



Annual Report November 2015 to November 2016

Foreword

I am delighted to introduce the first Annual Review for Connect for Health which details the huge success of the service in its first year. The service is an integral part of Leeds Mind, building upon the work we are already doing across Leeds with over 2,000 people in the last year.

Connect for Health is a local service to improve health and wellbeing for people living in the South and East of Leeds aiming also to reduce the health inequalities in the area. The service helps to support people stay well by connecting them with activities within their local community reducing social isolation. In the first year we have seen over 1,000 people and demand is increasing as the benefits of the service become apparent.

I would like to thank the fantastic team from Leeds Mind and also our partner organisations for the hard work they have put in this year promoting the service and providing excellent support to people. They have gained knowledge of the local area and the activities that are happening enabling them to signpost people to the most appropriate service for them. The feedback has been overwhelmingly positive and I hope you take the time to read this full report. We are looking forward to the next year as we hope to continue making a difference to the people of South and East Leeds.

Helen Kemp, CEO Leeds Mind

Who and what is Connect for Health?

“Connect for Health helps you access services and support in your community that are right for you.”

Connect for Health is a consortium-based social prescribing service led by Leeds Mind in partnership with Barca, Better Leeds Communities, Hamara, Leeds Irish Health and Homes and Touchstone.



The service is commissioned by the Leeds South and East Clinical Commissioning Group (LSE CCG) and one year on from the service going live we can report back on a progressive and successful first year.

It has been a real learning curve in terms of applying the practice of what “social prescribing” is in real terms and making this meaningful for those working alongside Connect for Health. The team find that demonstrating how we deliver our service is the most meaningful way of bringing social prescribing to life and the work we do. This is best summarised by some context about how the social prescribing service came about; in reflecting on our first year achievements and what we plan to do over the course of the following year.

“Connect for Health opened a lot of doors for me and my partner that will help us in the future. Our Wellbeing Coordinator really helped us and we now go to support groups in the local area that we didn’t know about before. We were lost before Connect for Health came along. I would recommend the service to anyone.” (Client)

Feedback from LSE CCG GP member practices stated that they wanted:

- A local service to support patients who are lonely and socially isolated to access the support they need;
- A single point of access route of referring patients to local community support and provision.

Connect for Health went live on 23 November 2015 with a soft launch to the LSE CCG GP member practices. By this stage most of the staff team had been recruited and were in post. The phone line and website were live and promotional material produced. The official launch was 25 January 2016 where we hosted an interactive day attended by a range of GP practice staff, third sector and statutory sector providers and the Connect for Health consortium partners. It was a great opportunity to discuss what social prescribing is, what the benefits are and how the service could link in and complement the raft of organisations and contacts in the communities of South and East Leeds.

The official launch was the perfect opportunity to introduce the team, consisting of the Manager, two Team Leaders, a Receptionist, a part-time Administrator and 12 Wellbeing Coordinators. The Wellbeing Coordinators each hosted different tables in a World Café style event stimulating conversation about social prescribing and service mapping. This event was key to getting across the main principles and messages about the service:

- Connect for Health is there to give people information and options about what’s available to them in their local community;
- Connect for Health is there to support people to access services. It is not to do the work of those services but to work with people to find out what is right for them and connect them to those organisations that can help;
- Connect for Health can help to identify gaps in community provision and look at development opportunities;
- Connect for Health is there to act a single point of contact for GP practices and other practitioners to save them time and resource;
- Connect for Health is there for people aged 14 and upwards who are living in Leeds South and East who are registered with an LSE CCG GP practice;
- Connect for Health is for anyone who is ready to engage in a community setting.

It was also an opportunity to inform attendees what is excluded from the service, i.e. that it isn't a crisis service, a long term support service, a personal care or a taxi service.

The referral criteria are broad to facilitate access. It is important that people understand the key principles of the service because a Connect for Health intervention is a relatively short-term one. Wellbeing Coordinators offer up to six sessions following an initial face-to-face assessment to work with an individual to engage them with services appropriate and suitable to their needs that they feel ready to engage with.

