Social Prescribing
Developing a single service model for the city
Engagement dates: May – June 2018

Assessment of Equality Impact and Engagement Report
Final
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Social prescribing – addressing people's needs in a holistic way
GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector

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Executive summary

Social prescribing is a means of enabling health and care professionals (GPs, nurses, social care) to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Patients can also self-refer.

Social prescribing is identified as one of the 10 High Impact Actions within the GP Five Year Forward View (GPFV) and the approach supports the principles set out in the NHS Five Year Forward View (FYFV). Social Prescribing plays a key role in the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan, and is at the heart of the Local Care Partnerships that are being developed locally.

Social prescribing services in Leeds are currently delivered by 3 different schemes: Connect Well (CW), Connect for Health (CFH) and the Patient Empowerment Project (PEP) and 6 GP practices. The 3 schemes were commissioned by the three NHS Clinical Commissioning Groups (CCGs) in Leeds and are currently contracted until August 2019.

With the move to one NHS Leeds CCG from April 2018 we intend to commission a single citywide social prescribing service model from September 2019 onwards, through which people are supported to access non-medical services in the community.

This engagement seeks to understand the experience of social prescribing service users and staff in Leeds, and the views of the public and wider stakeholders. The feedback we receive will help us plan a future service that meets the needs and preferences of local people.

This report outlines the findings of the engagement. The report will also help to identify any potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010.

We used a survey to gather the thoughts and experiences of service users, members of the public and professionals. 603 people responded to the survey. 85% of service users and professionals told us that they think social prescribing service is beneficial to those using the service.

Service users describe the service as helpful and friendly and commending the staff for their support and relaxed environment they create. Professionals like the service as it offers non-medical support for people’s health and wellbeing. Members of the public like the service as it has a person centred approach and is tailored to meet individual needs.

People told us that future service should be accessible to all people in Leeds, especially those with disabilities, BME communities and employed people. People also told us that promoting the service and providing clear information is really important. Some professionals told us that good relationships and communication between social prescribing providers and the voluntary sector is important. People told us that long travelling distances, lack of transport and not being able to self-refer would prevent people using the service.

This report makes a series of recommendations to the CCG. The CCG will use the recommendations to commission a citywide social prescribing service model for people in Leeds. The feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services. The report will be shared with those involved in the engagement and it will also be available on our website https://www.leedsccg.nhs.uk/get-involved/your-views/social-prescribing/.
1. Background information

a. The NHS Leeds CCG
NHS Leeds CCG is responsible for planning and buying (commissioning) the majority of health services for people in Leeds. Prior to April 2018, there were three clinical commissioning groups (CCGs) in Leeds: NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG. In April 2018 the three CCGs in Leeds became one NHS Leeds CCG.
The CCG commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such dental care, pharmacy or optometry (opticians) which is done by NHS England through their local area team more commonly referred to as NHS England (West Yorkshire). NHS England also has the responsibility for commissioning specialised services, such as kidney care.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are 101 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people’s needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. Engagement support
We commission Voluntary Action Leeds (VAL) to support our engagement work. VAL delivers the ‘Leeds Voices’ project to undertake public and community consultations on behalf of NHS Leeds CCG. There are three distinct elements to this project:

- The Engaging Voices network of third sector organisations provides opportunities for seldom heard communities and vulnerable groups to get involved in consultation and engagement activities.
- The Working Voices project offers opportunities for businesses to enable their employees to be involved in CCG engagement activities, by allowing working people to volunteer their time to be involved in consultations within the workplace.
- Volunteer Leeds Health Ambassadors directly engage with the public and patients at a range of venues, public events and activities across the city.
c. Detail on health topic/engagement

Social prescribing is a means of enabling patients with social, emotional or practical needs to connect to a range of local, non-clinical services, often provided by the voluntary and community sector. In other words it is about health and care professionals (GPs, nurses, social care, etc.) providing patients with ‘prescriptions’ for activities rather than drugs and medical treatment. People can also self-refer. For more information about social prescribing please see this video: https://www.youtube.com/watch?v=O9azfXNcqD8

Typically, a link worker or a wellbeing coordinator from the social prescribing service will work with the person to co-produce solutions about what is important to them. This will often include a referral to a wide variety of services and activities, such as befriending, healthy lifestyle classes, debt management support and others.

Social prescribing is identified as one of the 10 High Impact Actions within the GP Five Year Forward View (GPFV) https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/. The approach also supports the principles set out in the NHS Five Year Forward View (FYFV). Social Prescribing plays a key role in the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan, and is at the heart of the Local Care Partnerships that are being developed locally.

Nationally there is a growing body of evidence that supports social prescribing as a key part of local community services. A National Social Prescribing Network has been set up to share knowledge and best practice, and to support social prescribing at local and national levels. The network has developed a Social Prescribing Guideline (2017): Making Sense of Social prescribing http://westminsterresearch.wmin.ac.uk/19629. ; and is currently working on a common outcomes framework which will be published in the Autumn of 2018.

Social prescribing services are currently delivered by 3 lead voluntary sector providers in the city, and 6 GP practices. The 3 schemes were procured by NHS Leeds South and East Clinical Commissioning Group (CCG), NHS Leeds North CCG and NHS Leeds West CCG and are currently contracted until August 2019.

