Healthwatch Enfield 2020 Annual Conference

"The Changing Shape of Health Services in Enfield"

Key messages for Post-Covid service planning

Healthwatch Enfield Annual Conference, March 4th, 2020

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Executive Summary

The 2020 Healthwatch Enfield Annual Conference focused on the impact for residents of **Primary Care Networks** and **Social Prescribing**, two recent changes to service provision for Health and Social Care. It was held just before the lockdown came into force. Despite emerging worries about whether it was safe to come to the conference at that time, there were 150 attendees who wanted to understand more about how health care works. We are grateful to commissioners, primary and secondary care providers and social prescribers for supporting the conference and explaining the current system. Feedback was gathered through round table styled workshop discussions.

Participants highlighted the need:

- to involve and engage with communities in developing new services
- to provide clear information accessible to all communities, including those with hearing, sight impairment and speakers of other languages
- to ensure that changes do not disproportionately affect BAME and vulnerable patients
- to share resources across the system particularly with the voluntary sector
- to ensure that digital information was shared across the systems to support continuity of care

> *"A thought: information to residents explaining the changes - eg may not see GP but this suits you better"*
>
> *"I am not digital savvy will I miss out?"*
>
> *"Info not explained clearly enough and adds to more confusion"*
>
> *"In an ideal world with appropriate funding could be just what we need"*
>
> *"As well as money following patient, to ensure that services exist for the patient to choose from, there needs to be basic, funding to ensure the VCS services exist for patients to choose from."*

We also asked for suggestions on how these new services could be improved. The participants struggled because they felt that they lacked knowledge of the changing systems and therefore contributed their own questions and suggestions. The main request was improved information and communication. They had some interesting insights:

> *"You need genuine engagement of local people so you can develop services and support that will really reflect what different local communities need and what will work for them. E.g. will cooking classes work for them and if not, what would?"*
>
> *"Get more of a community vibe (wider perspective) not just what's in it for me? share the word/support"*
>
> *"Genuine engagement should be the community discussing ideas - not just choosing from a set of options provided by a professional. Trusts need to make this community*

> *investment to be able to develop programmes that will work on a long-term basis and lead to real changes in lifestyle and health”*
>
> *“Employ local people to provide/support eg local smoking cessation services - those local people are much better able to go around and recruit local volunteers to support others and to get the message out there.”*

The detailed findings are set out in this report. The next steps should be to ensure continued involvement of communities. Since the conference and the emergence of Covid-19, services already going through a significant change have had to implement additional new ways of working, to keep communities and healthcare staff safe.

Our communities appear to be keen to understand service changes so that they can make best use of services and receive health and care in a timely way. Given their interest and support, it is important to ensure that patient voices are heard at this post Covid-19 time, and that new ways of working are informed by the views and priorities of Enfield communities.

Recommendations for health and care service commissioners:

1. The involvement of communities in shaping the design of services will help to ensure services are accessible and reduce inequalities.
2. Clear, jargon free, easily ‘accessible for all’, information about services should be made available in various formats such as Easy Read, and key languages. These should cover proposed services changes, new ways of working:
    - Primary Care Networks: what they are and how they work
    - Social Prescribing: providing information on the role of link workers and what services they are able to refer to
3. Health and social care services, as well as the voluntary and community sector should work together to promote this information as widely as possible in the borough.
4. Primary Care Networks should further increase their community engagement, actively involving members of the community and acting on the feedback that is gathered.

> *“Good to hear what’s going on and be more knowledgeable. be better connected, here you can talk things through communication concerns.”*
>
> *“Realisation that the community need to work together for support NHS and vice versa”*
>
> *“People will need to have clear understanding of how the process works”*

We think that this feedback should be taken into consideration in the current work around the ‘recovery phase’ and the ‘new normal’ ways of working, following the Covid-19 pandemic. Community insights and feedback feel even more relevant today.

Introduction

Healthwatch Enfield exists to ensure that patients and the public are at the heart of service delivery and improvement across the NHS and social care services.

We aim to amplify the voice of the local population in key issues that affect their use of health and social care services and provide accessible up-to-date information.

Every year, Healthwatch Enfield holds an annual conference for local people and stakeholders to get together and share information, ideas and experiences to improve local services. This year's annual conference focused on the changing shape of health services in Enfield with a focus on Primary Care Networks (PCNs) and social prescribing. It was a useful opportunity to test local people's understanding of recent changes.

Given the current pandemic and the necessary and urgent implementation of new ways of delivering service, key messages from the conference should be considered when evaluating and embedding these changes in the post Covid-19 'recovery phase' and onwards.