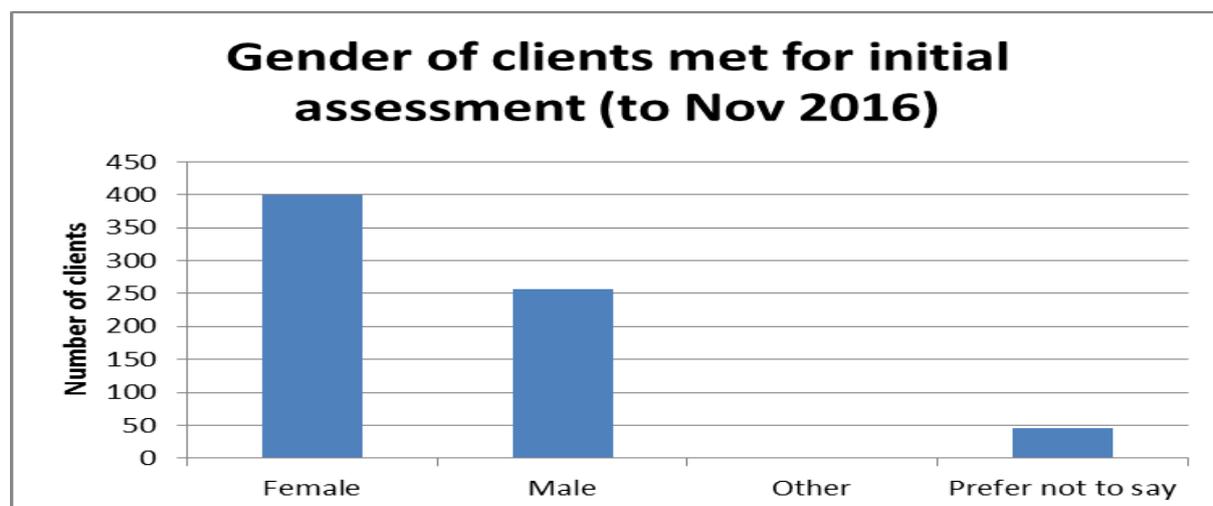
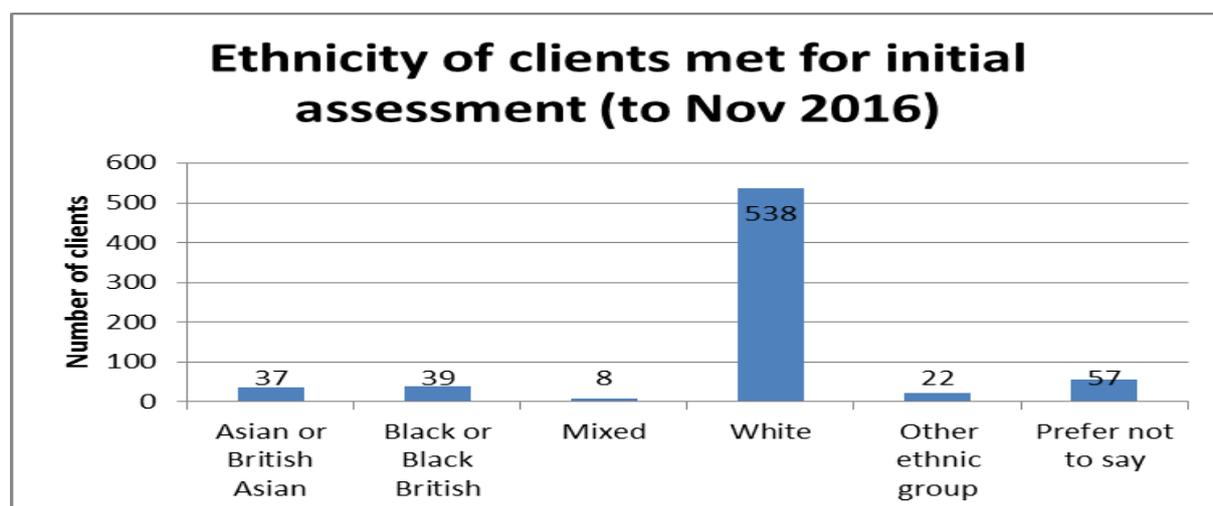
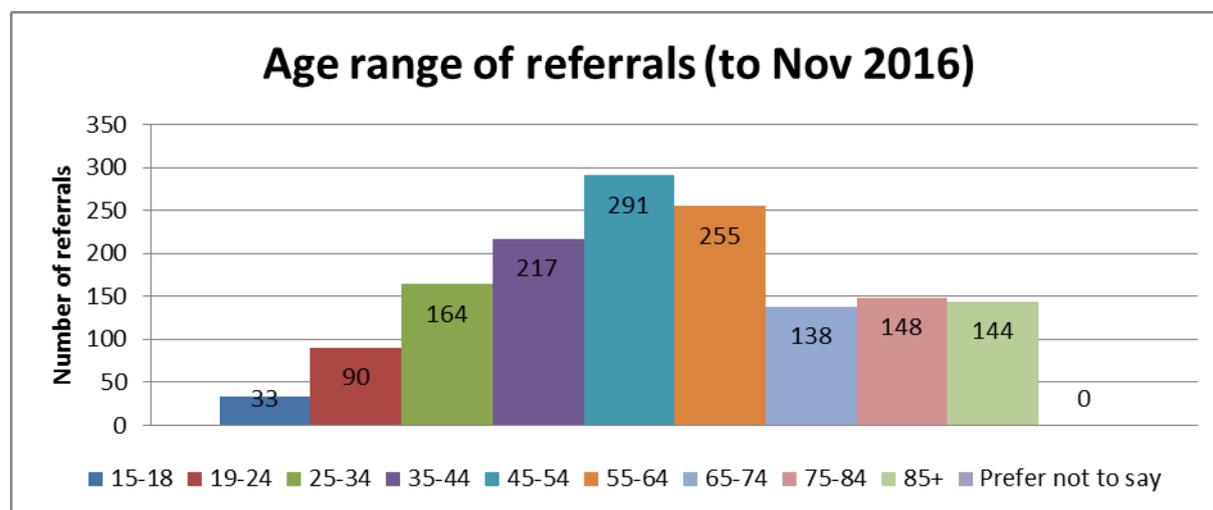


