

Social Prescribing Mapping Report



Photo: SAfH's Patients Network

'Getting together is medicine.'

Quote from a member of the Social Action for Health Patients Network

Social Action for Health
Gee Sahota and Shabira Papain
November 2013

1.Executive Summary

Over an 8 week period over the Summer of 2013, Social Action for Health undertook a community research exercise to find out what community resources (both formal and informal) local people use to support their health and wellbeing. The intention was for the information gathered to supports the social prescribing pilot that is commencing in January 2014.

361 people were interviewed who told us about 160 community groups they use.

Socializing

The key message from local people was that socializing is the most important factor in supporting health and wellbeing. People across the different communities are keen to engage in social activity, and to extend their social contacts cross culturally.

The activities that people engage in whilst socializing varied, from eating together, gardening together, exercising together, learning together, going on outings together, worshipping together.

The community groups that people identified help people in different ways to socialize, by organizing groups, facilitating purposeful engagement, setting up events where people can meet to share their experiences or concerns.

Socializing served people facing language barriers by enabling people to gain access to others speaking the same language who can explain services and describe how to access them in their own language.

Information

People used community groups, places of worship, libraries, GP surgeries and the Town Hall to find out about resources across the borough and they used local shops to find out what was going on in their own neighbourhood.

Travel

We found that people do travel across the borough to go to social activities but that some elderly people find transport a barrier to accessing activities.

Out and about

Many people like to be out and about, taking part in outside activities, going to the park. Being out in green spaces together with others was identified by many people as one of their priorities when asked what activities they found helpful.

Poverty

It was evident that people are living their lives as constructively as they can, within the confines of poverty. Free activities that facilitated socializing were what people wanted and found ways to achieve because they could not afford to pay for them. Social life around the local shops was mentioned in this context. People met up there for free. It is important to keep in mind that most people are realistic, wanting only what is in reach. This was confirmed here – people are self protective and do not yearn for what they cannot have. The social prescribing pilot is very likely to have access to funding to pay for social activities so it might be that as local people get used to the fact of social prescribing, their ambitions to take up opportunities that are life changing, and life enhancing will grow. It will be good to see them do so!

Acknowledgements

Social Action for health would like to thank all the interviewees who gave their time and energy to speak to us and complete the questionnaires. We'd like to thank the community groups who hosted us, the GP surgeries who gave up time to share their views and the PPGs for their warm welcome and feedback.

We would also like to thank the project team- Gee Sahota, Shuaib Achhala, and Mark Whyte, Data Imputers Nhung and Marie along with the Community Researchers- Shirley Walters, Sam Shakes, Andy Sharratt, Momina Choudhury, Roy Hunter, Benedict Papain, Joanna, Reshma, Neil Thomas, Yuksel Konca for their intensive hard work.

A special thank you to Friends of Woodberry Downs and the Patients Network for helping to design the questionnaire as well as taking part in the data collection.

Lastly, thank you to Hackney CVS and the Health & Social Care Forum for the opportunity to do this piece of work, it was both insightful and reassuring to hear the positive impact the Hackney voluntary and community sector makes in peoples lives.

2. Introduction

In August 2013, Social Action for Health (SAfH) was commissioned by the Hackney CVS on behalf of the Health and Social Care Forum (HSCF), to undertake a mapping exercise in City & Hackney, to support the social prescribing pilot.

This involved gathering perception data from local people and health practitioners detailing what voluntary and community resources local people use and value to keep them healthy and well. The focus of the social prescribing pilot is on older people and people with diabetes, a focus the mapping took note of.

Project outputs:

- The project reached 361 people.
- We visited 30+ voluntary and community groups
- We substantiated over 160 other voluntary and community groups (including all those mentioned by participants)
- We engaged with 5 GP surgeries and within those surgeries, 16 health practitioners, including GPs.
- We interviewed 2 Patient Participation groups

Project targets

Table 1. Project Outputs- target and actual figures

Activity	Target	Actual
Consult patients	300	361
Visit community groups	5	32
Substantiate community groups	30	160
Engage health practitioners	12	15
Consult PPGs	6	2

Due to most Patient Participation Groups (PPGs) not meeting during the data collection timeframe, we were only able to meet with 2 groups.

3. Methodology

Following the award of the grant on the 12th August 2013, a project team came together (from existing staff and volunteers) and devised a plan of action, began to design the questionnaires and started to map out the fields for the database. Given the short time frame, the decision was made to use a questionnaire as the basis of engaging people to gather data.

Sixteen experienced community researchers took part in a briefing session in early September on the project aims and objectives, commented on the questionnaires (see appendix), designing the outreach plan. The community researchers are trained SAfH sessional workers who are local people from the African/Caribbean, Bengali, Vietnamese, White British, Somali and Turkish/Kurdish communities. By using our trained researchers, data collecting was a dialogue between the researcher and the interviewee, providing rich qualitative data not usually captured by questionnaires.

Throughout the project, the team met weekly to review progress, add community group information to the map, and agree focus for the following week. In addition, the database coordinator ensured that the data inputted was accurate and complete.

3.1 Outreach

An extensive outreach plan was developed to reach:

- i. local people, and
- ii. health professionals in GP surgeries

Pulling together our community know-how (from community researchers and SAfH project team) we began to map out where we would collect data. We tested out the questionnaire with two older people's groups – SAfH's Patient's Network and Friend's of Woodberry Down. We incorporated the feedback from both groups, and then made amendments to the questionnaire. From the 5th September we began collecting data in community groups, street

festivals, NHS settings, churches, mosques, lunch clubs, patient participation groups, leisure centres and primary schools.

