

# **Health & Adult Social Care Overview & Scrutiny Panel**

**Venue: Room 210, Civic Office**

**Date: Thursday 21st September at 1pm**

## **Social Prescribing**

In Attendance:

**Councillors;** Andrea Robinson (Chair), Linda Curran, Derek Smith, Martin Greenhough and Pat Haith

**Officers/Partners:** Fay Wood (Interim Commissioning Manager), Emma Smith, Strategy Manager, Doncaster Clinical Commissioning Group (CCG) and Joe Hall, Service Manager South Yorkshire Housing Association (SYHA)

### **1. Welcome and Introduction**

The Chair welcomed those in attendance and introductions were made.

### **2. Apologies**

There were no apologies made.

### **3. Declarations of Interest**

None

### **4. Social Prescribing**

Background - It was explained that social prescribing was a catch-all term for non-medical interventions to medical presentations. It aims to prevent worsening health for people with long term health conditions and reduce the number and intensity of costly interventions in primary, urgent or social care. It was continued that social prescribing works by enabling GPs to link patients with sources of social, therapeutic and practical support provided by voluntary and community organisations in their local area.

In Doncaster, South Yorkshire Housing Association (SYHA) delivers the Social Prescribing Service. Social Prescribing Advisors receive referrals from GPs, Community Nurses and Pharmacists for customers in need of voluntary and community support. Advisors also help customers to navigate statutory pathways. The service is jointly commissioned by Doncaster MBC and CCG through the Better Care Fund. SYHA's Doncaster Social Prescribing Service is a key feature of local health and social care integration and transformation programmes. Doncaster Social Prescribing works across Doncaster. Members were informed that the South Yorkshire Housing Association won a national award for Provider Collaboration with the CVS. The Social Prescribing Service is delivered to all wards and all GPs.

It was explained that it had a strategic fit within the Place Plan and therefore there was a great deal of focus towards it.

Members were informed that a number of partners were present when it first established e.g. community nurses, wellbeing, GPs although representatives from statutory services were not involved. It was explained that all cases were cross referenced as when Health and Wellbeing officers were involved, social prescribing did not become involved. Members were told that work had been undertaken with pharmacies; however, this was abandoned after a year as there had only been a small amount of referrals made through them. Members were informed that there had been a significant increase through community staff that sees people isolated within their own home.

It was explained that

- the cost of the service was £180,000 per year
- there were 4.3 FTE Social Prescribing Advisors – referrals of 1,800 over the last year
- there had been provided 2500 hours of voluntary hours undertaken
- the service had given back value to communities (for every £1, £10 had been placed back into the community).
- during the last 2 years there had been 4,100 referrals with over 100 during the last few months.

Referrals – Members were told that the service received a high number of referrals and it was there essential to ensure that such services reached those who really needed them.

It was explained that primarily, this occurred through the GP referral route; alternatively, this could be done through the Council and the Wellbeing service. It was added that if the Wellbeing service was unable to help and the issue went to the Vulnerable People group then it may be referred onto the Social Prescribing team.

It was reported that when ‘frequent flyers’ came to the attention of the police, fire and ambulance services, steps would be then take to look at what can be done for those individuals and on occasion the social prescribing service has been able to support them.

Members were told that the quality of relationships and partnerships were essential in delivering this work successfully. It was explained that some individuals were not accessing the right benefits or that carers were not accessing carer’s allowances. It was continued that there were a number of carers that had been picked up and linked in with Age UK.

It was shared that officers were mindful of onward referral and with those who have contracts. It was further explained that that there was a great expectation from the third sector and a need to ensure that the capacity was there to meet the demand.

Concern was raised how individuals and organisations became aware of the programme. It was recognised that this was always a challenge and that a Steering

Group had been set up to consider this. Reference was made to representation being made about it at Parish Councils.

Volunteers – In respect of volunteers, it was explained that there was a four day training programme, line managed by the coordinator as well as access being provided to other training opportunities. It was noted that peer support was constantly growing and that many individuals who had previously benefited from the service were now acting as volunteers.

It was explained that through the programme, individuals could access the Talent Match programme and that the Innovation Fund had funded a couple of posts. Members were told that because the programme was independent of the Council, individuals felt more comfortable sharing without feeling judged. The programme allowed people to be supported and provided them with the necessary tools to help them improve their own lives.

A Member raised concerns that individuals would become dependent on the programme. It was explained that the service was designed to focus on strengths, goals and outcomes with more intensive interventions if necessary. It was added that some customers might need one visit whilst other customers would require approximately 3 to 6 months, or possibly up to 12 months. Members were informed that the aim of the programme was for the individual to become responsible for themselves.

It was explained that more complicated situations are addressed through a network of partners linked to the Vulnerable People Group. It was commented that checks were also undertaken with individuals that helped build up a better picture.

In respect of recruiting volunteers, jobs adverts were published on the sites internet locally and across the Sheffield City Region.

Members watched a short film showing a case study of an individual who had benefitted from the programme.

Funding – Concern was raised regarding the future of the programme and how it would be funded without the Better Care Fund in place. It was recognised that hard decisions needed to be made in respect of how the programme could be continued. The issue of onward referrals were raised and how communities may look at eventually charging for services.

In terms of measuring the success and value of the programme, Members were informed that case studies were put together to bring the programme to life and demonstrate first-hand what differences the programme had made adding richness and value to the Business Case. Members were reminded that the programme has demonstrated value for money.

Members were informed that the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University evaluated the first year's Doncaster Social Prescribing Service.

It was explained that the programme operated on a national level and that regionally Rotherham had been recognised as a good example in operation since 2012. It was further outlined that the programme undertook a different format and that models had evolved. It was shared that nationally attempts had been made to make it a service specification, however, it was recognised that everywhere was different. Locally it was about what was right for Doncaster and this was something being continuously developed.

Next Steps – Members were informed that funding for the service ends on the 31<sup>st</sup> March 2018 then the Better Care Fund would be in place for a further 12 months. It was stated that conversations needed to take place internally on how the programme would move forward and this would involve scoping out what was needed and how the service could be remodelled.