

	<u>Agenda Item: 15</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	30th November 2021
TITLE:	BSOL ICS REVISED APPROACH TO SOCIAL PRESCRIBING
Organisation	BSOL CCG
Presenting Officer	Alan Ferguson (BSOL), Stephen Raybould (BVSC)

Report Type:	Presentation/Information
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1. Purpose
<ul style="list-style-type: none"> To respond to the Social Prescribing Strategy paper presented to the Health and Wellbeing Board on 19th May by Birmingham Voluntary Service Council (BVSC) To align changes with new requirements of the PCN DES regarding social prescribing To reset the relationship social prescribing has to BSOL ICS so that it further supports system integration

2. Implications		
BHWP Strategy Priorities	Childhood Obesity	
	Health Inequalities	x
Joint Strategic Needs Assessment		x
Creating a Healthy Food City		x
Creating a Mentally Healthy City		x
Creating an Active City		x
Creating a City without Inequality		x
Health Protection		

3. Recommendation
<p>The Health & Wellbeing Board is recommended to; -</p> <p>3.1 Note the contents of the paper</p> <p>3.2 Support:</p> <p>3.2.1 Provision of a 'system map' to enable more effective understanding of where data-informed 'gaps' around Social Prescribing should be raised.</p> <p>3.2.2 Establishment of integrated commissioning by partners within the ICS.</p>

4. Report Body
<p>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:</p> <p>Provision of intelligence to support system-wide commissioning (1st April 2022)</p> <ul style="list-style-type: none"> • 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. <p>Introduction of 'Proactive Social Prescribing' for single cohort (1st October 2022)</p> <ul style="list-style-type: none"> • Implement 'Proactive Social Prescribing' for Target Cohort One, including ensuring that service capacity is sufficient to meet the needs of this cohort. <p>Introduction of 'Proactive Social Prescribing' for multiple cohorts (31st March 2023)</p> <ul style="list-style-type: none"> • Implement 'Proactive Social Prescribing' for additional target cohorts, including ensuring that service capacity is sufficient to meet the needs of these cohorts.

5. Compliance Issues
5.1 HWBB Forum Responsibility and Board Update
<ul style="list-style-type: none"> Relevant data to be presented at HWBB Forum HWBB to receive update from ICS summer 2023
5.2 Management Responsibility
As of 1 st April 2022, Social Prescribing becomes the formal responsibility of BSOL ICS.

6. 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.

Appendices
BSOL ICS Revised Approach to Social Prescribing

The following people have been involved in the preparation of this board paper:

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