North East Locality Group

Oxfordshire Clinical Commissioning Group

Locality Commissioning Meeting
North East

Date of Meeting: 12.6.19					**Paper No: 4a**	
Title of Paper: Social Prescribing – CAB and Community Connect						
Is this paper for	**Discussion**	✓	**Decision**		**Information**	✓

Purpose of Paper:

From July 2019 Primary Care Networks will have an opportunity to access funding under the Social Prescribing banner. Currently there is a joint scheme (North, NE, West Localities with Citizens Advice Bureau) funded from national monies which runs until 2022.

The following questions in bold were asked by the Dr Jonathan Holt, Clinical Director for Bicester PCN, with responses from Pat Comber-Woods below. Pat is attending the meeting to provide an opportunity to discuss how well the current project is performing, and what opportunities there may be for development.

1) Do you see yourself working *with* MIND +/- Age UK to offer a social prescribing service which could be commissioned by any interested PCN, or do we need to decide which organisation we wish to work with?

I am pleased to say that we are already collaborating with Mind and Age UK regarding the delivery of social prescribing by sharing good practice and working with the OCCG to establish an Oxfordshire Social Prescribing forum to support and standardise social prescribing across the county. Currently all three of our organisations are delivering a Social Prescribing service within different geographical areas; Age UK have been commissioned to deliver to 12 GP practices in the South and Mind to 4 practices in Oxford city and 3 in the South West, Community Connect (the partnership between Citizens Advice North Oxfordshire and Citizens Advice West Oxfordshire) is delivering in Cherwell and West Oxfordshire. There are also other providers – Oxfed and Hedena Health who are also working in their particular areas. To clarify, it is important to distinguish between the **social prescribing process** delivered by the Link Worker - the process of assessment, "social prescription" planning and facilitating the patient to complete the social prescription activity, and the actual **social prescription activity** the client will engage in to address their specific social needs as identified in their action plan co-produced with the Link Worker. Age UK, Mind and Community Connect offer both services ie we do the Link Worker intervention in our social prescribing service, and we also offer other specialist services which may be part of a patients social prescription such as our Advice Service or Mind groups or Age Uk services if this is what the patient needs and wants. Attending these specialist services is not however a requirement as the patient may need something completely different

such as gym membership or a walking group or accessing education. It is important to clarify that the Link Worker role is a completely separate provision to the other services each organisation delivers. For this reason it would not make much sense to engage more than one organisation to deliver the Link Workers as the Link Worker role is the same no matter who does it. Our model is that we start with the patient's specific needs and preferences and then do research to find the right solution for them, rather than having a menu of options that we try to shoehorn them into. Link Workers need a generalist approach to be able to address all types of social issues that patients might present with and be able to find the way forward for those patients. PCNs can choose who they would like to work with if they want to commission one of our organisations, however the most rational approach will be to work with the organisation that is already delivering in the geographical area to avoid confusion and duplication of existing provision.

2) Our current anticipated model with staff employed by the PCN is that individual staff contracts are held by PML who provide the employment administrative support, ensure supervision requirements are met and take on the risks and potential costs of redundancy, managing sickness leave and so on. This means PML take a % of the monies available for employing the staff member that is allowed by the PCN direct enhances service agreement for any specific year. Could you outline what you think the options would be if CAB are providing a social prescriber to a Network? Would your organisation expect to cover these employment management services in which case it may be that the funding could pass directly *through* PML with your organisation holding the contract for providing the service to the PCN directly and taking on the various above listed duties and risks? Presumably there would be other options including that PML employs staff directly but that this is for a named staff member from your team or just an un-named "full time equivalent" cover provided from yourselves. What do you see as being the pros and cons of the various employment scenarios?
It would be our preference to employ the staff directly. We would provide the appropriate training, supervision and HR management and take on the risks and potential costs of redundancy, managing sickness leave, as well as quality assurance, and liability in the event of a claim or patient issue with the social prescription process/activity. I would be concerned about managing staff employed by another organisation as this could complicate liability and accountability in the event of any issues or claims.

3) As you know, over time we expect more funding to become available for social prescribing and it is likely that we may have 3 SPs per network by 5 years. If the PCN felt it was needed, would you be able to provide social prescribers with a more specific mental health expertise/background who would be able to see patients with mental health problems with a greater emphasis on assessment, managing and overseeing treatment (as well as signposting)? For example these practitioners might be first point of contact for someone presenting with depression/anxiety/family crisis, or might follow up patients started on anti-depressants.
We would certainly be able to expand and specialise the social prescribing service provision for PCNs. My professional background is nursing and I specialised in mental health in my career in health services and in the voluntary sector. I moved to Citizens Advice a few years ago from the mental health charity Restore because I recognised the need to proactively address social problems that either lead to or exacerbate mental illness at the earliest possible opportunity, as well as make these services more accessible to people with existing mental health issues. I am

also a mental health first aid trainer having trained in 2008 and have trained hundreds of people as MH First Aiders. This led me to developing the current Social Prescribing service in North Oxfordshire and West Oxfordshire which is part of this vision. Milly, the Community Connect manager has a mental health background also. We would be very keen to work with each PCN to develop the Link Workers according to their specific patient needs.

4) If CAB were to place social prescribers within our PCNs, and as you are already providing the community connect service over this area, do you see these two services running in parallel or would you consider utilising the funding for the community connect service contract to support the PCN based SPs (for example in terms of supervision, team and professional development etc.)?

The funding for the Community Connect service runs until April 2022. This service will continue until then however it will undoubtedly make sense to consider how it might dovetail with the PCN supported service to avoid duplication and confusion for health care workers. I am certain the steering group would be open to discussing how we could achieve the best way forward given that are all committed to the development of social prescribing locally.

Action Required:

Practices to note the information above, so that the discussion time can be used effectively.

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