

THE SOMERSET STRONGER COMMUNITIES SOCIAL PRESCRIBING PROJECT

AN APPLE A DAY...

*A report on Social Prescribing in Sedgemoor
and Potential For Development
Within the Stronger Communities Social Prescribing Project*

By
the Research and Campaigns Team
of
Citizens Advice Sedgemoor

March 2019

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What is “Social Prescribing” ?

For the purposes of this report, Social Prescribing is understood to be “Enabling healthcare professionals to refer patients to a link worker, to co-design a nonclinical social prescription to improve their health and wellbeing.”¹

This has three main components:

- A link worker – who accepts referrals from General Practitioners and other healthcare professionals; who accepts direct approaches from people who want his sort of help; and who may accept references from others, including the emergency services and others in the VCSA and social care community.
- GPs who refer patients when this is likely to improve their health and/or wellbeing
- A wide variety of Community Resources that are available to people who want to improve their health and/or wellbeing. These Community Resources may be from the Public Sector, the Private Sector, or the Third Sector (charities): they may be from individuals and informal organisations.

Social Prescribing has been evolving for more than a decade. During the last few years, it has become a matter of government policy. It is referred to in the NHS Long term Plan, published in January 2019, and the supporting document “Universal Personalised Care: Implementing the Comprehensive Model”. Social Prescribing is one of the main elements of Personalised Care that is becoming business as usual across the health and care system. The document says “...we want social prescribing and shared decision making to be mainstreamed in primary care...”² and to deliver:

“ Action 8. Fund the recruitment of over 1000 social prescribing link workers to be in place by the end of 2020/21, rising further so that by 2023.24 all staff within GP practices have access to a link worker...enabling social prescribing and community based support to benefit up to an estimated 900000 people.

Action 9. Work with partners in the voluntary and community sector, as well as... to explore the best models for commissioning the local voluntary and community sector that support sustainable models of delivery and scaling of innovative provision.”³

Characteristics of Good Social Prescribing

- It is person-centred.
- It is local – not defined by civic boundaries, but local to the person concerned.
- It helps to build and bond communities
- It involves collaborative working within and between sectors
- It works only if all those involved want it to work
- It requires sustainable “new money” funding.

¹ A definition co-produced by the Social Prescribing Network. The NHS Long Term Plan (2019) and Universal Personalised Care: Implementing the Comprehensive Model (2019) do not include any definition of the expression.

² 2.1 Universal Personalised Care: Implementing the Comprehensive Model (2019).

³ See pages 20 to 22, and page 49 of Universal Personalised Care: Implementing the Comprehensive Model (2019).

It is important to minimise bureaucracy, but sound Governance cannot be overlooked, including ensuring privacy and security, and providing investors and other observers with the reassurance of Evaluation.

The label “Social Prescribing” may be confusing. It is not currently used universally in Sedgemoor or elsewhere.

Pros and Cons of Social Prescribing

Against	In Favour
Cost – we recommend that Social Prescribing should be substantially funded by the Clinical Commissioning Group.	Benefits for people who are referred ⁴
Additional demands on Charity/Voluntary Sector organisations – require funding.	Reduction in hospital admissions
Governance requirement – including the privacy aspect, and evaluation data.	Reduction in demands on GP practices ⁵
Change – in an overstretched environment.	Evidence of benefits that outweigh disadvantages (see footnotes 3 and 4). Holistic and person-centred.
	Public Consultation evidence.
	Stakeholders Consultation Evidence.
	Policy of Her Majesty’s Government.

We accept without reservation that Social Prescribing is a Good Thing for patients and GPs and a good strategic fit for local authorities and the Clinical Commissioning

⁴ See, for example, the study of a Bristol based project at <http://eprints.uwe.ac.uk/23221>

⁵ See, for example, the study of a Rotherham based scheme at <http://www.shu.ac.uk/research/cresr/ouexpertise/evaluation-rotherham-social-prescribing-pilot>. See also “A Very General Practice” by Citizens Advice, May 2015.

Group. This has been argued extensively elsewhere,⁶ and is a matter of government policy⁷.

This Report

This report is about the present state of Social Prescribing in Sedgemoor, and recommendations for its evolution.

Our objectives are:

- To improve the quality of life of patients (and prospective patients)
- To mitigate demands on healthcare professionals for activities that are essentially non-medical
- To build and bond communities.

This report fully supports the policy in the NHS Long Term Plan (2019).

Our approach is to recommend a pragmatic way for Social Prescribing to evolve in Sedgemoor so as to maximise the benefits for patients and professionals as soon as practicable.

Our recommendations are based on evidence from our research.

⁶ Including 1. Connected Society: A Strategy for Tackling Loneliness (HMG Department of Culture, Media and Sport, 2018) 2. Thomson, L.J., Camic, P.M. & Chatterjee, H.J. (2015). Social Prescribing: A review of community referral schemes. London: University College London; 3. Making sense of social prescribing (2017) Polley, M. et al.; A review of the evidence assessing impact of social prescribing to healthcare demand and cost implications (2017) Polley, M. et al.; 4. Dance to Health: Evaluation of the Pilot Programme (2017) AESoP; Good practice for social prescribing for mental health: the role of nature-based interventions (2017) Bragg, R & Leck, C.; 5. Social prescribing at a glance: North West England (2016) Health Education England; 6. Shine 2014 final report. Social Prescribing. Integrating GP and community assets for Health. Health Foundation (2015) Bertotti, M. et al.; 7. Steps towards implementing self-care: A resource for local commissioners (2017) Healthy London; 8. Gloucestershire clinical commissioning group's social prescribing service: Evaluation report (2016) Kimberley, R. et al.; 9. Just What the Doctor Ordered: Social prescribing - A Guide for Local Authorities (2016) Local Government Association; 10. Inaugural National Social Prescribing conference report (2016) Social Prescribing Network; 11. Social Prescribing: A pathway to work? (2016) Steadman, K. et al.; 12. The Role of Advice Services in Health Outcomes: evidence review and mapping study (2015) The Low Commission; 13. Social prescribing: a review of community referral schemes (2015) Thomson, L. et al. 14. Overview Community Research Report for Somerset Life Chances Fund Project.

⁷ NHS Long Term Plan (published January 2019): 1.40. As part of this work, through **social prescribing** the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

See also Connected Society: A Strategy for Tackling Loneliness (HMG Department of Culture, Media and Sport, 2018).

Social Prescribing is also one of the ten High Impact Actions to Release Capacity in the General Practice Forward Review (2016).

One main theme that emerges from our research is that most respondents felt that we should do anything and everything that helps.

We recommend a systematic review after no more than three years of operation, the purpose of which includes the review of any problematic assumptions.

Citizens Advice Sedgemoor does not anticipate taking part in the world of Link Workers; we are Community Resources.

Language

The language of Social Prescribing is inconsistent and confusing, even within Sedgemoor. It is important to be clear for the purposes of these documents, and to resolve the inconsistencies for all purposes if possible.

The existing inconsistencies seem to have damaging effects – particularly when the misunderstandings involve key stakeholders such as GPs.

Social Prescribing

We have adopted the definition proposed by the Social Prescribing Network.

This implies Link Workers.

Link Workers

Sedgemoor currently has four Link workers.

They are currently Village Agents (with funding from a variety of sources, including GP surgeries and the Clinical Commissioning Group). Village Agents are managed within the Community Council for Somerset organisation.

They accept references from Healthcare Professional, identify Community Resources that can help the patient and refer the patient accordingly.

It is universally and strongly recommended that a holistic approach to this is taken – and the Link Worker should spend as much time as necessary to assess needs, and agree solutions, support them and see an improvement in their wellbeing.

In other schemes, Link Workers are referred to by a wide variety of synonyms, including Community Connectors, Health Coaches, Advisers, Navigators. We recommend that as far as possible, the language is rationalised.

Some schemes do not use Link Workers – for more detail on other schemes, see Appendix A.

Community Resources

This expression refers to organisations and groups that patients may be referred to through Link Workers. It includes commercial organisations, and those from the

voluntary and charity sectors; it also includes registered community groups and clubs and associations, and informal and unincorporated groups and individuals.

An attempt to categorise Community Resources and a list of those discovered by this research can be found in Appendix C.

Social Prescribing Directory

We take this expression to mean:

- A comprehensive list of Community Resources
- Available online – to practitioners and the public (available to the public with a view to self-help without the involvement of GPs or Link Workers.)
- Well maintained. Noting that smaller organisations are particularly dynamic – coming into existence quickly, and changing or disappearing without notice.
- Capable of search by type of Resource (eg exercise, isolation (this implies some complex design/language issues⁸.)
- Ideally Somerset-wide
- Ideally capable of search by distance from a post code (to help the referral process)
- Including all Resources that might help - whether public sector, private sector, voluntary/charity sector; where or not they are incorporated, and whether or not they have governance structures, irrespective of specialism; irrespective of obstacles such as charges; and noting that some organisations are regional and national.

More About The Elements of Social Prescribing

The Healthcare Professionals – Or Commissioners of Social Prescribing

We have absolute confidence in the healthcare professionals, including general practitioners, hospital doctors, nursing staff and their admin support.

We take it to be self-evident that the health professionals of Sedgemoor are hugely and increasingly overstretched. We therefore take it to be helpful to lift some burden from them.

