SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 14th November 2019
Report Subject	Support Building Resilience in Communities by developing the Social Prescriber role within SPOA
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

A Social Prescribing Service operates from Flintshire's Single Point of Access.

Delivered in partnership with Flintshire Local Voluntary Council, the service provides practical and emotional support to individuals so that they can be assisted to achieve "What Matters" to them where the solutions lie within the community or through development of their own skills or confidence.

In addition to the service being available for self-referral, referrals can be made by anyone else who has contact with an individual. A specific area of current and future development relates to the aim of encouraging GPs to refer into the service in order to support patients presenting to them with concerns which are non-clinical.

In the first six months of 2019/202, 202 referrals were received for support, 63% of which received an initial contact on the same day.

RECOMMENDATIONS	
1	Elected Members support the impact that Social Prescribing can have on the promotion of independence and well-being
2	Elected Members signpost Flintshire residents to the service

REPORT DETAILS

1.00	**EXPLAINING FLINTSHIRES APPROACH TO SOCIAL PRESCRIBING THROUGH THE SINGLE POINT OF ACCESS**
1.01	Implementing and developing a model for Social Prescribing has been identified as a priority within the Wellbeing Plan for Flintshire.
1.02	Social Prescribing can be described as "Directing people presenting with non-clinical needs to someone who can help them work out what matters to them, what support is available and what they need to do for themselves in order to achieve those goals"
1.03	We have been working with Flintshire Local Voluntary Council (FLVC) and Betsi Cadwaladr University Health Board (BCUHB) to develop a Social Prescribing Service. Initially we started with a part time post operating within the Single Point of Access (SPOA). There are currently two full time posts, although funding is temporary for both and subject to regular review.
1.04	Across the county, citizens are supported by an unquantified paid and volunteer workforce of individuals who regularly assist others by directing them to and putting them in contact with sources of information, advice and assistance. For many people, this meets their need and would is considered to be part of a cohesive community. The delivery of a Social Prescribing Service is not intended to be a replacement for this community level activity.
1.05	However a Social Prescribing Service provides a model of support for those who are not able to access this community level support and where their needs are more complex. A Social Prescribing service is also intended to support GPs and others who may, through contact with members of the public know that they have practical, emotional or other needs which they cannot meet but are affecting quality of life. Having a quality assured, accessible service for those patients is increasingly recognised as a necessary part of a robust system for health and social care.
1.06	**What a Social Prescriber does** • spends time with an individual to understand what the obvious concerns are but also what might lie beneath those concerns e.g. low self confidence • focusses on "what matters" to the individual, not what they think should be important • supports the individual to make positive choices about what options to take, rather than giving them a set of pre-defined solutions • promotes improved confidence and personal resilience • looks to the community, not for profit organisations and the individual themselves to find the majority of the "solutions" • has a broad and deep knowledge of what is "out there" and a problem solving mind to seek further options when needed

	• knows their limits – whilst poor mental well-being is often a cause or effect of difficulties experienced, they are not trained mental health workers and therefore have established links and pathways to safeguard their service users and their own wellbeing if needed
1.07	**How the service works in Flintshire** 1. An individual can telephone the SPOA directly or a GP or other professional can make a referral into the service. 2. Contact is made with the individual where a conversation takes place to identify what the individual wants to achieve. 3. Some of those contacts result in less "intensive" support being necessary, where signposting to organisations likely to be most helpful to meet need is all that is required. 4. In the more complex cases, a more detailed assessment of "What Matters" to the individual is undertaken. 5. Having identified what is important to the member of the public, the Social Prescriber will then go through a facilitated discussion, possibly over a number of contacts to identify what community based services or sources of support are available and what the individual can be motivated to achieve for themselves. 6. Contact will normally be maintained with the individual being supported for up to 6 weeks in order to continue to motivate and assist the individual to take positive steps to address their needs. Examples may include taking part in additional social activities or addressing financial or other issues negatively impacting on their life.
1.08	An important outcome of the service is that those who use it are engaged in such a way as to encourage self-confidence and to build skills and resilience so that they feel more able to manage their own health and wellbeing over the longer term.
1.09	**Evidence of Impact** In a recent overview of the first half year of 2019/2020, FLVC have reported that • 202 referrals were been received into the service for support • In September, 63% of the referrals received a response on the same day, 100% were contacted within 5 working days. • Social Isolation continues to be identified by most individuals supported as the biggest reason that they are seeking support (54%) • The percentage of individuals supported who identified needing financial support has risen from 6% in 18/19 to 46% in the first six months of 19/20.
1.10	An illustration of the benefits of social prescribing from the perspective of individuals, services and communities is included as Appendix 1
1.11	**Current Priorities and What's Next** A specific focus of activity since the summer of 2019 has been to increasingly promote the service to GPs and other primary care

