

GREATER LONDON AUTHORITY

REQUEST FOR DIRECTOR DECISION – DD2191

Title: Social Prescribing: Digital & Voluntary sector requirement

Executive Summary:

Mainstreaming social prescribing is a key commitment of the Mayor's draft Health Inequalities Strategy *Better Health for Londoners* to support the most disadvantaged Londoners to improve their health and well-being. This project will inform a larger programme of work to develop a social prescribing strategy for London in collaboration with the Healthy London Partnership, voluntary sector bodies and local authorities across London.

Decision:

That the Executive Director of Communities and Intelligence approves expenditure of up to £150,000 (at a net cost to the GLA £110,00) comprising:

- (1) expenditure of £50,000 to engage with the voluntary sector across London and to co-produce a report of the role, challenges and opportunities for them in rolling out social prescribing across London;
- (2) expenditure of £55,000 to produce a report that sets out the digital requirement of citywide infrastructure to support social prescribing and test new approaches;
- (3) receipt of £40,000 from NHS England and expenditure of the same to develop effective evaluation, framework and tools and guides to support the digital development of the citywide infrastructure; and
- (4) expenditure of £5,000 to fund a GLA-led social prescribing conference.

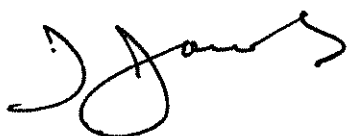
AUTHORISING DIRECTOR

I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.
It has my approval.

Name: Jeff Jacobs

Position: Executive Director, Communities and Intelligence

Signature:



Date:

20.12.17

PART I - NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1 Social prescribing has been in existence for over two decades with schemes currently operating across 19 London boroughs and over 100 schemes across the UK. There are various definitions but the Social Prescribing Network define it as “*enabling healthcare professionals to refer patients to a link worker¹, to co-design a non-clinical social prescription to improve their health and well-being*”.
- 1.2 Social prescribing was highlighted in 2006 in the White Paper *Our health Our care Our say* as a mechanism for promoting health, independence and access to local services. The objectives of social prescribing also support the principles set out in subsequent NHS policy documents, including *the NHS five year forward view* (2014), which encourages a focus on prevention and wellbeing, patient-centered care and better integration of services, as well as highlighting the role of the third sector in delivering services that promote wellbeing.
- 1.3 Mainstreaming social prescribing is a key commitment of the Mayor’s draft Health Inequalities Strategy *Better Health for Londoners* in respect of supporting the most disadvantaged Londoners to improve their health and well-being. This project will inform a larger programme of work to develop a social prescribing strategy for London which is being developed in collaboration with Healthy London Partnership, voluntary sector bodies and local authorities across London and key departments within the GLA such as Team London.
- 1.4 Funding for the roll-out of deliverables for the draft Health Inequalities Strategy 2017-2020 was approved by the Mayor (under cover of MD2115).

2. Objectives and expected outcomes

Voluntary sector and Social Prescribing

- 2.1 There are many different models of social prescribing but the majority of models involve a health professional referring patients to a link worker or community navigator who works with people to access local sources of support. Key to ensuring that social prescribing models can be successfully delivered is an effective partnership between local health services, London boroughs and local voluntary sector organisations.
- 2.2 This project will look specifically at the role of the voluntary sector in effective delivery, consider the challenges they face and make recommendations on the support they require and their future role.
- 2.3 A report will be produced which will:

set out the current role of the voluntary sector in social prescribing, highlighting good and effective practice and how more successful partnerships can be developed across the NHS, London boroughs and the voluntary sector;

highlight the challenges and opportunities for the voluntary sector and

¹ a person whose role it is to organise and manage their case from referral and initial assessment, to progress through to outcome, which aims to be reduced frequent attendance within primary care and improved mental wellbeing through supported access to community based services, health and social services, advice and advocacy services and community and learning activities.

community sector for the objective of mainstreaming social prescribing across London and what resources they require in terms of leadership, staff training, fundraising, technological, capacity building and other support;

demonstrate and recommend innovative ways of effective engagement and participation of voluntary sector organisations in the development and delivery of a social prescribing strategy for London including the development of learning networks etc; and

complement the work of the Healthy London Partnership in creating a social fund for London to support the wider health and wellbeing of Londoners as well as looking at the general funding climate for supporting social prescribing;

- 2.4 A presentation on initial findings from this project will feed into the discussions at the GLA led social prescribing conference at City Hall on 2 February 2018 and will form the basis of our approach to supporting the voluntary sector to deliver effective social prescribing within the Mayor's social prescribing strategy.