The three schemes in Leeds are run by Connect Well (CW), Connect for Health (CFH) and the Patient Empowerment Project (PEP). Together, the schemes in Leeds receive over 4000 referrals each year.

The current schemes have evaluated well with significant increases in mental wellbeing and self-reported wellbeing, health related quality of life, management of long-term conditions and patient experience. The service is also highly regarded by staff that refer into the service.

In April 2018 the three CCGs in Leeds became NHS Leeds CCG. As part of this change we intend to commission a single citywide social prescribing service model for the city from September 2019 onwards, through which people are supported to access non-medical services in the community.

This engagement seeks to understand service users and staff experience of using social prescribing services in Leeds, and the views of the public and wider stakeholders (voluntary sector organisations, NHS organisations, Adults and Health, etc.). The feedback we receive will help the CCG plan for a future service that meets the needs and preferences of local people.
2. How did we identify and engage with patients?

a. Equality analysis
An equality analysis and engagement plan (available on the website here: https://www.leedsccg.nhs.uk/get-involved/your-views/social-prescribing/) was developed by patients, clinicians and commissioners to ensure that the right people were consulted in the right ways. The equality analysis is a review of the actual or potential effects of services on people who identify with any of the protected characteristics outlined in the Equality Act (https://www.equalityhumanrights.com/en/equality-act/protected-characteristics). This plan helped us identify who we need to engage with and how.

Our equality analysis showed that:
- Social prescribing services are beneficial to people with mental health issues, especially to those experiencing anxiety and depression. In Leeds there are an estimated 106,000 people who experience anxiety and depression.
- People from BME communities are less likely to use the service.
- Currently more women than men use the service.
- There are more referrals from working age adults, older people are less likely to use the service and although Connect for Health (Leeds) accepts referrals from young people 14+ there have been only a small number of referrals from young people.
- There is a gap in information on people with the following protected characteristics:
  - Pregnancy and maternity
  - Religion or belief
  - Marriage and civil partnership
  - LGBTQ.

b. Patient assurance
- Patient Assurance Group (PAG)
The plan was taken to the NHS Leeds Clinical Commissioning Group Patient Assurance Group (PAG). This group is made up of patients and assures the CCG’s governing body that adequate patient involvement has taken place during consultations and engagement.

The PAG agreed that the equality analysis, patient groups and engagement methods outlined in the plan were appropriate and approved the plan. Some members of the PAG offered their suggestions on the survey. Their suggestions were considered in the final design of the survey.

- Patient champions
There are a number of patient champions involved in the social prescribing project. Their role is to monitor the project from an engagement perspective and ensure that the patient experience is being considered in planning and designing of the future services. The social prescribing patient champions agreed that the equality analysis and engagement methods outlined in the plan were appropriate.

c. Involvement of partner organisations
- Voluntary Action Leeds (VAL)
VAL supported our engagement by working with organisations that work with people identified in our equality analysis.
  - Asha Neighbourhood Project
  - Bahar AFG Women’s Group
• Getaway Girls
• The Hunslet Club
• Grandparents Support Group (Kinship Carers)
• Middleton Elderly Aid
• Yorkshire MESMAC.
• TCV Holly bush

These organisations work with some of the seldom heard groups that our equality analysis identified as being less likely to use the social prescribing service (such as people from BME communities, young people, older people, LGBTQ people).

VAL also supported us by promoting the engagement and survey with their partners, through their newsletters, social media platforms and on the Doing Good Leeds website.

• Providers of social prescribing schemes in Leeds
The three providers of social prescribing scheme in Leeds, Connect Well (CW), Connect for Health (CFH) and the Patient Empowerment Project (PEP), supported our engagement by promoting the survey with:
  o their current and previous service users
  o members of staff
  o members of the public on their social media platforms

• Healthwatch supported our engagement by promoting it through their social media platforms.

d. Methods of engagement
We used a survey to engage with current and previous service users, carers, members of the public and members of partner organisations. A draft version of the survey was shared with patient champions, PAG, VAL and Healthwatch. Their suggestions were considered in the final version of the survey.

In addition to the survey we also held three public engagement events where we spoke to local residents about their views on social prescribing. The events took place at:
• Armley One Stop Centre on the 14th May 2018 between 1pm – 3pm
• Reginald Centre Community Hub on the 22nd May 2018 between 10am – 12pm
• Dewsbury Road Community Hub on the 29th May 2018 between 2pm – 4pm

We also promoted the survey widely on our social media platforms, staff bulletins, GP bulletins and with partners at Leeds City Council.
3. Who replied?

In total **603** people contributed to the engagement. We received feedback from:
- Current and previous service users, and their carers;
- Members of the public who have not used the service before;
- Members of partner organisations, which include: members of Patient Participation Groups, professionals who refer into the scheme (GPs, nurses, social care), professionals working for organisations that receive referrals, professionals working for one of the social prescribing schemes, local authority and other wider stakeholders.

![Bar chart showing the number of responses from different groups](chart.png)

For a full breakdown of who responded to our survey please see Appendix A.