Simultaneously, using our warm contacts from SAfH's Hackney Information and Advice Consortium (HIAC), we made initial contact with GP surgeries through an introductory, personalised e-mail and called systematically called each surgery with the aim of making appointments to visit them or booking a time to speak to a health practitioner over the phone.

We devised a questionnaire specifically for GP surgeries and began the data collection. We offered alternative routes for data collection:

- i. Face to face meetings,
- ii. Over the phone questionnaire and
- iii. E-mailed the questionnaire with a time frame for return.

At the start of the project we deliberately focused on gathering information about informal (free, grassroots groups without funding that are run by volunteers) and formal (constituted groups with paid staff) groups and organisations.

3.2 Making sense of the data

At the halfway point we brought together the community researchers to unpick what they had heard, to identify and highlight gaps in data collection and revise the outreach plan accordingly. We went through each questionnaire and began to input information into the database. In addition, two community researchers were dedicated to substantiating community groups and gathering missing information. As the data began to flow in, we populated a physical map of City & Hackney to see the spread of community groups around the six GP consortia.

Data collection continued until 9th October and this was followed by a third meeting with the community researchers. Together we made sense of the

feedback they collected, the stories they had heard and their own reflections and insights. Once the raw data was entered into the database another cycle of sense making took place and the findings are presented below.

4. Results

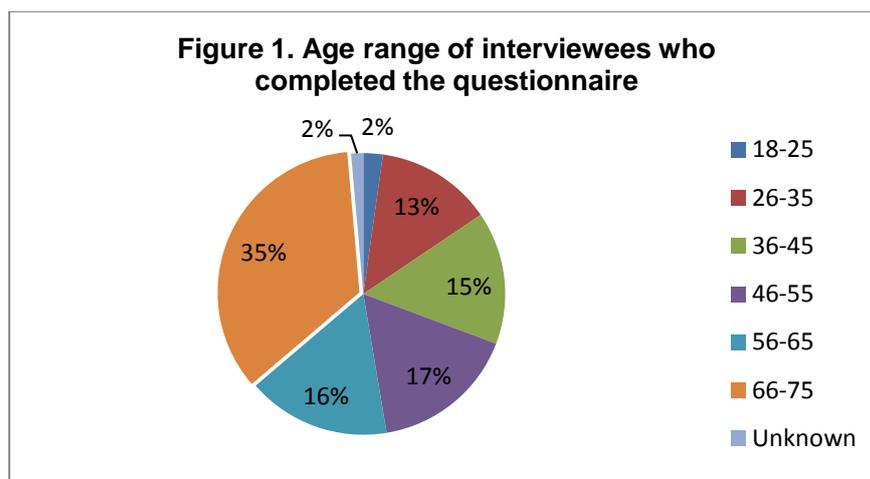
The results of the data collected will be discussed in two sections reflecting the convergent yet linked approach of the two questionnaires used to reach local people (1) and health practitioners (2).

Findings from local people

4.1 Demography

We interviewed 361 people in various places across Hackney including St Pauls Church, Carers Centre, Homerton Hospital, Wayside Community Centre, the Patients Network and Patient Participation Groups.

Of the 361 interviewees, sixty-seven percent were women and thirty-three percent were men, that is, 243 and 118 respectively. The age of people spread from 18 years to 75 years of age. However, as illustrated by Figure 1, 51% of completed questionnaires were from interviewees aged 56-75 years of age. A further 17% were aged between 46-55 years of age. There was a small sample of 2% who did not want to disclose their age.



As indicated by Figure 2, twenty-eight percent of people were White British, with a further fourteen percent indicating their ethnicity as White Other. Twenty-two percent of interviewees were African/Caribbean, nine percent were Asian, eight percent were Turkish/Kurdish and a further six percent were Vietnamese. Five percent of respondents did not want to disclose their ethnicity. The ethnic diversity of interviewees is a reflection of the diversity in Hackney. Many attempts were made to reach the African majority churches, however, more time was needed to warm up the relationship in order to reach the congregation.

