

Care and Independence Overview and Scrutiny Committee

5 March 2020

Social Prescribing

Committee meeting date	Thursday, 5 March 2020
Report or presentation	Leah Swain (Community First) will lead the discussion assisted by VCS Health Partnership Manager, Dewi Winkle. Cath Simms (Living Well) and Marie-Ann Freed (Stronger Communities will contribute)
The question that the committee is trying to answer	<ul style="list-style-type: none"> • <u>Does social prescribing work?</u> • <u>Is it effective?</u> • <u>How is it being approached in NY</u> • <u>What effects does it have?</u> • <u>What does it cost?</u>
Background	<p>Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.</p> <p>Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.</p> <p>Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.</p> <p>There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support</p> <p>Social prescribing is part of the NHS Five Year Forward View</p>
Key points that the committee would like to cover	<ul style="list-style-type: none"> • The extent of social prescribing in NY • Link work, arrangements and protocols between the prescriber and the prescription • Who are the partners and organisations currently involved in the development and provision of social prescribing services? • What types of activities and interventions are provided, and how many people are being referred? • What types of problems is social prescribing commonly used for? • Which groups of people tend to be most commonly referred?

	<ul style="list-style-type: none"> • What is the potential for expanding social prescribing? For which problems and groups of people could it play more of a role? • What further partners and organisations could be involved in the development and provision of social prescribing? • What is the capacity of local partners and organisations to provide these and more services? What challenges are they facing? • The effectiveness of social prescribing so far - the NY experience compared • For which problems and groups of people has social prescribing been used most effectively? • How are the outcomes of activities and interventions captured and measured? • How is the effectiveness and efficiency of social prescribing schemes evaluated? • The gaps in social prescribing coverage - is the whole community being considered. <p>Depending on the level of interest, afterwards there might be some benefit in members holding a series of less formal conversations with VCS organisations involved in the provision of or referral to activities about what they are doing, how they are getting on, and so on.</p>
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