



**THE PROMOTION OF
SELF-CARE AND SOCIAL
PRESCRIBING IN WYRE
TASK GROUP
Draft Report**

CHAIRMAN

Councillor Richard Rendell

TASK GROUP MEMBERS

(at the time of review)

Councillor Lady Dulcie

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Councillor Peter Cartridge

Councillor John Ibison

Councillor Phil Orme

Councillor Richard Rendell

Councillor Holly Swales

Overview and Scrutiny Committee

Chairman: Councillor Peter Cartridge

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Introduction

The promotion of self-care and social prescribing in Wyre is a key priority for Wyre Council as part of its Business Plan in improving the health and wellbeing of residents and supporting vulnerable and ageing residents within the community.

District Councils have a vital part to play within their communities despite the fact that they are not formally responsible for public health. Regardless of this, district councils' role within their communities in relation to housing, planning, leisure, recreation and environmental health all directly impact on the health and wellbeing of residents.

District Councils also have a new part to play; primary care networks (PCNs) were established in 2019 to deliver day-to-day care for areas of up to 30-40,000 people. The PCNs have been tasked to commission with social prescribing services, either externally or in-house, in order for these services to refer residents to local groups or council services that would help to ensure they stay well in the community.

Social prescribing is defined by NHS England as “an approach that connects people to activities, groups and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing”. The link workers that form local organisations, charities and health services work closely on an individual basis with residents who are experiencing issues with their physical or mental health, and refer them to community groups, services and activities to improve their health and wellbeing outside of the NHS.

Wider social determinants of health have the largest impact on residents' health and wellbeing, and so ensuring a joined-up approach between health services, social prescribers and councils would enable residents to stay well and independent.

Following a meeting in October 2022 with Hilary Fordham, the then Integrated Place Lead for North Lancashire, and Dr Adam Janjua, Clinical Director Place, the Overview and Scrutiny Committee were inspired to commission a task group to review further opportunities in the borough to encourage and support social prescribing. This task group was officially agreed in November 2022 with a draft scoping document setting out its review focus.

The purpose of the review was to understand the contribution of district councils in supporting healthy communities through the promotion of self-care and the use of social prescribing in the borough.

This report provides a summary of evidence the group gathered and it has been analysed to frame three conclusions and recommendations.

Aim of review/Terms of reference

1. Understand what the council offers regarding health and wellbeing.
2. Understanding the council's involvement and engagement with local Social Prescribing Networks
3. Investigation of the value for money and outcomes of the current offer.
4. To strengthen links, as a District Council, with the new Integrated Care Board and Integrated Care Partnerships.
5. Identify and recommend opportunities for improvement.

The review process

Following each meeting and a review of their scoping document, the group called for evidence and witnesses as appropriate.

For the first meeting, the group had asked the Portfolio Holder for Leisure, Health and Community Engagement, Councillor Lynne Bowen, the Head of Housing and Community Services, Mark Broadhurst, and the Leisure, Healthy Lifestyles and Communities Manager, Carol Southern, to submit a report giving context for the review with a specific focus on council services that had an impact on the health and wellbeing of residents. They also provided responses to further questions at the third meeting of the task group, as well as attending the final meeting to comment on the emerging draft recommendations.

At the second meeting, the group heard evidence from Keith Potter, the Social Prescribing Team Leader from the Volunteer Centre for Blackpool, Wyre and Fylde. They also heard from Dr Mark Spencer, the Clinical Director of Fleetwood's PCN. The group also sent out a consultation, with a list of three questions, to all GP practices in the area which the council had contact details for; they were also invited to attend the Over Wyre Medical Centre Open Day on the 9 March 2023 to see how a GP practice would bring social prescribing in-house. All interviews, as well as the consultation and further questions to the relevant officers, were prepared for through discussions and pre-prepared questions which allowed for more detailed discussion with the representatives and questions.

The Chair, Councillor Richard Rendell, would like to thank all expert witnesses, those who responded to the consultation as well as the officers for their time and the information they provided.

Summary of evidence provided by the Portfolio Holder for Leisure, Health & Community Engagement, Lynne Bowen, the Head of Housing and Community Services, Mark Broadhurst, and the Leisure, Healthy Lifestyles and Communities Manager, Carol Southern

The Portfolio Holder for Leisure, Health and Community Engagement, Lynne Bowen, the Head of Housing and Community Services, Mark Broadhurst, and the Leisure, Healthy Lifestyles and Communities Manager, Carol Southern, attended the first meeting to introduce the group members to the context of the review and to give them information on services the council already provided in this area.