The Wellbeing Coordinators are a highly skilled team specifically trained in the areas of motivational interviewing and action planning to deliver a client-led and solution-focussed service. It is not a magic wand but it does mean that more often than not options can be presented to a client and plan of action agreed no matter how small that action may be; it is a step towards making a change they weren't able to before.

Wellbeing Coordinators are about giving people the confidence to make a change or take the first step and this is done by listening and asking what a person wants and what will help them to do that, guided by the underlying principle of enabling self-management in the medium- to long-term. The service is able to offer information and by doing this giving people an opportunity to think things through and make a change at a later stage and time that is right for them.

First year facts and figures

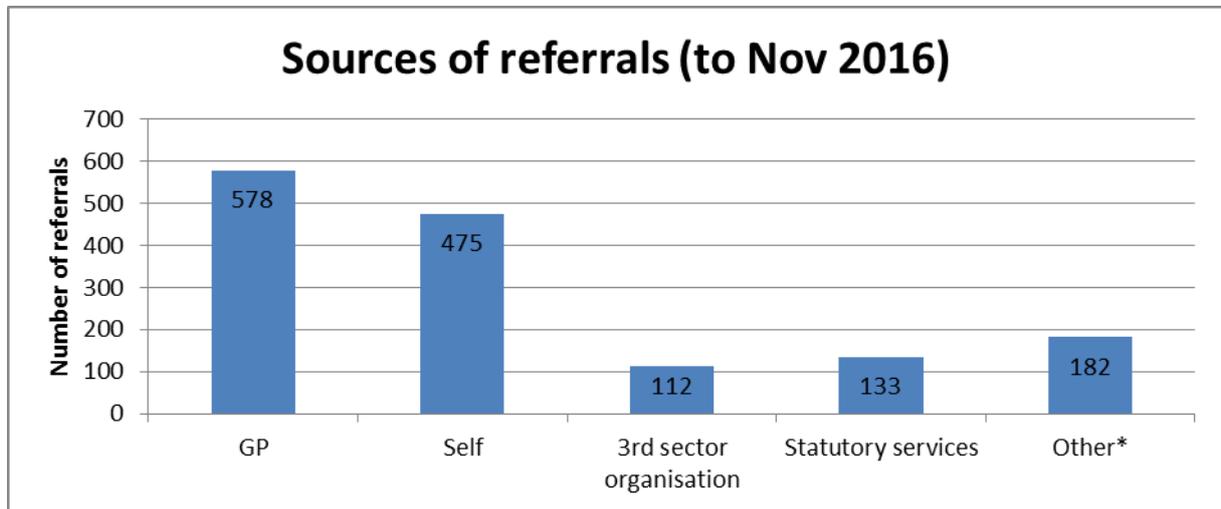
We received over 1400 referrals in our first year – see break down for referrals below:



(Please note Gender and Ethnicity are only recorded for individuals who have had an Initial Assessment)

