citizens advice

Sedgemoor

THE SOMERSET STRONGER COMMUNITIES SOCIAL PRESCRIBING PROJECT

AN APPLE A DAY...

*Management Summary of a report on Social Prescribing in Sedgemoor
and Potential For Development
Within the Stronger Communities Social Prescribing Project*

This is a brief summary of our research and our conclusions and recommendations.
For further details of our findings, please refer to the main report.

By the Research and Campaigns Team
of
Citizens Advice Sedgemoor

March 2019

Social Prescribing is Alive and Kicking in Sedgemoor – So Far So Good, But There is More to be Done

Healthcare Professionals

We have spoken to five Practice Managers, responsible for seven surgeries in Sedgemoor, and two senior GPs; also to three public groups and a Patient Participation Group. They are enthusiastic about Social Prescribing and all but one of the practices are actively engaged – but in very different ways.

We have been able to engage only with Primary Care bodies.

Link Workers

We have spoken to three (of the four) Village Agents deployed as Link Workers in Sedgemoor, and the Operations Manager for Somerset's Village Agents. All are enthusiastic and inspiring; all are engaged with Social Prescribing. They operate differently – necessarily forming different relationships with the GP Practices they engage with.

We estimate that they refer more than 500 people each year.

Community Resources

We have identified 170 Community Resources available to Link Workers. This list includes resources from the public sector, commercial resources, voluntary and charity resources, and some groups that are informal and unincorporated. It ranges across a wide variety of specialisms.

We have spoken to 6 of the larger Resources, as well as to the Zing coordinator.

There are varying attitudes to the issues of Data Protection and vetting ("DBS Checks"). We conclude that they could be dealt with in discussion between the patient and the Link Worker: that the GP need not (cannot) be responsible for everything that happens as a consequence of referral, and that the GP cannot be responsible if the referee enters the system in contact with the Link Worker or direct with the Community Resource.

There is no Directory of Community Resources for Sedgemoor, although the Taunton Road Practice has committed resources to creating theirs.

Several of the organisations listed, as well as one respondent to our questionnaire, warn that they are already overstretched, and additional funding is necessary if they are to accept many more cases by taking part in Social Prescribing.

Learning from Others

Social Prescribing is now a matter of government policy[1]. This report supports those plans and is intended to be consistent with them.

It is well established in many parts of the UK, including in parts of Somerset, but there is no common or compelling model, although it is all but universally accepted that Link Workers are a critical part of any successful scheme.

There is no common language for Social Prescribing, and the language confuses practitioners and users. It may be a deterrent for some GPs.

Users

A survey of users, and potential users, of Social Prescribing in Sedgemoor tells us:

- At least 79% of people want their doctor to be able to refer them to help which is not medical. **We have heard nobody argue against Social Prescribing during our research.**
- 23.4% of respondents report that they have been referred by their doctor to help which is not medical. **This is compelling evidence that Social Prescribing is operating in Sedgemoor, and that there is more to do.**
- The largest group of respondents (43%) told us that a second appointment for the purpose of referral is acceptable. This matches the view from GP practices who feel more strongly that a second appointment is appropriate.
- 75.18% foresaw obstacles to getting to appointments and events. Cost was the biggest factor identified (50.35%). Childcare issues emerged as an area that we had not previously identified.
- More than half of respondents (51%) thought that anyone who approaches the link worker should be eligible for help, however that approach takes place.
- The responses indicated that people in Sedgemoor do not think that the kind of help on offer should be limited. Loneliness/isolation, depression, exercise and healthy lifestyles were main areas identified by our respondents. Mental Health issues, and family issues, emerged as preferences that we did not initially offer.
- There was a strong body of opinion (96.49%) that it does not matter whether the Community Resource is public sector, commercial, charity/voluntary or informal and unincorporated: this is consistent with the "shared responsibility for health" as espoused by the NHS Long Term Plan.
- The users see it as entirely appropriate for the GP to refuse to accept responsibility for events in the Link Workers, or in the Community Resources, provided that this relationship is clearly explained to the patient/referee. This is consistent with the principles of the NHS Long Term Plan.
- There were several comments noting the benefit of reducing pressure on GPs; at least one comment was concerned about each of the following aspects:
  - Risk of Fraud
  - Data Protection issues
  - Safety of patients
  - The problem of putting more work on the VCSE sector.