It has been estimated that around 20% of patients consult their GP for what is primarily a social problem⁹. This scheme is capable of lifting much of that part of their burden.

It is important in many ways that participation in such a scheme is voluntary, because each GP group is a separate and autonomous business: two professionals in our research referred to themselves as “corner shops”. They can be persuaded, but it is

⁸ There are numerous exchangeable expressions that a member of the public may use to refer to loneliness, isolation, company etc.

⁹ Torjesen, I. (2016) Social Prescribing could help alleviate pressure on GPs. *BMJ*,352:i1436 See also The Low Commission (2015).

difficult to compel. It is therefore necessary to raise awareness of the scheme and to encourage.

It is also important that this scheme implies no additional costs for GPs – that may act as a deterrent.

Some GPs suggest that a patient becomes involved in this scheme, and seeks non-medical help.

Other GPs seize the initiative and systematically identify patients who attend frequently (perhaps the top 2%) for problems that are not solved in the traditional way, and considering the use of non medical solutions for their problems.

We recommend that both of these approaches should be available to the Healthcare Professionals of Sedgemoor, and to others in the VCSA and social care community.

Link Workers¹⁰

Role

The link worker receives the person who is being referred and spends time working with the person who is being referred to identify their needs and goals and co-produce tailored and pragmatic solutions.

They may need to make contacts on behalf of the person.

They may need to help solve problems of cost and travel, and other problems. For people with anxiety or depression, or who have low confidence or self-esteem, it can feel like an insurmountable challenge to go to a group in which they do not know anyone.

They may need to accompany the person on part of their journey through Social Prescribing.

A Good Link Worker

It is not necessary for link workers to be clinically trained. But their skills and qualities are critically important.

They will need to build up knowledge of what services are available. In order to do so efficiently and effectively, they need the support of a Social Prescribing Directory.

A good link worker will be person centred by nature, and passionate about their work.

It is critically important that he/she will earn the trust and respect of the commissioning professionals, and liaise with them closely. Ideally, she/he will attend their

¹⁰ This section is largely derived from “Making Sense of Social Prescribing” by the University of Westminster as promulgated by the Social Prescribing Network.

management meetings. Interviews with Practice Managers show a very strong preference for individuals committed to practices – to build up trust, local knowledge contacts. To do otherwise would invite a number of governance problems.

He/she will successfully engage with people who are in the referral process. This will include those who need support to manage long term conditions, those who are vulnerable, socially disadvantaged and/or at high risk of mental health crisis, some who have a mixture of needs at different levels, and particularly those who are lonely or socially isolated.

Link workers must be able to engage, empathise, listen, empower and motivate. They will need to be able to interact with people with acute anxiety and crisis. They also need the following skills and competencies:

- Ability to deal with an active caseload, while keeping accurate records
- Very good local knowledge of the area for which they are engaged
- Good organisational, written and IT skills
- Ability to collect primary data for the purposes of monitoring
- Good knowledge of information governance, including particularly the ability to maintain confidentiality at all times and guidance on safeguarding
- Ability to speak and write in fluent English
- Ability to communicate effectively with a wide range of stakeholders, including good social interaction and listening skills
- Ability to work as part of a team
- Basic life support skills
- To be sensitive to the needs of individuals and communities that are perceived as hard-to-reach
- To be non-judgmental and take a positive approach
- To be honest and have integrity
- To have motivational interviewing training
- To have training on how to recognise and deal with safeguarding skills, including being able to refer back to NHS services for further support.

We recommend that link workers should be located within a GP surgery, or with a very close relationship, because their work is very closely coupled.

At present, link workers are funded in several ways, including by a GP practice, and by the Clinical Commissioning Group. It will be important to carefully manage the transition to the funding arrangements described in the document *Universal Personalised Care: Implementing the Comprehensive Model (2019)* so as to ensure that existing services are undamaged.

Community Resources

We strongly recommend that there are no limits to Community Resources for the purposes of Social Prescribing. Any limit is likely to unnecessarily reduce the benefits of this scheme.

It would be possible to limit resources by applying one or more rules, such as:

- They must be incorporated.

- They must be public sector organisations.
- They must demonstrate a secure environment (implying insurance, and vetting, for example).
- They would all relate to Adult Social Care.
- They would all relate to physical exercise.
- They would all address the needs of the isolated.

It is acknowledged that it may be necessary to temporarily apply such rules for the purpose of managing demand and/or funding.

In our consultation, some members of the public argued that resources should be publicly funded. A huge majority of respondents said that it does not matter whether they are public sector, private sector and/or charity sector driven.

Two influential stakeholders pointed out that the charity sector organisations cannot be taken for granted: that many of them are already stretched. And that funding is necessary for them to take on the additional work that is implied by Social Prescribing.

It is clear from all stakeholders that smaller and less formal organisations are dynamic – in that they come into existence, change their arrangements (people, times, places and costs) and go out of existence without notice. Maintaining a picture of this is Difficult.

The local nature of Community Resources is also important: they are of no value to somebody who is unable to get to their location. “Local” means one thing to a car driver, but something entirely different to somebody who must rely on public transport. The client person being referred must be allowed (by staff, and information systems) to define his/her own idea of “local”. This is a key factor for a person-centred system.

One stakeholder tells of a case in which a young person suffered from mental health problems; the Link Worker identified an enthusiasm for animals and contacted a local individual farmer; the young person spent some time at the farm – with hugely beneficial effects. But the relationship with the farmer was individual - in the same village - and was not likely to be repeatable. Which demonstrates that some Community resources are extremely dynamic and very local. Not amenable to a Directory, but entirely dependent on the local knowledge and persuasive ability of the Link Worker.

A Directory of Community Resources or a Social Prescribing Directory

Appendix C contains a list of resources identified in Somerset in the fourth quarter of 2018, but it is indicative and not intended to be exhaustive, and it does not address issues of Vetting.

We strongly recommend that a Directory of Community Resources should be developed for Sedgemoor (or ideally county wide) and made available to healthcare Professionals, Link Workers and the public. It must be searchable by location. And it should document governance aspects of the organisations (Vetting and Data Protection) in each case, so that Link Workers can make patients aware of these issues and enable them to make informed decisions.

Funding Community Resources

It is not safe to assume that Community Resources have plenty of capacity. Several of our contacts have indicated that they are enthusiastic about Social Prescribing and they would wish to take part in the scheme. But their resources are already stretched and it will simply not be possible for them to meet significant additional demand without significant expenditure. This additional expenditure is likely to be incurred by recruiting an additional part time member of staff¹¹.

We therefore strongly recommend that Community Resources should be funded.

We recommend that this should be done on a Grant basis annually, and that particular resources should be invited to apply. The application should include details of expected additional demand, a unit cost per referral, and additional costs implied.

Applications for funding would indicate how many people expect to receive the help under the scheme. After Year 1 of a grant, previous years turnover under the scheme would be good evidence.

Community Resources would not be eligible to apply if they are commercial resources: this would simply be a commercial transaction with the person referred, although hopefully it might attract a discount. Public sector organisations are not likely to be successful.

The Link Worker Manager should retain a portion of the funding allocated for the purpose of helping where there are obstacles to referrals such as cost and transport. A 50% contribution maximum is envisaged for the first six weeks. This should not be paid to the person referred. In this context, it will be of advantage to forge good relationships with bus services and Community Transport Schemes.

Governance and Information Management

Information is critically important.

A method of referring patients to the link worker will be agreed locally within each relationship. It is likely to include the deployment of an IT based solution.

Methods of referring people from the link worker to supporting resources are likely to be diverse, including telephone, e-mail and web sites.

The gathering of information about supporting resources is vitally important. An initial attempt has been made to create a Social Prescribing Directory (Appendix A).

However, the nature of supporting resources is that they are in a constant state of change – coming into existence and ceasing to exist without notice; with people times and places and charges changing without notice.

¹¹ Living wage for 2019 is £8.21 per hour for staff aged 25 or more. So a half time employee costs £131.36 per week (£6962.08 per annum).

It is strongly recommended that a full-time post be funded for the purpose of managing a county-wide Social Prescribing Directory that is searchable according to distance from a post code.

Data Protection Law

Passing information from one organisation to another raises questions of Data Protection law. These are likely to be overcome by obtaining explicit consent from the subject and/or by use of Information Exchange Agreements.

It will be important to make it clear and explicit to the subject that the responsibility of accepting non-medical help is their own – not that of the healthcare professionals. This is particularly true if our recommendation is accepted that Community Resources can be exploited even where they are not incorporated, and/or there is no evidence of good governance. While formally constituted bodies (public sector, private sector and charities) will have addressed issues of legal liability, informal groups are unlikely to do so. This may be a significant concern for healthcare professionals accustomed to taking legal liabilities into account in their decisions.

Partnerships

Effective partnerships are of critical importance. Two links are central:

- between healthcare professionals and link workers
- between link workers and a wide variety of Community Resources to which patients can be referred.

It is inevitable that a patient at a Sedgemoor practice will eventually seek to take advantage of a Community Resource in a neighbouring area – thus raising issues of funding. We strongly recommend a pragmatic approach in which reciprocal agreements are reached with neighbouring areas schemes wherever practicable. But it will be necessary for Link Workers to understand the implications of authority boundaries. Sedgemoor consists of two areas for health purposes – North Sedgemoor and Bridgwater Bay.

