

Wellbeing Prescription Service – Future Plans

Strategy & Resources Committee Thursday, 30 November 2023

Report of: Julie Porter

Purpose: For decision

Publication status: Open

Wards affected: All

Executive summary:

- A detailed report about the Wellbeing Prescription service was considered in January 2023. The Committee approved a contract extension funded by Surrey Heartlands (ICB) until the end of March 2024.
- Since then, there have been several local and national policy guidance and published reports which have highlighted the importance of prevention to health and wellbeing and identified the need to proactively understand local needs across East Surrey.
- Although work has taken place there are still challenges to overcome and this will require more time. This report explains some of the developments arising from these policies and explains how the service plans to integrate within the new 'integrated Neighbourhood teams'. It is for this reason that it seeks approval to extend the current contract to March 31, 2025.

This report supports the Council's priority of: Building a better Council.

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Recommendation to Committee:

That an extension to the current contract with Surrey Heartlands ICB to March 31st 2025, be approved.

Reason for recommendation:

Following recommendations from the Fuller Stocktake, and the Kings Fund report which highlighted the role of district councils in driving better outcomes through integrated care systems, the aim is to work with our communities to improve health and care services in our local areas.

The service supports the Tandridge Health and Wellbeing board priorities, in particular the objectives around 'Living Well' in that people are empowered to make healthy choices, enjoy mental wellbeing throughout their lives and those with health or care concerns are supported to maintain healthy productive & fulfilling lives. It also supports the 'Age well' objective to help people live safely and independently as long as possible.

It is anticipated that there will be considerable development of all health and wellbeing services across East Surrey partner organisations and the continued delivery of the service supports the Council's strategic priority of building a better Council and highlights the role district councils can play in driving better health outcomes through integrated care systems.

Introduction and background

- 1 The benefit of Social Prescribing goes beyond simply improving the health of individuals. It recognises that people's health and wellbeing is determined mostly by a range of social, economic and environmental factors.
- 2 The Wellbeing Prescription Service seeks to address people's needs in a holistic way. By encouraging behaviour change it aims to empower people to remain independent and to take better control of their own health while at the same time making the most of their community assets.
- 3 The Wellbeing Prescription Service has been supporting both Tandridge and Reigate and Banstead residents since 2015. It allows GPs and other local services to refer residents to a trained Wellbeing Advisor who can help them improve their health and wellbeing. Residents living in East Surrey can also self-refer to the service.
- 4 The service is offered to all residents living or working across East Surrey and supports all 18 East Surrey GP Surgeries. The highest number of referrals last quarter were from Oxted Health Centre, Chaldon Road Surgery and Moat House Surgery.
- 5 In Q2 23_24 the main reasons for a referral to the service included improving emotional wellbeing (36%) and Weight Management/Healthy

Eating (34.6%), closely followed by Improving Social Contact, Remaining Independent Living (30.1%).

- 6 Support for Emotional Wellbeing has been one of the highest priority for residents. This reflects the impact of the cost-of-living crisis. The increase in referrals received for Improving Social Contact and Remaining Independent Living also highlights the needs of our increasing ageing population across East Surrey.
- 7 On average, clients are offered three appointments with an advisor, with a variety of appointment types; face to face at home, in a GP practice or public setting, via video or phone and group information services.
- 8 Over the course of 23_24 the Wellbeing Prescription Team continue to promote the service and engage with residents through Outreach and collaborative working. They have been running a number of 'Live Well, Age Well' Sessions within the local community at a variety of community centres, including Hurst Green Community Centre and at the Westway Community Centre. They continue to work closely with Freedom Leisure in Caterham and hold a Wellbeing Clinic at De Stafford Sports Centre once per month.
- 9 The Wellbeing Prescription Service is well integrated within the council. Often supporting and being the point of contact for departments such as HR, Housing and Customer Services in regard to enquires about supporting both TDC staff and residents' health and wellbeing?

Performance and Monitoring

- 10 In 22/23 the service received 3200 referrals. An increase of 365 on the previous year 21/22. In the current financial year (Q1 and Q2) the service received 1410 (compared to 1638 in the same period last year). This is a slight decrease on last year due to the fact that there have been two vacancies in the team. These vacancies have now been recruited to.
- 11 The majority of appointments in 22/23 took place via Telephone Appointment (56%) followed by Home Visits (25%)
A total of 47 Workshops took place in 22/23 with a total of 174 participants. Workshops include: Sleep, Healthy Eating, Menopause, Food & Mood and Introduction to Mental Wellbeing.
- 12 Currently as of Q3 23/24, all referrals are responded to within 5-10 working days. Residents opting for Telephone or Video Appointments are predominantly offered a first appointment within 1-2 weeks. Residents requiring a home visit are provided a first appointment within 4-6 weeks. With the need for home visits increasing, training on how to complete home visits will be given to staff who are currently not undertaking these.
- 13 The team use a software package which allows advisers to measure the range of outcomes experienced by residents referred to the service.