Over 150 residents of Enfield and local stakeholders gathered to discuss how the changes in the organisation of health and social care services would impact them and give their feedback. The conference was divided in two parts:

1. An introduction to Primary Care Networks and social prescribing, followed by workshops with a focus on Primary Care Networks in one and social prescribing in the other. This gave attendees the opportunity to discuss how these changes impact on them and how they access care. In addition to they were able to give feedback on how they thought they could be more involved in these changes, with an opportunity to raise any questions they had.
2. An update from local hospital trusts on how Primary Care Networks/social prescribing can support their work, as well as an update from Public Health Enfield on and how Primary Care Networks can support local people to stay healthy. Another workshop followed, to discuss what these changes mean to local people, in what ways they can be involved in these changes, and an opportunity to raise any concerns they have.

This report aims to provide a summary of the feedback collected during the workshops with recommendations on how this feedback can be utilised by local organisations in planning service developments during the 'recovery phase'.

Background

‘As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years’ time we have a service fit for the future’[1]. The NHS Long Term Plan was set up to ensure that the NHS is able to evolve and meet these changes in a sustainable way. Part of the NHS Long Term Plan’s aim is to alleviate the current pressure on existing health and social care services, encourage self-care and a better integration of health and social care by developing links with community services.

The NHS Long Term Plan laid out many changes in the organisation of services, which included asking that Clinical Commissioning Groups[2] be part of local Primary Care Networks and introduced social prescribing.

Primary Care Networks consist of ‘groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations’[3]

Social prescribing is a way for people to get support by being referred to ‘link workers’ who will connect them to community groups and statutory services. This is to encourage a ‘holistic approach to people’s health and wellbeing’[4].

These two aspects of the health and social care system have a specific focus on the involvement of the community in supporting individual’s wellbeing. It is important to engage with local people both to discuss these changes and how they felt they would be impacted, and to gather their feedback on what can be done to make sure these changes are effective and adapted to the needs of Enfield people.

Since the outbreak of the Covid-19 pandemic, this feedback is more valid than ever, and should be taken into consideration when planning and developing services further.

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[1] NHS website [Accessed 13/05/2020]

[2] Clinical Commissioning Groups are the organisations responsible for the ‘planning and provision of health care services of their local area’ NHS Clinical Commissioners website [Accessed 11/05/2020]

[3] Healthwatch Enfield Annual Conference slides p.20 [Accessed 7/05/2020]

[4] NHS website [Accessed 7/05/2020]

Findings

The workshops conducted at our annual conference were aimed at identifying local people's understanding of the changes in the health and social care system, in particular, Primary Care Networks and social prescribing. We also sought to explore how these changes would impact people in the community and what they thought should be done, in order for these changes to work for them.

From the feedback three overarching themes emerged throughout the workshops:

- Increase community involvement and awareness
- Provide accessible and inclusive information
- Questions and concerns around the funding of the changes in health and social care services and pressure on the voluntary sector

1. Increase awareness of existing services and community involvement

It was agreed that there was a lack of awareness of both social prescribing and Primary Care Networks and how this would improve services to patients. This also raised the question of how the services referred to, would cope with increasing demand.

> *"Raise awareness of what social groups are available"*
> *"Better awareness of the services provided"*
> *"Knowledge of other services, not just A+E"*
> *"How will existing services cope and manage the influx/increase?"*

Most of the feedback we collected concentrated around the need to increase community involvement. This was looked at in various angles: it was thought that the reorganisation into Primary Care Networks and the introduction of social prescribing could help increase community involvement. It was stated repeatedly that there was little awareness of these changes within the community and that there had been little engagement i.e. asking people what they wanted and that this was key to making these changes relevant and efficient.

> *"Networking: more vibrant about it."*
> *"Take part in more community groups. Council meetings."*
> *"Volunteer, engaging with neighbours"*
> *"The community need to have a sense of responsibility when obtaining and looking for information- not just relying on the information falling on our laps"*
> *"Patient participation groups to learn more"*

As the role of a 'link worker' is defined as "to connect people to community groups and statutory services for practical and emotional support"[5], suggestions were made as to which services or groups could utilise social prescribing.

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[5] NHS website [Accessed 21/04/2020]

> *“Elsing Estate. Turkey St - building a new community centre to meet huge needs- funded by Methodist church. Want to use local people's stalls - hope to tap into social prescribing e.g. by providing services or having services provided by others there to help local people. We’ll especially like to see inter-generational work.”*
> *“Free gardening area behind John Wilkes house could be used be social prescribing.”*
> *“"men in sheds" might be good for Enfield can be used by social prescribing. can bring young and old together”*

2. Provide accessible and inclusive information

The second main theme that emerged from these workshops was the need for accessible and inclusive information to be shared widely in the borough. This would be necessary to increase people’s involvement in the community.

