

**SOCIAL PRESCRIBING – LIFE CHANCES FUND PROJECT**

**To:** Communities & Partnership Committee

**Meeting Date:** 10 October 2019

**From:** Adrian Chapman - Service Director: Community & Safety

**Electoral division(s):** All

**Forward Plan ref:** **Key decision: No**

**Purpose:** Cambridgeshire County Council is currently a partner in designing an innovative project which utilises Social Investment to deliver a VCS-led social prescribing scheme across the county and Peterborough. The project has reached a point where Communities and Partnership Committee are being asked to consider if there is sufficient merit, particularly in relation to cashable savings, to commit to the project and engage with social investors to deliver the project.

**Recommendation:** The Communities and Partnership Committee is asked to:

- a) Consider the terms of the Life Chances Fund project, including the possible cohorts identified in 2.4I and
- b) Determine whether Cambridgeshire County Council should continue with the Life Chances Fund project, subject to the caveats identified in section 2.10.

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## **1. BACKGROUND**

- 1.1** In 2017 Peterborough Council for Voluntary Service (PCVS), via their Peterborough Plus operation, and co-signed by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Peterborough City Council, submitted an expression of interest to the Lottery supported Life Chances Fund (LCF).

The proposal involved utilising 'social investment' to run a social prescribing project across the Peterborough area. The Lottery approved the project principles and agreed (upon request of Cambridgeshire County Council & the CCG) that the project reach should be expanded to cover Cambridgeshire and Peterborough. The project therefore partnered PCVS [Peterborough Plus] with Cambridgeshire County Council, Peterborough City Council and the CCG.

- 1.2** The Social Prescribing Network defines social prescribing as "a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. It is an innovative and growing movement, with the potential to reduce the financial burden on the NHS and particularly on primary care."

It aligns closely to many of the principles of our Think Communities approach.

- 1.3** The social investment element of this project is critical and has gained some interest from Central Government and from social investors. Social investment is a mechanism whereby funds invested by a third party are used to help an organisation achieve a social purpose and, in the case of this project, a financial saving, with a proportion of that saving being used to repay the investor with interest after an agreed period.

Like all social investment projects the details of how the repayment is made, what is deemed a positive outcome and the level of return expected would be determined in the details of the contract between the project and the social investor. Should the pre-agreed project outcomes not be achieved then the risk falls to the social investor, the commissioning partners would not be liable for any repayment. However, if the outcomes were achieved the partners would be responsible for repaying the investor at a pre-agreed rate (the outcome payment), with the LCF providing a 30% contribution to the outcome payment.

- 1.4** A project proposal was drawn up which looked to attract £6m funding from social investors that could be used to support the voluntary and community sector to deliver social prescribing activities with an emphasis on creating capacity within the sector. Using the expertise in the partnership an initial list of target beneficiaries was submitted that suited the remit of the project and that may result in a financial saving for the wider system (table 1). The application was approved and the project moved on to the more detailed planning stages.

Table 1: Outcome list (taken from project application form)

Cohort / outcome	Impact	Estimated Payment / saving per outcome
1a - Homecare: older people and older people with mental health issues at home and at risk of requiring low level home support, avoiding escalation to assessment and support packages	Reduced isolation, increased independence and improved network and VCSE support leading to reduced need for long-term packages of social care support Reduced isolation, increased independence and improved networks and VCSE support leading to reduced need for long-term packages of social care support	£1,147
1b - Low Level Adult Mental Health: Avoid escalation to assessment and support packages		£970
2a - Diabetes: Improved self-management reduced NEL Admissions	Improved wellbeing, reduced social isolation, improved self-management of medical conditions, improved lifestyle including volunteering and work.	£1,086
2b - COPD: Improved self-management and reduced non-elective admissions		£825
2c - Asthma: Improved self-management and reduced non-elective admissions.		£553
2d - Mental Health, Drug and Alcohol: Reduced non-elective admissions.		£497

- 1.5** There are approximately 32 social investment projects in the UK tackling a range of issues including homelessness, youth unemployment, children in or at the edge of care and many others. Most social investment projects have contract duration of 3 -7 years. Some of them have funded new innovations with many using the mechanism to scale evidenced alternative approaches.