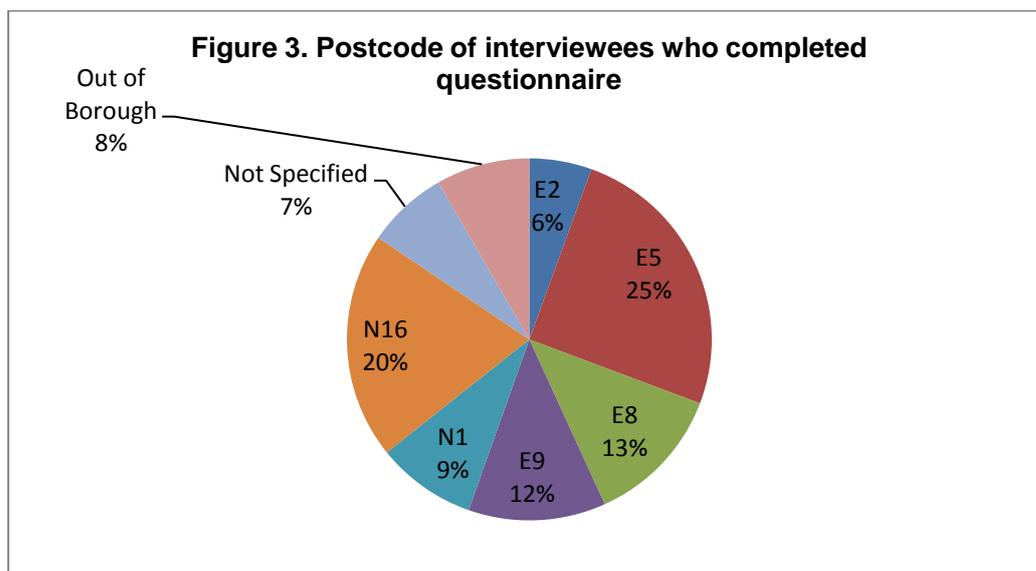
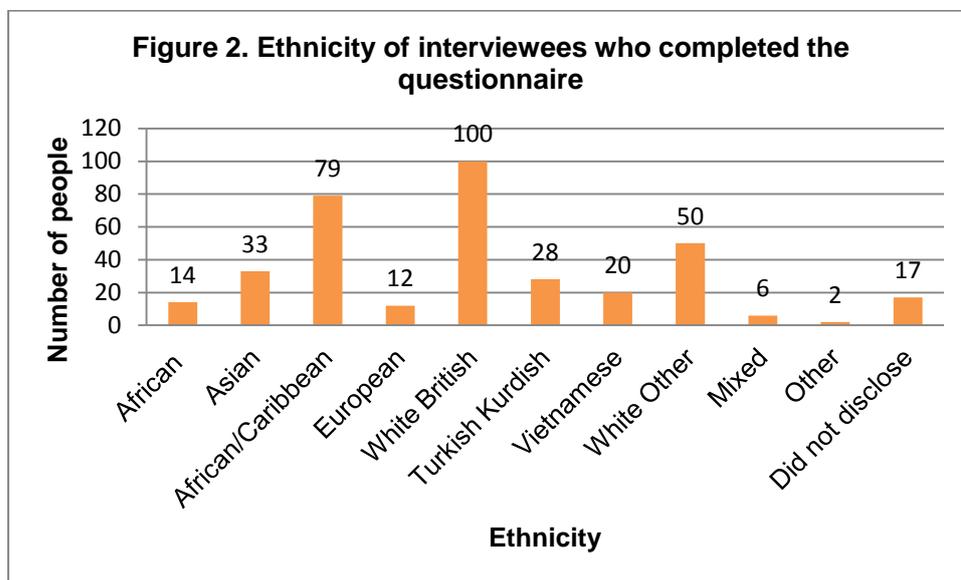


Figure 3 illustrates the postcode of people who completed the questionnaire. Ninety-one interviewees were from E5, seventy-three from N16, forty-five from E8, thirty-two from N1 and twenty from E2. There were also thirty respondents who lived outside of Hackney but travelled into the borough to access services and activities. The qualitative data suggests that they had family links in the borough and had a history of accessing local services. A further twenty-six people chose not to disclose their postcode.



Photo: Data collection at Chatsworth Road Festival

4.2 Data from questionnaire

The data gathered from the questionnaires sheds light on where people go for social connections, why they chose to access these activities and where people find it useful to access information about health and well being.

Over 41 organisations, public spaces or statutory services were mentioned as a first choice. The top 10 community responses (see table 2) include the Bremner Centre, North London Muslim Centre, VLC, Hackney Caribbean Elders Organisation, Carers Centre, Social Action for Health, Salvation Army, Alevi community centre, Friends of Woodberry Downs and Chats Lunch Club. An interesting finding was that across ethnicity and age groups, parks and libraries received 17 first responses each. Places related to exercise (including leisure centres, yoga classes, dance classes, tai chi) received 24 combined responses (see appendix).

Table 2. Top 15 community sector responses

Rating	Top 15 responses to Q1	Number of responses
1	Bremner Centre	29
2	Social Action for Health	26
3	Salvation Army	24
4	Friends of Woodberry Downs	19
5	St Pauls Church	19
6	North London Muslim Centre	18
7	VLC	18
8	Hackney Caribbean Elders Organisation	17
9	Carers Centre	15
10	Alevi	13
11	Chats Lunch	11
12	Wayside	11
13	Shoreditch spa	10
14	Core Arts	9
15	MIND	8
	Total number of responses in top 15	247

Table 3. Summary of the types of activities people find helpful

Category	No.	%
Socialising	127	35%
Eating together	65	18%
Staying well	44	12%
Faith based socialising	28	8%
Exercising together	24	7%
Activities (Gardening, Bingo)	3	1%
Being in green spaces	17	5%
Going out (pubs, cinema, cafe)	15	4%
Accessing Info & advice	11	3%
Arts & crafts	9	2%
Learning	17	5%
Total	361	100%

Table 3 shows a summary of the activities people found useful or helpful. Many interviewees listed several activities but only the first response has been used in the analysis, due to the limited nature of the project. The table

highlights that 127 of respondents (35%) prioritised socialising. 65 responses (18%) prioritised eating together, and 44 (12%) first responses prioritised staying well (which included support groups and self management groups). Faith-based socialising, exercising together, being in green spaces and learning also received high responses from people as a priority.

As indicated by Table 4, interviewees chose a range of sources to access information, the same as they would recommend to someone new moving into the borough. The top 5 rated responses were community groups, churches, libraries, GP surgeries and Mosques. Thirty-three percent of people indicated that the community group they access regularly is a rich source of information, particularly health information. Nineteen percent of people chose churches as a resource. The qualitative data suggests that information was shared between congregation members. Twelve percent of responses were for libraries and notice-boards at libraries, eleven percent for GP surgeries and a further nine percent chose mosques, particularly Mosque leaders as a source of information.