Technology and Social Prescribing

- 2.5 This project will look specifically at the role of the technology in the effective delivery of social prescribing, mapping current technology and potentially testing out new innovations. It will:

Map existing digital platforms that are used within the NHS, voluntary and community sectors and private sector across the UK for social prescribing; including consideration of existing volunteering and social action platforms;

Collate good practice and evaluations of good (and bad) examples of digital platforms and other resources looking at preventative (pre-social prescription) and support during primary and secondary care; and

produce a report setting out the current position of technology in social prescribing highlighting good and effective practice and recommending innovative approaches for a pan-London platform.

The report will also demonstrate and recommend innovative ways of effective engagement and participation of the public and other key partners in the development and delivery of social prescribing technology for London including ensuring effective feedback on services etc

- 2.6 A presentation on initial findings from this work will feed into the discussions at the social prescribing conference on 2 February 2018 and will form the basis of our approach to supporting technology to deliver effective social prescribing within the Mayor's social prescribing strategy.
- 2.7 The digital development of infrastructure will be supported by NHS England and the funding outlined in this report outlines their initial contribution.
- 2.8 Following a successful workshop with key stakeholders in November 2017, this funding will pay for catering and other expenses for the social prescribing conference at City Hall on 2 February 2018. The conference will showcase examples of good practice and focus on the opportunities that social prescribing brings to help reduce health inequalities. It will also be an opportunity to

engage key stakeholders on the key elements of the Mayor's proposed social prescribing strategy.

2.9 Procurement will be carried out with the support of TFL.

3. Equality comments

- 3.1 Over 20% of patients consult their GP for what could be prescribed as social rather than medical issues. Social prescribing is a way for people to get support that they need including local community activities and other support such as housing, legal and debt advice.
- 3.2 Social prescribing can also catalyse the local voluntary and community sector and support social integration. For example, a project in Islington includes a health navigator (link worker) service, a community enablement service and an Information and Advice Service. They also operate an 'Activities' service consisting of buildings-based and community-based 'get togethers', with support for people to take these up and maintain attendances.
- 3.3 Through the draft Health Inequalities Strategy, the Mayor is seeking to champion social prescribing programmes in London and to support the most disadvantaged to benefit from social prescribing to improve their health and well-being.

4. Other considerations

- 4.1 Although the concept is not new the delivery of social prescribing on a large scale is a relatively nascent area. The Mayor's role in promoting social prescribing is yet to be wholly defined. However, we have had considerable feedback from those responding to the draft Health Inequalities Strategy that the GLA could play a significant role in convening key players to develop a pan-London technology platform which allows care navigators to access up to date information about local services and enable users to leave feedback would be a significant step forward for mainstreaming social prescribing in London.
- 4.2 Both projects need to be carried out in the 2017/2018 financial year in order to ensure delivery of the Mayor's objectives for social prescribing over the rest of the Mayoral term.
- 4.3 London is unique that it can lead the way in developing a social prescribing strategy and delivery plan to make a transformational difference not only to those who access the services but also to the way that services are designed and delivered. London is the only region with dedicated support to develop social prescribing service through the support from GLA and Healthy London Partnership.