A well cited benefit of using social investment rather than more traditional approaches to funding projects is the ability to pursue higher risk or untested approaches / interventions to small cohorts that might not otherwise be prioritised. It allows commissioners to explore new ways of supporting high cost cohorts to improve outcomes and ultimately save public sector resources.

## 2. MAIN ISSUES

- 2.1** The biggest challenge with this project relates to each organisation's (Cambridgeshire County Council, Peterborough City Council and CCG – the commissioning partners) ability to pay back the investment. Whilst it should be understood that the primary risk remains with the social investor, a positive outcome would require the commissioning partners to pay back the investor. However, a positive outcome in the project - for example, evidenced reduced isolation - does not necessarily equate to an identifiable cashable saving.

The Social Prescribing Project is expected to achieve successful outcomes, providing significant benefit in terms of managing demand, reducing future spend and increasing capacity within the voluntary sector. However, with the current cohorts selected it is unlikely that sufficient cashable savings would be achieved in order for the investment to be repaid.

**Cambridgeshire & Peterborough CCG have already decided that they will not be in a position to be able to commit to the project for this reason and have now pulled out of the project partnership.**

- 2.2 With the CCG no longer a member of the commissioning partners, the current cohorts do not offer sufficient merit to progress with the LCF social prescribing project. Although positive for the wider system, only cohort 1a and 1b relate directly to Cambridgeshire County Council and Peterborough City Council duties, with the rest closely aligned to the health agenda. In addition, whilst cohort 1 will undoubtedly result in a reduction in future demand and spend for the authorities, it is unlikely that they would result in the cashable savings needed to meet the outcome payment.
- 2.3 In order to progress this project to the point it can engage social investors, sufficient cohorts must be found and agreed by the commissioning partners, which not only directly relate to the local authority priorities but fit with a social prescribing model of delivery and will result in cashable savings.
- 2.4 Officers from both Cambridgeshire County Council and Peterborough City Council have identified new cohorts (Table 2) that may fit the above criteria. This list is not exhaustive but reflects the areas that currently have momentum. It is expected that a further cohort relating to the Best Start In Life programme is likely to be identified as the programme develops.

Likewise, cohorts identified below will require further work to determine appropriateness and ensure there is no overlap with existing demand management work already underway through the Council's own resources which does not require a return to investors (for example the Innovate and Cultivate Fund or Adult Positive Challenge Programme), so might not make the final list.

*Table 2: Proposed new Outcome list*

Cohort / outcome	Impact	Estimated Payment / saving per outcome
1 Mental Health Step Down: increase community capacity	Increased capacity (through training and programme delivery) within the third sector to support the recovery college to provide wrap around primary and secondary mental health support	TBC (Expected to be cashable, currently spend £3-4m and would aim for a 10% reduction)
2 Learning Disabilities: increase the support provided by the VCS	Reduced local authority provided support to cohort moving towards independence. Number of areas where community sector support could be provided instead e.g. Travel training, introduction to employment, shopping and cooking training.	TBC (Expected to be cashable actively reducing the hours of support individuals currently receive)
3 Community Transport: improve efficiency and reduce the level of subsidy	Investment to increase volunteer led schemes to minimise payments from LA. Introduction of community owned pool Cars or other transport solutions (e.g Nellie Tuk Tuk in soham) co-ordinated booking and route allocation systems to improve efficiency and reliability	TBC (Expected to be cashable as will result in the reduction in funding given to recompense volunteers for the use of their cars and maximise opportunity for volunteer transport options reducing the need for private transport solutions)