The Head of Housing and Community Services, Mark Broadhurst, introduced the report and highlighted the importance of district councils in the running of key services that have an impact on the social determinants of health such as housing, leisure, environmental health, pollution and planning. In addition, district councils were more recently involved in preventative-based approaches to health and wellbeing, one example was working with social prescribers.

Mark provided the group with more detail regarding the different services Wyre Council provided to assist to improve resident's health and wellbeing such as housing those impacted by homelessness through initiatives like Changing Futures, home adaptations through disabled facilities grants, heating homes via affordable warmth initiatives and facilitating residents attending the borough's leisure centres. In addition to the membership-led approach at the leisure centres, Wyre Council had developed new initiatives for those residents less inclined to join a gym.

He highlighted the importance of individual responsibility to ensure self-care and provided members with the World Health Organisation definition of self-care, "the ability of individuals, families and communities to promote their own health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker". He added that the Leisure, Healthy Lifestyles and Communities team were providing innovative health and wellbeing initiatives and projects by utilising partnership links and attracting external funding. This was resulting in improved health and wellbeing of residents, specifically the most vulnerable, and preventing people from presenting at GP Surgeries for non-clinical matters. Mark explained the work of social prescribers and how Wyre Council worked closely with them to refer people to the relevant offers provided by the council.

The Leisure, Healthy Lifestyles and Communities Manager, Carol Southern, provided members with an overview of the report submitted. She explained that her team had recently produced a physical activity and sports strategy called Wyre Moving More. This was alongside the ongoing KKP Leisure Consultant's review of the YMCA leisure centres. She added that Wyre Council worked with key partners both strategically and operationally to help people connect within their local community and stay healthy and well. These included:

- Lancashire County Council – public health team and the communities team
- Active Lancashire – sport and activity partnership

- NHS Lancashire and South Cumbria Integrated Care Board
- Blackpool Teaching Hospital NHS Trust
- University of Central Lancashire
- Fleetwood, Torrentum, WIN and WREN Primary Care networks in Wyre
- 15 GP Surgeries
- Fylde Coast YMCA
- Fleetwood Town Community Trust
- Healthy Heads
- Wyre & Fylde School Sport Partnership
- Healthier Fleetwood
- Many local community groups across Wyre

Carol explained that there were four Primary Care Networks (PCN) in Wyre all with teams of social prescribers, which the council met with regularly. Listening to these teams, helped identify gaps and opportunities to work collaboratively to improve residents' lives. Some examples were on issues such as befriending support, cost of living support, care and repair, exercise referral programmes (Your Move) and computer literacy courses. Carol added that her team worked closely with the Communications team in the council to promote their programmes and offers. They also produced a regular newsletter that went out to over 400 community groups as well as their Healthier Wyre social media platform hosted on Facebook. She stressed the importance of key weeks such as mental health and self-care week and promote specialised initiatives where possible.

Carol explained to members several services the council were commissioned to provide by Lancashire County Council, these were:

- Adult weight management – commissioned up to 750 places, 528 people accessed in 2022, 12-week free places at Slimming World in Wyre, the biggest adult weight management programme in Lancashire.
- Children's weight management – commissioned the Play Activity Skills at Tea Time (PASTA) programme in Wyre to Healthy Heads and Fleetwood Town FC Community Trust, worked with Charles Saer and Larkholme Primary Schools, six-week programme, awarded another 12 months funding, looking to expand to additional schools.
- Holiday activity and Food programme, (HAF) – commissioned up to ten different local providers to provide HAF at Easter, Summer and Christmas, places for children on benefits related free school meals and vulnerable children, reached 718 individual children in 2022 (excluding December 2022), looking to expand to High School aged children.

Carol also explained to members several services Wyre Council commissioned or provided internally, there were:

- TRY Sport - Fleetwood Town FC Community Trust, commissioned to provide up to ten activity and sport sessions for inactive children per week, 282 young people attended so far in 2022/23
- Arts and Health activities – commissioned local artists to provide four weekly sessions and another four arts and health courses throughout the year

- Wyre Wheels – provided a weekly session for people with disabilities to access Wheels for All bikes in partnership with Cycling Projects, (a national charity)
- Volunteering programme – promoted, recruited and supported the Council’s volunteering programme, 221 active volunteers, 14,401 volunteer hours
- Beginners activity sessions – funded or supported up to nine low impact activity physical activity and dance sessions across Wyre for people who were currently inactive
- Supported the four Harmony and Health singing groups for the past five years

Carol explained to members that the reduction in the ‘Your Move’ physical activity referral initiative was a result of funding cuts from Public Health at Lancashire County Council. She reassured members that her team were continuing to share the benefits of the scheme with Lancashire County Council and they were also exploring alternative models to bring it back but potentially in a different way. The group acknowledged the benefits of the ‘Your Move’ initiative and supported a revival of the scheme if funding were made available.