To make this report easier to read, we are going to refer to our responders in this engagement report as:
- **Service users** – this will include people who have used the service before and their carers
- **Members of the public** – this will include anyone who hasn’t used the service before
- **Professionals** – this will include any professionals working in primary care, for one of the provider organisations, from voluntary organisations that receive referrals.
4. What did people tell us?
We spoke to
- current and previous social prescribing service users and their carers,
- members of the public who have not used social prescribing services
- professionals (including people who refer into social prescribing services, people who work for social prescribing services and people who receive onward referrals from social prescribing services.

This section of the report outlines what people told us during the engagement.

a. Experience of using the service
We asked service users and professionals to tell us about their experience of social prescribing services in Leeds.

Over 85% of the service users and carers we spoke to told us that they are satisfied or very satisfied with their experience of using the service. They described the service as helpful and friendly. 4% of people told us that they are dissatisfied with their experience.

‘Made me feel better to know I could get help. Friendly, helpful.’

Service users told us that they like the social prescribing service as they feel that they have a choice in their ‘course of treatment’ and are not pressured to make decisions or access services. They also told us that they appreciate being able to see someone face to face in a relaxed and informal environment, without feeling rushed. Service users also valued their link workers and described them as solution focused and providing information that is very helpful. Being able to access home visits was also identified as a positive part of the service.

‘Being able to access services/activities at my pace - not being pressurised to do something don't feel comfortable with.’

‘You get the help you need and can talk to someone about your problems that the GP doesn't have time for.’

‘We have more time to talk than I do with GP and sessions feel more relax’.

‘No pressure, lots of information given for me to choose what support I require. [My worker] was brilliant.’

‘The support worker clearly understood their problem and knew where to go to get help and further advice’

‘Home visits made access very easy.’

Over 85% of professionals think that social prescribing services are beneficial to those referred. Some people (13%) were not sure how beneficial the service was and only 1% told us that social prescribing services are not beneficial.

‘It gives people a chance to talk and opens up opportunities for the individual.’
The majority of professionals we spoke to told us that they like the social prescribing service as it is person centred and offers a holistic support that is tailored to meet individual needs. They also told us that the service encourages people to take responsibility for their own health. Professionals also told us that social prescribing is an excellent alternative to a medical model and reduces pressure on clinical services.

‘Taking the time to understand the whole person, and providing support in a holistic manner rather than medical only.’

‘That it reduces the need for GP appointments, and gives patients appropriate support, when their issues are not medical.’

‘An alternative to medicalising issues and working with someone to manage their own social and health needs.’

Both service users and professionals commended the link workers for their skills and knowledge. The service users describe their link workers as friendly, responsive, helpful and understanding of their needs. They told us they feel that they are being listened to in their sessions. Professionals characterised the link workers as friendly, knowledgeable and non-judgemental. Both service users and professionals also told us that they valued being able to access services quickly and said that the service helps reduce social isolation and supports people to learn new skills and join new activities. Social prescribing services were also seen by service users and professionals as a useful way for people to learn about and access local support services.

‘Prompt, friendly, understanding of individual needs and excellent for signposting to other agencies.’

‘The staff are wonderful - caring and helpful’

‘Referral was speedy, provided an opportunity to discuss a combination of health and personal issues. I was directed to a range of courses and a number of sessions. Benefited greatly from the service’

‘Generally easy to refer, quick response. easy sell to people who sometimes refuse other forms of support that I am offering the client but won't refuse this’

‘The friendliness and taking me to meet new people when I was becoming very withdrawn.’

It is often a way for patients to learn about or engage in activities to break the social isolation’

‘I think its strength lay in making access to support services and groups less confusing and overwhelming.’

‘Accessing 3rd sector agencies we as GP's cannot find/aren't aware of.’
b. **Characteristics of a good service**

We asked people to tell us what they thought would make a good social prescribing service.

The service users, members of the public and professionals we spoke to told us that they would like for the citywide social prescribing service to be **accessible to people from BME communities** and **people with disabilities** and **inclusive** of their needs.

- ‘accessible venues e.g. Wheelchair access, audio & visual accessibility’
- ‘The needs of people with learning disabilities’
- ‘Please don’t forget blind people’
- ‘I am not a user of mainstream services due to my language; therefore info needs to be available everywhere in other languages.’
- ‘Each catchment of Leeds has its own unique demographic, I feel this should be taken into account when planning a new SP service’

People who answered our survey also told us that it is important for the future service to provide **flexible appointments** at different times during the day.

- ‘The opening hours - longer days, including early evening slots. Consider when many people are at work and be available for more hours daily’
- ‘Ensure that there are opportunities for people who work full-time to join groups which meet in the evenings or at weekends’
- ‘Flexible appointments that allow me to care for my mum. Understand of the specific needs of carers. People who would come to me’

People also mentioned that they would like to be able to **refer themselves** without having to go through a GP and to be able to **refer online**.

- ‘Easier to navigate, not needed to see a GP prior to hear/refer to the service, better access, better follow up.’
- ‘Self-referrals should be accepted’
- ‘A system which allows patients to self-refer and manage their own pathway’

People told us that **location of services** and **availability of transport** should be considered in setting up the new services, especially for people in deprived areas.