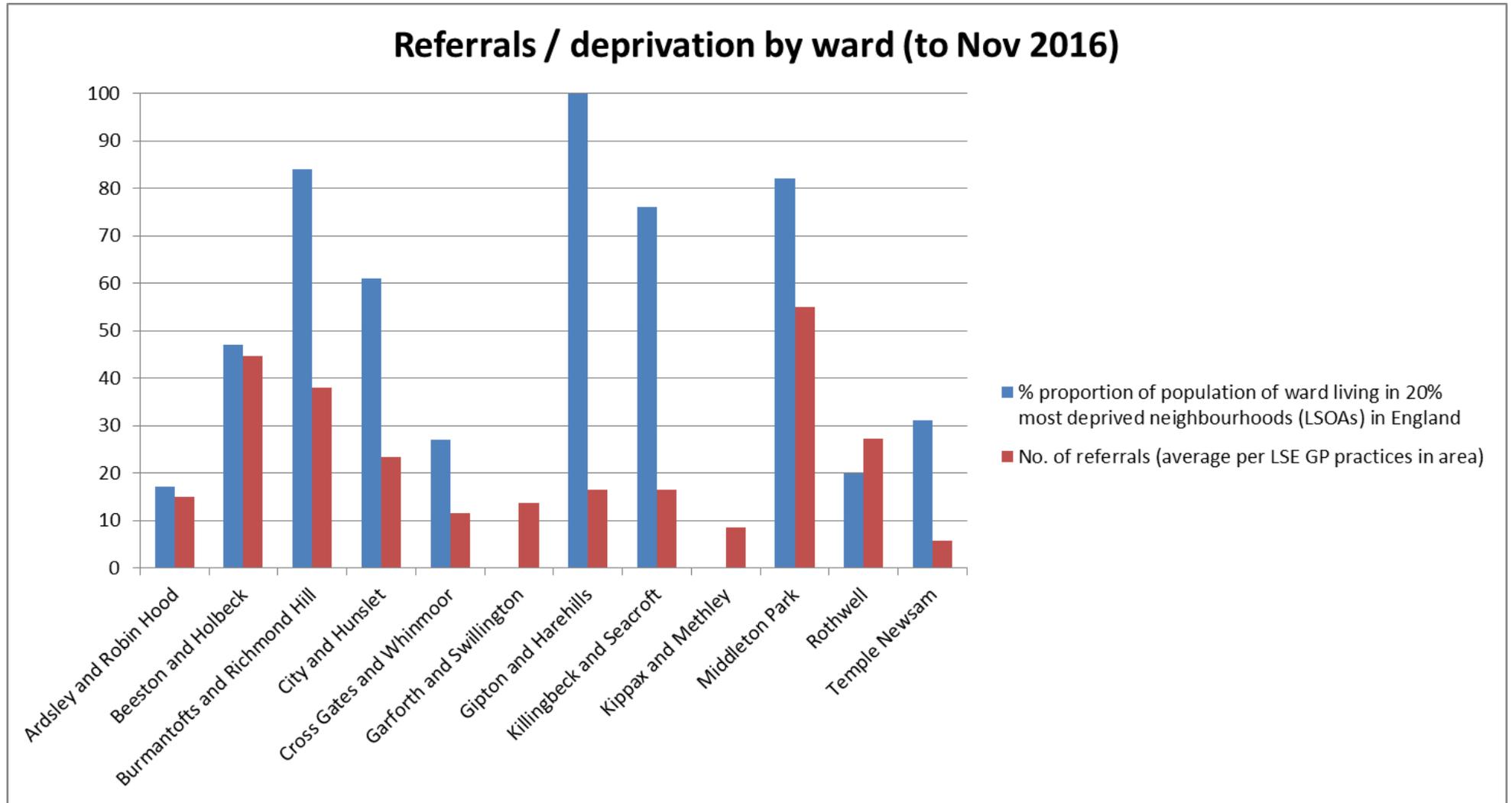
There are 42 main GP practices in Leeds South and East with each Wellbeing Coordinator being allocated to a cluster of practices to engage with. This work is ongoing but it is pleasing to report that GP practice referrals have increased steadily over the course of the year.