Councillor Lynne Bowen, Leisure, Health and Community Engagement Portfolio Holder, praised Carol, Mark and their teams for their continuous commitment to finding funding and resources for new health and wellbeing initiatives. The task group echoed this.

In conclusion, Mark Broadhurst updated members that a new fund had been launched to help local groups and community organisations who were supporting people with the cost of living. Bids were invited for funding to support either existing or new projects in Wyre. The funding was provided by the NHS via the Lancashire and South Cumbria Integrated Care Board.

Following the second meeting of the task group, the Head of Housing and Community Services and the Leisure, Healthy Lifestyles and Communities Manager were asked to provide further evidence to the group. The following questions were agreed and circulated to officers, with a response included in the agenda for the third meeting:

Q1: Can you give more information on your meetings with PCNs in the borough and other organisations?

Fleetwood PCN

Healthier Fleetwood – we are very involved in the leadership of this successful partnership with the community. Monthly multi-agency partnership meetings are very well attended by both statutory and VCFSE sector agencies

We attend Fleetwood Neighbourhood Multi-Disciplinary Leadership Meetings – Bi-monthly

We attend the Future Fleetwood / Fleetwood Regeneration Partnership – the Fleetwood PCN are very well represented and engaged in the Regeneration Framework. Quarterly meetings are held attended by a range of statutory and community organisations.

Examples of engagement sessions with the Fleetwood social prescribers:

- 10th March – coffee morning with the SP's
- 28th Sept – meeting with the whole SP Team
- 8TH Feb - workshop event looking at children's wellbeing with the children's SP
- We work closely with the SP's at the Market House studios delivering art sessions – 2 x 8 week groups

Torentum PCN

Digital Sessions for the community held in partnership with the PCN in 2022

Torrentum meetings/public events attended include:

- 23rd May – attended coffee afternoon with the SP's
- 6th September – meeting with the manager of the SP team and the wider team
- June – attended a GP practice meeting
- We support the Patient Participation Group at Thornton Medical practice
- Regular attendance at monthly coffee mornings held by the SP's

WIN PCN:

WIN meetings/public events attended include:

- 15th March meeting with the manager of the SP team and wider SP team
- 23rd March attended social prescribing event at Lockwood Surgery
- 30th June meeting with WIN SP team and Poulton library staff
- 13th September – coffee morning with the SP Team / public at Poulton Library
- 18th October – coffee morning with the SP Team / public at Poulton library
- 15th November – coffee morning with the SP Team / public at Poulton library

WREN PCN

WREN meetings/public events attended have included:

- 7th June – coffee afternoon with the SP's / public
- 5th July – coffee afternoon with the SP's / public
- 3rd August - meeting with SP manager and team
- We work closely with the SP team delivering Fun Arts sessions every Monday at Knott End library

- We have attended the Front Room at Over Wyre Medical Centre on 3 occasions to run arts activities for local people to attend

Q2: What kind of grants does the council have or has applied for? How does the process work in searching for grants and the distribution of them?

Recent grant funding rounds have been held/facilitated using external funding streams. These include:

NHS funded Cost of Living Grants supporting VCFSE organisations supporting residents during the cost of living crisis. The Council hosted and administered this fund that has supported 13 local groups.

We delivered funding support for VCFSE organisations supporting community work during Covid.

We have recently supported Homes for Ukraine Community Grants using Government funding to support local organisations helping to support and integrate Ukrainian refugees.

We support the Walney Extension Community Fund Panel.

We have close links with Lancashire County Council and support / share any grant funding rounds they hold or host.

We regularly promote any opportunities we become aware of for funding etc and if we are contacted by groups we will work with them, when we are able, to support them to develop projects, for example the beach wheelchair project, Thornton Church etc. We have to be careful that we don't stretch the Active Lives and Communities Team too thinly as we are all very busy, but we certainly make groups aware of the support and opportunities there are available and offer help whenever we can.

Q3: What other community groups, such as faith groups, does the council work/engage with?

We work with a number of local faith groups and share information / opportunities whenever appropriate. Promotion of the identification of potential clients for the social prescribing teams is however something that is led by the social prescribing teams themselves.

Q4: Is there an existing list of all community groups/outreach groups/organisations that work with the borough?