- ‘Locations, many people who would benefit are not able to travel far for multiple reasons’
- ‘Most BAME people live in poorest areas of Leeds service needs to be in these areas in places we feel safe. You need to put access by BAME people in contract.’
- ‘My daughter is autistic and would benefit from the service, but travel is an issue and times of appointments’
- ‘Transport can be a big barrier for people getting to and from services’
Waiting times was a common concern for the people we spoke to. Members of the public and service users commented that sometimes the **waiting times for referrals and appointments** can be too long and that it is important for the future service to offer quicker access.

> ‘Consider how quick people get referred. Don’t want to be on hold or waiting ages to see someone. Flexible appointments’

Many service users and some members of the public told us that a **follow up contact or service** would be of great benefit to service users.

> ‘More follow up to see if any of this has been of help.’

> ‘Group sessions for continued support.’

Many people we spoke to told us that **advertising and receiving clear information** about what services can provide and how they can be accessed are really important.

> ‘More publicity would help people who are scared to ask for support.’

> ‘Availability of information, as I didn’t know it existed until I needed it for my husband in an emergency situation.’

> ‘Spread knowledge of social prescribing widely so that professionals are aware of what’s available’

> ‘NHS/adult social care workers having an understanding of the role of social prescribing.’

Some professionals suggested that they would like future services to be more **integrated with GP and other services**.

> ‘More integration into other services, more awareness of what is out there, regular representation as part of local cluster discussions and local community hubs - eg in children’s centres’

Members of the public shared with us that it is important that the future service continues to have a **person centred approach** and provide **support that is tailored to meet people’s individual needs**.

> ‘Everyone is very different, so the individual and their needs should be considered.’

Some of the professionals we spoke to mentioned that it is important for social prescribing workers to have a **good local knowledge** of existing services and activities.

> ‘Access to regularly updated information about resources, services, organisations & activities is absolutely essential for social prescribers, enabling them to provide an excellent service for patients’

Some service users shared with us that it would be important to them to receive **longer support**.

> ‘Working with service user for a longer period.’
Some professionals we spoke to mentioned that is important that the current good practice is recognised and included in the future service.

‘The services so far have done a lot of hard work in promoting the service, building up relationships with GP practices and community services and getting to know their local areas. A new service would be best to incorporate all this hard work so far and build on it rather than completely starting a new’

Some professionals we spoke to talked about the importance of a good relationship and communication between the providers of social prescribing schemes and the voluntary sector. They told us that they would like for more voluntary sector organisations to have the opportunity to be involved in the social prescribing scheme. They also mentioned that they would like for the future service to provide more funding for activities.

‘Better communication between social prescribing schemes and the community based services being referred into so that appropriate referrals are made.’

‘Clearer channels for the voluntary sector to promote their services to SPS and regular communication. More SPS staff visiting organisations to learn about them - we’ve only had one or two people actually do this.’

‘Small amounts of funding to allow small third sector organisations to help involve more people.’

‘Social prescribers often suggest activities in the community, however these activities need to be funded somehow. Any social prescribing service should be mindful of capacity within the third sector, faith groups and community groups.’
c. How people want to hear about the service

We asked service users to tell us how they found out about their social prescribing scheme. We also asked people to tell us how we should promote social prescribing services in the future.

The majority of service users (65%) we spoke to told us that they heard about social prescribing scheme through their GP surgery.

The majority of members of the public we spoke to (73.79%) had not heard of social prescribing services before filling in the survey. Of those who’ve heard about it (26.21%) the majority of them learnt about them from a voluntary organisation.
We asked the members of the public how they would like to find out about the future social prescribing services. The majority of them told us that they would like to find out about the service through their GP surgery or from a leaflet.

There were a few suggestions about how members of the public would like to hear about the services, which included:

- email
- leaflets in different languages
- local news
- poster
- information in local libraries,
- supermarkets
- Patient Participation Groups
- places of worship

A few professionals told us that they had not heard of social prescribing services before this engagement.

‘As a foster carer for teenagers and as a council worker who regularly encounters vulnerable adults, I am concerned that I have never heard of this’

A few service users told us that they were not aware that the service they were using was a social prescribing service/part of a social prescribing scheme.

‘I didn’t know it was a social prescribing service.’
**d. What would stop people using the service**

We asked members of the public what might stop them using the service. We also asked the professionals if they encountered any barriers in referring patients into the scheme or receiving referrals.

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<thead>
<tr>
<th>What might stop people using social prescribing services?</th>
<th>No of responses</th>
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<tbody>
<tr>
<td>Long travelling distances (appointments not in the local areas)</td>
<td>112</td>
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<tr>
<td>Availability of appointments (long waiting times/time of appointments)</td>
<td>110</td>
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<tr>
<td>Not being able to refer myself/having to refer through GP</td>
<td>92</td>
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<tr>
<td>Difficulty making an appointment</td>
<td>84</td>
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<tr>
<td>Lack of appropriate transport to the service areas</td>
<td>64</td>
</tr>
<tr>
<td>Feeling that I would be judged</td>
<td>62</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
</tr>
</tbody>
</table>

Other reported reasons that might stop members of the public using the social prescribing service included:

- not having enough information about the service
- services are in areas that are not safe to travel to
- services are not accessible for BME people (language barriers)
- unfriendly staff
- costs implications
- the service not being appropriate.