As well as from GP practices, Connect for Health takes referrals from other professional agencies and self-referrals as shown below

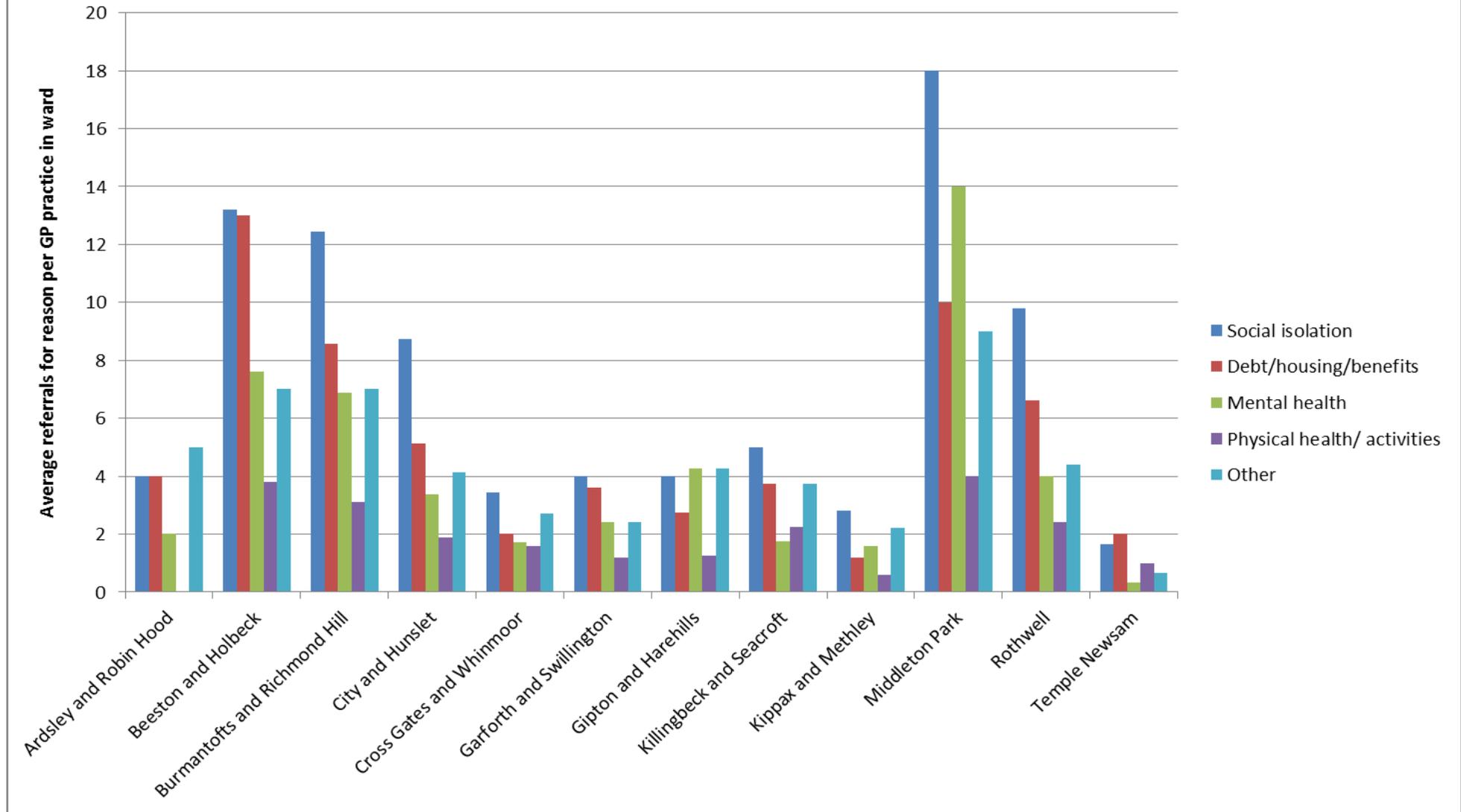


*(*includes family members, Job Centre Plus, local authority housing, NHS mental health services, social care)*