We have our own master list of community groups, sports clubs, schools and faith groups that we review every year. This is just our list so we can communicate with key contacts and make them aware of opportunities, such as funding via newsletters, emails etc. We send regular updates to the groups on this list.

The upkeep of a directory of services as such is a larger task. When we had the Fylde and Wyre CCG we worked closely with them in populating an online Directory of Services called FYI. FYI is still in existence but it's probably fair to say it isn't maintained as it once was due to the current reorganisations going on in health services. Whilst there is some Wyre information on FYI currently much of the information is Blackpool focussed as Blackpool Council largely fund and maintain the directory. You can view the FYI directory at:

<https://www.fyidirectory.co.uk/directory?term=wyre>

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Summary of evidence provided by Keith Potter, Social Prescribing Lead for the Volunteer Centre for Blackpool, Wyre and Fylde

Keith Potter, the Social Prescribing Team Leader from the Volunteer Centre for Blackpool, Wyre and Fylde attended the meeting to answer questions from the group on social prescribing and the relationship between link organisations and the council.

Four questions agreed by the group had been circulated in advance of the meeting:

1. **What is the work of the Volunteer Centre, in particular relating to social prescribing?**
2. **How is Wyre Council involved in this process and what is your experience of this involvement?**
3. **What other organisations do you work with, through the Council or through the organisation?**
4. **How could the Council's involvement and engagement with your work be improved?**

Mr Potter explained that the Volunteer Centre, in particular his social prescribing team, covered most parts of Blackpool and Fylde and particularly the Wyre Rural Extended Neighbourhood (WREN) primary care networks (PCNs) which included the areas of Garstang, Great Eccleston and Over Wyre. He explained that their contract with these PCNs had started in August 2020 and was set to end in June 2023, with upcoming meetings to review it.

He said that in relation to social prescribing, they worked mostly in Blackpool but highlighted a few projects in the borough of Wyre that they linked with.

Mr Potter explained that funding came from each PCN. Some funding also came via the Additional Roles Reimbursement Scheme (ARRS), however this meant that there were restrictions on how they could use that funding but this had allowed them to provide funding for additional roles in the social prescribing team including on health and wellbeing and mental health.

He continued that with social prescribing in general, there were two models of how this worked: one, which related to the work of the Volunteer Centre, was the work of the third sector in partnership with local PCNs, sometimes including working within those practices, including those in Fleetwood, Cleveleys and Thornton. The alternative model was the NHS model, which he explained would often experience issues due to being caught in other roles. With the third sector model, he said that with their background and resources, they would have more time, flexibility and connections to the community to support PCNs in social prescribing referrals.

The Volunteer Centre's referrals primarily were made from those within the PCNs, and Mr Potter told the group that they were currently promoting more self-referrals by engaging more with the community, and would hopefully alleviate some of the pressures on GP practices. Once a referral had been made, it would get allocated to a team member who would contact the patient and establish their goals and how to work towards these in a way that would empower people to meet these goals as much as they could by themselves. They would help them to work towards their

clinical goals by referrals to GPs, whilst the Volunteer Centre would focus on holistic needs. Mr Potter gave an example of an elderly resident he had recently worked with, who had an underlying health condition and other personal issues which had affected his physical and mental health. He told the group how he had worked with the gentleman and the referrals they had made for him to organisations within the community and how well these had worked for him.

Mr Potter explained that when looking at gaps in Blackpool and the WREN area, the rural areas had been identified as having gaps in service delivery. He explained that feedback often repeated the points that there were transport issues in the rural areas and that there were limited activities available for residents. He said that his organisation also found it difficult to find services to link patients to, and would want to know if there were more options to refer residents to. Mr Potter did say that he had worked with the council before and had been in contact with the Leisure, Healthy Lifestyles and Communities Manager.

The group raised concerns over the overlap of responsibilities, as well as the need for guidance in understanding the issues of social prescribing and how they could best make a positive impact. They also asked questions relating to specific causes of loneliness in the older population of Wyre, the use of faith groups and whether councillors could be more involved in engaging residents in the promotion of social prescribing services.

The Chair asked Mr Potter how the council's involvement and engagement with the Volunteer Centre could be improved. He responded that despite previous contact, they had not sat down properly with council staff responsible for this service and would appreciate frequent meetings with them to know what activities were happening in the area. Mr Potter said that in order to fill the gaps in the WREN areas, they would want to build up partnerships and work closely with the council.