The Role of Local Government

Local government (Sedgemoor District Council) is responsible for public health. SDC is working on a Social prescribing Directory and working to develop Social Prescribing.

Some of the Community Resources are supported by the Council.

Vetting

Some practices insist that patients may only be passed to Community Resources where the staff are vetted checked through the Disclosure and Barring Service.

There are several valid reasons for taking this position:

- To protect vulnerable individuals

- To defend against litigation
- To protect the reputation of the practice.

However, in most cases people, including vulnerable people, may approach the organisation direct. And we recommend that it is possible and reasonable and appropriate to refer patients to groups without requiring vetting checks: reasoning is as follows:

- This is consistent with the principle of shared responsibility for health – or for increased control by the patients.
- A disclaimer can properly be used for legal purposes
- So that the maximum benefit can be taken from Community Resources
- The risks are very low in that although the harm may be great, it is very unlikely to occur.
- Vulnerability issues can and should be considered by the Link Worker and addressed if necessary in individual cases.

Constraints

It is possible to impose a number of constraints on Social Prescribing activity.

We have identified the following possible constraints, but we recommend that a minimum of constraint is applied.

Referral Process and Link Workers

Some schemes in other areas require professionals to refer directly to the resources without reference to an intermediary link worker. This may be because there has been no investment in link workers; reliance has been placed on the exploitation of existing staff and existing roles.

We take it to be self-evident that it is inefficient to use the time of professionals on researching resources and dealing with the obstacles to accepting help from them.

We therefore take the role of the link worker to be of central importance.

It would be possible to apply a rule that only qualified professionals are permitted to refer patients. But while it could help to manage costs, it means that individuals cannot self-refer – and by doing so save professional resources, and embrace the benefits for themselves.

We consider that to do so is to limit the value of Social Prescribing.

We strongly recommend the continued engagement of Link Workers, and an increase in these resources.

It is important to retain the expertise and enthusiasm of the individuals currently involved.

It is critically important for the success of the scheme that other services should not be seen as sacrificed to make it work.

Based on our research, we recommend that individuals may join the scheme without the involvement of a Healthcare Professional: they may join by self-referral, by referral by a Village Agent, or by referral through the emergency services or others in the VCSA and care communities - consistent with the principle of anything and everything that might help.

Range of Community Resources

Types of Community Resources

It would be possible to limit resources to public sector, to private sector, to charity sector – or to exclude organisations that are not formally constituted.

Governance issues arise as a consequence of this decision, including legal responsibilities. It is our view that these can be overcome, and that it is worth making the effort to do so.

Funding issues also arise as a consequence of this decision.

It would be possible to limit resources to those available for exercise, or for mental health support. This too seems to be to waste an opportunity.

We recommend that no limits are placed on the kind of resources that are exploited.

Volume of Work

We estimate that between 500 and 1000 people are referred by processes that may not be known as Social Prescribing, but fall within the definition, in Sedgemoor every year.¹²

This seems likely to increase (proportionately, assuming one Link Worker per Surgery, and assuming that the limiting factor is the availability of Link Workers to facilitate) to a number between 2000 and 5000, assuming the recommended levels of resource. But if it is successful, numbers may be much greater. We can find no reliable indicators¹³ and it is not possible to estimate with much confidence.

It is reasonable to expect an increase as GPs and members of the public become more aware of it.

¹² It is not possible to collate information on all of the references; the number given is derived from dialogues with the Village Agent Community only, and is likely to be understated.

¹³ Several possible rationales: One Link Worker has documented 265 referrals in slightly less than a year, so 16 could be expected to do 4640; or 4 Link Workers with an estimated 500 referrals, so 16 could do 2000; or total of Sedgemoor GP Lists 112998, so 2% amounts to 2251.

One of the practitioners regards the demand as infinite.

Risks

The following risks are foreseen for a Social Prescribing Scheme in Sedgemoor:

1. **Fraud** - There is a risk that members of the public exploit access to free and/or low-cost Community resources fraudulently. The risk is increased by allowing members of the public to self-refer. This risk is mitigated by setting monetary advantages at the level of the minimum that is necessary.
2. **No Benefit** – There is a risk that public money is used to obtain access to Community Resources that turn out to be of no benefit to the person referred. This risk is mitigated by the mechanisms referred to above on Funding. It is further mitigated by the training and experience of the Link Workers.
3. **Risks from unchecked workers in Community Resources** – there is a risk that workers in Community Resources will cause physical or mental harm to people referred through this scheme. The harm involved may be great, but the likelihood of this is very small. ***We strongly recommend that the risk is mitigated by ensuring that people's vulnerabilities are considered by Link Workers, and by use of a Disclaimer statement.***

It would be possible to minimise these risks further, but this would involve a bureaucratic regime which has significant additional costs, and which constrains and slows the operation of the scheme.

This is an important aspect of the proposed review, and it will be possible to evolve and revise these mechanisms later in the life of the scheme.

We recommend acknowledging and accepting the residual risks.

Funding Change

Existence of this scheme is dependent upon long term, sustainable funding – for Link Workers resources and for support for the Community Resources, and for funding to help with the obstacles faced by people when they are referred.

Several of our respondents indicated an opinion that the National Health Service should be funding Social Prescribing – as an aspect of holistic care and wellbeing.

Ideally, this scheme would attract minimal bureaucracy. However, it will be necessary to meet the requirements of funders.

We must make it clear what the monies will buy. Our proposals are to buy:

- Additional Link Worker capability. Each link worker is likely to handle at least 100 patients in a year (based on the numbers reported by the existing Link Workers).
- Additional support for charities and/or unincorporated organisations that anticipate providing help to patients.

- A Directory of Community Resources for Sedgemoor (ideally for Somerset), that is maintained, and available to the public with a view to self-help without the involvement of GPs or Link Workers.

Evaluation

It can be anticipated that funders will require some Evaluation.

The following is suggested as a baseline for data to be collected (by NHS England¹⁴):

- Number of people referred, number of people benefitting from a referral, and number of people rejecting
- Age range of people referred
- Referral criteria
- Referral process – who refers
- Number of Community Resources referred to
- Number of support plans co-produced with people those referred
- Number of Link Workers
- Salaries of Link Workers
- Average amount of time spent with each person
- Total investment in the scheme.

Funders may impose requirements for more subjective or objective evidence of outcomes.

Our Research

We have researched this subject.

Our main activity was to consult the four kinds of stakeholder as widely as possible. We also sought out existing schemes from elsewhere in the UK. We also examined work in other areas.

The work is documented in detail in Appendix A.

Main Conclusions

Social Prescribing is working in Sedgemoor. Four Link Workers (referred to as Village Agents) refer about 500 patients per year, from six GP surgeries; we identified just over 170 Community Resources. About 20% of members of the public that we surveyed reported that they have been referred by their GP.

There is no single model for Social Prescribing. And within Sedgemoor there are at least five variations. There are many definitions and the language of Social Prescribing is unclear.

¹⁴ NHS England DRAFT Common Outcomes Framework for Social Prescribing.

The GP Practices that we spoke to were enthusiastic. More than 79% of members of the public surveyed think that Social Prescribing is a good idea in principle (100% of online responses thought it was a good idea).

At present there is little appetite for identifying the frequent visitors to primary care and referring them.

Opinions vary widely about the timescale: some respondents thought that the referral should be immediate. The practitioners (Village Agents and Practice Managers) see considerable value in home visits. There is a significant body of opinion that the requirement varies from case to case.

A strong majority of respondents think that it does not matter whether how people enter the scheme – whether it is through a Healthcare Professional, and/or through the Link Worker and/or a self-referral directly to the Community Resource.

The dominant opinion is that we should not limit help to one topic area (eg limit support to Loneliness, or Depression, or exercise) – that we should offer as much and as wide support as we can.

There is a strong opinion that it is irrelevant whether the Community Resource is Public Sector, Commercial, Charity Sector or informal/unincorporated. Anything that helps is a good thing.

The Practice Managers were divided about how to deal with the Data Protection issue; all had a viable way of doing so.

The Practice Managers were divided about the vetting of Community Resource staff. One felt strongly that there are legal and reputational imperatives for ensuring that staff are vetted. Others were prepared to trust the organisation and/or the Village Agent. We conclude that initially, each practice may have a different approach to this – and that the Link Worker process can be used to resolve it.

There is some indication of volume of work, but the scheme is still in its infancy; and greater awareness and experience are likely to bring bigger volumes. Volume can easily be managed by agreement where there are meaningful meetings between the practitioners (GPs and Link Workers) as well as liaison with the Community Resources; it could also be managed by reference to criteria such as type of work or need of patient.

Our survey was flawed inasmuch as it suggests that people being referred will face obstacles. A majority of respondents indicated that they would. Cost, transport and the psychological issues of shyness and embarrassment were the main obstacles reported. Disability will also be important. Diet and childcare also appear.

Issues of Loneliness and Isolation are dominant (more so than exercise, support for a particular health problem, or Depression/Advice, for example).

Community Resources are generally keen to help. But three have indicated that they are already working near capacity, and they lack the funding to expand.

Community Resources also derive some benefits from involvement in Social Prescribing: there are many acknowledged benefits to voluntary work, including employability and the facts of activity and social contact. And it is widely acknowledged as being good for the communities involved.