Table 4. Where interviewees go to get information

Information source	No of responses	%
Community group I attend regularly	118	33
Church	69	19
Library	44	12
GP surgery	38	11
Mosque	32	9
Town Hall	29	8
Children Centre	21	6
Hackney Today	10	3
Total	361	100%

Finally, we asked interviewees what services or activities they would like to access and received a wide and varied response. For the purpose of this analysis, we focussed on the responses from people aged over 55 years. The most common answer was opportunities for older people to “mix with the community”. This ranged from cross-cultural to intergenerational opportunities

to meet with other people in a safe environment (86 responses). Forty-one people requested for more free activities such as exercise groups, crafts and knitting and a further thirty-six people responded with a need for more neighbourhood groups in order to build community relationships.



Photo: Data collection at Friends of Woodberry Downs

Findings from the dialogues with community researchers

The dialogues between community researchers and local people were rich, since they took place in mother tongue. The top priority of having opportunities for structured social activity was echoed again in these. There was real enthusiasm expressed for social prescribing.

Cost was a major factor that had to be managed in all circumstances. People were very pleased to find free activities they could join in on. Concern was repeatedly expressed about the community groups and services that have gone, been shut down for want of funding. This was a great worry for people, since people rely on them.

Many people expressed appreciation for the culturally specific services where people can go and speak their own language and find information in a form they can understand. People travelled across the borough to get to their community group.

In relation to travel and transport, issues regularly mentioned were:

- the costs of public transport and parking
- the problems of elderly people not feeling safe from being jostled on buses
- the desire for seaside outings.

People frequently mentioned the local shops as a resource, not just to buy goods near home but because of their role in promoting the social life of the neighbourhood. People meet and chat in the shops. Local shop keepers make their customers welcome and join in the conversations.

Findings from health practitioners

Health practitioners were difficult to access. As shown in the table below there were two separate attempts to engage both Practice Managers and GP's. In early September an initial email was sent from SAfH's Project Coordinator to all Practice Managers. In early October, following the presentation to GPs (Social Prescribing Launch 27th September) a second email was sent by Sandra Cater to all GP's in City & Hackney.

Table 5 shows the summary of outreach activity between 3rd September and 4th October 2013.

Table 5. Summary of outreach activity to GP surgeries

	No. of surgeries contacted		No. of times contacted
Sent email to practice surgery	44		2 cycles of emails
Followed up with call to practice manager	44		1 cycle of calls
	Offered	Took place	No of practitioners engaged
Face to face meetings	44	2	13
Over phone questionnaire	15	1	1
Email questionnaire	44	2	2

A total of over 25 hours of outreach time was dedicated to reaching and engaging with surgeries. Due to the tight timescale for data collection, many surgeries were not in a position to take part in the project. However, those who engaged were well informed about the community resources available in Hackney and made a positive contribution.

Table 6. Voluntary and statutory organisations identified and recommended by GP Surgeries

Organisation/Group	Post code
Stops Falls Network	E8
Salvation Army	E8
Derman	N1
Age UK	E2
Core Arts	E9
Lee House	N16
MIND	E9
Family Action	E8
Social Action for Health	E8
Food Banks	
Round Chapel	E5
Childrens Centres	
Sharp End	E8
Greenhouse-homeless support	E9
Shoreditch Spa	N1
The Stroke Project	N1
Hoxton Trust	N1
Kings Hall Leisure Centre	E5
Peter Bedford	N16
Off Centre	E8
Britannia Leisure Centre	N1
CAB	E5
Kingsmead Kabin	E9
Wally Fosters Community Centre	E9
Centre for Better Health	E8
Lifeline	E9
The Grove Alcohol Centre	E9
St Johns Church-homeless support	N1

Tables 6 and 7 illustrate the feedback from health practitioners interviewed from five GP surgeries in City & Hackney. In total we collated responses from 16 health practitioners. Table 6 indicates that health practitioners have a

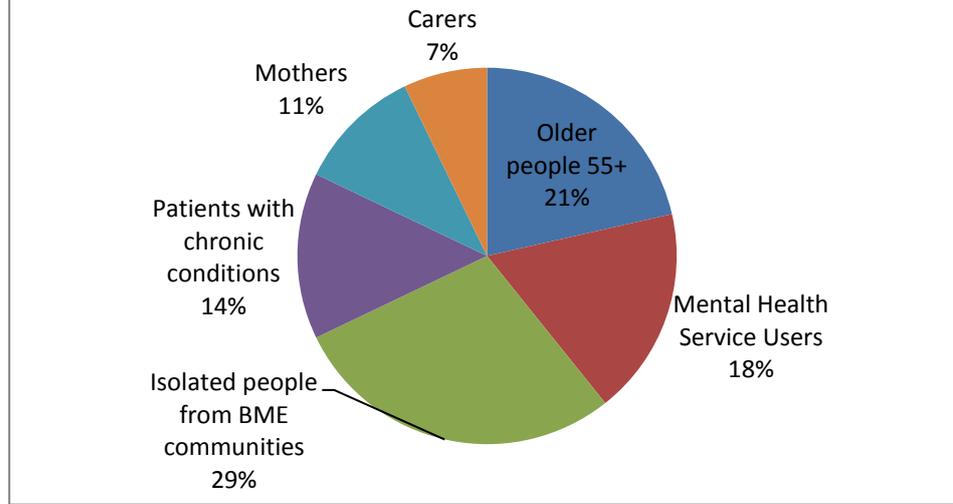
varied understanding of the community groups available in City & Hackney. The responses from health practitioners illustrates that GPs would recommend their patients access groups outside their locality. For example, GPs at Lower Clapton Health Centre (E5) recommend their patients access Derman (N1), Social Action for Health (E8) and Lee House (N16). Similarly, Queensbridge Practice (E8) would recommend Shoreditch Spa (N1) and The Stroke Project (N1) to their patients. Lea Surgery (E9) GPs recommend Peter Bedford (N16) and Britannia Leisure Centre (N1).