The group raised the point that there was a multi-agency partnership that met with the council, and whether there may be a seat for organisations such as the Volunteer Centre at the table. They suggested that the task group could, as a recommendation, lobby this group and raise awareness for the need to include organisations such as the Volunteer Centre.

Mr Potter summarised that the main issue for organisations such as his was funding; there was more work within the communities he wished his team could do, but had other priorities and deliveries to manage. He gave an example of a patient who later became a volunteer with them which could help with resourcing issues. He also told the group that there was a new national initiative called Enhanced Health Checks which would contact residents and ask them to attend their GP practices for a general health check which could be a way of addressing the issue of residents who were being missed.

Summary of evidence provided by Dr Mark Spencer, Clinical Director of Fleetwood PCN

Dr Mark Spencer, Clinical Director of Fleetwood PCN and General Practitioner at Mount View Practice, attended the meeting to answer questions from the group on social prescribing from a clinical perspective following requests at the last meeting.

Four questions agreed by the group had been circulated in advance of the meeting:

- 1. What is the work of the Fleetwood PCN, in particular relating to social prescribing?**
- 2. How is Wyre Council involved in this process and what is your experience of this involvement?**
- 3. What other organisations do you work with, through the Council or through the organisation?**
- 4. How could the Council's involvement and engagement with your work be improved?**

Dr Spencer began by explaining to the group the history behind Primary Care Networks (PCNs). He informed the group that they were a part of the new reorganisation of the NHS since 2019, and were meant to cover certain geographical areas, with approximately 30-40,000 residents within them. Within the PCNs, the GP practices were to agree to work together to address the health issues of those specific communities, which would allow for flexibility for their individual community needs.

As he worked in Fleetwood, he gave examples of the individual needs in this area to the group; he said that the health outcomes of the town were significantly worse than the England average, with life expectancy around 8-9 years below the average with the most disadvantaged ward of Pharos being 10 years below the average. The main long-term health conditions of the town included: issues relating to mental health; addiction; obesity; diseases relating to smoking; heart disease.

He explained that the objective of the PCNs, the NHS and the Council were to help residents manage their illnesses, both acute and long-term; however, the NHS was not able to invest both time and resources into improving residents' overall health and wellbeing and specifically looking at preventative care. He said that supporting residents to stay healthy was an important aspect of social prescribing, as well as looking for alternatives to traditional treatment for certain conditions – such as encouraging residents to take up a social activity – so that they could avoid residents being prescribed unnecessary medications.

Dr Spencer explained to the group that the term “social prescribing” was a similar concept to prescribing medication, in that prescribing a social activity would act as an

adjunct to traditional treatment. One of the biggest causes of illness was loneliness and isolation – it affected both mental and physical health, and the impact of prescribing a social activity showed an improvement in residents' self-confidence and gave people self-motivation to look after themselves and take control of their lives. This would lead to better physical health and less strain on the NHS.

He said that PCNs had been supported by the NHS for four years by that point, and were receiving funding to employ link workers, who would work closely with residents to 'link' them with social activities in their area. Those working in Fleetwood had been doing something like this for the last 10 years, with Healthier Fleetwood – a community organisation run by residents volunteering – for the last 8 years. He showed the group a promotional video, explaining some of the activities run by Healthier Fleetwood in the area and their impact on residents. He said that there were 68 different activities being run in the community, including those for children and families.

The Chair asked Dr Spencer why PCNs were not attached to constituency boundaries. He responded that the size of PCNs was important; the staffing levels needed meant that the size could not be too big, and 30-40,000 residents in one was the standard size. There were 4 within Wyre: Fleetwood; WIN (Wyre Integrated Network); WREN (Wyre Rural Extended Neighbourhood); and Torentum.

He responded to the second question from the group, stating that Wyre Council had been very supportive going back a decade; some of the activities run by Healthier Fleetwood were funded and run by the council and they also helped to promote awareness of other activities in the area. He said the council worked with all of the PCNs, and stressed the good work of Mark Broadhurst and his team in Fleetwood. The offer from the council was already extensive, he responded.

The Chair asked whether the council's involvement could be improved. Dr Spencer said that things could always be improved, but highlighted the positive impact of the council's regeneration programme. He mentioned the significant community work of Mark Broadhurst and Sara Ordonez, the UKSPF Programme Manager, in the production of the regeneration programme. He hoped that more external funding might be sought.

He stressed to the group that his experience in Fleetwood highlighted the different needs of each community in Wyre, as the health outcomes were worst there and so had greater needs.