It was suggested that information from services and support groups should systematically be up to date and ready to share, well communicated between services. There was an emphasis on the availability of interpreters (whether British Sign Language or foreign languages) when accessing care.

> *“Patient may have a real problem that is misunderstood if interpreting is not in place”*
> *“Make information more accessible. publication. more inclusive”*
> *“Clearer language. Less jargon.”*
> *“Multilingual Engagement Information”*
> *“Voluntary organisations working together to inform local community”*

3. Questions around funding of these changes

The question of funding was raised consistently throughout the workshops. As primary care services and social prescribing aim to link individuals with existing services in the community, there were concerns that these in turn would not be sufficiently funded to cope with an increasing demand.

> *“In an ideal world with appropriate funding could be just what we need”*
> *“As well as money following patient, to ensure that services exist for the patient to choose from, there needs to be basic, funding to ensure the VCS[6] services exist for patients to choose from.”*

Concerns identified for:

Primary Care Networks:

- **Continuity of care/accessibility:** the feedback we gathered showed there was some uncertainty as to how Primary Care Networks would affect accessibility and continuity of care: there was worry around health professionals changing from one appointment to another and that detailed knowledge on medical history and established relationships with GPs might suffer from the new organisation of Primary Care Networks.

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[6] VCS: Voluntary and Community Sectors

"GPs becoming consultant being pulled away from day to day work patients"
"May not be able to see my GP"

There was also concern around communication links between different healthcare professionals and that Primary Care Networks could make access to appointments with GPs more difficult, adding processes such as screening before appointments or increasing waiting times.

"Longer waiting time see GP"
"A different kind of continuity of care could impact on the quality of care. Will GPs have time to look back through history of notes for new patients?"
"Pharmacy: is there a link to GP, referral link or follow up?"

- **Exclusion of vulnerable groups:** There were concerns that the increased use of new technologies and digital tools in access to healthcare could exclude certain groups in the community, such as those who are unable to use technology or those who are unable to access technology. Language and disability barriers need to be overcome.

  "Older people could be directly excluded."
  "I am not digital savvy will I miss out?"

  It was thought that referring individuals to different services rather than reverting automatically to GP consultations might discourage certain groups from accessing the care they need, making the system confusing for those who are still unsure about how to access health services.

  "Loneliness, need coaxing to use other services

  There were also some concerns regarding access to British Sign Language (BSL) interpreters for appointments.

  "Refusing to book interpreters sign video not booked working"

Social prescribing:

- **Defining the role of link workers:** one of the most prominent themes in the feedback we gathered on social prescribing was around the lack of clarity of the role of link workers. There was confusion as to how this new role would be different to social work, where the limits to link workers' capacity was, and what training they would have.

  "A thought: information to residents explaining the changes - eg may not see GP but this suits you better"
  "Definition & promoting - role of SP -engagement-clarity of role - define what SP does?"
  "More clear information in 'no jargon' format for residents and the lay person"
  "Multilingual Engagement Information"

- **Implementing social prescribing:** as well as a desire to better understand the role of link workers, there were questions around when and how social prescribing would be implemented, such as: what the process for referrals would be, what targets link workers would have or who they would be working with.

Although these were the overarching themes that were clearly visible when looking at the feedback from the workshops, additional comments and concerns were raised:

- **Encourage self-care:** some individuals expressed that social prescribing would reinforce self-care and encourage people in the community to become more active, giving individuals more responsibility for their own health.

  “More responsibility for our own health + wellbeing”
  “Greater emphasis on self-care”
  “Social Prescribing very beneficial - supportive self-care”

- **Develop technology use:** it was suggested that developing use of new technologies would be beneficial to improve access to care. A “Directory of Services” identifying community groups and services in the borough is a useful tool, if kept updated and accurate.
  However, the use of technology in health and social care raised the question of digital exclusion. A proposed solution was to involve schools in working with older people to ensure they are able to access services through technology.

  “Schools involved with older people for tech education”

- **Improve health and social care integration:** the feedback we gathered referred to the need to ensure that health and social care be joined up, enabling effective health and social care integration.

  “More joined up care”
  “Integration needs to work better”
  “Health and social care integration? CCG/LA/PCN[7]”
  “Social care + health joining up properly.”

- **Encourage prevention and early intervention through education:** it was also suggested that earlier intervention through education could help people take responsibility of their health and improve health prevention.