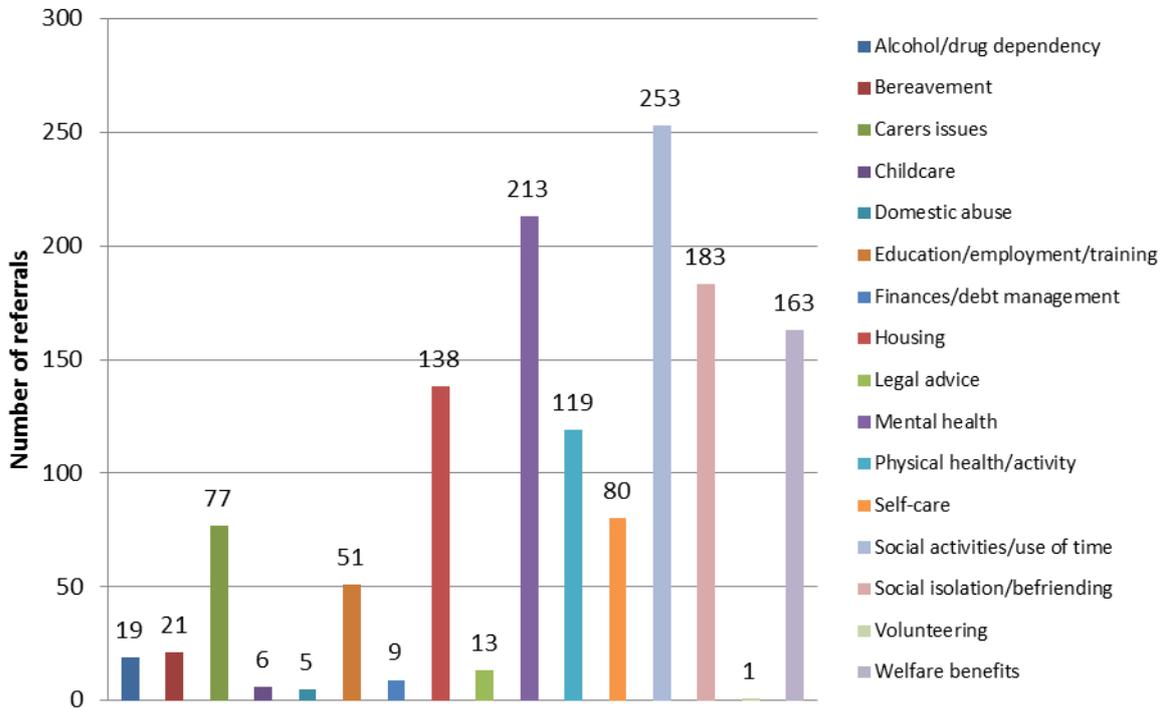
The charts below show the further information about referrals by LSE CCG area and areas of highest deprivation (*note the graphs show what proportion of the LSOAs (lower-level super output areas) in each ward fell within the top 20% most deprived LSOAs in the whole of England (data for England only), e.g. 47% of the LSOAs in Beeston and Holbeck are among the 20% most deprived LSOAs in England:*



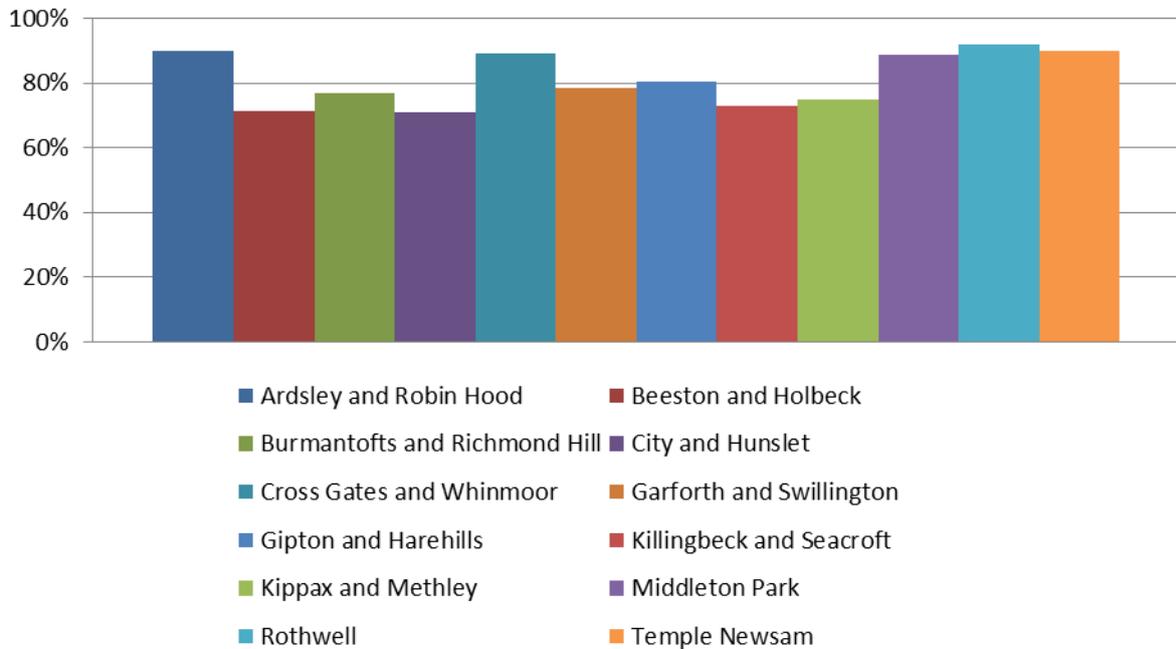
Primary reasons for referral by ward (up to Nov 2016)



