Social prescribing service engagement – you said we did

You said (Recommendations)		We did (What did the commissioning team do?)
Information	Ensure services **are promoted** with patients and professionals across the city, using appropriate and accessible literature. The information should include what services can provide and how they can be accessed.	• Before the new contract starts the new providers will need to engage with the public and key stakeholders to identify a name for the service that will be easily understood by the public • A marketing and promotion exercise will be undertaken to identify where the service needs to be promoted (this will include areas such as job centres, one stop shops, food backs, hospitals, etc) • The provider is expected to produce a leaflet in line with the accessible information standard • The use of technology to deliver and promote the service will also be expected
Accessibility	**Location** • Support service users by providing **local services** or **services which are easy and safe to access by public transport**	• Social prescribing clinics will be provided in GP localities working out of practices or locality hubs. • Based on the locality need the service could be co-located with other services if appropriate • Home visits will be available for people who are housebound.
	Opening times • Provide a service that is **accessible outside traditional working hours**	• The service provider is expected to deliver a minimum 6 days per week service, this to include a weekend and early evening • The weekend and out-of-hours operating times to be agreed with the GP locality and CCG according to the local population needs
	Referral • Enable people to **self-refer** into social prescribing services in a variety of ways,	• Self-referrals will be actively encouraged and supported • The service will be expected to align with the developing Digital platforms for care delivery and explore innovative

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	including online.	approaches to support increased referrals

	Communication and relationship with third sector
	
	• Be mindful of capacity and funding issues in the third sector and develop a service that creates strong relationships with the wider voluntary community and faith sector (VCFS)
		• We aim to continue to understand the service's impact on the community and third sector groups;
		  ○ The service provider is expected to regularly assess impact of referrals on local third sector and community providers
		  ○ As part of the Common Outcomes framework developed by NHS England in partnership with key stakeholders, we are expected to report regularly on the impact of referrals on the community and third sector groups. https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf
		
		• The social prescribing wellbeing coordinators will also be expected to provide feedback on key reasons for referrals to identify local population need. Based on these needs we expect the service provider to support the development of self-sustaining community groups covering a range of activities representing people's wishes; e.g singing, walking and gardening groups.

Quality of service	**Person-centred service** • 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.	• The service users will receive an assessment and support from Wellbeing Co-ordinator (WBC) to co-produce a personalised plan **focused on what is most important to them**. Links to community services and support will be made as jointly identified, as well as looking at non-service based solutions. • The service is expected to provide different levels of support. The level of support will be led by the person. Most

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		often the WBC's will work with people to provide holistic support over a 1- 3 month period/ or up 12 sessions.
	Build on good practice • Share the feedback about existing social prescribing services with providers and build on existing good practice	Feedback was shared with the providing and has informed the new specification.
Equality of access- improving access and providing services for people with diverse needs	Ensure that future **services are accessible**, especially to seldom heard groups such as people with a learning disability, BAME and LGBTQ communities. This might include: • Providing information and services in different languages. • Service users have access to a worker of the same sex when requested • Provide services that are accessible to people with disabilities including those with a learning disability.	The service provider is expected to: • deliver an accessible and culturally appropriate service • deliver the service and health information in the main languages spoken within NHS Leeds CCG area and offer translators / language line are provided as appropriate to support people to access the service • to meet the requirements of the Accessible Information Standard, which is of particular relevance to individuals who are blind, deaf, deafblind and/or who have a learning disability, although it will support anyone with information or communication needs including those relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate. • provide or offer training opportunities for Wellbeing Co-ordinators to be confident in working with diverse or more marginalised communities: for example, LGBT, BAME, and vulnerable populations including people with Learning Disabilities and Older People; and increasing WBC knowledge on specific topic areas (e.g. housing, addiction, mental health). • produce an annual report on how the service has applied the requirements of the Equality Act 2010

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		• to explore appropriate scales where SWEMWB scale is not validated for particular groups, for example – people with learning difficulties, dementia or communication difficulties
		• to report on detailed demographic data on service users referred including migrant access
		• to employ Wellbeing Co-ordinators with a knowledge and understanding of:
		  ○ Health inequalities and the wider determinants of health, including for example, Dahlgren and Whitehead's Social Determinants of Health model.
		  ○ Diverse communities – models of vulnerability
		  ○ Knowledge of local communities and new and emerging community cultures
		
		The service will also focus on supporting people living in areas of high deprivation as identified in the Index of Multiple Deprivation (IMD).