We asked professionals how easy it is to refer into the social prescribing service. Professionals told us that **some people did not want to be referred** into the service because they did not understand what it could offer or did not like the idea of being 'signposted'.

*‘Patients sometimes are resistant to a referral’*

*‘The patients themselves have been the only barrier I have experienced, mostly because they know very little about the services on offer and they often lack the confidence to make the first step.’*
Another reason why some professionals struggled with referring patients into the schemes was lack of information and clarity around what services can do, how to refer people in or who can be referred. Some people told us that having three different schemes with different referral criteria made referral complicated.

‘Not enough info regarding access and what is available.’

‘It is unclear who we can refer or why or for what.’

‘The three separate schemes' names have not assisted clarity as to who to refer to. Not knowing about them in order to signpost appropriate patients to the services.’

‘Varies across the city, hard to keep up with different offer depending in area.’

‘I think one of the challenges in Leeds is the fact that there are currently three Consortia providing the Social Prescribing service Citywide. These consortia operate in similar ways, but there are differences in both focus and operations, including how and whom from referrals are accepted. From an Adults and Health perspective I think clarification and uniformity of referrals needs to be established - can ASC refer in or not? - but perhaps more importantly how could ASC and Social prescribing work more closely together, as some potential duplication does seem to exist.’

Some people we spoke to reported that they found it difficult to refer people into the schemes due to patients having to meet a certain criteria, such as living in an area or being registered with a GP, or because some GP surgeries are not part of the scheme.

‘Yes, having to have a GP as some people are homeless or asylum seekers or are not accessing GPs for other good reason.’

‘Criteria -some social prescribing projects only take patients from certain areas. ‘

Other people find it difficult to refer people to services due to long waiting lists, especially for mental health services or for services in certain areas where there is a high need for services.

‘Often there are very long waiting lists, especially around mental health’

Some professionals working for organisations that receive referrals told us that they are struggling to receive and accept referrals due to lack of funding for the activities they provide.
e. Assessment of Equality Impact

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a statutory duty. Our equality analysis and engagement plan identified a number of groups we should particularly consider and engage with as a result of this proposed change.

As part of our engagement we spoke to people from these communities, as identified in the equality analysis:

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<tr>
<th>Protected characteristic/group or relevant groups</th>
<th>Positive or negative impacts/issues identified</th>
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| Age                                             | Our equality analysis identified that older people are less likely to use social prescribing services. We spoke to 78 older people (over age 65).  
Older people told us that:  
• Older people who haven’t used the service before heard about the service from voluntary sector organisations (Neighbourhood networks)  
• 65% of older people want to hear about the service via a leaflet  
• Lack of transport is the main reason that would stop older people accessing services.  
• All older people we spoke to who used the service heard about it from their GP.  
Our equality analysis showed that young people are less likely to use the service. We spoke to 30 young people (age 16-25).  
Young people told us that:  
• They would like to find out about the service through social media or voluntary organisations  
• Long waiting times, long travelling distances and not being able to refer themselves would stop them accessing services  
• The young people who used the service before learnt about the service from their GP and Job centre.  
Some young people and professionals told us that they would like for services to be better advertised to young people and have more activities available for young people.  
Some young people did not want to take part in the engagement as they found the survey too long and hard to understand. |
| Disability (Mental Health)                      | Our equality analysis identified that social prescribing services are beneficial to people struggling with anxiety and depression. In Leeds there are an estimated 106,000 people who experience anxiety and depression.  
We spoke to 64 people struggling with mental health issues.  
People with a disability told us that:  
• They prefer to hear about the service from a GP surgery, social media or voluntary organisations  
• Not being able to refer themselves and availability of appointments (long waiting times/time of appointments) would stop them using the service  
• They would like for the future service to support people who are struggling with mental health in their home and to offer them support to attend the meetings. |
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<th>Protected characteristic/group or relevant groups</th>
<th>Positive or negative impacts/issues identified</th>
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<td><strong>Ethnicity</strong></td>
<td>Our equality analysis identified that people from BME groups are less likely to use the service. We spoke to 134 people from a range of BME groups (please see appendix B for a breakdown of all BME groups we spoke to). We recognised that the BME groups include many ethnicities, each of them with unique characteristics. Where there were similarities in answers we grouped the answers together and refer to responders as BME groups to avoid repetition. We only mention specific groups where their answers significantly differ from other BME groups. The majority of answers from BME communities were consistent with the views of the larger public. However, there were some distinctive answers that are important to mention. They told us that:</td>
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<td>• The majority of BME people who have not used the service before heard about it from voluntary organisations</td>
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<td>• The majority would like to find out about services from their GP, however some mentioned Asha Neighbourhood project, pharmacies, places of worship, leaflets and letters in different languages.</td>
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<td></td>
<td>• Availability of appointments, long travelling distances and not being able to refer themselves would stop people accessing services</td>
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<td>• Some suggested that the future service should include translators or interpreter support</td>
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<td>• A small number of people suggested that future services are sympathetic to the needs of different genders, for example enabling service users to access a worker of the same sex</td>
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<td>• Some professionals suggested that bilingual staff working with community leaders and ensuring that services are accessible to the BME groups are important</td>
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<td>• Some mentioned that not being safe for BME to travel to appointments and not having female workers and language would stop them using the service.</td>
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<tr>
<td></td>
<td>• The majority of Asian and Asian British Indian people would like to hear about the service via a leaflet</td>
</tr>
<tr>
<td></td>
<td>• For the majority of Asian and Asian British Indian people difficulty in making an appointment would deter them to access services. For a small minority not being able to have a worker of their own gender would stop them using the service.</td>
</tr>
<tr>
<td></td>
<td>For the majority of Asian and Asian British Pakistani people long travelling distances would stop them using the service</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Our equality analysis identified that men are less likely to use the service. We spoke to 126 men. They told us that:</td>
</tr>
<tr>
<td></td>
<td>• The majority of men heard about the service from a voluntary sector organisation</td>
</tr>
<tr>
<td></td>
<td>• The majority of men would like to hear about the future service from their GP or via a leaflet</td>
</tr>
<tr>
<td></td>
<td>• Availability of appointments, long travelling distances and not being able to refer themselves would stop men accessing services.</td>
</tr>
<tr>
<td></td>
<td>Our equality analysis identified a gap in information on how services affect non-binary people. We spoke with 4 people who identified themselves as non-binary, due to the low number of responses we cannot draw any conclusion about how non binary people</td>
</tr>
<tr>
<td>Protected characteristic/group or relevant groups</td>
<td>Positive or negative impacts/issues identified</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>access social prescribing services. The 4 responses we received were consistent with the views of the wider public.</td>
<td></td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>Our equality analysis identified a gap in information on how services affect transgender people.</td>
</tr>
<tr>
<td>We spoke to 51 people who identified themselves as having a gender identity different to the sex they were assumed to be at birth. We are aware that the question related to gender reassignment in our equality monitoring form is not very clear therefore it is possible that not all 51 people who answered yes to our question are transgender. We are currently working with our equality and diversity lead to improve our equality monitoring form to avoid this in our future engagements.</td>
<td></td>
</tr>
<tr>
<td>The majority of answers from people who identified themselves as transgender were consistent with the views of the larger public. However, there were some distinctive answers that are important to mention.</td>
<td></td>
</tr>
<tr>
<td>• The majority of members of the public who identified themselves as transgender heard about the service from a voluntary organisation.</td>
<td></td>
</tr>
<tr>
<td>• The majority of people who identified themselves as transgender would like to find out about the social prescribing service through their GP, voluntary organisation or web search.</td>
<td></td>
</tr>
<tr>
<td>• Some people who identified themselves as transgender told us that the new social prescribing service need to consider the needs of the LGBTQ community.</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td>Our equality analysis identified a gap in information on how services affect LGBQ people.</td>
</tr>
<tr>
<td>We spoke to 38 people from the LGBQ community who shared their views through the survey.</td>
<td></td>
</tr>
<tr>
<td>The majority of answers from LGBQ community groups were consistent with the views of the larger public. However, there were some distinctive answers that are important to mention.</td>
<td></td>
</tr>
<tr>
<td>People from LGBQ community told us:</td>
<td></td>
</tr>
<tr>
<td>• The majority would like to find out about the social prescribing service through their GP, social media or a leaflet.</td>
<td></td>
</tr>
<tr>
<td>• The main reasons stopping them to access services are availability of appointments, long travelling distances and not being able to refer themselves.</td>
<td></td>
</tr>
<tr>
<td>• Many people from the LGBQ community told us that the new social prescribing service needs to consider the needs of marginalised groups, in particular the needs of the LGBTQ community.</td>
<td></td>
</tr>
<tr>
<td>Pregnancy/Maternity</td>
<td>Our equality analysis identified a gap in information on how services affect women that are pregnant or have given birth in the last 26 months.</td>
</tr>
<tr>
<td>We spoke with 4 women who were pregnant at the time they completed the survey. Due to the low number of responses we cannot draw any conclusion about how women that are pregnant or have given birth in the last 26 months access social prescribing services. The 4 responses we received were consistent with the views of the wider public.</td>
<td></td>
</tr>
<tr>
<td>Protected characteristic/group or relevant groups</td>
<td>Positive or negative impacts/issues identified</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Religion and belief</td>
<td>Our equality analysis identified a gap in information on how services affect people belonging to a religion or a belief.</td>
</tr>
<tr>
<td></td>
<td>We spoke to <strong>270</strong> people who relate to a religion or belief. (please see appendix B for more information about the different religious groups we engaged with). We recognised that religious groups include many different beliefs, each with unique characteristics. Where there were similarities in answers we grouped the answers together and refer to responders as religious groups to avoid repetition. We only mention specific groups where their answers significantly differ from other religious groups.</td>
</tr>
<tr>
<td></td>
<td>In general the answers from religious groups were consistent with the views of the larger public. However, there were some distinctive answers that are important to mention.</td>
</tr>
<tr>
<td></td>
<td>The majority of people who identify themselves as religious told us:</td>
</tr>
<tr>
<td></td>
<td>- That they would like to find out about social prescribing from a leaflet and their GP</td>
</tr>
<tr>
<td></td>
<td>- The majority of them also told us that long travelling distances and availability of appointment would stop them access the service</td>
</tr>
<tr>
<td></td>
<td>- All people who identified themselves as Sikh told us that not being able to refer themselves would stop them using the service</td>
</tr>
<tr>
<td></td>
<td>- The majority of Muslim people we spoke to told us that they prefer to hear about the service from a voluntary organisation or from their GP</td>
</tr>
<tr>
<td></td>
<td>- Some Muslim people told us that they would like gender specific services</td>
</tr>
<tr>
<td></td>
<td>- The majority members of the public who identify themselves as Christian heard about the service from a voluntary organisation.</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>Our equality analysis identified a gap in information on how services affect people who are married or in civil partnership.</td>
</tr>
<tr>
<td></td>
<td>We spoke with <strong>199</strong> people who were either married or in a civil partnership who shared their views through the survey. Their responses were consistent with the views of the wider public.</td>
</tr>
<tr>
<td>Deprivation</td>
<td>We identified the deprived areas of Leeds with the help of the Leeds Economy Briefing Paper report published by Leeds City Council in 2015. <a href="https://www.leeds.gov.uk/docs/BN62%20Index%20of%20Deprivation%202015.pdf">https://www.leeds.gov.uk/docs/BN62%20Index%20of%20Deprivation%202015.pdf</a></td>
</tr>
<tr>
<td></td>
<td>The areas of Leeds identified by the report as being the most deprived are: LS7, LS8, LS9, LS10, LS11 and LS14</td>
</tr>
<tr>
<td></td>
<td>We spoke to <strong>204</strong> people from the identified deprived areas. In general the answers from people from these areas were consistent with the views of the larger public. However, there were some distinctive answers that are important to mention.</td>
</tr>
<tr>
<td></td>
<td>- The majority of people who live in the LS8 postcode area would like to hear about the future social prescribing service through a voluntary organisation.</td>
</tr>
</tbody>
</table>
|                                                 | - 71% of the people who live in the LS9 postcode area would be prevented to use the social prescribing service if the feel that they could be judged
5. What are the key themes and recommendations from the feedback?