Links to Mayoral strategies and priorities

- 4.4 The draft Health Inequalities Strategy set out the Mayor's aim to champion and mainstream social prescribing in London in order to support those most disadvantaged to benefit from social prescribing to improve their health and well-being. There are clear links to other priorities of the draft strategy such as **Healthy Habits**, promoting healthy lifestyles including healthy eating, increased physical activity, smoking cessation and a reduction in alcohol and substance misuse. **Healthy Places**, improving air quality, developing the Healthy Streets Approach and promoting active travel and economic fairness and **Healthy Minds** preventing stigma and promoting good mental health.
- 4.5 Social prescribing also has direct links to other Mayoral strategies currently being developed such as the civil society strategy, housing, Team London's current programme of activity, the culture strategy and Thrive LDN.

5. Financial comments

5.1 Approval is being sought for expenditure totalling up to £150,000 in the 2017-18 financial-year comprising;

- expenditure of £50,000 to engage with the voluntary sector across London and to co-produce a report of the role, challenges and opportunities for them in rolling out social prescribing across London;
- expenditure of £55,000 to produce a report that sets out the digital requirement of citywide infrastructure to support social prescribing and test new approaches;
- receipt of £40,000 from NHS England and expenditure of the same to develop effective evaluation, framework and tools and guides to support the digital development of the citywide infrastructure; and
- expenditure of £5,000 to fund a GLA-led social prescribing conference.

5.2 The cost of this is to be funded by £40,000 income from NHS England to support the digital development of the citywide infrastructure and £110,000 from the 2017-18 Communities & Intelligence Minor programme budget.

6. Legal comments

6.1 The foregoing sections of this report indicate that:

- i. the decisions requested of the director concern the exercise of the GLA's general powers, falling within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of economic development and wealth creation, social development or the promotion of the improvement of the environment in Greater London; and
- ii. in formulating the proposals in respect of which a decision is sought officers have complied with the Authority's related statutory duties to:
- iii. pay due regard to the principle that there should be equality of opportunity for all people;
- iv. consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and
- v. consult with appropriate bodies.

6.2 In taking the decisions requested, the director must have due regard to the Public Sector Equality Duty; namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010, and to advance equality of opportunity between persons who share a relevant protected characteristic (race, disability, gender, age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment) and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it (section 149 of the Equality Act 2010). To this end, the director should have particular regard to section 3 (above) of this report.

6.3 Officers must ensure that they are content that the GLA can comply with any conditions to which the proposed NHS England funding is subject and in any event no reliance should be placed upon such funding until there is a legally binding commitment from NHS England to provide the same.

6.4 The services required must be procured by Transport for London Procurement who will determine the detail of the procurement strategy to be adopted in accordance with the GLA's Contracts and Funding Code.

6.5 Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the services.

7. Planned delivery approach and next steps

7.1 The GLA will procure consultancy services to:

Conduct a review of the role, challenges and opportunities for the voluntary sector in delivering social prescribing

Produce reports with clear recommendations that will feed into the Mayor's social prescribing strategy

Present initial findings at the social prescribing conference on 2 February 2018

Activity	Timeline
Procurement of contract	January 2018
Delivery Start Date	February 2018
GLA led social prescription conference	2 February 2018
Delivery End Date – submission of reports for both projects	31 March 2018
Project Closure:	March 2018

Appendices and supporting papers: None

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

Note: This form (Part 1) will either be published within one working day after approval or on the defer date.

Part 1 Deferral:**Is the publication of Part 1 of this approval to be deferred? YES**

If YES, for what reason:

This request for the director's decision contains information the disclosure of which prior to the conclusion of the proposed procurement may distort genuine competition for the services required. Publication at this point would therefore, prejudice the commercial interests and ability of the GLA to secure value for money which is not in the public interest.

Until what date: 16 February 2018

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to confirm the following (✓)

Drafting officer:

Jill Wiltshire has drafted this report in accordance with GLA procedures and confirms that:

✓

Assistant Director/Head of Service:

Amanda Coyle has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

Financial and Legal advice:

The Finance and Legal teams have commented on this proposal, and this decision reflects their comments.

✓

Corporate Investment Board:


The Corporate Investment Board reviewed this proposal on 18 December 2017.

EXECUTIVE DIRECTOR, RESOURCES:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature

Date

 20-12-17
TOM MIDDLETON ON BEHALF OF MARTIN CLARKE