Table 7. Type of groups GPs want for their patients

Types of groups	
1	Housing & Benefits Advice sessions
2	Befriending for older people
3	Gardening Groups
4	Music and Arts Groups
5	English classes
6	Community exercise programmes
7	Walking groups
8	Women's support group
9	Parenting classes
10	Emergency Help - crisis support for homelessness
11	Dementia Support Group
12	Learning Disability Support Group

The GP's we spoke to clearly identified that many of their patients would benefit from a social prescription and were keen for a cross section of offers to be made. For example, the twelve most requested themes are listed in Table 7 below and reflect the diverse needs of patients as identified by GPs. Together with Figure 4, we can see that although the upcoming Social Prescribing pilot will focus on older people and people with diabetes, the reality is that GPs face increased demand not just from older people, but from carers of all ages, non-working mothers, isolated people from BME communities and mental health service users.

Figure 4. Patients that GPs think will benefit from a social prescription



5. Discussion

5.1 Health practitioners

Although we were disappointed not to have secured more engagement with health practitioners, the small sample of GPs who did take part were well informed about community needs and resources. They recognised the vital role of the community sector and demonstrated good awareness of the various organisations across the borough. We were interested that their knowledge is Hackney wide, not locality limited. This is encouraging for the forthcoming Social Prescribing pilot, since our local knowledge tells us that people travel the borough to engage in activities.

5.2 Local needs

The findings suggest that a social prescription would be highly valued by a diverse group of patients as identified by the GPs we interviewed. We recognise the need to limit the pilot to older people and people with diabetes, at this stage, but when the pilot is rolled out, we hope it will be accessible to all with chronic health conditions. The benefits for local people and the consequent diversion of pressure on GPs into the community sector will both be great.

'I really think all patient groups would benefit from a social prescription.'

Dr Dominic Roberts, Lower Clapton Medical Centre

5.3 Social activity

It is striking how valued is social activity, in and of itself. Most people over 55 years old wanted opportunities to “mix with the community.” This mixing was not only with people like them, but a substantial number (86) of older people interviewed wanted to mix cross culturally and intergenerationally.

This finding was affirmed in the dialogues between local people and the community researchers where isolation was identified by many as a big problem, opportunities to get together the best solution.

In terms of the bigger picture of the health of the borough, this is a very positive finding. The evidence is there that social networks support people with their health and wellbeing. When these networks are cross cultural and intergenerational, they are stronger and the bridging social capital that is built is valuable indeed. If the social prescribing project contributes to social capital and this small mapping exercise indicates that there is an appetite for just this, amongst local people and practitioners) then it will be contributing to the cohesion and thus the health of the borough as a whole.

It is worth noting that the priority for 53% of the local people interviewed was socialising and eating together, going up to 61% when faith based socialising is added in. Only 3% of those interviewed identified accessing information as their top priority. Contrasting this with the priorities for patients identified by health practitioners, they identified information on housing benefit as the top priority. Interviewees accessed their information as a function of their socialising which indicates that the social context for accessing is key. This suggests that it might be the case the other way round, that is, in communicating information (giving rather than receiving), consideration of the social context through which this is done is essential.

5.4 Translation

Many people interviewed reported that reading English was difficult so it is important that the advertising of social prescription services is done in the relevant language rather than just assuming everyone can read English. Many people requested translation services. Language can be a major barrier to taking up service offers.

Another reason why people are so keen on socialising is that that is how people learn about services, about changes in legislation. People share information in their own language.

Changes to the benefits system is causing great anxiety, since forms have to be completed online and people simply can not do it. Opportunities are needed for people to learn how to use computers and to be able to learn English. English languages classes have been badly cut in recent years so people are at a serious disadvantage if they do not already have English.

5.5 Poverty

The local people we engaged in the mapping were those we could reach in the time period and we guess that the responses were influenced by the time of year.

We found that people were making the most of their situation, in the face of poverty. In this context, the answers to the question about what activity they would like to engage in were circumscribed by their limited income and by keeping their hopes within the bounds of reality. People who are poor have to manage their expectations to avoid frustration and disappointment.

Thus, now that it is a possibility that the CCG will be funding social prescriptions to community activity, the opportunities have opened up for a wider range of resources to be made available than was originally anticipated.

Nevertheless, even though the range of resources is likely to be wider, the priority being for opportunities to socialise, to mix, is not likely to diminish.

5.6 Travelling

Across localities

From the dialogue researchers had with local people, it was clear that people travel outside the areas where they live to meet up with people from their own cultural, interest-based or ethnic community.

However, there are some constraints upon cross borough travel that must be taken into account in the social prescribing pilot:

- The cost is a consideration for people who do not have a freedom pass - buses are frequent in Hackney now but they are not cheap;
- The difficulties for people who are disabled are significant. People are frightened of being jostled on the bus and sometimes there is impatience with people in wheelchairs.