There is clearly more to be done – to extend the scheme to the other practices and to evolve towards consistency and best practice.

This demands funding for additional Link Worker Resources – and to support Community resources that may already be approaching capacity.

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.

Indicative Cost: No new money – this is a part of normal business. At present it is developing organically rather than coherently and consistently.

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.* The Resource is also expected to provide leadership and management for the Link Workers and liaison with Community Resources.

Indicative Cost: One Team Leader 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.

We are aware that different Districts have very different requirements for 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 13 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.

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 the two 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, starting 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, starting 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.

It would alternatively be possible to share one tranche of funding between several GP groups – but to do so would introduce a number of management complexities, and tend to dilute the service.

Appendix A

Our Research

Our research began with the following objectives:

- A brief survey of Social Prescribing elsewhere
- A Survey of the Current Reality of Social Prescribing in Sedgemoor
- A Survey of the Attitudes stakeholder groups of Social Prescribing in Sedgemoor – particularly with reference to how it should evolve.

We see four stakeholder groups:

- Healthcare Professionals (Primary and Secondary)
- Link Workers
- Community Resources
- Users and Potential Users.

We have also surveyed other areas with well-developed Social Prescribing schemes.

Healthcare Professionals

We have spoken to two senior GPs and five GP Practice Managers. We adopted a common approach:

- Assessing the level of enthusiasm in the Practice for Social Prescribing
- Assessing the current level of Social Prescribing Activity
- Exploring the relationship between the component parts of Social Prescribing, including practice and procedure, and timescales
- Exploring obstacles for the patient
- Exploring attitudes to the variety of Community Resources to be used, and funding issues; and to the idea of a Directory of Community Resources.
- Seeking out any other comments and insights.

Practice Manager 1

This Practice is very enthusiastic about Social Prescribing, but doubts whether it would lift much of the burden from GPs.

Most GPs work is not strictly medical.

This Practice has no Village Agent, but they commonly refer patients for non-medical help. This involves coaxing and encouraging patients; it includes opening up premises and even helping patients with stairs.

Costs to the practice are estimated at £60 to £80 a month for room rents, and £100 a week in staff time.

Patients are commonly encouraged to make their own contact with Community Resources.

Most of the resources at present are very local, and are about exercise or socialising for the isolated.

This is therefore an additional burden on the Practice – one that could be significantly reduced by the existence of a Link Worker.

She is negative about a very local directory, but favours a district-wide one, or county-wide.

She does not think that it is necessary for patients to connect with Link Workers immediately.

Confidence and shyness are significant obstacles for patients.

Practice Manager 2 (Team)

This Practice is very positive about Social Prescribing and has been engaged for more than two years.

They have 16500 patients (and rising).

It is their view that Social Prescribing does reduce the burden on Healthcare Professionals.

But they do see a risk that where the Community resources are clinical, they worry the patients and inspire them to return to the GP. They argue that we must acknowledge the problem of the Worried Well.

They see very little in terms of Social Prescribing for Young People.

They have no strong view about constraints on the kind of support that is offered by Community Resources.

They see a strong Duty of Care on the Practice to ensure the governance of the Community Resources. They are concerned about reputational damage as well as legal liability if things go wrong.

Practice Manager 3

This Practice is also committed to Social Prescribing.

The Practice is largely driven by a Patient Participation Group.

The Practice has two significantly deprived areas and has a high prevalence of Diabetes and Chronic Obstructive Pulmonary Disease (COPD).

In 2015 they formed a Walking Group, led by Practice staff. Then they formed a Pilates group (with eight free sessions funded by the Somerset Activity and Sports Partnership (SASP).)

Now they also have Foot massage, Gardening and a Singing group.

They refer by means of a form, which includes expected outcomes.

They use SASP facilities for Vetting. They use a disclaimer to deal with the Data Protection issues – so patients explicitly address the fact that their information is shared.

They suggest that one possible school of thought is that Social Prescribing is Social – so not for a GP surgery.

They publish these facilities through their Facebook page.

The Village Agent encounters people who need medical help, and draw the attention of Healthcare Professionals.

Because the Practice initiates the resources, Social Prescribing is very Practice-based here. Events are free, and the events are at or near to the surgery, so there is no real problem with travel.

The Practice has published an excellent report, with Case Studies¹⁵.

Practice Manager 4 (with the Village Agent)

This Practice is also very enthusiastic about Social Prescribing. They regard it as “work that won’t get done” without the Village Agent. This relationship is illustrated by the fact that one day (of 4) of VA is funded by the Practice.

It is their view that the demand is infinite.

They regard it as critically important to have the same Link Worker in order to get the best out of the relationship, and to exploit local expertise, and to involve him/her as part of their small team.

Referrals take place by e-mail, telephone or “Tasks” through their IT solution.

Referrals may be made by anyone in the Practice, but they are keen that anyone might self-refer to the VA or the Community Resources.

They do not see time as a factor in the referral process.

If necessary, volumes can be adjusted by discussion in the team meetings.

The VA found that the work started with Isolation as a dominant topic, and broadened as trust and confidence grew.

¹⁵ Redgate Medical Services Social Prescribing report – September 2017.

Patient Participation Group – including the GP Partner, and the Acting Practice Manager

All of the group had heard of Social Prescribing. They were emphatically concerned with the problems of the language of social prescribing and the inconsistencies from one area to another.

The practice is positive about Social Prescribing, but not yet active.

All (about ten) of the group were aware of Social Prescribing. One had prepared by obtaining the Kings Fund documents.

One of the group had been referred and considered the reference to be successful. He had several problems, and the reference was to an organisation about 50 miles away.

There were mixed views about the need for referrals to be at the same time and place.

The group all thought that anybody, including carers should be able to enter a social prescribing, and that entry should be possible via the GP, or the Link Worker, or the Community Resource.

Discussing obstacles, Transport was a dominant problem identified. A suggestion was made that in order to help with the problems of embarrassment, the patient might be able to take a friend. Another suggestion was made that for exercise Resources, disabled changing facilities would be very helpful. And there was a suggestion that a Passport scheme might help in several respects.

The group saw dangers of creating an image that this is for a particular age range: it is important to ensure that all age groups are comfortable with accessing the resources. The resources tend to appeal to older people – and we need to balance this with appeal to younger people.

It was suggested that we need to manage expectations (in the Link Worker environment.).

Addressing the problems of governance, it may be necessary to develop a formal process for

Link Workers

Link Workers in Sedgemoor at present are members of the Village Agents organisation. We have spoken to the Operations Manager and three Village Agents.

They have access to NHS information systems to manage referrals, although in practice there are several protocols for this.

They also have access to the Somerset Adult Social Care system known as “Egress”.

They have a Community Council Somerset IT solution “Lamplight”, which records their casework.

Ending a case intervention is a matter of the judgment and skills of the VA responsible.

Home visits are routine.

Funding of one Link Worker is by the Practice concerned; for others is by the Clinical Commissioning Group, and in some cases is mixed.

Village Agent 1

Hers was a new post in January 2018, funded by the Clinical Commissioning Group.

There are 10 Medical Centres in Bridgwater; ideally, she would be the link worker for them, but the work is too much, and not all of them engage. So she focuses on two.

An important aspect of her work is that in routine VA work, she becomes aware of people with medical issues and she draws the attention of the practice to them.

She has encyclopaedic knowledge of Bridgwater and Community Resources that are available.

Her caseload tends to be about isolation and anxiety among vulnerable clients., and their finances. With some “talking therapies”.

Her cases disclose a major problem with transport and its cost.

She is aware that GPs sometimes refer cases direct to the Talking Café, to Adult Social Care workers, and to Citizens Advice.

She has dealt with 265 cases so far.

One of the Bridgwater practices refers by telephone; two by e-mail.

Self-referrals are rare (she estimates 20 cases.)

Operations Manager for Village Agents at Community Council for Somerset

Comment and insight:

- Health focus is on long term conditions and co-morbidity.
- The CCG aims to reduce hospital admissions, as well as to reduce the burden on GPs.
- 50% of NHS money is spent on 5% of the people.
- At the Talking Cafes, 40% of “walk-ups” have mental health issues.

Sedgemoor

- He regards Bridgwater as a largely transient population.
- He regards his staff as “mobile directories”.
- People don’t want Health Officials.
- Social Prescribing as Community Solutions to complex problems
- Some organisations’ offer is limited – age- or condition-specific.
- Advocates forming Credible Partnerships with a few suitable providers.

There are 3 Village Agents for North Somerset (funded by the Clinical Commissioning Group) and one for Sedgemoor. He considers that we need 12 (full time equivalent): 1 per practice.

The “unit cost” of a Village Agent is £35600 (including salary, ancillary costs such as National Insurance, travel, training and equipment).

They have access to the following IT facilities:

- NHS laptop
- NHS e-mail
- EMIS (NHS IT system)
- AIS (Somerset Adult Social Care system)
- RIO (Hospitals IT system)
- Lamplight (VA Case Management System).

They operate on a locality model, and take great pride in their person-centred approach. They are to a large extent autonomous and set their own agendas.

He spoke of their access to about 300 Micro Providers or Community Catalysts, who are local self-employed carers. There are a further 400 waiting to be involved. They are paid for their services by the user.

