks outside the model

26. The model provides support across all areas of the borough and partners such as Lancashire Fire and Rescue, Police and other support and advice agencies will be able to refer into the service irrespective of the PCN area.
27. PCN's not part of the partnership and subcontracting arrangement will be unable to refer in to and access the additional resource provided by the council. However, the Council is committed to continue working positively with the remaining PCN's and identify opportunities for collaboration.

Climate change and air quality

28. The work noted in this report does not impact the climate change and sustainability targets of the Councils Green Agenda and all environmental considerations are in place.

Equality and diversity

29. The service is focused on addressing health inequalities and improving an individual's ability to manage their wellbeing. Overall, it will have a positive impact on addressing equality and diversity where people are disadvantaged due to factors within the indices

of multiple deprivation. This can include socio-economic factors as well as those who have families, pregnant, have a disability or age-related factors.

Risk

30. Social Prescribing has been established for the last four years but operated through various models. The Council and PCN based model delivered within Chorley, provides assurance that such models are effective in providing tangible improvements in individuals health outcomes.
31. NHS funding for the social prescribing link workers is up until March 2024. The risks to the council are mitigated by applying funding from Covid Recovery Support Fund for a maximum of 24 months. This gives the council flexibility to review its position as well as any PCN involved with the collaborative.
32. Should the funding cease in 2024 the Council would be liable for the redundancy costs of employees with over 2 years' service, which would include employees who TUPE into the council. Further on costs such as essential car user or higher than anticipated pay settlements may present a further financial risk to the Council. There is some cushion based on the known NHS funding and allowances which should be sufficient over the next two years based on current salary ranges.
33. Recruitment presents a challenge, as the employment market is difficult. However, it is anticipated that the creation of a senior role will attract existing social prescribers to the authority, and the overall package available from the council is competitive.

Comments of the Statutory Finance Officer

34. The costs of this model for two years can be funded from the unringfenced Covid Recovery Reserve. At present this proposal is for two years funding only and further funding beyond this would require additional approvals. As the end of the two year period approaches the Council will be required to understand its future aims of the service to ensure ongoing staffing costs are adequately provided for.

Comments of the Monitoring Officer

35. The proposed course of action is new for this council but has been tried successfully elsewhere.
36. The commitment sought is for 2 years funding. The service can be reviewed for effectiveness throughout this period.
37. In terms of the proposed new Council posts normal recruitment processes will be followed.
38. Should the council decide to move forward with Ribble Medical Group then existing staff will TUPE over to the council. Please see para 30 above for further information in this regard and the potential risks of redundancy costs.

Background documents

There are no background papers to this report

Appendices

Appendix A – Service Structure and Resourcing

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