We identified the key themes from patient feedback and have made a series of recommendations to our commissioners.

<table>
<thead>
<tr>
<th>Themes identified</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 85% of service users and professionals like the social prescribing service and think it is beneficial to those using the service.</td>
<td>Share the feedback about existing social prescribing services with providers and build on existing good practice</td>
</tr>
<tr>
<td>The majority of service users and professionals commended the social prescribing staff, describing them as friendly, knowledgeable and non-judgemental.</td>
<td>Ensure that future services are accessible, especially to seldom heard groups such as people with a learning disability, BME and LGBTQ communities. This might include:</td>
</tr>
<tr>
<td>Some professionals told us that it is important that the future service recognises and incorporates the existing good practice of current services.</td>
<td>- Providing information and services in different languages.</td>
</tr>
<tr>
<td>The majority of people we spoke to stress the importance of having an accessible and inclusive social prescribing service that would meet the needs of people with disabilities, especially those with a learning disability, and BME and LGBTQ communities</td>
<td>- Service users have access to a worker of the same sex when requested</td>
</tr>
<tr>
<td></td>
<td>- Provide services that are accessible to people with disabilities including those with a learning disability.</td>
</tr>
<tr>
<td>The majority of people we spoke to would like the future service to provide flexible appointments, especially in the evening and weekends for people who work</td>
<td>Provide a service that is accessible outside traditional working hours</td>
</tr>
<tr>
<td>Being able to self-refer or refer online is really important to the majority of people we spoke to, especially to people from BME groups, LGBTQ groups, young people and people struggling with their mental health.</td>
<td>Enable people to self-refer into social prescribing services in a variety of ways, including online.</td>
</tr>
<tr>
<td>Being able to access local services or having good transport links to services is important to the majority of people we spoke to, especially to older people.</td>
<td>Support service users by providing local services or services which are easy and safe to access by public transport</td>
</tr>
</tbody>
</table>
- **Good advertising and clear information** about what services can provide and how they can be accessed is important for the majority of people we spoke to.

- The majority of members of the public told us that they would like to find out about the social prescribing **service from their GP or via a leaflet**.

- Many people from BME groups highlighted the need of having **information available in a range of local languages and translators** available to support people who don’t speak English to access services.

- Members of the public shared with us that they would like for the future service to continue to have a **person-centred approach**.

  - Some members of the public and service users told us that they would like for the social prescribing service to provide a **follow up service** or contact, such as support groups or mentorship.

  - Some service users told us that they would need **support for a longer time** than is currently provided.

- For some professionals **good relationships and communication** between providers of social prescribing services and the voluntary sector is really important.