Village Agents are sometimes content to refer patients to people on a personal basis.

We discussed risk and governance: he adopts the principle that the individual directs their own care – expressly, and on a case-by-case basis.

Evaluation of Village Agents depends on the requirements of funders.

He is not enthusiastic about a Social Prescribing Directory because:

- The need is for help which is very local by nature
- The Directory fails to capture the community spirit
- The Directory would be in a state of constant change, as organisations and their people and their arrangements change a great deal
- Some references are on a personal, one-off basis
- He sees the Village Agents as Information Hubs.

Community Resources

We have now accumulated a Social Prescribing Directory of Community Resources available to people in Sedgemoor in Appendix C below.

We have not been able to confirm that any of the resources listed have staff that have been Vetted (“DBS Checked”).

We have spoken to a responsible member of the organisation in 54 cases and obtained an oral indication of willingness (or inferred this from commercial organisations). We encountered many resources (and people involved in this kind of work) at a Community Connect event sponsored by the Community Council for Somerset. All are keen to help.

Three of the larger charity organisations have pointed out that while they are keen to help, their resources are already stretched and their capacity has limits: they need some help with funding if they are to meet any significant additional demand arising out of a Social Prescribing Scheme.

One organisation also indicated some reservations about characteristics of referees – and the need to maintain a balance within the group.

We encountered a member of staff for Zing (an organisation to encourage exercise and weight loss): she has a Directory of Resources, many of which are initiated by the organisation (included in Appendix C).

Social Prescribing or Community Resources Directory

A member of staff at Taunton Road Medical Centre has been assigned the task of building a Social Prescribing Directory for the Bridgwater Bay area. We spoke to her.

The directory is to be based on the solution of Mendip Health Connectors, which allows searching of types of resource/distance from a post code.

A Social Prescribing Directory has something in common with the Somerset Choices website, but it is not currently possible to combine the lists for reasons of intellectual property.

This work is in its initial stages.

Users

We began by launching a questionnaire – online and on paper. 141 people responded.

Most of our respondents were inevitably associated with Citizens Advice – workers, families and clients. This skews the results to some extent in that most of our clients are bringing some problem to us: almost 80% of our clients are asking about Debt and/or Benefits problems. We see few people who are managing their affairs successfully.

The questionnaire is at Appendix A.1.

The following are the key messages arising from the survey:

- 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 here or elsewhere in 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. But 15.6% of our respondents think that the referral must be at the same time and place.
- 75.18% foresaw obstacles to getting to appointments and events. We acknowledge that this is no more than an indicator – that the view is skewed by the formulation of the question, and the characteristics of the responding group. 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, even where that is not through a Healthcare Professional, should be eligible for help. This also reflects the view from GP practices.
- The responses indicated that people in Sedgemoor do not think that the kind of help on offer should be limited. Although only 34.75% of respondents indicated more than one kind of help, the range of help indicated is wide, and does not indicate a preference to a significant extent. 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. One of the responses indicating that this matters argued that this is work for the public sector.
- There were several comments noting the benefit of reducing pressure on GPs; 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.

Sedgemoor Social Inclusion Panel

We met with the Social Inclusion Panel in Sedgemoor. Discussion was based on the Questionnaire.

They were very positive about Social Prescribing, and positive about the deployment of Link Workers.

They did not consider the timescale for referrals to be critical.

They did not think that the variety of Community Resources should be limited (by type or by source of funding).

They considered that Transport and Costs were likely to be obstacles for patients being referred.

Bridgwater Senior Citizens Forum

We met a group “Bridgwater Senior Citizens Forum”, consisting of 20 members.

Only two had heard of Social Prescribing, and none of the members had been referred. But the group was enthusiastic about the idea.

They did not argue that the timescale for referrals to be critical.

They did not think that the variety of Community Resources should be limited (by type or by source of funding).

They considered that Transport and Costs were likely to be obstacles for patients being referred.

Healthwatch Somerset (Training Day)

We met a group of 20 at a Training Day for Healthwatch Somerset. Not all were from Sedgemoor.

The group was unanimously in favour of the idea in principle.

Three members had once been Health Visitors, and another was able to trace referrals to non medical solutions back for at least two decades. They noted that the Health Visitors were trained to degree level. And they expressed sadness that the facility has been lost (Health Visitors are now focused on Early Years.)

Three members of the group (15%) had been referred.

There was no consensus about how quickly the referral process should work. A strong view is that it depends on the particular circumstances.

They felt that support should be available to anyone, however they access it: they felt that many doctors already delegate this sort of work. But they noted the problem of funding and evaluation.

They raised the following obstacles to a successful referral:

- Motivation
- Cost
- Childcare commitments
- Travel
- Confidence.

There was a consensus that it matters not whether the organisation is public sector, commercial, private sector, or informal/unincorporated. Two members argued that this is really a responsibility of the NHS.

Sedgemoor Conversation

This was a group of about 20 high functioning individuals, including the Operations Manager for the Village Agents, and several members of staff at Sedgemoor District Council.

About half understood the expression “Social Prescribing” at the outset.

They were unanimous in the view that Social Prescribing is a good thing.

Only one (5%) had been referred through Healthcare Professionals to non-medical help. (But all of the group would be expected to be capable of identifying support for themselves.)

The general consensus was that the referral process need not take place then and there, but there was a view that this varies on a case-by-case basis, and a one-size-fits-all approach is not a good idea.

Discussing obstacles to the referral process, Travel and Cost and the Nerves/embarrassment/shyness factor were quickly identified.

Discussing types of support that people might be referred to, the group identified some new ones:

- Therapeutic
- Social Media
- Services for Young People

The group was divided about whether Community Resources should be listed in a Directory if they have weaknesses in terms of governance (Data Protection and Vetting). It was divided about whether Resources should be available and listed irrespective of whether they are public sector, private sector, or voluntary/charity sector. It was also divided about whether some kinds of support (eg exercise) should be listed or excluded.

Authorities

Sedgemoor District Council (Stronger Communities and Environment)

We had hasty discussions with the Team Leader for Stronger Communities and Environment.

Their interest is in people’s wellbeing before they seek Healthcare – with prevention.

They are working towards a Directory of Community Resources, modelled on Mendip, and using Spark as a service provider.

Perspectives from Other Areas

South Somerset

In South Somerset link workers, referred to as Health Coaches, and are employed by GPs.

They have a Social Prescribing Directory.

Mendip

We met a coordinator from Mendip Health Connections.

This scheme is based on an original idea (and initial effort by) Dr Helen Kingston, a Frome GP in 2013, and is now extending across the District.

It consists of a team of 14, mostly part time, mostly employed Health Connectors. They have handled over 100 cases in 2018.

The scheme is funded by the GP practices, but the Health Connectors are not connected to a particular practice. Local arrangements may enable them to operate from GP surgeries.

They have an online Directory. It lists only incorporated organisations, but they are from an unlimited range of specialisms.

They do not have funding for providers of Community Resources.

Where the team notes a gap in the provision of Community Resources, they may initiate a solution.

End of process is left to the skills and judgement of the Health Connectors.

They consider this to be a good model.

Scotland

NHS Scotland published a report "Social Prescribing for Mental Health: Guidance Paper" in 2016.

In Scotland the focus is on mental health.

Rotherham¹⁶

¹⁶ Source: "Just What the Doctor Ordered" by the Local Government Association. And "From Dependence to Independence: Emerging Lessons from the Rotherham Social Prescribing Scheme" 2013.

In Rotherham, there is a well-established scheme under the auspices of Voluntary Action Rotherham, with Coordinators (strategic) and Connectors (tactical).

The social prescribing workers visit patients at home.

They have a sophisticated funding model, in which funding can be made available for the resources to which people are referred. They argue that this funding is critical to the success of their scheme.

About half of their referrals were to organisations that had received funding through the scheme.

808 referrals were made in the first year.

Services most frequently accessed were:

- Community based activity (22%)
- Information and Advice (15%)
- Befriending (11%)
- Community Transport (9%).

A & E attendance reduced by 21%.

Hospital admissions reduced by 9%.

Outpatient appointments reduced by 29%.

East Riding of Yorkshire¹⁷

In the East Riding of Yorkshire, GPs make direct appointments at a local leisure centre. They have made 900 referrals in the year to 2016 and more than half achieved a 5% weight loss.

Blackburn and Darwen¹⁸

In Blackburn, patients with mental health problems were referred to a service so that they could undertake voluntary service. They referred 92 people in the year to 2016 and showed improvements in wellbeing and employability.

Halton, St Helens and Knowsley¹⁹

In some of the boroughs of Merseyside and Cheshire, Wellbeing Enterprises CIC was commissioned to run a Social Prescribing Service.

¹⁷ Source: Just What the Doctor Ordered” by the Local Government Association.

¹⁸ Source: Just What the Doctor Ordered” by the Local Government Association.

¹⁹ Source: Just What the Doctor Ordered” by the Local Government Association.

Luton²⁰

In Luton, the council operated a Social Prescribing scheme in partnership with the Local Commissioning Group, with two Community Navigators and 20 accredited providers.

Cotswold²¹

The Cotswold District Council scheme has coordinators working in GP surgeries for half a day a week, and referring to a wide range of activities and services.

They report improvements in wellbeing and a 9% drop in GP appointments.

