

Subject: Social Prescribing in London

Report to: Health Committee

Report of: Executive Director of Secretariat

Date: 27 November 2018

This report will be considered in public

1. Summary

- 1.1 This report sets out background information and context to the Committee's discussion with invited guests on social prescribing in London.

2. Recommendations

- 2.1 **That the Committee notes the report as background for the discussion with invited guests on social prescribing and the subsequent discussion.**
- 2.2 **That the Committee agree the scoping paper attached to the report as Appendix 1 of the report.**
- 2.3 **That the Committee delegates authority to the Chair, in consultation with the Deputy Chairman, to agree any output from the discussion.**

3. Background

- 3.1 The Health Committee is investigating how the Mayor intends to achieve the ambition set out in his Health Inequalities Strategy¹ to make social prescribing a more routine part of health and care in London. A copy of the scoping document for the investigation is attached as **Appendix 1**.
- 3.2 The terms of reference for this investigation are:
- To examine the current landscape for social prescribing in London; and
 - To examine the Mayor's proposals for increasing access to, and uptake of, social prescribing in London, particularly for the most disadvantaged Londoners.

¹ https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

- 3.3 Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides General Practitioners (GPs) with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. Social prescribing enables a GP or other healthcare professional to refer the patient to an organised scheme which usually involves link workers or navigators taking time to understand what the patients' needs and goals are, helping them to access appropriate services. Those services are most commonly provided by local voluntary organisations. Examples of social prescriptions could include physical activity or exercise classes including gardening, arts on prescription, educational classes, debt advice, volunteering or peer support.
- 3.4 The Mayor has made increasing access to social prescribing a key component of his statutory Health Inequalities Strategy. One of the five key ambitions in the Strategy is, by 2028, 'to support more Londoners in vulnerable or deprived communities to benefit from social prescribing.' As a step towards recognising this ambition, the Mayor is currently developing a social prescribing vision for London which is due to be released in the Autumn 2018.

4. Issues for Consideration

Remit of the discussion

- 4.1 The Committee will hold an open discussion with invited guests to examine how the Mayor intends to achieve the ambition set out in his Health Inequalities Strategy to make social prescribing a more routine part of health and care in London.
- 4.2 The Committee is recommended to delegate authority to the Chair, in consultation with the Deputy Chairman, to agree any output from the discussion at this meeting.

Invited Guests

The following guests have been invited to this session:

- Dan Hopewell, Director of Knowledge and Innovation at the Bromley-by-Bow Centre and Co-Chair of the London Social Prescribing Network;
- Najnin Islam, Social Prescribing Scheme Manager at the Bromley-by-Bow Centre;
- Dr Mohan Sekeram, Merton Lead for Social Prescribing;
- Sue Hogarth, Director of Public Health, London Borough of Islington;
- Vicky Hobart, Greater London Authority (GLA) Health;
- Jill Wiltshire, GLA Health; and
- Jennifer Neff, Co-Founder of Elemental Software.

5. Legal Implications

- 5.1 The Mayor of London’s statutory responsibilities in relation to health matters, as set out in the GLA Act 1999, are to develop a strategy which sets out “proposals and policies for promoting the reduction of health inequalities between persons living in Greater London”. The GLA Act 1999 defines health inequalities as inequalities between persons living in Greater London “in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants” and also goes on to define “health determinants”. The Mayor of London has no statutory role in the commissioning of any health services or health service provision.
- 5.2 Officers confirm that the scope for this review falls within the Committee’s terms of reference.
- 5.3 The Committee has the power to do what is recommended in the report.

6. Financial Implications

There are no financial implications arising from this report.

List of appendices to this report:

Appendix 1 - Scoping paper for social prescribing investigation.

Local Government (Access to Information) Act 1985
List of Background Papers: None.
Contact Officer: Lucy Brant, Scrutiny Manager
Telephone: 020 7983 5727
Email: scrutiny@london.gov.uk