  “Education for the public. Prevention better than cure: how to explain situation plans”
  “Need earlier intervention for e.g. healthy eating from age 5/with schools”
  “Education such as cheap fruit and vegetable available. Cooking classes for parents, awareness of hidden sugar”

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[7] CCG: Clinical Commissioning Group; LA: Local Authority; PCN: Primary Care Network

Recommendations

Following the feedback gathered at the 2020 Healthwatch Enfield Annual Conference, our recommendations for health and care service commissioners are that:

1. The involvement of communities in shaping the design of services will help to ensure services are accessible and reduce inequalities.

2. Clear, jargon free, easily ‘accessible for all’, information about services should be made available in various formats such as Easy Read, and key languages. These should cover proposed services changes, new ways of working:

    - Primary Care Networks: what they are and how they work
    - Social Prescribing: providing information on the role of link workers and what services they are able to refer to

3. Health and social care services as well as the voluntary and community sector, should work together to promote this information as widely as possible in the borough

4. Primary Care Networks should further increase their community engagement, actively involving members of the community and acting on the feedback that is gathered

This is more important than ever, given the current climate, so that we can ensure that communities are fully engaged and understand the benefits of new service developments and how they access these effectively, in a fast-changing environment.

Appendix 1 - Workshop 1 – Primary care networks

Please note the workshop was organised into 10 tables with one scribe. The feedback is therefore presented by table.

How will it impact me?

Conference attendees raised three main concerns relating to how they thought primary care networks would impact them.

- **Continuity of care**

1 in 4 instances of feedback (25%) raised concerns about the continuity of care in primary care networks. Individuals were worried about health professionals changing from one appointment to another and that detailed knowledge on medical history and established relationships with GPs might suffer from the new organisation of Primary Care Networks.

There was also concern that there would not be adequate communication between different healthcare professionals.

> *"a different kind of continuity of care could impact on the quality of care. will GPs have time to look back through history of notes for new patients?"*
>
> *"people, especially elderly, who have been visiting same GP for years then having to be seen by someone else. Have to travel elsewhere transport. Long-term conditions being managed by multiple individuals GPs."*
>
> *"Pharmacy: is there a link to GP, referral link or follow up?"*

- **Accessibility of care**

1 in 5 instances of feedback (21%) concentrated on the accessibility of care through Primary Care Networks

Of these, 1 in 3 (33%) thought that Primary Care Networks would increase accessibility of care, by providing more options.

> *"more access options"*

The rest suggested that Primary Care Networks could make access to appointments with GPs harder, adding processes such as screening before appointments and/or increasing waiting times.

> *"GPs becoming consultant being pulled away from day to day work patients"*
> *"May not be able to see my GP"*
> *"Longer waiting time see GP"*
> *"What to expect as the patient ie will there be questions like screening before being given an appointment?"*

- **Exclusion of vulnerable groups**

Individuals expressed concerns that primary care networks in Enfield could increase exclusion of vulnerable groups (11% of instances of feedback collected). There were concerns that the increased use of new technologies and digital tools in access to healthcare could exclude certain groups in the community, such as those who are unable to use technology or those who are unable to access technology.

> *"Older people could be directly excluded."*
> *"I am not digital savvy will I miss out?"*

Feedback included concerns that referring individuals to different services rather than reverting automatically to their GP could discourage certain groups from accessing the care they need, making the system confusing for those who are still unsure about how to access health services.

> *"loneliness, need coaxing to use other services*

There were also some concerns regarding access to British Sign Language (BSL) interpreters for appointments.

> *"Refusing to book interpreters sign video not booked working"*

Other issues raised the understanding of the impact that Primary Care Networks will have on Enfield's population was very varied. Some individuals were not sure what impact primary care networks might have.

Individuals were concerned about Primary Care Networks having access to appropriate funding and the need to develop awareness of existing services to avoid confusion about how to access health services.

Do I think I will be able to get help more easily when needed?

When asked whether they thought Primary Care Networks would help them get help more easily when needed, individuals mentioned certain conditions as pre-requisites for primary care networks to result in improved access to care:

- Over 1 in 2 instances of feedback (60%) mentioned the importance of **accessible and inclusive information** about primary care networks and services available in the borough for the new networks to be effective.

  "If people are better informed"
  "Good info is really important"

- 1 in 5 instances of feedback (20%) noted the need for **appropriate funding** for primary care networks to work.

  "In an ideal world with appropriate funding could be just what we need"

- 1 in 5 instances of feedback (20%) related to concerns that Primary Care Networks might affect **continuity of care**, with patients seeing healthcare professionals who were not familiar with their medical history.