Doncaster²²

In Doncaster, the scheme has expanded to link with pharmacists as well as with GPs. They made over 1000 referrals between 2014 and 2016.

Tower Hamlets²³

The Bromley By Bow Centre has been operating a Social Prescribing scheme since the 1980s. 70% of the services they refer to are non-clinical.

Forest of Dean²⁴

In the Forest of Dean, primary care staff refer patients to a Hub Coordinator who offers support and connects them to a range of non clinical services and activities.

Liverpool²⁵

Since 2015, Liverpool GPs refer patients to Citizens Advice Liverpool, with a view to helping with mental health problems, for help with a range of issues including debt, benefits, job loss, housing, homelessness, fuel poverty and benefits. Patients are referred from 50 health settings – at the rate of 750 a month.

Summary of Research

We estimate that more than 500 Sedgemoor people every year are referred by their Healthcare Professionals to Community Resources for help that is not medical.

Four Link Workers are operating, linked to six surgeries (of 17).

²⁰ Source: Just What the Doctor Ordered” by the Local Government Association.

²¹ Source: Just What the Doctor Ordered” by the Local Government Association.

²² Source: Just What the Doctor Ordered” by the Local Government Association.

²³ Source: Just What the Doctor Ordered” by the Local Government Association.

²⁴ Source: Just What the Doctor Ordered” by the Local Government Association.

²⁵ www.citizensadvice.liverpool.org.uk/advice-on-prescription

Those Practices that engaged with us were unanimously enthusiastic.

We have discovered over 150 Community Resources that are available for Social Prescribing. We have attempted (Appendix C) to build a list, but this could only be a beginning – valid for days rather than weeks, and varying in quality according to where in the District you may be.

Appendix D consists of a number of Case Studies from the work of the Village Agents.

So we conclude that Social Prescribing is alive and kicking in Sedgemoor, and helping GP patients.

We also conclude that there is much more to be done.

There is little in common between the way the practices operate, and the language is causing confusion. Attitudes to the governance issues also vary widely.

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: to damage this and/or to reject the progress made so far would be tragic – and unhelpful to the people of Sedgemoor.***
- *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.*

APPENDIX A.1

QUESTIONNAIRE

Notes on Methodology

A main difficulty with CA surveys has traditionally been a limited number of responses.

Our survey excluded no-one; but our intention was to obtain the opinion of Sedgemoor people. The primary target for our Questionnaire was people associated with Citizens Advice Sedgemoor – including clients, staff, volunteers, trustees, friends and families. It is acknowledged that this skews the results to some extent. It also brought some constraints:

- We expected more than half of our respondents to be limited in terms of time: it was important that completing the survey was short.
- We expected more than 25% of our target group to have literacy problems, so language and completion had to be simple.

The form was available online and on paper.

The difficulties were mitigated as follows:

- By assisting CA client responders to complete the form, at the same time inviting comment and discussion
- By talking to a group (Bridgwater Senior Citizens Forum), for comparison.

These activities indicated that the Q 1 was misunderstood as being about the immediate need of the individual; the form was therefore slightly modified. But this has resulted in a distortion of the figures – the proportion of those who approve of Social prescribing is understated. The group of 20 was unanimously in favour.

A Consultation on the Development of

SOCIAL PRESCRIBING IN SEDGEMOOR

1. Do you want your doctor to be able to refer you to help which is not medical, if he/she thinks it would be to your advantage ? **Yes/No**
2. Has your doctor ever referred you to help that is not medical ? **Yes/No**
3. If you think it is a good thing, is it important that it happens then and there, or can it wait for another appointment with someone who knows what other help is available ? **Tick as appropriate:**
 - Must be at the same time and place
 - Ideally happens at the same time
 - A second appointment is OK
4. Who should this kind of support be available to ?
 - GP Patients
 - Carers
 - Anyone who approaches the link worker
5. What obstacles might you face if you were getting to an appointment, or getting to another location to get the help ? **Tick as appropriate:**
 - Nerves/embarrassment/shyness
 - Cost
 - Travel
 - Other obstacles (please explain)
6. What sort of help might the doctor refer you to ? **Tick as appropriate:**
 - Exercise and healthy lifestyles
 - Help with drink/drugs/smoking problems
 - Advice - about debt or benefits or money management, or other problems
 - Help with education
 - Support for people who feel isolated
 - Any others (please explain) ?
7. Does it matter whether the support comes from a charity or a business or is government sponsored? **Yes (please explain)/No**
8. Do you have any other comments about this idea which is called Social Prescribing ?

Please give your e-mail address or 'phone number if you want to talk about this.

Appendix B

General Practitioner Practices in Sedgemoor

Axbridge & Wedmore	01934 732464		Houlgate Way, Axbridge. BS26 2BJ
Berrow (Branch)	01278 795445	somccg.enquiries-burnhammc@nhs.net	Berrow Health campus, Brent Road, Burnham On Sea TA8 2JU
Brent Area	01278 760313		Anvil House, Brent Road, East Brent, Highbridge TA9 4JD
Burnham & Berrow	01278 795445	somccg.enquiries-burnhammc@nhs.net	Love Lane, Burnham On Sea TA8 1EU
Cannington	01278 652335	reception@canningtonhc.nhs.org.uk	Mill Lane, Cannington, Bridgwater TA5 2HB
Cheddar	01934 752061	cheddarmc@chedmed.nhs.uk	Roynon Way, Cheddar BS27 3NZ
Cranleigh Gardens	01278 533335	reception@cranleighgardensmc.nhs.uk	Cranleigh Gardens, Bridgwater TA6 5JS
East Quay	01278 444666	Rachel.stark1@nhs.net	East Quay, Bridgwater TA6 4GP
Edington (Branch)	01278 722077		Edington, Bridgwater TA7 9HA
Highbridge	01278 783220	generalenquiries@highbridgemc.nhs.uk	Pepperall Road, Highbridge TA9 3YA
North Petherton	01278 662223	lesley.mildren@nhs.net	Mill Street, North Petherton. TA6 6LX
Redgate	01278 454560	kathy.bartley@redgatemedicalcentre.nhs.uk	Westonzoyland Road, Bridgwater TA6 5BF
Somerset Bridge	01278 411520	kathybartley@somersetbridgemc.nhs.uk	Stockmoor Park, Taunton Road, Bridgwater TA6 6LD
The Quantock	01278 732696	helen.putt@quantockmc.nhs.uk	Banneson Road, Nether Stowey, Bridgwater TA5 1NW
Victoria Park	01278 437100		Victoria Park Drive, Bridgwater TA6 7AS
Westonzoyland	01278 691233	reception@cranleighgardensmc.nhs.uk	Cheer Lane, Westonzoyland, Bridgwater TA7 0EY
Woolavington	01278 722077		Woolavington Road, Bridgwater TA7 8ED

Appendix C

Social Prescribing Resources

The following is a list of types of Community Resources: it is intended to be illustrative rather than definitive:

- Abuse
- Advocacy/ Mentoring
- Arthritis
- Autism
- Befriending/ Isolation
- Bereavement
- Brain Injury
- Cancer
- Carers
- Computing/IT
- Counselling/ Therapy
- Dementia
- Diabetes
- Drugs/Alcohol
- Eating Disorders
- Epilepsy
- Exercise
- Families and young children
- Fibromyalgia, ME and CFS
- Finance
- General Advice
- Healthy Lifestyles
- Hearing
- Heating/ Energy Efficiency
- Home from Hospital/Help at Home
- Housing
- Huntington's Disease
- Learning Difficulties and Literacy
- Lung Conditions
- Mental Health
- Mobility
- Motor Neurone Disease
- Multiple Sclerosis
- Older people
- Osteoporosis
- Pain Management
- Palliative Care
- Parenting
- Parkinson's

Sedgemoor

- Pets
- Polymyalgia Rheumatica
- Servicemen and Women
- Sexuality/ Sexual Health
- Sight
- Sleep
- Smoking
- Social
- Stroke
- Transport

In other areas, the list is sometimes by extending the list of health problems.

Community Resources Identified in Sedgemoor at Q4 2018

Important Notes:

1. This list works better as a spreadsheet.
2. Listing of an organisation does not imply that its people have been checked with the Disclosure and Barring Service, or that it has public liability insurance. Some organisations will be informal and unincorporated; others will have sophisticated levels of governance, with DBS checks and insurance.
3. Organisations listed come into existence and cease to exist without notice. This is a dynamic situation and information may be out of date before it is published.
4. Persons using the Directory are advised to “Look before you leap.” To check that the organisation is still in existence, and that its arrangements are unchanged.
5. It is recommended that a member of staff be assigned the task of maintaining this Directory within his/her job description.