- 14 An outcome measure questionnaire called 'MYCaW' (Measure Yourself, Concerns and Wellbeing) helps residents to identify their main concerns. This also allows the resident to 'rate' how worried they are about each concern by using a standardised severity scale. Most recent data for 2023/2024 demonstrates that in Q1 and Q2 - (79.9% and 75.6%) recorded a reduction in severity of their 1st and 2nd concern after engaging with the Wellbeing Prescription Service. With 73.1% recording an improvement in their overall wellbeing after engaging with the service.
- 15 User feedback from the service is also positive demonstrating the wide range of interventions and touchpoints to other services that residents are able to access with support from the team.
- 16 Examples of the work of the wellbeing prescription team can be seen in Appendix 'A' to the report.

Feedback

- 17 A partner and stakeholder satisfaction survey was circulated early in Q1 2023/2024. There were a total of 24 responses from a range of different partners. 91% reported feeling well informed about the service. On a scale of 0-10, 100% scored 9 or 10 when asked the questions if they would recommend the Wellbeing Prescription Service.
- 18 Feedback from residents can be found in Appendix 'A' to the report.
- 19 Two customer satisfaction questionnaires have been created one is disseminated to clients who have just one appointment or those unable to answer long questionnaires. A second longer questionnaire is shared with clients that have completed their final follow up appointment. The survey can be completed electronically on any device and if this isn't possible, such as for house bound clients, a paper version will be left with the client with a prepaid envelope.
- 20 In quarter two 23/24 111 responses were received, 91.8% gave a promoter score of 9 out of ten.

Resource and funding

- 21 The team consists of 9.0 FTE and is overseen by the Head of Communities. The current contract is funded through the East Surrey Better Care fund. This contract is due to expire in March 2024. It is envisaged that the contract sum will remain the same as 2023/24, or with a slight uplift to cover inflation.
- 22 All direct costs of the service, including staffing, equipment, training and specialist software is covered by the Better Care funding.

- 23 On the basis that management and support costs for 24/25 are calculated on a similar basis to 23/24, the estimated support cost contribution would be £161k. This includes HR and Payroll support along with leadership team, Information technology, legal services, financial services, office services and secondary pension. These will be met from the Wellbeing reserve balance, which is from previous years underspends and savings made in the current financial year of Wellbeing grant.
- 24 As the employing authority, if the contract was not extended past 31/3/24 for any reason, the Council would need to minimize any risk for cessation costs e.g. redundancy and enhanced pension costs. A Memorandum of Understanding is in place with Reigate and Banstead Borough Council in order that they too share this responsibility. Tandridge contribution would be approx. £64,000. This contingency has been factored into the wellbeing reserve fund.

Wellbeing Prescription looking forward

- 25 The proposal for the future of the service is to integrate The Wellbeing Prescription Service within a new initiative called 'Integrated Neighbourhood Teams'.
- 26 The aim is to work with our communities to improve health and care services in our local areas. As part of this, Local Authority, NHS and voluntary sector partners are developing "Integrated Neighbourhood Teams". These teams will be made up of health and care workers, volunteers and wider partners who will work together to deliver more localised services that respond to local need of residents. By improving co-ordination between services, listening to communities, and bringing care closer to where they live, we hope to better help residents live longer, healthier, and happier lives.
- 27 Each 'neighbourhood' will have a core 'Integrated Neighbourhood Team' that will deliver a seamless service in that area. These teams may look different in different neighbourhoods to reflect the local population needs.

What Neighbourhood Teams want to achieve for residents:

28 Some of the key issues raised by our residents are:

- Multiple health issues such as poor mental health and long-term dependence on medication.
- Chronic health conditions such as diabetes and obesity
- Mobility issues
- High prevalence of smoking
- Support for families

- Access to support (Not knowing what support is available. Lack of face-to-face support)
 - assistance with complicated benefits forms and debt management.
 - Support with hoarding, decluttering and moving.
 - Cost and availability of transport
- 29 By strengthening and re/co-designing community services to meet the local community needs. The neighbourhood models will provide care and support closer to where residents live and support all their health and wellbeing needs.
- 30 The wellbeing team can support with all the above issues and by developing stronger relationships between health partners, local authorities, voluntary sector and other partners it will lead to a more joined up approach to prevention and care.
- 31 To achieve the above changes the service needs to be re-commissioned and this is not achievable with the existing timescales. It is therefore recommended that the current contract be extended for an additional year to March 2025.

Risks

- 32 With the increase in social isolation and the pressures on residents through the cost-of-living crisis the wellbeing prescription provides a life-line to many residents. The Loss of the service would have a negative impact on both Tandridge and Reigate and Banstead residents and put additional pressures on local GP's.
- 33 There would be a reputational risk if the service was withdrawn from residents and stakeholders without consultation.
- 34 The service is a partnership with a number of agencies which means it can deliver services in an integrated way. The Dementia Pathway is a recent example of this and without the service, other services to residents would be impacted.
- 35 Without the contract extension to 31 March 2025, the grant from Surrey Heartlands ICP would no longer be available to fund £70,500 of support service expenses. The Council would have to seek alternative sources of funding to ensure the support services did not become a cost to the Council.