  "Continuity of care lack of GP not always familiar with history"

Additional concerns were also raised:

- how people not registered with a GP would access care;

- difficulties that might arise through the use of digital technology for bookings, consultations, prescriptions.

What would need to happen to make this work for me?

The workshop groups made the following suggestions that the following would need to happen in order for Primary Care Networks to work for individuals in the community:

- Provide appropriate funding (15%)[8]
- Increase awareness of services (15%)
- Clarity in role definition (12%)
- Increase community involvement (12%)
- Develop tech use (8%)
- Create a patient centred model (8%)
- Provide accessible and inclusive information (8%)
- Maintain quality of appointments (8%)
- Ensure accessibility of care (4%)
- Enable information sharing between services (4%)
- Provide appropriate training for all staff (4%)
- Trust in professionals (4%)

The emphasis on the need for **appropriate funding (15% of instances of feedback), increased community involvement (15% of instances of feedback)** through engagement and use of voluntary sector organisations and a **raised awareness of existing services (12% of instances of feedback)** has been a consistent theme across all feedback collected:

> *"improved communications and engagement with people and communities, people don't know about it"*
>
> *"clear information flow: advertising, promoting and awareness. raising information sharing"*
>
> *"people will need to have clear understanding of how the process works"*
>
> *"Clearly designed roles. Do they have compatible equipment: blood pressure, ear torches etc.?"*
>
> *"Efficient IT system that means records can be shared across PCN"*
>
> *"Raise awareness of what social groups are available"*
>
> *"to raise awareness about the different services and what they can do, don't do. Having 3 clinical directions how do they actually inform, patients as not a lot and professional are aware what is happening April 2020"*

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[8] Percentages refer to the instances of feedback collected.

It was clear that local people thought that clear communication around the implication behind the changes in the healthcare system should be made available, to answer their questions and to ensure they are aware of the changes being made.

What questions do I have?

Throughout the workshops, a number of questions were raised relating to primary care networks, highlighting information that is currently not available or clear to local people. Questions covered various aspects of the new primary care networks, from logistics (funding and timescale), to the practical aspects of access to care, the protection of data shared between services, and the accountability of those delivering care.

Questions raised are listed below.

Setting up Primary Care Networks

- What is the logic of PCNs being scattered geographically?
- When will this happen?
- How and when will this happen?
- What do PCNs do? What can they do for me? What are they planning to do?

Accessibility of care

- Pharmacies: is there a separate room to discuss issues? What can they do? What are they qualified to order?
- Is there one point of contact to access information and care?
- Transport barrier for accessory services, cost, assessment of needs?
- What happens if I want to stick to the family doctor?
- Issues of thousands of unregistered people in the borough, they tend not to access services until they actually get sick.
- Why do we go to the GP in the first place? Plan unless an emergency?
- Will there be screening for accessibility before sending patients to other surgeries or providers?
- Not every person fits a protocol and may not be able to explain their problem or what they need.
- Is there a process for prioritising access, e.g. mental health/mobility/LD?
- How do we, as patients, beware of our expectations?

Accountability

- What if incorrect diagnosis by others than GP: who takes blame/responsibility?
- Where is accountability of PCNs? How are they accountable to patients?
- Who is accountable for my care? Who takes responsibility and gives me the answer I need? Risks: accessibility to continuity?

Communication between services

- Are all GPs on board and cooperating with process and communication being joined up?
- Confidentiality issues if patients’ personal information being showed more widely?

- What safeguards are there to ensure that IT records are held securely and not hacked?
- How can we use outcomes of today? As a benchmark to be able to monitor performance and reflect in a year?

Conclusions

From the feedback collected during the workshops, certain concerns were consistently raised:

- A need for increased awareness of existing services in the borough
- More accessible and inclusive information around the changes that are happening in the borough
- A need for more information and reassurance around how continuity and accessibility of care will be ensured within the new organisation of the healthcare system.

Appendix 2 - Workshop 1 – Social prescribing

Please note the workshop was organised into 10 tables with one scribe. The feedback is therefore presented by table.

How will it impact me?

The feedback gathered from the workshops highlighted three main concerns relating to how they thought social prescribing would impact them

- **Accessible and inclusive information**

Instances of feedback raised concerns about the provision of accessible and inclusive information (16%).

This includes both a need for more accessible information around social prescribing, as well as considering 'link workers' as a channel for individuals to access further information about services available in the borough.