		<p>BEWARE. These are to be regarded as clues, and you should look before you leap - check the facts by 'phone or online. We cannot guarantee that these notes are accurate. Items are included on the basis that they MAY BE OF</p>	<p><i>M, T, W, Th, F, S, Su</i></p>	<p>BEWARE. These notes rapidly become out of date. This information as at 31.1.2019.</p>		<p>There are more than 100 resources listed - you will need to use the Search field (top right).</p>	<p><i>Probable Resource means that we have not confirmed with the resource that they will accept SP referrals. We have not tyet been able to confirm that any of these groups have vetted (DBS Check) their people.</i></p>	
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			ADVANTAGE.						
	First Name and Surname	Job Title	Location	When	Title/Workplace/Organisation	Telephone Numbers - preferably desk and mobile	E-Mail Address	Classification - Commissioning/Linkworker/ Resource/User	
1			Bridgwater - with outreach capability at Cannington, Highbridge, Burnham On Sea and Cheddar		Citizens Advice Sedgemoor	01278 459009 (Office) Advice by phone through Adviceline 03444 88 9623		Resource - Advice, particularly on debt, benefits, eviction, and many other issues. Or if you want to be a volunteer.	
2			Taunton HQ		British Red Cross	01823 273746		Probable Resource - leaving hospital, loneliness	
3			County. HQ 2nd Floor, Mallard Court, Express Park, Bristol		Talking Therapies Service (Somerset NHS Partnership)	0300 323 0033	foundationtrust@sompar.nhs.uk	Probable Resource	

			Road, Bridgwater TA6 4RN					
4					Royal Voluntary Service		kirsty.jenssen@royalvoluntaryservice.org.uk	Resource: If you want to be a volunteer
5			National - based in Birmingham.		Rethink Mental Illness	0300 5000927	www.rethink.org.uk	Probable Resource
6					Positive People	0800 3345525	employment.bureau@pluss.org.uk	Probable Resource - people outside employment
7			First Floor Office, Old Kelways, Somerton Road, Langport. TA10 9SJ.		Alzheimer's Society	01458 251541. 0300 222122	helpline@alzheimers.org.uk	Probable Resource - Alzheimer's Disease - Memory Café and Singing for the Brain
8					Smokefreelife Somerset	01823 356222	smokefreelife@somerset.gov.uk www.smokefreelifesomerset.co.uk	Probable resource Smoking
9			The Canal Workshop, Canal View, Old Taunton Road,	Th & F. £3 donation.	Mens Shed	01823 698612 or 01458 442212	info.slamshed@gmail.com www.slamshed.org	Resource confirmed. Craft Activities

			Bridgwater TA6 3NS					
10	Mark Canfield		Burnham On Sea		Mens Shed	07513 117636	boshed2017@gmail.com	Confirmed resource
11					Sian's Fitness Classes. Cardiac Rehabilitation		Zing	Confirmed resource
12			YMCA Bridgwater	M; 9.15 to 10; W 6 to 7. £3 per person.	Kettlecise		Zing	Confirmed resource
13			Recreation, Rhode Lane, Bridgwater TA6 6HZ	M; 2 to 4	Community Go		Zing	Confirmed resource
14			Together Team South Bridgwater Hub, Grenville Hse, Rhode Lane, Bridgwater TA6 6JE	M T Th; 2 to 4pm. Donations	Community Café		Zing	Confirmed resource

15			Recreation, Rhode Lane, Bridgwater TA6 6HZ	M 5 to 5.30; 50p/person	Girls Group		Zing	Confirmed resource	
16			Recreation, Rhode Lane, Bridgwater TA6 6HZ	T and Th 3.30 to 5.30. 50p/person	Youth Club (3 to 7)		Zing	Confirmed resource	
17			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	T 1 to 2 and Th 10 to 11; £4.50/person	Messy Play		Zing	Confirmed resource	
18			YMCA Bridgwater	W 12 to 1; £2/person	Walking Football		Zing	Confirmed resource	
19			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	T 10 to 11/£3	Tai Chi		Zing	Confirmed resource	
20			Wilstock Play Park	M 1030 to 1230	Buggy Walk		Emmie - fidadabore@botmail.com	Probable Resource	
21			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	M and W 9 to 1130; £2 for family and £1/extra adult	Trinity Toddlers		Zing	Confirmed resource	

22			YMCA Bridgwater	T 1045 to 1130/ Fees apply	Little Kicks. Football 30mths to 42 mths		Zing	Confirmed resource	
23			YMCA Bridgwater	T 1045 to 1130/ Fees apply	Junior Kickers		Zing	Confirmed resource	
24			Recreation, Rhode Lane, Bridgwater TA6 6HZ	W 0915 to 1030; £1.	Zumba & Chill n Chat		Zing	Confirmed resource	
25			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	F 10 to 11; £2/family	Boogie Bum Bums		Zing	Confirmed resource	
26			YMCA Bridgwater	S 10 to 1045; £3/person	Fitness Pilates		Zing	Confirmed resource	
27			Recreation, Rhode Lane, Bridgwater TA6 6HZ	S 9 to 1030; M 6 to 7; Fees apply	Kickboxing		Somerset Kickboxing Academy	Probable Resource	
28			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	First Sat of month 8.30; book in advance	Breakfast for all		Zing	Confirmed resource	

29			Recreation, Rhode Lane, Bridgwater TA6 6HZ	W 12 to 1230 for 1; £1.50/adult and 75p/child	Community Lunch		Zing	Confirmed resource
30			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	W 1 to 3.30 on 2nd Weds of month; Free	Breathe Easy		Zing	Confirmed resource
31			Recreation, Rhode Lane, Bridgwater TA6 6HZ	W 4 to 6.30; Free	Hamp Helpers		Zing	Confirmed resource
32			Somerset Bridge Medical Centre	Th 12 to 1; Free	Gardening Group		Zing	Confirmed resource
33			YMCA Bridgwater	S 11 to 3 May to Sept; £10/hour or £35 for 4 hours	Boat Hire		Zing	Confirmed resource
34			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	Su 4.45 to 6.45; Free	Sedgemoor Fellowship			Probable Resource; Christian Social Group
35			YMCA Bridgwater	M 6 to 7; £3/person	YMCA Fit		Zing	Confirmed resource

36			YMCA Bridgwater	T 4 to 8; £3.50 under 16 or £5.	Climbing		Zing	Confirmed resource	
37			Recreation, Rhode Lane, Bridgwater TA6 6HZ	T 6.30 to 8.30; 50p/perso n	Youth Club (8+)		Zing	Confirmed resource	
38			Meads Court Hall, Bridgwater	W 7 - 8pm first Weds of month	Hamp Community Ass			Probable Resource	
39			YMCA Bridgwater	Th 6 to 6.45; £3	Core and More		Zing	Confirmed resource	
40			Robert Blake and Elmwood Leisure	Th 7.30 to 9.30	Man v Fat		Zing. Roger@manvfat.com	Confirmed resource	
41			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	Th 6.30 to 8	Scouts		kate.preece@scouts.org.uk	Probable Resource	
42			YMCA Bridgwater	F 5.30 to 6.30; £3.50	Climbing (7 - 14)		Zing	Confirmed resource	

43			YMCA Bridgwater	F 6 to 7; £3	Step Cardio		Zing	Confirmed resource	
44			YMCA Bridgwater	F 7 to 8; £3	Body Sculpt		Zing	Confirmed resource	
45			Holy Trinity Church, Hamp St., Bridgwater TA6 6AR	F 7 to 9; from £7	Mad Hatters Bingo		Zing	Confirmed resource	
46			Recreation, Rhode Lane, Bridgwater TA6 6HZ	F. 5.30 to 6.30;	Beavers (6 - 8)		kate.preece@scouts.org.uk	Probable Resource	
47			Recreation, Rhode Lane, Bridgwater TA6 6HZ	F 6.45 to 8.15	Cubs (8 - 11)		kate.preece@scouts.org.uk	Probable Resource	
48			1610 Sports & Leisure, Bridgwater		Swim		https://www.1610.org.uk/centres/trinity-sports-leisure/	Commercial Resource	
49			Burnham On Sea Swim & Sports Academy		Swim		https://www.bospool.com	Commercial Resource	

50			Kings Fitness and Leisure, Cheddar		Swim		http://www.kingsfitness.co.uk . 01934 744939	Commercial Resource	
51			Holford Rd., Bridgwater. Coronation Park, Bridgwater. Mansfield Park, Bridgwater. Victoria Park, Bridgwater. Eastover Park, Cranleigh Gds., Bridgwater. Apex Park, Bridgwater.		Outdoor Gyms			Confirmed resource	
52			The Windmill, Edithmead	F 9pm Su 8.30; £2/card	Bingo			Commercial Resource	
53			Ritz Social Club, Burnham On Sea	Su 2.30; W 7.30	Bingo			Commercial Resource	
54			Ritz Social Club, Burnham On Sea	Su 10.15pm	Dancing (mainly sequence)			Commercial Resource	

55			Burnham On Sea Motor Boat and Sailing Club		Motor Boat and Sailing Club		bosmbc@outlook.co.	Probable Resource	
56			St Andrews Church Hall, Burnham On Sea	3rd Monday/month at 7.30	Flower Club			Probable Resource	
57			Highbridge Community Hall	M 10; £3	Exercise to Music		mary.lawrence@lineone.net	Probable Resource	
58	Patsy Pannifer		Highbridge Community Hall	M 7	Jazzercise	07786 852646		Probable Resource	
59			St Peter's Church, West Huntspill	M 10 to 3; £1/hour	Craft Group			Probable Resource	
60			Apex Park	S 9	Run			Resource	
61	Julie		Morland Hall, Highbridge	T 10.30 to 11.30;	Ladies Move & Groove	07855 827464		Probable Resource	