Outings

People mentioned that they would like to go out for the day. People are keen on outings to the seaside or the countryside. Many people do not have annual holidays outside Hackney so stay in borough, year in, year out. Outings could help people get a rest from the borough and socialise at the same time with people who might have been strangers beforehand.

6. Conclusion

From the enquiry we have undertaken, it is clear that for those interviewed, socialising is the priority. People want opportunities to do so. What people whilst they are socialising could include a range of activity, purposeful, like learning English, or for leisure, like going on an outing. All activities that are social will be useful in increasing social capital, and if that social activity is cross cultural, then the benefits will be an increase in bridging social capital, precious indeed in a multi-cultural area like Hackney.

This means that social prescribing, inherently social in nature, bringing people together will make a significant contribution to the social capital of Hackney. Cross cultural social activity will have to be facilitated and can be organised by the community organisations working together to deliver social prescribing. It has every chance of being successful because this is what people want. .

The community research asked local people themselves what services they used to keep health and well. What is clear from the results, both from the questionnaires and from the dialogue that took place between the researchers and the local people is that people are active, making best use of the resources available to them, even though these might be limited because of living on very tight budgets. People will gather to chat at the corner shop, go for walks together in the park, socialise and swap information in churches and mosques. It is clear that local people themselves operate on the basis of the assets they have and can access. They are not dreaming of what they might do that feels outside their sphere of influence. Lifting people's sights will take time and the process must be a practical one, which tackles the very real barriers that are encountered. Public transport arose as a significant block as did language barriers.

The social prescribing pilot will hopefully work with around 2000 people who are isolated, anxious, stressed poor to create opportunities for purposeful social activity. If we are smart in Hackney, we can at the same time, begin to explore how we might utilise social prescribing to tackle some of the infrastructural factors that affect the quality of life of many people in the borough; factors such as translation. How about a socially prescribed opportunity to learn how to translate, or write leaflets or learn to be a travelling companion helping others with navigating the transport system? In these ways, we use the obvious assets of local people to build up the quality of life of us all in the borough.

Appendices

Appendix 1

Community researchers practice development meeting: feedback from dialogues

Community facilitators all Hackney residents – close to the ground and representative of diversity. The interviewed and talked with 361 people. Some key issues that emerged from the dialogues:

Socializing

- For the elderly - they enjoy lunch get togethers.
- African & Caribbean isolated
- Many agreeable to Social Prescribing. Made interviewing much easier. There was no need for smoothie give aways to entice.

Cost

- Many services free but pay for lunch. Where free, limited activities
- Want free parking spaces in Hackney i.e. more people would come to Chatsworth Festival or Core Arts if free parking.
- ‘Elderly more restricted as family don’t come to visit due to expensive parking’
- Majority of services are free – people are poor. However, within Jewish community, paying is important – ‘if you pay you value’
- Space is available to run more activities but there’s a price attached. Much space at churches
- People socialise in the local shops, across cultural lines and age, shop keepers supportive. .

Travel and transport

- The need for transport to get to and fro to venues (and for those on DLA). Used to use dial-a ride. At Wayside, need transport. Uptake would increase with transport provision.
- ‘Taxi card’ discount card for black cab for a 3months fixed rate for DLA and elderly
- Elderly fear to use buses
- Want more excursions i.e. seaside visits.

Culturally specific

- North Hackney is where the majority of Jewish community are resident. Jewish community are happy with the resources provided. Orthodox and Unorthodox Jews don’t mix. Community cares for vulnerable i.e. elderly and users.
- VLC and Turkish community also happy with their community services, such as the Alevi Turkish Centre
- People come from outside of Hackney — people from as far as Finchley or Redbridge

Shrinking services

- Many key services have shut down, i.e. Asian Women’s Advisory Centre – now no premises.
- Attempts are being made to engage people from local area to attend the weekly Chats Road Festival but lack of investment in E5 and E8 makes it difficult.
- Voluntary and community centres heavily populated along The Kingsland Road which connects to Stamford Hill and Stoke Newington Road running from E2 to N16. The major road in Hackney.
- An area that requires attention is the E5 area along the Chats Road. Since influx of more professionals moving into the area, the area has become more gentrified with cafes and local shops. This has had a negative impact in the area - pushing up prices and making it less affordable for those who are from tougher socio-economic backgrounds. A clear disparity.
- Churches notoriously difficult to access. i.e. Congolese community.
- Less working men clubs and regular pubs to hang out
- What about those who are limited to home?
- Youth centres have disappeared. Many said they’d like to see more places for younger people.

Appendix 2

Table 8 Targets and outputs

Target	Output
300 local people	361 local people
12 practitioners	16 practitioners
6 patient participation groups	2 patient participation groups
30 community groups visited	32 community groups visited
30 community groups substantiated	200 community groups substantiated

Note: Of surgeries spoken to patient participation groups tend to happen only once every few months, therefore, where we were invited, the time was outside our timetable.