The group asked Dr Spencer whether there was a specific direction for them to recommend the council take, and his plans for the future of Fleetwood. He told the group that the partnership between the PCNs, the NHS and the council was very important, with Fleetwood benefitting from this close relationship through Mark Broadhurst. The council had just started hosting meetings for all PCNs, and supporting the rest of the borough should be key. For Fleetwood, they wanted to keep focusing on children, families and the growing obesity problem with life expectancy in the area still dropping. Despite advances in medications, there was still a need to do something in parallel to help support the community.

Consultation with GPs in Wyre

The group had put together a handful of questions which they would like to put to GP practices in the borough to help them with their recommendations to Cabinet on how the council can improve its services and working relationships with GPs.

- 1. Does your practice link to and work with (possibly via your primary care network team) with Wyre council? Y/N**
 - a. If no, why not?
 - b. If yes, how would you define the working relationship between your GP practice and Wyre Council?
- 2. Do you think Wyre council works well with GP practices on social prescribing matters?**
- 3. What more could the council do to work better together to improve the health and wellbeing of residents/social prescribing matters?**
- 4. Would you be willing to have an update at one of your practice meetings by an officer from Wyre Council?**
- 5. Who is the best person for Wyre Council to liaise with in the future? What are their contact details?**

Only one GP practice in the borough responded to the consultation. The answers are copied below.

1. Yes. We have had a very good relationship with Wyre Borough from the start, with teams meetings with Carol Southern, Mark Broadhurst. We as social prescribers get immense support from you all.
2. Absolutely. You are always open to suggestion, and definitely take our views into account, along with the other social prescribing teams. You are always keen to get our feedback about what people in this area want. Also helping us out with problematic patients.
3. You are already looking into the possibility of setting up a befriending service, which is a huge problem for us, as we are no longer able to refer in to Lancashire Volunteer Partnership, and struggle to find anywhere else for our lonely, housebound patients. Something like the old GP referral scheme would be advantageous, as we can only refer to Active Blackpool.
4. I am sure those on the meetings wouldn't object.
5. As far as we are concerned, our manager Lisa Banks, for our Torentum PCN. Lisa.banks12@nhs.net

Torentum PCN, Cleveleys Group Practice

The group discussed the lack of responses at their third meeting and questioned how best to improve communications with GPs.

Supporting documents

Elected members were presented with a number of additional documents that supported them in their work.

The documents are hyperlinked below. If you require any assistance with accessing these documents please email: democratic.services@wyre.gov.uk

- Document 1 – [Leisure, healthy Lifestyles and Communities Team update](#)
- Document 2 – [Social Prescribing Link Workers' Report, May 2022 – July 2022](#)
- Document 3 – [Written response from officers](#)
- Document 4 – [GP Consultation response](#)
- Document 5 – [Full minutes pack of the Promotion of Self-Care and Social Prescribing in Wyre Task Group](#)

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Conclusions and recommendations

The group recognises that the council already provides many key services in relation to the promotion of self-care and works closely with social prescribers in the borough. They praise the work of the Healthy Lifestyles and Community Engagement team and pass on the positive feedback that they also received from their expert witnesses.

The group also acknowledge that social prescribing is still a new phenomenon, and that it will take time for the joint operations between local organisations, the council and health services to be fully operational to the best of their ability. They also recognise that this is not a statutory council function.

However, the group know from interactions with their residents how important the physical and mental health and wellbeing is of residents, particularly those who are vulnerable and ageing. In a post-pandemic world, with growing strains to health services, it is vital that district/borough councils and local organisations step in where possible to help alleviate this pressure and take care of vulnerable groups in ways which benefit them the most.

The task group concludes that the following recommendations be made to the Cabinet:

Recommendation One

The council continues to promote its ongoing work with its primary care networks, local GP practices and other link/community organisations; that the council supports these groups by continuing to advertise its services via different methods.

The group acknowledges the work the Healthy Lifestyles and Community Engagement team already undertakes in relation to the promotion of self-care and social prescribing within the borough.

The group heard from representatives of the council's PCNs/link organisations and wants to ensure that all relevant organisations are connected to the council and are aware of what services the council provides and who the council's named contact is. This is in order to ensure that communication between the council, local social prescribing teams and clinical groups continues to develop closer working relationships with these organisations.

Recommendation Two

The Council should ensure that its health and wellbeing services and offers are well promoted on its website and social media. The Council's services and offers should also be specifically promoted to local NHS social prescribing teams. If and when an opportunity to refresh a local directory of services presents itself it is recommended that the Council supports this work.