> *"Being a source of information. Reduces isolation."*
> *"Info not explained clearly enough and adds to more confusion"*

- **Appropriate funding**

The feedback gathered illustrates that appropriate funding of voluntary and community sector services would be needed to provide adequate support for 'link workers' to enable them to provide a social prescribing service (16% of instances of feedback)

> *"Walking GPs, gardening, help with loneliness, healthy eating, etc. Help prevent health problems. money should follow patient, to help fund VCS."*
>
> *"As well as money following patient, to ensure that services exist for the patient to choose from, three needs to be basic, funding to ensure the VCS services exist for patients to choose from."*

- **Increased community involvement**

The role of a 'link worker' is defined as "to connect people to community groups and statutory services for practical and emotional support" [9],. Therefore, suggestions were made as to which services or groups could utilize social prescribing. Individuals explained that they thought increased community involvement is one of the identifiable impacts that social prescribing could have on local people.

> *"Elsing Estate. Turkey St- building a new community centre to meet huge needs- funded by Methodist church. Want to use local people's stalls- hope to tape into social prescribing e.g. by providing services or having services provided by others there to help local people. Well especially like to see inter-generational work."*
>
> *"Free gardening area behind john Wilkes house could be used be social prescribing."*

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[9] NHS website [Accessed 21/04/2020]

> *“"men in sheds" might be good for Enfield can be used by social prescribing. can bring young and old together”*

It was thought that social prescribing could be a patient centred model that could promote self-care and encourage inter-generational activities.

> *“Social Prescribing very beneficial - supportive self-care”*
> *“When speaking to vulnerable people, awareness of social prescribing made us aware of the amount of people that may benefit from SP”*

Do I think I will be able to get help more easily when needed?

Some individuals thought that if set up properly (with adequate planning and time), social prescribing has the potential for local people to get help more easily. However, some individuals also raised concerns regarding link workers’ capacity to deal with growing demand.

The lack of clarity around the definition of link workers’ roles and potential limits to the service they can provide made it difficult for individuals to understand whether this new service would enable better access to care.

> *“Yes, as long as it is formatted well, & planned well”*
> *“Yes, as long as we give it time to work”*
> *“Sounds like social worker role - Roles are intertwined”*
> *“Inadequate Communication to patients regarding new services such as social prescribing”*
> *“SPrescribers - knowledge + understanding of SP prescriber can & can't do.”*

What things would need to happen to make this work for me?

The workshop groups made the following suggestions that the following would need to happen in order for social prescribing to work for individuals in the community:

- Accessible and inclusive information (43%)[10]
- Appropriate funding (7%)
- Appropriate training for all staff (7%)
- Collaborative work (7%)
- Increased community involvement (7%)
- Inter-generational work (7%)
- Better clarity in definition of roles (7%)
- Straightforward referrals (7%)
- Representative and diverse social prescribers (7%)

Almost 1 in 2 instances of feedback (43%) reflected the need for accessible and inclusive information about social prescribing.
It was suggested that information about what social prescribers are and what services they would provide should be made available for local people in different languages, free of “jargon” and shared through voluntary sector services.

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[10] Percentages refer to instances of feedback collected.

There was also a demand for information on how the referral processes would work. Community engagement through voluntary and community sector services was recommended as a way to reach local communities, complimented by accessible and inclusive leaflets and digital communication materials.

> *"A thought: information to residents explaining the changes - eg may not see GP but this suits you better"*
> *"Definition & promoting - role of SP -engagement-clarity of role - define what SP does?"*
> *"Having a variety of social prescribers in (e.g.) nationality, long, backgrounds"*
> *"Increase advertising & publicity"*
> *"More clear information in 'no jargon' format for residents and the lay person"*
> *"Multilingual Engagement Information"*
> *"Voluntary organisations working together to inform local community"*

What questions do I have?

Throughout the workshops, a number of questions relating to social prescribing highlighted that the information currently available is not accessible enough nor clear to local people.

These questions centralise around two main themes: setting up social prescribing and the role of social prescribers.

Questions raised are listed below.

Setting up social prescribing

- What's the plan for rolling social prescribers out?
- What is the target for how many social prescribers in different parts of the borough?
- Who are SPs going to be working with?
- Referral - where does it go? How do we do it?
- Who will triage patients re social prescribing?

Role of link workers

- What is the role of social prescribers? Social challenges? Health Promotion?
- What is the qualification of social prescribers?
- Is this just social work?
- Are social prescribers taking on social workers' workloads without training?

Conclusions

Individuals participating in this workshop thought that social prescribing could be beneficial, promoting inter-generational activities, self-care, and increase community involvement.