Project targets:

Numbers in total to reach were:

2 practitioners (either GPs, nurse practitioners, other clinicians or practice managers) in each consortium = **12 practitioners to be directly involved.**



Patient participation groups (PPGs) in each consortium = **6 to be consulted directly.**

50 patients in each consortium to be consulted directly = **minimum 300 local people.**

5 community groups at least around each consortium = **minimum 30 community groups to be visited directly.**

5 community groupings substantiated but maybe not visited, around each consortium, if circumstances prohibit it = **minimum 30 other groupings described.**

Project outputs:

- The project reached 361 people.
- We engaged with 5 GP surgeries and within those surgeries, 16 health practitioners, including GPs.
- We interviewed 2 Patient Participation groups
- We visited 30+ voluntary and community groups
- We substantiated over 160 other voluntary and community groups (including all those mentioned by participants)

Appendix 3

Social Prescribing- Mapping Hackney's Community Resources

Facilitator 1: _____ Facilitator 2: _____

Venue including address: _____

Q1a. Where do you spend time in your community, that you look forward to or find helpful, outside your families and friends ? For example: Walking groups, Gardening Clubs, Mother and Baby group, Bridge club, Tai Chi, Lunch Clubs etc

Q1b. Why do you look forward to, or find going to these community places helpful to you?

Q2. Do you know of any other support services or groups in your local community that you find helpful? For example: related to finance and benefits, learning, care services etc

Q3 If someone new moved to the neighbourhood, where would you suggest they go to connect with the local community and to get health information?

Q4. What activities would you like to see in your community that isn't available?

Demographic Data

Postcode (first part only e.g. E5): _____

Gender (circle): M F

Age range (circle): 18-25 26-35 36-45 46-55 56-65 65+

Ethnicity: _____

Surgery name: (inc. address if known): _____

1. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): **Time:**

Cost (per person/per day or course):

Please circle: Use group Recommend group Both

2. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): **Time:**

Cost (per person/per day or course):

Please circle: Use group Recommend group Both

3. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:



Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): **Time:**

Cost (per person/per day or course):

Please circle: Use group Recommend group Both

4. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): **Time:**

Cost (per person/per day or course):

Please circle: Use group Recommend group Both

Date form returned by Health Guide:	
Inputted on to the database by:	
Date:	
Session ID (from database):	

Appendix 4

Social Prescribing- Mapping Hackney's Community Resources

Facilitator 1: _____ Facilitator 2: _____

GP/Practice Manager: _____

Surgery address: _____

Q1 What community resources do you know are available in your area for your patients?

Q2. What community resources would you recommend to your patients to use?

Q3. What community resources would you like to see in your area that isn't available for your patients?

Q4. Which 'patient group' do you think would benefit from Social Prescribing at your surgery? For example: African-Caribbean, elderly, mothers, service users etc

1. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): _____ **Time:** _____

Cost (per person/per day or course):

Please circle: Know group Recommend group Both

2. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): _____ **Time:** _____

Cost (per person/per day or course):

Please circle: Know group Recommend group Both

3. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): _____ **Time:** _____



Cost (per person/per day or course):
Please circle: Know group Recommend group Both

4. Group/organisation name:

Formal/Informal (circle): F I

Community group (Afro-Caribbean, elderly, service users, everyone):

Address with post code:

Contact name:

Telephone no./e-mail/website:

Activity (lunch club, gardening, social, exercise, training):

Day/s group meet (circle): Mon Tue Wed Thu Fri Sat Sun

How often (i.e. weekly/monthly): **Time:**

Cost (per person/per day or course):

Please circle: Know group Recommend group Both

Date form returned by Health Guide:	
Inputted on to the database by:	
Date:	
Session ID (from database):	

Appendix 5

Tables of Raw Data

Number of local people interviewed at community groups

	Community group /place	No.
1	Chatsworth Road Festival	40
2	Jewish Care – Arts/Music/Lunch/Mental Health Group	29
3	Salvation Army/Lunch club	22
4	North London Muslim Centre (NLMCC)	19
5	Hackney Caribbean Elderly Organisation (HCEO)	18
6	Shoreditch Spa	18
7	VLC Community Centre for Refugees from Vietnam, Laos and Cambodia	17
8	Friends of Woodberry Down	17
9	Hackney Carer Centre	15
10	Homerton Hospital Mental Health & Women's ward	14
11	SAfH Patient Network Group	14
12	Chats Lunch Club	13
13	Alevi Cultural Centre & Cem-evi	12
14	Salvation Army/ Mother & Baby	12
15	Wayside Community Centre	11
16	4sight Sunday Lunch	11
17	Patient Participation Group - Lower Clapton Surgery	8
18	Princess May Primary School	8
19	Door-to-door	8
20	Shackwell Mosque	8
21	Jami/Kadimah	7
22	Core Arts	6
23	Mind-I.R.I.E	6
24	Saint Paul's Church	6
25	Chizuk	5
26	SAfH - Drop-In Session	4
27	Café Heath	4
28	SAfH - Practical Development Meeting	3
29	Patient Participation Group - Lea Surgery	2
30	Mind - I.C.T. group	2
31	Britannia Leisure Centre	1
32	SAfH-Hackney community member	1
	Total	361

Table 10 Top 10 surgeries interviewees are registered at

	Surgery Name	No.	Consortium
/	Not Specified	55	n/a
/	OUTSIDE the BOROUGH	40	n/a
1	Lea Surgery	22	Klear
2	Lower Clapton Group Practice	18	Well
3	Somerford Grove Practice	18	North East
3	Lawson Practice	13	South West
4	Well Street Surgery	12	Well
5	Heron Practice	11	North West
5	London Fields Medical Centre	11	Well
6	Barton House Group Practice	10	North West
7	Dalston Practice	9	Klear
7	Nightingale Practice	9	North East
7	Sorsby Medical Practice	9	Well
7	Stamford Hill Group Practice	9	North East
8	Cranwich Road Surgery	8	North West
9	Queensbridge Group Practice	7	South West
10	Allerton Road Medical Centre	6	North East
10	Athena Medical Centre	6	Rainbow & Sunshine
10	Elsdale Practice	6	Well
10	Healy Medical Centre	6	Klear
10	Kingsmead Medical Centre	6	Klear
10	Shoreditch Park Surgery	6	South West
10	Statham Grove Surgery	6	North West
10	Wick Health Centre	6	Well