The group recognises that social prescribing is still a relatively new phenomenon and that it is not a statutory district council function. Social prescribing is a part of the NHS Long Term Plan and a relatively new introduction into primary care services. However, considering that social prescribing is essentially based on linkages to non-medical community-based activities, district councils ought to have a much larger part to play, particularly in an area like Wyre which covers a large area including more rural, hard to reach areas. A more collaborative approach, sharing information and joining up services, would help to more effectively target residents who were in need of these services. In particular more comprehensive and readily accessible information on the services available within the borough would be useful, potentially via a new refreshed Directory of Services. Until such time as a refreshed Directory of Services is commissioned (by health/ social care or other place based partners) the Council should ensure its own services are effectively promoted via its own website and social media. Our health and wellbeing services and offers should also be specifically promoted to local NHS social prescribing teams.

Comments received from link organisations and local GP practices echo needs from residents to know what type of groups and activities are being offered by the council and in the borough. This is particularly important post-pandemic for vulnerable and elderly residents. Comments from the expert witnesses interviewed by the group highlighted the need to improve communications within the rural areas, as some organisations had trouble working in areas such as the Over Wyre area. Dr Mark Spencer emphasised the particular need for social prescribing interventions in Fleetwood due to its high health inequalities.

Recommendation Three

The work of the council in relation to social prescribing be monitored by the Overview and Scrutiny Committee and be made a strategic priority for the next intake of councillors.

Social prescribing is still a relatively new concept, with PCNs only established in 2019; therefore the work of these teams, the NHS and District Councils is still developing to understand the needs of residents and what part councils have to play.

Post-pandemic, the physical and mental wellbeing of residents ought to be prioritised by councils and to ensure that particularly those in vulnerable groups are taken care

of, but are also empowered and encouraged to take care of themselves so they can stay well in their communities and that NHS resources are protected.

As part of its work programme priorities, the O&S Committee is asked to include social prescribing when considering review topics for task groups, using the recommendations of this task group as a foundation to go into greater detail about social prescribing and self-care. They also proposed that during the process of reviewing the council's Business Plan, the O&S Committee should emphasise the relevance of social prescribing. This would assist the council in achieve its corporate objective to empower healthier and more resilient communities.

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Councillors' attendances

There were four meetings of the Promotion of Self-Care and Social Prescribing in Wyre Task Group. It should be noted that many of the councillors on this task group were not re-elected in May 2023.

Name of Councillor	Meetings attended (maximum)
Councillor Lady Dulcie Atkins	3
Councillor Peter Cartridge	3
Councillor John Ibison	3
Councillor Phil Orme	3
Councillor Richard Rendell	4
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List of appendices

Appendix A – The Promotion of Self-Care and Social Prescribing in Wyre Task Group – draft scoping document

References

Shaping healthy places: exploring the district council role in health, 2019

<https://www.local.gov.uk/publications/shaping-healthy-places-exploring-district-council-role-health>

Social Prescribing, NHS England

<https://www.england.nhs.uk/personalisedcare/social-prescribing/#:~:text=What%20is%20social%20prescribing%3F,affect%20their%20health%20and%20wellbeing.>

APPENDIX A



The Promotion of Self-Care and Social Prescribing in Wyre

Task Group - Scoping Document

Review Topic	<p>To understand the contribution of District Councils in supporting health and healthy communities.</p> <p>In particular to investigate how the council contributes to the promotion of self-care and social prescribing in Wyre.</p> <p>Self-care describes a conscious act a person takes in order to promote their own physical, mental and emotional health.</p> <p>Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking an holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.</p>
Chair	Councillor Richard Rendell
Group Membership	Councillor Lady Dulcie Atkins Councillor Peter Cartridge Councillor John Ibison Councillor Phil Orme Councillor Richard Rendell

	Councillor Holly Swales
Officer Support	Daphne Courtenage, Democratic Services Marianne Unwin, Democratic Services
Purpose of the Review	<p>District Councils are well connected and collaborative and can link up local service provision; they work in partnership with social care services, the NHS, local voluntary and charity sector groups, businesses and other agencies such as the police to support public health. In short, district councils make a very important contribution to weaving the social fabric of their areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age well.</p> <p>With this in mind, the review aims to identify areas of improvement to promote and facilitate self-care to residents, this will ensure that people stay well in their community and assist with reducing time spent in primary care settings such as GPs for non-clinical issues. In addition, the review aims to identify how the council can support the wellbeing of residents through social prescribing.</p>
Essential Criteria (at least one must be marked)	<p><input checked="" type="checkbox"/> A council priority (as set out in the Business Plan)</p> <p><input checked="" type="checkbox"/> A matter of significant, demonstrable public concern, as raised through ward councillors, local media etc.</p>
Role of Overview and Scrutiny in this Review (mark all that apply)	<p><input type="checkbox"/> Holding Executive to account – Key Decision</p> <p><input checked="" type="checkbox"/> Holding Executive to account – performance based</p> <p><input checked="" type="checkbox"/> Community champion</p>