There is a need, however, for further information around the roles link workers will be filling, the reach of the service they provide and how their work differs from other roles such as social workers.

Appendix 3 - Workshop 2

Please note the workshop was organised into 10 tables with one scribe. The feedback is therefore presented by table.

What does this mean to me?

The feedback collected demonstrates individuals' concerns relating to how they thought changes in the health and social care systems would mean for them related to four main themes:

- **Increasing community involvement**

Over 1 in 5 instances of feedback (21%) reflected that these changes could have a positive impact, increasing community involvement as social prescribing would link in with community groups and voluntary sector organisations.

> *"Bring community back"*
> *"Get to know my neighbours"*
> *"Realisation that the community need to work together for support NHS and vice versa"*

- **Funding of new changes in health and social care services**

There were concerns around the funding of these changes (16% of instances of feedback): it seemed unclear whether these changes would mean a displacement of existing funds, how these services will be funded and how this might impact taxation levels.

> *"Secondary care underfunding means pressure increased a primary funding. Should funding shift from secondary to primary care?"*
> *"There's resources and structures in place. Do we need to resource them instead a new service?"*
> *"Trying to reconfigure reassurances rather than increasing sources. questions taxation levels"*

- **Encouraging self-care**

The feedback collected indicated that it was thought social prescribing would reinforce self-care (16%) and encourage people in the community to become more active, giving individuals more responsibility for their own health.

> *"More responsibility for our own health + wellbeing"*
> *"Greater emphasis on self-care"*
> *"Become more active"*

- **Increasing awareness of services and information**

It was thought that Primary Care Networks and social prescribing would raise awareness for existing services (11% of instances of feedback).

> *"Better awareness of the services provided"*
> *"Knowledge of other services, not just A+E"*

Though these are the main issues reflected in the workshop, other concerns that were also raised, such as how these changes would impact existing services and the voluntary and community sectors were posed.

> *"How will existing services cope and manage the influx/increase?"*
> *"Impact in third sector/voluntary sector - Referrals & referring back as not able to support due to funding the hospital talks felt to a bit confusing & not aimed at service user"*

Some reassurance was expressed around what would be offered to patients, and the opportunity to get more information on the changes that our annual conference raised.

> *"Good to hear what's going on and be more knowledgeable. be better connected, here you can talk things through communication concerns."*

In what ways do I think I can be more involved?

Individuals' concerns relating to how they thought changes in the health and social care systems would mean for them consisted of two main themes:

- **Increasing community involvement**

Although it was suggested in the previous part of the workshop that Primary Care Networks and social prescribing would help increase community involvement, it seems that more work in this respect is still necessary to involve individuals in the borough, as was expressed in almost 1 in 2 instances of feedback (41%).

In terms of community involvement, different options were put forwards such as: volunteering, better networking, involvement in Patient Participation Groups (PPGs), or engaging more with community groups.

> *"Networking more vibrant about it."*
> *"Better networking."*
> *"Take part in more community groups. Council meetings."*
> *"Volunteering maybe for Healthwatch or young Healthwatch. Way to match volunteers to opportunity and communicate well."*
> *"Volunteer, engaging with neighbours"*
> *"Street parties, community events, say hello and look out for others"*
> *"The community need to have a sense of responsibility when obtaining and looking for information- not just relying on the information falling on our laps"*
> *"Patient participation groups to learn more"*

- **Accessible and inclusive information**

Of the feedback gathered, there emerged a need for more inclusive and accessible information (16% of instances of feedback) would help improve their involvement in the changes in the borough. It was suggested that information conveyed by services and support groups should systematically be up to date and ready to share, well communicated between services, and an emphasis on the availability of interpreters (whether British Sign Language or foreign languages) when accessing care was made.

“Making sure people with authority to carry information sharing processes forward are in place.”
“Making sure we keep our own support group comms materials are up to date + ready to share.”

“Clear communication”
“Patient may have a real problem that is misunderstood if interpreting is not in place”
“Linking the information in every area of work”

Additional ideas were put forward to increase people’s involvement:

- A raised awareness of services on offer at different PCNs
- A developed use of technology in health and social care,
- Improved links between existing services
- Gathering more feedback from health and social care service users, patients, and acting on it.

“Awareness of services in community.”
“Find out about services on offer at own PCN.”
“More joined up working + communication campaign between hospital workers + outside VCC+ support services”
“Accommodating new ideas and acting on feedback”
“Give patients time. Listen to patients”
“Schools involved with older people for tech education”

In what ways do I think current plans can be improved?

When asked in what ways current plans could be improved, four main themes emerged.