Table of all the groups and activities mentioned during outreach

Group
Action For Children Hackney Young Carers
Active Birth Centre
Addaction
Age UK Hackney
Agudas Israel Community Services
Alevi Cultural Centre & Cem-Evi
All Saints' Church
An Viet Foundation
Ann Tayler Children Centre
Asian Friendship Centre

Bangla Housing Association Ltd
Beecholme Community Garden
Beyond Feelings
Bikur Cholim D`Satmar Trust
BowHaven
Brenner Jewish Community Centre
Bridge Academy
Britannia Leisure Centre
British Red Cross
Built On The Rock International Ministries
Career Development Group
Carers Centre (City & Hackney)
Carol Straker Dance Foundation
Chats Palace Arts Centre
Childrens Scrap Project
Christ Royal Church
Citizens Advice Bureau-Hackney
City and Hackney Mind - for better mental health
Clapton Improvement Society
Clapton Library
Clapton Park Childrens Centre
Clapton Square
Claudia Jones Organisation
Clissold Leisure Centre
Clissold One O`Clock Club
Clissold Park
Connexions Careers Centre
Core Arts
Cross Street Baptist Church
Dalston C. L. R. James Library
Daubeney Childrens Centre
Family Action
Forest Kids Hackney
Frame Gym
Friends of Homerton Station plant wildflower meadows
Friends of Woodberry Down
Geffrye Museum
General Browning Moth Club
Grasshoppers nursery
Hackney Caribbean Elderly Organisation (HCEO)
Hackney Central Library
Hackney Chinese Community Services (HCCS)
Hackney City Farm
Hackney Community College

Hackney Community Law Centre (HCLC)
Hackney Downs
Hackney Learning Trust
Hackney Libraries
Hackney Marshes
Hackney Migrant Centre
Hackney Picturehouse
Hackney Play Bus
Hackney Police Partnership Unit
Hackney Quest
Hackney U3A (University of the Third Age)
Haggerston Park
Hampden Chapel (Assemblies of God) Pentecostal Church
Hanover Gardening Afternoon
Hatzola
Hestia Housing & Support
HIP - Hackney Independent Forum for Parents/Carers of Children with Disabilities
Homerton Library
Hoxton Market
Idea Store Bow
Ivy Street Family Centre
JAMI
Jan's Bar
Kings Hall Leisure Centre
La Leche League GB
Laburnum Boat club
Lee House Employment and Rehabilitation Centre
Lee Valley Ice Centre
Lifeline Hackney - Community Drug Services (CDS)
Linden Children Centre
London Field Park
London Fields Fitness Studio
London Fields Lido
London Wildlife Trust
Lubavitch Children's Centre
Madina Mosque Trust
Magic Me
Mapledene
Methodist Church
Mildway Community Centre
Millfields Children's Centre
Millfields Park
Mind Yourself

Morningside Children Centre
Musallaa An-Noor Mosque
Muslim Welfare House
NANA
National Union of Teacher (Hackney)
New Synagogue Egerton Road
North London Mosque
North London Muslim Community Centre (NLMCC)
NYE Bevan Estate
One Housing Group
Open Doors Baptist Church
ORO Bar
Our Lady and St Joseph
Pedro Youth Club
Peter Bedford Housing Association
Princess May Primary School
Rio Cinema
Round Chapel Arts Centre
SAfH
Saint Martin of Tour Housing-Wilton Villas
Saint Mary Therapeutic Garden
Salvation Army - Booth House
Salvation Army - Cambridge Heath Corps
Salvation Army - Clapton Corps
Sam and Annie Cohen Day Centre
Seabright Children Centre
Seventh day Adventist Church
Shacklewell Lane Mosque
Sharp End (Seniors Health and Active Retirement Project)
Shelter London Advice Services
Shoreditch Library
Shoreditch Trust
South Hackney Community Mental Health Team
SPACe
Springfield Park
Springfield Youth Centre
St Barnabas with St Pauls - Homerton
St Hilda's Community Centre
St Joan of Arc Parish-Parents and Toddlers groups
St John at Hackney Churchyard Gardens
St Joseph's Hospice Education Centre
St Jude's Roman Catholic Church
St Luke Homerton
St Paul West Hackney

St Saviour's Priory
Staint Thomas Moore
Stamford Hill Library
Stoke Newington Library
Stoke Newington Town Hall
Stop Falls Network
Suleymaniye Mosque
Sure Start (Hackney Wick Community Centre)
Sutton House
Taoist Tai Chi Society of GB
Thames Reach
The Albert
The Dragon Café
The Elderfield
Thomas Fair School Community School-Children's Centre
Toddler Time Thursday Morning Playgroup
Toynbee Hall
United Reform Church-N16
V&A Museum of Childhood
Venetia's Coffee Shop
Victoria Park
VLC Community Centre for Refugees from Vietnam, Laos and Cambodia
Walking Together
Waltham Forest - Allotment
Wayside Community Centre
West Reservoir Centre
Westminster Drug Project
Woodside Park Synagogue
Word of Mouth Café
Young Hackney

References

J, Brandling, W, House (2009) 'Adding meaning to medicine,' British Journal of General Practice 59 (563), pp 454–456.