4 Community Collaboration with Direct Payments: improve purchasing power and increase take up of direct payments	Providing an infrastructure to enable and facilitate “communities of interest” to collaborate to achieve better outcomes. Establishing mechanisms for pooling direct payments and collectively purchasing support. Would require a greater uptake of direct payments but could act as an incentive to do so	TBC (Expected to have an element of cashable savings due to better use of direct payments and reduction on requirements placed on the care plan)
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- 2.5 It is unlikely that the new cohorts would require the level of investment (£6m) originally envisaged when the bid was first approved by LCF; this may not have any consequences for the project other than reducing its scale.
- 2.6 Social prescribing as a concept is welcomed as a positive and holistic way to support people to get control of their health and social care needs while utilising the assets within their community and with the support of the voluntary and community sector (VCS). With the NHS social prescribing schemes rolling out and Link Workers (or social prescribers) being employed, greater demands are being placed on the VCS to provide the activities and support to be prescribed to. This LCF project would go some way to help increase the VCS capacity by investing in the activities and projects that would directly support the cohorts outlined in table 2.
- 2.7 Equally it is generally understood that for intervention based social investment to work, the intervention must be targeted to a small identifiable cohort in the highest need bracket. Cohorts that are too generalised or large are likely to be receiving numerous interventions, making it difficult to identify the specific outcomes, and the payoff might not be sufficient to warrant the investment.
- 2.8 In order for the finance model to work for the LCF social prescribing project, the council must be confident that there is sufficient merit in the cohorts identified above. If it was felt that there was not sufficient merit in the cohorts identified above Cambridgeshire County Council should no longer pursue the LCF project. However, this would not restrict Cambridgeshire County Council from continuing to work with partners across the system in supporting social prescribing interventions, looking at alternative ways to create capacity in the VCS or exploring social investment for other projects.
- 2.9 Peterborough CVS are required to submit their final plan to the Lottery and LCF on the **31st October 2019**. The final plan will need to include formal commitment from the commissioning bodies to progress the project. Should the decision be made to remove Cambridgeshire County Council commitment, the project will be closed.

If Cambridgeshire County Council confirm their commitment to support, the project will progress to the next stage working with social investors to identify the detailed outcomes and the outcome payment agreement. From December 2019 onwards commissioning partners will draw up contracts with the social investors (supported by the lottery and central government experts on social investment). Drafts of those contracts will need the oversight and sign off of Cambridgeshire County Council Members before any financial agreement is made with a social investor. The route that would take is yet to be determined.

- 2.10 With that in mind, the Committee is being asked to determine its political, rather than financial, support at this stage, albeit that the financial risks and opportunities broadly identified in this report will be used to inform that decision. If the council does agree to continue with the project, a detailed financial report will need to be prepared and presented to the relevant Committee for approval at the appropriate time.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in paragraph 2.6

#### **3.2 Thriving places for people to live**

The report above sets out the implications for this priority in paragraph 2.6

#### **3.3 The best start for Cambridgeshire's Children**

The report above sets out the implications for this priority in paragraphs 2.4 & 2.6

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The report above sets out details of significant implications in paragraph 2.1

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

The following bullet points set out details of significant implications identified by officers:

- The lottery and central government have offered a social investment expert to help the project draw up an appropriate finance agreement with the social investors and help identify and specify the target cohorts in more detail
- Care will be required to ensure any investment is distributed using a methodology which is compliant with our commissioning protocols. The use of a special purpose vehicle or third body to distribute the funds will need to be reviewed as there are a number of different mechanisms available that could fit the role. Consideration would also have to be given for how funding is distributed geographically and across the cohorts to ensure a fair and appropriate allocation

#### **4.3 Statutory, Legal and Risk Implications**

The following bullet points set out details of significant implications identified by officers:

- Nationally there is some interest in seeing if social investment will work in a social prescribing context. There is therefore some national expectation around this project.
- This project will need to align with the NHS national link worker scheme (announced in the NHS long term plan). Further work will be required to

determine the best way to place the investment to avoid duplication and compliment the plethora of social prescribing and community navigation schemes already in operation within Cambridgeshire and Peterborough

#### 4.4 **Equality and Diversity Implications**

There are no significant implications for this category.

#### 4.5 **Engagement and Communications Implications**

The following bullet points set out details of significant implications identified by officers:

- An informal working group has been established to work on this project drawing on the officer expertise across Adults, Children, Commissioning and Communities directorates

#### 4.6 **Localism and Local Member Involvement**

The report above sets out details of significant implications in paragraph 2.6

#### 4.7 **Public Health Implications**

The report above sets out details of significant implications identified by officers.

This Project would support the development of community assets that would contribute to individuals and communities taking greater responsibility for their health and social being needs. In addition the development of community resources would also support this ambition through strengthening the voluntary sector services that are accessed by communities.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus de Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Adrian Chapman

<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Adrian Chapman
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Val Thomas

<b>Source Documents</b>	<b>Location</b>
None	