



BSOL ICS REVISED APPROACH TO SOCIAL PRESCRIBING



1.0 APPROACH

This paper is a response to the Social Prescribing Strategy paper presented to the Health and Wellbeing Board on 19th May by Birmingham Voluntary Service Council (BVSC) on behalf of the VCSE (Voluntary, Community and Social Enterprise Sector). It aims to respond to the challenges raised, but also to incorporate the additional contractual requirements placed on Primary Care Networks (PCNs) regarding social prescribing. In addition, this paper aims to reset the relationship social prescribing has to BSOL ICS so that it further supports system integration.

2.0 OBJECTIVES

1. Improve patient outcomes across BSOL ICS.
2. Develop Social Prescribing activity so that it is contributing more effectively to system integration within BSOL ICS.
3. Incorporate enhanced requirements for social prescribing within Primary Care Network Direct Enhanced Service Requirements (PCN DES) 2022/23.
4. Deliver visibility and capacity building around unmet patient need, in relation to non-medical interventions, across BSOL ICS footprint.
5. Support demand management around downstream provision across the health and social care system.

3.0 CONTEXT

- Social prescribing has been established at an operational level across BSOL CCG and West Birmingham. In practice this has resulted in either the direct undertaking of the 'Link Worker' element of social prescribing by PCNs or delivery by a commissioned partner. At PCN level, this supports system integration by ensuring that patients presenting to surgeries with problems that do not require a medicalised response are directed to support *where available*.
- At conception no provision was made for ensuring that the required service provision was either present or identified within the Birmingham and Solihull system. The contractual requirements placed on PCNs are limited to the provision of the prescriber (Link Worker).
- The Covid 19 period has seen much of this Link Worker capacity deployed to meet the demands placed on primary care specific to the pandemic. This has included supporting the vaccination programme, as well as supporting patients who are facing hardship as a direct result of the pandemic.



- The aspiration of integrated care requires the addition of integrated capacity planning and delivery across patient pathways, including provision within Birmingham and Solihull VCSE.
- The Primary Care Network Direct Enhanced Service Requirements 2022/23 (PCN DES) places additional requirements on PCNs regarding social prescribing (outlined below).

4.0 ALIGNED CHALLENGES OUT OF SCOPE OF THIS ACTIVITY

There are a number of broader concerns around pathways into VCSE provision than those linked specifically to social prescribing provision. These include:

- The need for stakeholders around the VCSE to be able to identify a city-wide offer.
- The need for collective planning around Birmingham and Solihull's VCSE provision.
- A single platform/method for accessing Birmingham and Solihull's VCSE provision.

These issues should be addressed as part of the wider approach to embedding the VCSE within BSOL ICS.

5.0 REQUIREMENTS OF THE PCN DES

The PCN DES forms a baseline of expectations from social prescribing. Enhanced requirements for 2022/23 are as follows:

Proactive Social Prescribing – community development

2022/23

- a. By 30 September 2022, as part of a broader social prescribing service, a PCN and commissioner must jointly work with stakeholders including local authority commissioners, VCSE partners and local clinical leaders, to design, agree and put in place a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of people with lived experience.*
- b. From 1 October 2022, commence delivery of the proactive social prescribing service for the identified cohort.*
- c. By 31 March 2023 review cohort definition and extend the offer of proactive social prescribing based on an assessment of the population needs and PCN capacity.*

Full requirements are available here: <https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-ii-annex-a-pcn-plans-for-21-22-and-22-23.pdf>



6.0 REVISED OPERATING MODEL FOR SOCIAL PRESCRIBING

Social Prescribing within BSOL ICS will continue to support patients to access non-medical interventions at PCN level. In addition the following new activity will be undertaken:

Provision of intelligence to support system-wide commissioning (1st April 2022)

- Provide data on the gaps in service provision to the broader health and social care system to support commissioning. To include presenting issue, type of service required, location of required service, service user demographics, level of unmet demand.
- Work collaboratively with BVSC and through the VCSE ICS Engagement Programme to support VCSE organisations to attract inward investment around unmet need.

Introduction of 'Proactive Social Prescribing' for single cohort (1st October 2022)

- Implement 'Proactive Social Prescribing' for Target Cohort One, including ensuring that service capacity is sufficient to meet the needs of this cohort.