	professionals working across the county. This has required work and discussion to create referral pathways and processes for this purpose. This work has been led by FLVC and will continue over the coming months.
1.12	Further work will take place in order to evaluate the impact of the support offered. This will include involvement in evaluation methods being developed through the North Wales lead for Social Prescribing.
1.13	We are exploring ways to support the service to become more sustainable.

2.00	**RESOURCE IMPLICATIONS**
2.01	Funding for the Social Prescribing workforce is achieved through a number of elements; the Integrated Care Fund, Primary Care Funding and a contribution from us. All elements are therefore funded on a short term basis which is a challenge to be managed.
2.02	The total revenue cost for a year for the 2 positions working out of the SPOA is £62,975, from the funding streams above.
2.03	Funding for one post within the SPOA is secured subject to ongoing performance until March 2021 Funding for the second post within SPOA is currently being revisited with a view to funding until March 2021

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	The key risk in relation to the service relates to funding sustainability as external funding streams are used to provide the service. As a Public Service Board priority, there is ongoing assessment of the service and impact, with opportunities taken to raise the issue of sustainability being kept high on the agenda for all organisations represented.
3.02	Meeting growing demand within the capacity available will continue to be a challenge to be met. Ensuring that the limited resource is used most effectively is therefore critical.

4.00	**CONSULTATIONS REQUIRED/CARRIED OUT**
4.01	The Chief Officer within FLVC has attended meetings of GP Practice representatives to increase awareness of the service and encourage referrals
4.01	The Public Service Board receive updates on the service development, most recently in October 2019

5.00	APPENDICES
5.01	Appendix 1 - Social Prescribing – What's in it for you

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	https://www.england.nhs.uk/personalisedcare/social-prescribing/ http://www.primarycareone.wales.nhs.uk/social-prescribing

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Karen Chambers, Senior Cluster Coordinator and Partnership Lead **Telephone:** 01352 702571 **E-mail:** Karen.Chambers@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	**Flintshire Local Voluntary Council (FLVC):** the umbrella and support organisation for over 1,200 voluntary and community groups based within Flintshire. **Integrated Care Fund (ICF):** A regional grant allocated by Welsh Government which is administered by a regional partnership board. Local authorities, Health and other partner agencies work in partnership to support older people, people with a learning disability and children with complex needs **Public Service Board (PSB):** The Well-being of Future Generations (Wales) Act 2015 established statutory PSB's which replaces the voluntary Local Service Boards in each local authority area. The role of the board is to: • Assess the state of economic, social, environmental and cultural well-being in its area • Set objectives that are designed to maximise the PSB's contribution to the well-being goals • Each PSB must prepare and publish a plan setting out its objectives and the steps it will take to meet them. This is called a Local Well-being Plan. It must state: • Why the PSB feels their objectives will contribute within their local area to achieving the well-being goals • How it has had regard to the assessment of Local Well-being in setting its objectives and steps to take

	Revenue: a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure. **Single Point of Access (SPOA):** A new single point of contact for adults who wish to access advice, assessment and co-ordinated community health and social care services.