  - Professionals and members of the public told us that they would like more **voluntary sector organisations** to have the opportunity to be involved in the social prescribing scheme.

  - Some professionals told us that it is important that some **funding** is allocated to charities that provide activities for service users.

  | Ensure services are promoted with patients and professionals across the city, using appropriate and accessible literature. |
  | Maintain a person-centred service that works with people to support them with their health and wellbeing. This might mean providing a service that is mindful of patients long term support needs. |
  | Be mindful of capacity and funding issues in the third sector and develop a service that creates strong relationships with the wider VCFS. |
6. How will we feed back and continue to involve patients and the public in the development of this project?

The report will be shared with all the people involved in the project. The report will also be included in our next e-newsletter, which is sent out to patients, carers, the public and voluntary, community and faith sector services. We will also share the report with organisations involved in the engagement. The report will also be available on our website here: https://www.leedsccg.nhs.uk/get-involved/your-views/social-prescribing/

The project team will use the report and recommendations to shape the future citywide social prescribing service model. The project team will be supported by Social Prescribing Patient Champions and CCG volunteers who will use the report to champion the needs and preferences of local people. Social Prescribing Champions and CCG volunteers will support the development of the social prescribing service specification and be involved throughout the commissioning process.

The website will be updated to outline how the project team have used people’s feedback to design the new service. We will also outline how we have used people’s feedback in the CCG Annual review of Engagement 2018-19.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.
Feedback was received from the following groups:

- Current service users of social prescribing services: 42 responses
- Previous service users of social prescribing services: 38 responses
- Carers of service users of a social prescribing service: 11 responses
- Members of the public who haven't used the social prescribing service before: 219 responses
- Members of Patient Participation Group: 7 responses
- Professionals who refer into the social prescribing scheme (GP, nurse, social care, etc): 76 responses
- Professionals from organisations that receive referrals from the social prescribing scheme: 38 responses
- Wider stakeholder (voluntary sector organisations, NHS organisations, Adults and Health, other): 95 responses
- No information (people who completed the survey but did not identify themselves with any of the options provided): 48 responses

We received 89 responses from people who used or are using a social prescribing service or their carers. Of these:

- 35 responses were received from Connect for Health (CFH) service users or carers;
- 10 responses were received from Connect Well (CW) service users or carers;
- 33 responses were received from Patient Empowerment Project (PEP) services;
- 11 responses did not mention any of the schemes.
Appendix B – Detail about the people who were involved

We want our events to be attended by a representative section of our population. When we ask people to get involved we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information we will work hard at future events to invite people from under-represented communities. Patients are able to opt out of giving personal information.

Equality monitoring responses

Postcode districts
### Ethnicity

- Arab: 6
- Asian, or Asian British Bangladeshi: 22
- Asian, or Asian British Indian: 11
- Asian, or Asian British Pakistani: 16
- Black, or Black British African: 11
- Black, or Black British Caribbean: 5
- Chinese: 2
- Gypsy and Irish Traveller: 2
- Mixed White and Asian: 6
- Mixed White and Black African: 1
- Mixed White and Black Caribbean: 8
- No information: 96
- Other: 28
- Prefer not to say: 13
- White British: 335
- White Irish: 7

### Religion

- Buddhism: 3
- Christianity: 200
- Hinduism: 3
- Islam: 56
- Judaism: 3
- Sikhism: 6
- No religion: 142
- Prefer not to say: 23
- Other: 26
- No information: 2
We are aware that the question related to gender reassignment in our equality monitoring form is not very clear, therefore it is possible that not all 51 people who answered yes to our question are transgender.

*People whose gender identity is different to the sex they were assumed to be at birth*

- Yes: 9%
- No: 69%
- Prefer not to say: 2%
- No information: 20%

*Pregnancy and maternity*

- Yes: 1%
- No information: 26%
- No: 73%
### Sexuality

<table>
<thead>
<tr>
<th>Category</th>
<th>No of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual (both sexes)</td>
<td>19</td>
</tr>
<tr>
<td>Gay man (same sex)</td>
<td>8</td>
</tr>
<tr>
<td>Heterosexual/Straight (opposite sex)</td>
<td>393</td>
</tr>
<tr>
<td>Lesbian/Gay woman (same sex)</td>
<td>11</td>
</tr>
<tr>
<td>No information</td>
<td>108</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>22</td>
</tr>
</tbody>
</table>

### Relationship status

<table>
<thead>
<tr>
<th>Status</th>
<th>No of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married/civil partnership</td>
<td>199</td>
</tr>
<tr>
<td>Live with partner</td>
<td>43</td>
</tr>
<tr>
<td>Single</td>
<td>130</td>
</tr>
<tr>
<td>Widowed</td>
<td>36</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td>No information</td>
<td>104</td>
</tr>
</tbody>
</table>

### Carer

- Yes: 14%
- No information: 20%
- Prefer not to say: 1%
- No: 65%
Alternative formats

An electronic version of this report is available on our website at https://www.leedscgg.nhs.uk/get-involved/your-views/social-prescribing/ or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: 0113 84 35470 or by email: andra.szabo@nhs.net

Further information

If you would like any more information about this project, please contact:
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tel: 0113 84 35442
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