Introduction of 'Proactive Social Prescribing' for multiple cohorts (31st March 2023)

- Implement 'Proactive Social Prescribing' for additional target cohorts, including ensuring that service capacity is sufficient to meet the needs of these cohorts.

7.0 DEPENDENCIES

Additional system capacity will be needed to process, present, and shift the data around the system. This capacity should be secured by integrating the centralised social prescribing leadership provision within West Birmingham into BSOL ICS.

Aligned strategic programmes

It is envisaged that commissioning will be supported through data sharing across the following integration programmes:

- Children's Partnership.
- BICP (Birmingham Integrated Care Partnership).
- West Birmingham ICP.
- Mental Health Community Transformation.

8.0 REQUEST FOR HEALTH AND WELLBEING BOARD

1. Provide 'system map' to enable more effective understanding of where data-informed 'gaps' around Social Prescribing should be raised.
 - Many officers within the NHS, Birmingham City Council and Birmingham's VCSE do not have a sufficient overview of the system to be able to navigate the governance processes or understand what is currently active. This provides a particular challenge for cross-cutting activity such as Social Prescribing.
 - A system map would enable the flow of information to support commissioning.
 - A system map need not necessarily show the hierarchical relationship between the different governance structures, especially where these are subject to unpublished legislation or are yet to be agreed.
2. Support establishment of integrated commissioning by partners within the ICS.
 - The ICS provides an opportunity to accelerate integration, especially where the impact of outcomes on downstream demand is shared between partners.
 - Integrated commissioning can be organised through pooled budgets, aligned commissioning approaches and cross-organisational use of locality commissioning structures.

9.0 ACTION PLAN

Action	Responsible Organisation	Completion Date
Provision of intelligence to support system-wide commissioning		
Co-produce data framework with providers.	BSOL CCG	Jan 2022
Secure agreement on data processing procedures.	BSOL CCG	Feb 2022
Secure additional capacity for processing of data.	BSOL CCG	March 2022
Commence data collection within revised framework.	BSOL ICS	April 2022
Provide system intelligence to commissioners and strategic boards around gaps in provision.	BSOL ICS	July 2022
Advocate for 'gaps' in social prescribing provision to be met by appropriate part of system.	BSOL ICS	July 2022

Provide system intelligence to VCSE leaders through 'Embedding VCSE in ICS' delivery structure.	BSOL ICS/BVSC	July 2022
Support providers to secure investment around gaps in provision from grant, trust, and non-ICS funding streams.	BVSC	July 2022
Introduction of 'Proactive Social Prescribing' for single cohort		
With local authority commissioners, VCSE partners and local clinical leaders, agree target cohort.	BSOL CCG	Feb 2022
With citizens with lived experience and VCSE partners, co-design pathway and delivery.	BSOL ICS	April 2022
With VCSE partners, secure additional service capacity (if needed).	BSOL ICS/BVSC	September 2022
Bring additional service capacity online (if needed).	BSOL ICS	September 2022
Offer proactive social prescribing to a single cohort.	BSOL ICS	September 2022
Introduction of 'Proactive Social Prescribing' for multiple cohorts		
Review first cohort definition - undertake impact assessment. Develop wider assessment of population need and PCN capacity.	BSOL ICS	Dec 2022
With local authority commissioners, VCSE partners and local clinical leaders, agree target cohorts.	BSOL ICS	Dec 2022
With citizens with lived experience and VCSE partners, co-design pathways and delivery.	BSOL ICS	Jan 2023
With VCSE partners, secure additional service capacity (if needed).	BSOL ICS/BVSC	March 2023
Bring additional service capacity online (if needed).	BSOL ICS	March 2023
Extend the offer of proactive social prescribing to multiple cohorts.	BSOL ICS	March 2023

10.0 RISK ANALYSIS

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Investment around gaps in service delivery required by social prescribing is not secured.	Medium	High	Social Prescribers to focus on areas where there is existing capacity.
Leadership resource from West Birmingham does not transfer into BSOL ICS	Medium	Medium	Secure additional resource from within BSOL ICS
Period between first target cohort and multiple target cohorts is too short – leading to insufficient time for review.	High	Low	Develop multiple cohort activity primarily based on needs analysis.

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