	<input checked="" type="checkbox"/> External partnership <input type="checkbox"/> Contribution to policy development <input type="checkbox"/> Policy review <input checked="" type="checkbox"/> Statutory duties / compliance with codes of practice
Aims of Review / Terms of Reference	<ul style="list-style-type: none"> • Understand what the council offers regarding health and wellbeing. • Understanding the council’s involvement and engagement with local Social Prescribing Networks • Investigation of the value for money and outcomes of the current offer. • To strengthen links, as a District Council, with the new Integrated Care Board and Integrated Care Partnerships. • Identify and recommend opportunities for improvement. <p>Suggested key areas of focus:</p> <p>Independence</p> <p>Have an understanding of the different types of support the council provides to ensure residents can live safely and comfortably in their own homes, including home adaptations and handyperson services, affordable warmth and energy efficiency and how these services help residents to have more control over their health and wellbeing. Understand the new pilot project (Health and Housing Coordination) operating from Care and Repair into local hospitals / social care services.</p> <p>Physical activity and mental health</p> <p>Have an understanding of the leisure and green spaces and health programmes the council organise or contributes to.</p>

	<p>Community outreach and advice services</p> <p>Have an understanding of how the council works with organisations, specifically regarding the contribution to social prescribing and what the referral process looks like.</p>
<p>What specific value can Scrutiny add to this work area?</p>	<p>District councils are not formally responsible for public health as detailed in the Health and Social Care Act 2012, but they still have a huge role in it. They are providers of key services, which have a direct impact on the social determinants of health, such as housing, planning, leisure, recreation and environmental health that directly affect the health of the population. District councils are the closest level of local government to their communities.</p> <p>The review will identify areas of strategic focus to assist the council to achieve its corporate objective (as set out in the Business Plan). The council has the ambition to empower healthier communities, which involves collaborating with residents and local stakeholders to support and maximise opportunities for improving health and wellbeing across the community. This review should assist with how this could be explored and identify additional opportunities to achieve this ambition.</p>
<p>Methodology</p>	<ul style="list-style-type: none"> • Interview expert witnesses • Comparative research • Site visits • Consultations • Written submissions
<p>Limits of Review</p>	<p>The review should be limited to investigating the services Wyre Council provides and/or its work with organisations regarding health and wellbeing.</p> <p>The review will exclude looking at matters relating to planning and housing stock.</p>
<p>Potential Expert Witnesses</p>	<ul style="list-style-type: none"> • Leisure, Health and Community Engagement Portfolio Holder • Corporate Director Communities

	<ul style="list-style-type: none"> • Head of Housing and Community Services • Leisure, Healthy Lifestyles and Communities Manager • Lancashire and South Cumbria Integrated Care Board representative • Wyre Primary Care Network Lead(s) • Local Social Prescribing Network leads
Documents to be considered	<ul style="list-style-type: none"> • Wyre Council's Business Plan • Shaping Health Places: Exploring the District Council Role in Health – LGA 2019 • The District Council Contribution to Public Health – Kings Fund • Just What the Doctor Ordered: Social Prescribing a Guide for Local Authorities – LGA 2018 • Wyre Council Website – wellbeing activities, sport and fitness opportunities, care and repair, disabled facilities grants, housing options and homelessness, affordable warmth and home energy insulation, environmental health information including pest control and pollution. • State of Wyre Report 2021 • Life in Wyre Survey 2018
Risks	<p>The topic may become too broad.</p> <p>Unrealistic recommendations.</p>
Level of Publicity	Low.
Indicators of a Successful Review	<p>A clear recommendation to Cabinet influencing future decisions regarding the provision of health and wellbeing services.</p> <p>In addition, the review will investigate:</p> <ul style="list-style-type: none"> • That the Council continues to purposefully engage in the promotion of health and wellbeing. • That the council does all it reasonably can to ensure residents stay independent and well in their communities to help reduce the numbers of people

	<p>presenting at health care settings for non-clinical matters.</p> <ul style="list-style-type: none"> • That the council has a collaborative and harmonising approach that results in co-ordinated and preventative action.
Approximate Timeframe	2 – 3 months
Projected Start Date	January 2023

DRAFT