Key implications

Comments of the Chief Finance Officer

Although significant progress has been made to improve the Council's financial position the financial environment remains challenging. The UK is experiencing the comparatively high levels of inflation, putting significant pressure on the cost of delivering our services. Coupled with continued increasing demand and fixed Government funding this requires an increased focus on financial management to ensure we can continue to deliver services within available funding.

In addition to these immediate challenges, the medium-term financial outlook beyond 2023/24 remains uncertain. With no clarity on central government funding in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.

The Council has a duty to ensure its expenditure does not exceed the resources available. Wellbeing contingency reserves held by the Council provide confidence that the 1-year contract extension can be funded at this stage without a general fund pressure. Financial control is maintained in year through the budget monitoring process, whilst mitigating actions will be taken to reduce the risk of expenditure exceeding available funding. As such, the Section 151 Officer supports the recommendations.

Comments of the Head of Legal Services

The recommendation in the report is to extend the contract with a further extension period of one year. The report sets out the reasons why this extension is proposed. The rationale for agreeing a further contract extension with Surrey Heartlands now is so that:

- a. Both parties are ensured of the continuity of the service until March 2025
- b. Officers will have adequate time to understand what is required in the future (from April 2024), which delivery model is fit for purpose with other partners and to report back their findings to a future Committee meeting. Should Members be mindful to agree to the extension, Legal Services should be instructed at the earliest to agree the terms of the new Memorandum of Understanding.

Equality

The proposals within this report demonstrate a fully inclusive approach in that the service is accessible to all and addresses the needs of the more vulnerable members of the community. The service doesn't take referrals from Children

and young people under the age of 18 but will work with the families and signpost them to the support and services who work with this age group.

Climate change

This report contains no proposals that would negatively impact the Council's climate change ambitions.

Appendices

Appendix 'A' - A case study of the work the wellbeing prescription team carry out along with some client feedback.

Background papers

[NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

<https://www.kingsfund.org.uk/publications/driving-better-health-outcomes-integrated-care-systems-role-district-councils>

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Appendix 'A'

Case Study

Client: Jean **AGE:** 88

Appointment type: Home Visit

Referral Route: GP Paramedic Practitioner

Reason for Referral: Improving Emotional Wellbeing, Maintaining Independent Living & Improving Social Contact.

Circumstances: Dementia diagnosis. Son (Chris) present at appointments. Jean's social interaction was very limited, and Chris was visiting every day to help take her out, cook and clean. Chris was starting to feel the pressure of needing to visit Jean every day.

Signposted/Referrals Made:

- Dementia First Day Centre
- Westway Community Centre - Action for Carers
- Brambles Day Centre
- Crossroads
- Adult Social Care - Carers Assessment
- Provided 'Staying Steady' booklet
- Dementia UK
- Mary Frances Trust: Unpaid Adult Carers Support Group (online)
- Surrey Care Services Directory

Outcome: Jean is now attending Brambles every Monday and attends Dementia First on Tuesdays. Crossroads are due to start visiting every Thursday for 3 hours for 10 weeks. Jean also now has carers visiting twice a day to help with meal preparation. This has enabled Chris to have more free time to look after his own needs as well as continuing to support his mum. He has been given a 'Carers Grant' from the GP and is going to use this to go away for the weekend with a friend. Chris is also attending a carers support group which he is finding very helpful and has the Surrey Care Services Directory if the time comes where Jean needs any further support, such as 'live in' carers.

Partner and Customer Feedback Quotes

Partner Satisfaction Quotes:

"The service makes a huge contribution to preventing residents developing higher level health and care needs. Without that support, residents with low or moderate needs are likely to decline."

"I believe that Wellbeing is an important service for the community within Tandridge. It provides information and help that residents may not otherwise get. This is especially vital for the elderly/housebound community. A lot of our referrals into befriending come from the Wellbeing team and without it we would not be able to provide them with the human connection that they are desperately needing."

"East Surrey cannot afford to lose this service as both patients and practices find it invaluable".

Client Feedback Quotes:

"This service is a necessity for the community!"

"My advisor was very attentive and clearly explained all of the options. I felt that they were informative, empathetic – exactly what I needed. Thank you for all of your support! Sometimes people just need to know what is available out there to know how they can find a way out of their situation. I am so grateful!"

"The service provided was exemplary, providing help, guidance, practical advice, and reassurance. You felt you were being listened to and understood. I would highly recommend the service provided to anyone in my circumstances. Thank you"

"I found the whole experience of this service to be most helpful, it helped me to evaluate my day to day life, putting in place lots of ways of handling stressful times. When I was offered this excellent service, I was apprehensive, but cannot thank you all enough to give me this chance to look at things in a much more positive way".