- **Increase community involvement**

Over 1 in 4 instances of feedback (26%) expressed that increased community involvement would improve the current plans.

By involving people in decision making, it was thought that the services provided, and changes made would better reflect the needs of the local population.

“You need genuine engagement of local people so you can develop services and support that will really reflect what different local communities need and what will work for them. E.g. will cooking classes work for them and if not, what would?”

“Get more of a community vibe (wider perspective) not just what’s in it for me? share the word/support”

“Genuine engagement should be the community discussing ideas - not just choosing from a set of options provided by a professional. Trusts need to make this community investment to be able to develop programmes that will work on a long-term basis and lead to real changes in lifestyle and health”

> *"Employ local people to provide/support eg local smoking cessation services - those local people are much better able to go around and recruit local volunteers to support others and to get the message out there."*

It was also suggested that certain services taking place in community locations (such as libraries) could help them be more accessible to local people.

> *"Need to think about moving your services into the community - eg into our new Community Hall - eg baby injections, OP vaccinations, other services etc as GP is too far away"*

- **Accessible and inclusive information**

Individuals expressed their need for more accessible and inclusive information, as was reflected in 13% of the instances of feedback we collected. This included the use of less jargon and information available in more languages.

> *"Make information more accessible. publication. more inclusive"*
> *"Clearer language. Less jargon."*
> *"Patient signposting."*
> *"Information in an acceptable format e.g. language"*

- **Better health and social care integration**

10% of the feedback collected raised the need to ensure that health and social care be joined up adequately.

> *"More joined up care"*
> *"Integration: needs to work better"*
> *"Health and social care integration? CCG/LA/PCR"*
> *"Social care + health joining up properly."*

- **Prevention and early intervention through education**

Of the feedback collected during this workshop, 10% suggested that earlier intervention through education could help people with taking responsibility of their health and improve health prevention.

> *"Education for the public. Prevention better than cure: how to explain situation plans"*
> *"Need earlier intervention for e.g. healthy eating from age 5/with schools"*
> *"Education... Knowledge"*
> *"Education such as cheap fruit and vegetable available. Cooking classes for parents, awareness of hidden sugar"*

Additional concerns were raised, such as the need to:

- improve links between services
- increase awareness of services
- address staff issues
- develop use of technology in health and social care delivery. It was suggested that having an up to date directory of services would be beneficial

- have more support groups for people with ‘unhealthy habits’
- have a better representation of the different communities in the borough.

Do I have any concerns?

Individuals raised a number of questions and concerns relating to the changes in the health and social care system. These centralise around five main themes.

Concerns and questions raised are listed below.

Skills and staff training

- Lack of broader skill sets!
- Training too narrow!
- Anxiety about recruitment/training/pay of social prescribers
- Have you got plans to train staff + integrate info shared between clinical staff + social subscribing organisation - eg iCan?

Funding

- Lack of funding
- Lack of investment in public health and all of the cuts - latest Marmot report shows deterioration in life expectancy etc. Laudable ambitions, but no money, Primary care and PH should be doing the prevention work, not hospitals (in one view).
- Think it's all rhetoric - don't think that investment will happen. You are working against the huge budgets of commercial organisations selling unhealthy lifestyles, so you don't really stand a chance.

Information

- Clarity of roles, link worker, social prescriber
- Underpinned by behaviour change or residents. Has it been communicated well? level of support that we can provide.
- Information not being distributed wide enough e.g. sing posting
- How is this going to work practically for patients?
- Is the system becoming too complicated so people go to A+E because don’t understand what/how to access other options? A+E default positions?
- Nutrition cookery classes education
- How are the people in need properly referred to the right support? Could there be some common platforms?

Planning the changes

- Have they involved the general public in their planning at all?
- Space for integrated working
- Ideas, have they been executed properly?
- Secondary care trying to deal with social, mental and housing issues

Access to services

- Frightening levels of attendance at A+E, not all people needing hospital care. 70% according to Healthwatch survey
- Services and public spaces are disappointing. Less accessible
- Late repeat prescriptions, leads to risk
- Gatekeepers/barriers to achieve- referrals or transport to get there, knowledge of activities
- Making payments by results a real reality
- How accessible will the social prescribers be (eg if located at a GP surgery that is not yours?)
- Can GPs delegate me person to help signpost at surgeries?
- Do Social Prescribers actually support people to access the services or just literally signpost them? eg - could they arrange transport?

Conclusions

Consistent themes are apparent from the feedback given during the workshops:

- A need for increased awareness of existing services in the borough
- A need for more accessible and inclusive information around the changes that are happening in the borough
- A need for better health and social care integration

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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