[1] Para 1.40 of NHS Long term Plan (published 2019) and Universal Personalised Care: Implementing the Comprehensive Model (2019).

Overview

Social Prescribing is evolving in Sedgemoor, largely on a practice by practice basis; and there is some duplication of effort. It would be of significant advantage to coordinate or at least to form a collaborative relationship between those who are participating.

The NHS Long Term Plan (2019) and its supporting document Universal Personalised Care: Implementing the Comprehensive Model (2019). But we do not accept that Sedgemoor should wait for it to take effect.

Existing policy documents do not make it clear how Social Prescribing should be managed and structured: this document proposes and interim position for Sedgemoor.

What Needs to Be Done

STRATEGY: Protect the existing investment and develop it incrementally: it demonstrates worthwhile progress, it has momentum and enthusiasm, it has quality people and sound relationships, and it provides a sound basis on which to develop. It would be tragic and disastrous to change the people or the organisations at this stage. Some strategic insights are:

- *The existing people are of high quality and their work is highly regarded.* ***This is an important asset and we must protect it: we must be careful not to damage this.***
- *We must not take funding for any developments from existing Primary Care budgets.*
- *It is critical to ensure that the Community Resources are also supported adequately as we plan to significantly add to their volumes of work in a way for which they are unprepared.*
- *Demand is unknowable: it may be infinite. But it can be managed by liaison between the Healthcare Professionals and the Link Workers.*
- *The dominant view is that Community Resources should be unrestricted. Public Sector, Commercial, Charity or even individuals can all help. Difficulties in relation to governance of those resources can be dealt with in the referral process.*
- *It is not necessary to make Social Prescribing homogenous. We can afford for it to be localised; and we can refine and develop and seek best practice later.*

Immediately

Action 1: ***Coordinate the development of Social Prescribing in Sedgemoor*** to maximise effectiveness. At present it is developing organically rather than coherently and consistently.

Indicative Cost: No new money – this is a part of normal business.

Action 2: ***Rationalise the language of Social Prescribing*** in Sedgemoor, and ideally across Somerset so as to reduce confusion.

Indicative Cost: No new money – this is a part of normal business.

Action 3: ***Raise awareness of Social Prescribing and its benefits among healthcare professionals once a plan (including sustainable funding) is agreed.***

Indicative Cost: No new money – this is a part of normal business.

Comment: *The first step is to hold an Event aimed at all of the stakeholders in this scheme – including the Healthcare Professional, the Link Workers, and the Community Resources, but also open to the public.*

Action 4: ***Continue to develop (and rationalise) a Social Prescribing or Community Resources Directory. Ideally developing a Sedgemoor-wide Directory, or better still, a county-wide Directory – but in such a way that it can be viewed locally (locally for the person being referred).***
We regard it as part of the requirement for a Directory to operate as a "one-stop-shop" simple and intuitive to search to help the most vulnerable members of the community.
We also regard it as part of the Requirement for the Directory to be available to the public, with a view to self-help without the involvement of GPs or Link Workers. The Resource is also expected to provide leadership and management for the Link Workers and liaison with Community Resources.

Indicative Cost: One Manager and a web site. Est £40000. May be shared county-wide.
NOTE: It is understood that Sedgemoor District Council is working towards a collaborative arrangement for the hosting and management of the Directory.

Action 5: ***Establish a strategic relationship between the Village Agents and Community Transport Schemes in Sedgemoor to help people travel to Community Resources.***

Indicative Cost: Hopefully cost free.

Soon

Action 6: ***Fund and recruit up to 12 more Link Workers within the Village Agents Organisation, Management and Leadership.***

Indicative Cost: £35600 per practice that commits. This can be done incrementally.