Primary reasons for referral (to Nov 2016)



Average uptake of referrals (% of discharges where service has been fully concluded)





Outcomes and achievements

The team have developed their skills and continue to refine and share their practice in developing the social prescribing model. Their achievements are numerous and include key themes such as: assisting people to access community and statutory care services; supporting people to access financial and benefits help; supporting on housing issues; assisting people who are lonely or isolated, or who have substance dependency issues.

The team have facilitated access to mental health and counselling interventions and provided crisis information and support when people didn't know where else to turn. The team have ensured people get the services they need and they even helped to source a reasonably priced vacuum cleaner!

The team have taken on a diverse range of referrals, not all of them appropriate to the social prescribing model but the key has been and continues to be applying the principles of social prescribing by working through with each person what they can support them to access.

Examples of agencies referred to:	Frequency (to Nov 16)
Healthy living support	47
Mental health - NHS	31
Elderly support	28
Welfare Rights Unit	27
Activity group/leisure activity	25
Advice/advocacy/legal	23
Mental health - 3rd sector	21
Adult Social Care (inc. day centres)	19
Carer support	19
Neighbourhood group	17
Housing support	16
Peer support group	16
Condition-specific support	15
Accessibility/personal care	13
Volunteering	13
Education	12
Employment support	10
Counselling	9
Information resource	8
Other 3rd sector	8
Befriending	6
Leeds City Council	6
Fire safety check	5
One Stop Centre	5
DWP	4
Family support	4
GP	4
Occupational therapy	4
Refugee support	4
Men's support	3
Dentist	2
First aid	2
Library	2
Place of worship	2
Women's support	2
Chiropody	1
Crisis support	1
District Nurse	1
Food bank	1
Homelessness support	1
Hospital	1
Leeds Card	1

The key achievements from the first year are:

- Conducting a service mapping exercise to establish comprehensive information and resources for the team to build locality contacts;
- Positive engagement between services and the team, for example Leeds City Council Housing Team, LSE social work teams, Aire Court CMHT, IAPT, One Stop Centres;
- Representation on a number of local forums including the Health and Wellbeing forums;
- Steady improvement over the year of engaging with GP practices, 100% of main practices having made referrals
- In excess of 35 drop-ins/surgeries set up in varying locations, including Flagship (housing and floating support for young people), St George's Centre One Stop, Cross Gates Library, Middleton Super Clinic;
- Service information available in 7 community languages: Urdu, Slovak, Punjabi, Portuguese, Polish, Czech, Arabic;
- Mental health peer support groups established in partnership with local providers providing a means to support where none existed;
- Youthwatch consultation to inform and change Connect for Health promotional material receiving positive feedback from a range of audiences;
- Being part of and involved in numerous community events, such as Breeze on Tour, Lark in the Park and Beeston Festival;
- Promotional films created and shown: <https://www.youtube.com/user/NHSLeedsSandECCG>
- Creating a social prescribing network in partnership with social prescribing services in Leeds West and Leeds North, PEP and Connect Well;
- Working closely with community contacts on specific initiatives to improve service accessibility such as Holbeck Neighbourhood Approach Community Hub Bus, Scargill Grange, Middleton Superclinic and the Neighbourhood Network teams to name a few;
- Managing the diverse and often complex range of referrals;
- Being able to make a positive difference to people's lives even when they were reluctant to engage with services;
- In response to GP feedback creating the strap line:

“Connect for Health helps you access services and support in your community that are right for you”

- Developing strong referral pathways with key organisations such as Carers Leeds, Forward Leeds, PEP and Connect Well;
- Obtaining some fantastic outcomes for clients, read below for a couple of case study examples.



Case Study One

At the point of referral the client was undergoing treatment for a brain tumour, which had significantly affected their ability to communicate. The client was keen to access groups and activities to fill their time.