Action 7: ***Provide funding for the support of Community Resources in Sedgemoor: this should be in the same sum, and at the same time, as funding for Village Agents. A proportion of this funding may properly be used to help those who are referred deal with obstacles they encounter.***

Indicative Cost: £35600 per practice that commits. This can be done incrementally.
NOTES: This report suggests that Community Resources should be funded by means of annual grants; and that applications would refer to expected additional demand, unit cost per referral, and additional costs implied by engaging with a Social Prescribing scheme.
It is also suggested recommended that a portion of this funding be identified for the purposes of helping where there are obstacles such as funding and transport.

In the Long Term

Action 8: ***Agree and fund Evaluation for this Project.***

Indicative Cost: No new money – this is a part of normal business.

Action 9: ***Continue to evolve and refine and develop the scheme; and encourage best practice.*** Ultimately aiming for a good, consistent and quick referral process.

Indicative Cost: No new money – this is a part of normal business.

Action 10: ***Engage local hospitals with Social Prescribing in Sedgemoor.***

Indicative Cost: Eventually a requirement for additional link worker resources can be foreseen.

Funding

We recommend a total expenditure of up £965600 per annum:

Link Worker Team Leader – and owner of the Directory	£40000 p a	As soon as practicable
13 additional link workers – one per surgery	13 x £35600 = £462800 p a	At 3 month intervals, staring as soon as practicable.

		This assumes that the funding of the existing Link Workers is secure.
Funding for community resources – and unlocking barriers to Social Prescribing, such as transport and cost of access	£462800 p a	Tranches of £35600 at 3 month intervals, staring as soon as practicable.

We recommend that this should be done incrementally, with £40000 immediately and subsequent increments of £72200 at a suggested 3 monthly intervals – but the sooner the better.

This suggestion of incremental development allows for the progress of the scheme to be monitored, evaluated and managed.

Insights

The most important strategic insights are:

- *The existing people operating in Sedgemoor are of high quality and their work is highly regarded.* ***This is an important asset and we must protect it: we must be careful not to damage this.***
- *We must not take funding for any developments from existing Primary Care budgets.*
- *It is critical to ensure that the Community Resources are also supported adequately as we plan to significantly add to their volumes of work in a way for which they are unprepared.*
- *Demand is unknowable: it may be infinite. But it can be managed by liaison between the Healthcare Professionals and the Link Workers.*
- *The dominant view in Sedgemoor is that Community Resources should be unrestricted. Public Sector, Commercial, Charity or even individuals can all help. The test should be whether it helps the patients, not tests of politics and bureaucracy. Difficulties in relation to governance of those resources can be dealt with in the referral process.*
- *It is not necessary to make Social Prescribing homogenous. We can afford for it to be localised; and we can refine and develop and seek best practice later.*

Citizens Advice Sedgemoor

Citizens Advice Sedgemoor is a registered charity (formerly Sedgemoor Citizens Advice Bureau). It is part of a Citizens Advice service which operates at 2700 locations in England and Wales to provide advice that is free, confidential, independent and impartial.

The service helped 2.7 million people face to face, over the phone, by email and web chat in 2016-17 with the help of 23,000 volunteers. There were 43 million visits to our online advice pages.

Twin aims of the service are:

- *To provide advice people need for the problems they face*
- *To improve the policies and practices that affect people's lives.*

Each local Citizens Advice is an independent charity, giving advice on a wide range of issues including debt, benefits, consumer and employment.

Citizens Advice Sedgemoor consists of 12 paid staff and about 35 volunteers.

This report is available online, with our other reports at http://sedgemoorcab.org.uk/research-campaigns/.

Address: Citizens Advice Sedgemoor
Royal Clarence House, High Street, Bridgwater TA6 3BH

Telephone: 01278 459009

E-Mail: nick.hubbard@sedgemoorcab.org.uk

Web: http://sedgemoorcab.org.uk

Charity Number: 1041082

You may contact the Research and Campaigns Team at our offices:

Nick Hubbard
Laura Clapp
Kevin Chorley