Through the assessment process the Wellbeing Coordinator discussed a number of different organisations and groups around activities the client was interested in, including People Matters, the Ministry of Food, and Creating Connections Disability Sport. The Wellbeing Coordinator assisted and supported the client to make contact with these services.

Due to Connect for Health involvement the client is regularly attending the gym and accessing a personal trainer. The client also attended the Ministry of Food and as a result is enjoying cooking more for their family at home. In addition to this the client has gone to another cooking group and has plans to join a different activity group after Christmas.

The client's partner fed back that: "the [client] wouldn't have been able to do all this without the wellbeing coordinator". The overall consensus being the client's quality of life had significantly improved as a result of Connect for Health intervention.

Our clients

“My Wellbeing Coordinator came up with a list of groups, most of which I had never heard of before, and not only helped me to contact the ones I was interested in, she also accompanied me to the first session of one when I was afraid to go alone. I felt like she really listened to me and always had my best interests at heart. She has changed my life and I wouldn’t hesitate in recommending Connect for Health to others”.
(Client)

In its simplest form, Connect for Health offers a light touch service and for more involved cases there is a full casework service. Our referrals often mean the Wellbeing Coordinators are presented with vulnerable people who have complex needs and the team’s greatest achievement is providing meaningful interventions that make a real difference to people’s lives whilst keeping to the core principles of social prescribing.

Our client feedback provides some useful context to the figures:

- 70% of clients felt the service had made a positive effect on their health and wellbeing and they had been helped to achieve their goals (at point of exit);
- 95% of clients felt their worker understood their needs;
- 99% of clients felt they were treated with respect;
- 84% of clients found that Connect for Health provided a flexible service;
- 94% of clients felt the length of their appointments was right;
- 87% of clients felt the duration of their time in service was right;
- 82% of clients engaged with services that Connect for Health connected them with;
- 94% of clients would recommend Connect for Health to others.

Case Study Two

The client was referred to Connect for Health to improve their social activity and for mental health support. Through the assessment process the Wellbeing Coordinator identified the following priorities for the client: they had an interest in sport and were keen to find groups that would offer social opportunities.

The client was supported to access a running club and the Leeds United Foundation. In addition to that the client was supported to access The Market Place which provides mental health support for young people.

Through the running club and increasing confidence the client undertook running their first 10k run and had found being involved in the club to be a social support, which really helped with their ability to self-manage stress, having a positive effect on their mental health.

The client had a passion for football and as a Leeds United supporter found it a real boost to have the opportunity to play football with the Leeds United Foundation.

Regarding further mental health support, the client found The Market Place to be a very welcoming environment and has been able to address their mental health concerns and given the open door policy has the security of knowing they can utilise this as any point in the future.

The Year ahead

Connect for Health is keen to build on our learning and experience from the last year. We have a strong platform to build on with a lot more learning to come as the service continues to evolve.

There are number of priorities for next year, including:

- Increasing service reach and accessibility particularly for under-represented groups;
- Continuing to develop relationships with GP practices;
- Developing understanding of social prescribing and using this to shape the service;
- Identifying roles for volunteers;
- Continuing to build the social prescribing network across Leeds and wider;
- Building on community links to assist with identifying gaps and trends;
- Informing the development and shaping of the social prescribing model and how this can link and support other services;
- Developing our outcomes recording and data capture.

“Thank you for the very valuable service you have provided for the client. Your organisation is really helping to meet needs that other mental health services are unable to provide in a very effective timely way. Another client I have referred is also very grateful for your service which is complementing well her course of CBT therapy. Well done to you all.” (CBT Therapist, IAPT Leeds)

Thanks

Connect for Health would like to thank the following for their support over the last year:

- All those who have referred – please keep on referring!
- Leeds South and East CCG, specifically the Contracts, Commissioning and Communications teams;
- The Connect for Health Project Board;
- The Leeds South and East CCG GP practice teams;
- Public Health;
- Dr James Woodall and his team at Leeds Beckett University;
- Councillors Truswell, Mulherin and McKenna;
- Creative Arthur;
- Mojo Film;
- Youthwatch;
- Leeds City Council, particularly the Housing Team;
- Hillside.

For more information about Connect for Health:

Call us on 0113 387 6380

Visit our website at www.connectforhealthleeds.org.uk

Tweet us at [@CFHLeeds](https://twitter.com/CFHLeeds)

Send us a message on Facebook [@connectforhealthleeds](https://www.facebook.com/connectforhealthleeds)

Or view our promotional film at <https://www.youtube.com/user/NHSLeedsSandECCG>