62			Ritz Social Club, Burnham On Sea	T 8.30	Folk Jam			Commercial Resource	
63			Crafty Teacup Cafe, Burnham On Sea	T 6.30 to 7.30	Belly Dancing			Probable Resource	
64			Bay Centre, Cassis Cl., Burnham On Sea	T 9.15pm	Camera Club		www.boscc.org.uk	Probable Resource	
65		Age UK	Highbridge Community Hall (Age UK)	T 2.30 to 3.30; £4	Line Dancing	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
66				T 7.30	Coastline Singers	01278 784184		Probable Resource	
67			Berrow	T 2 to 4 F 7 to 9:30	Short Mat Bowls	01278 751917		Probable Resource	
68			Burnham On Sea Swim & Sports Academy	T 9.30 to 10.25	Penguin Swimming (60+)	01278 786825		Probable Resource	

69			Avenue Tennis Club, Burnham On Sea	T 2 to 5	Bridge Club			Probable Resource	
70			The Windmill, Edithmead	W 8	Quiz			Commercial Resource	
71			Marine Cove, Burnham On Sea	W 10	Health Walk			Probable Resource	
72			Princess Theatre, Burnham ON Sea	W 7 to 9	Yarn Over			Probable Resource	
73			Gospel Centre, Old Burnham Road, Highbridge	W 11.45 to 3	Fibromyalgia, ME etc Meeting			Probable Resource	
74			Princess Theatre, Burnham ON Sea	Th 11 to 1	Indoor Kurling	01278 769461		Probable Resource	
75			Highbridge Community Hall (Age UK)	Th 12 to 1	Tai Chi			Probable Resource	

76			Ritz Social Club, Burnham On Sea	F 8 to 10.30; £1	Quiz			Commercial Resource	
77			Community Centre, Berrow Road, Burnham On Sea	F 10 to 1	Art Club	01278 784032		Probable Resource	
78			Bay Centre, Cassis Cl., Burnham On Sea	F 10.30 to 12.30 and 1 to 3; £2	Drop In IT Clinic		www.bayc.uk	Probable Resource	
79			Victoria Park Community Centre, Bridgwater TA6 7AS		Various Dance, Martial Arts, Zumba, and Over 50s activities	01278 422555		Probable Resource	
80			Haygrove School, Bridgwater TA6 7HW (also Taunton venues)	M 7.30 to 9; Juniors and family M 6.30 to 7.30	Mark Pengelly's Adult Kickboxing	07769 803357		Probable Resource	
81			Baptist Church Hall, Bridgwater	T 11 to 1230, W 1030 to 1130,	Line Dancing			Probable Resource	
82			Baptist Church Hall, Bridgwater	Th 11 to 12	Latin in Line			Probable Resource	

83			Fox King Dance Studio, King Square, Bridgwater	W 7.30 to 8.45	Anna Davies yoga		annadavies.yoga.somerset@yahoo.co.uk	Probable Resource	
84		Age UK	Trinity Hall, St Saviours Av., Bridgwater	Th 10 to 1130	Tai Chi	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
85			Blakes Hall, St Saviours Av., Bridgwater		Learn To Dance	0782 1071251		Probable Resource	
86					Quantock Harriers		quantockharriers@gmail.com	Probable Resource	
87			YMCA, Bridgwater	M 8 to 9	Social Badminton			Probable Resource	
88			YMCA Bridgwater	Th 7 to 8	Zumba & Chill n Chat	07931 756554		Probable resource	
89			Monkton Heathfield School Sports Hall	S 10 to 1130 in term time/ £2	Apache Stealers (multi sport - for all abilities and disabilities)	01823 653990		Probable resource	

90		Age UK	St George's Parish Centre, Church Rd., Wembdon		Stay Strong Stay Steady	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
91			Unit 18, Hamp Estate, Bridgwater		KJ2 Martial Arts	0758 4191057		Commercial Resource	
92		Age UK	United Reform Church, Cannington	M 2.30 to 3.30	Flexercise	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
93			Victoria Park Community Centre, Bridgwater TA6 7AS	M 6 to 7.30	Yoga	07823 771083		Probable Resource	
94			Robert Blake and Elmwood Leisure	Th 6 to 7/ £2	Feeling Fabulous @ 50	01278 726004		Probable Resource	
95			Unit B4, Bath Bridge Business Park, Bridgwater		Wcurves Womens Gym	01278 422249		Commercial Resource	
96			Bridgwater College, Bath Rd., Bridgwater		5 a side Football	0787 2561633		Probable Resource	

97			Bridgwater College, Bath Rd., Bridgwater	Th 4.40 to 5.30	Bridgwater Town Ability Football - Pan Disability	01458 232359		Probable Resource	
98			Marsh Lane, Huntworth TA6 6LQ		Unique Health & Fitness	01278 425699	reception@uniquefitnessbridgwater.co.uk	Commercial Resource	
99			Exchange Health Club, Bridgwater TA6 4RR	M 9,30, M 5.45, Th 6.30/ £5	Kettlercise		paul@pcthept.co.uk	Probable Resource	
100			Kings Down Pavilion, Kings Drive, Bridgwater TA6 4FU	F 10 to 11/ £4	Shi Bashi and Tai Chi		henriette@somersetcounsellingtherapy.co.uk	Probable Resource	
101			Age UK Somerset		Befriending Service	01823 345618	befriending@ageuksomerset.org.uk	****	
102			Huntworth Lane, North Petherton. TA7 0DU		Bridgwater Lawn Tennis Club	01278 661078		Probable Resource	
103			North Petherton Community Centre. TA6 6QA		North Petherton Walkers	01278 661292		Probable Resource	

104			North Petherton Community Centre. TA6 6QA	Th 1115 to 1215	Fun & Friendly Fitness League	01823 443517		Probable Resource	
105			The Stableblock Retreat, Gotherney Hall TA5 2PQ	M 5.30 to 6.45, M 7 to 8.15	Anna Davies Yoga	07891 791051		Probable Resource	
106			Cannington Village Hall. TA5 2JR	F 2	50+ Exercise to Music and 10 other activities	01278 652411		Probable Resource	
107			Cannington Village Hall. TA5 2JR	Th 7.30 to 8.30	American Kickboxing	07864 987924		Probable Resource	
108			Westonzoyl and Church Hall	M 8 to 9	American Kickboxing	07864 987924		Probable Resource	
109			Woolavington Village Hall	W 1.30 to 2.30	American Kickboxing	07864 987924		Probable Resource	
110			Highbridge Community Hall	W 7.45 to 8.45	American Kickboxing	07864 987924		Probable Resource	

11 1			TA5 2AN		Enmore Park Golf Club	01278 672100		Golf Club	
11 2			Wembdon Park TA6 7RP		Various Fitness Activities	07891 552858		Probable Resource	
11 3			Sydenham Community Centre TA6 4QZ	W 1115- 1215	Walking Football	01823 653990		Probable Resource	
11 4		Age UK	Sydenham Community Centre TA6 4QZ		Yoga Stretch & Flex	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ ageingwell@ageuksomerset.org.uk	Probable Resource	
11 5			Penrose School, Albert St. Bridgwater TA6 7ET	10 to 12, 2nd Weds of month in term time	Bridgwater Parent Support Group. (for parents and carers of children with special needs)	07704 405324	c.m.cole20@gmail.com	Probable Resource	
11 6					Somerset and Avon Rape and Sexual Abuse Service	01823 324944	www.sarsas.org.uk	Probable Resource	
11 7					I Can (Charity for children and YP speech, language and communication)	02078 432515	info@ican.org.uk. Wwww.ican.org.uk	Probable Resource	

11 8					Bipolar UK	0333 323 3880	www.bipolaruk.org.uk info@bipolaruk.org.uk	Probable Resource	
11 9					Deafplus	01225 446555	www.deafplus.org david.melling@deafplus.org	Probable Resource	
12 0					Blind Veterans UK	0800 3897979	www.blindveterans.org.uk	Probable Resource	
12 1					British Lung Foundation - Breathe Easy Support Groups	03000 030 555	www.blf.org.uk	Probable Resource	
12 2					Carers Services Somerset Partnership NHS - support for carers of people with mental health problems.	01749 633 6633	janet.chamberlain@sompar.nhs.uk www.somersetcarers.org	Probable Resource	
12 3					kickStart (employability)	01458 836130	www.volunteernetwork.org.uk	Probable Resource	
12 4					Royal National Institute for the Blind	01392 458060	www.rnib.org.uk	Probable Resource	

12 5				£17/month	Home from Hospital Service	0800 085 7371	www.ppptakingcare.co.uk	Probable Resource	
12 6	David	Bobbett	Glanville House, Bridgwater	Last Thursday of month 10 to 12, Free	Bridgwater Mental Health Carers Support Group	07909 906811	www.somersetcarers.org.uk janet.chamberlain@sompar.nhs.uk	Probable Resource	
12 7				1st & 3rd Weds, 12 to 1.30	All Gender Domestic Abuse peer Support Group	01823 334906	www.mindtws.org.uk	Probable Resource	
12 8			Phone support		Mindline Somerset (for emotional support)	01823 334906	www.mindtws.org.uk	Probable Resource	
12 8				£16.64/hour	Mencap Personal Support	01823 288061	www.mencap.org.uk . Newbusiness.west@mencap.org.uk	Probable Resource	
13 0					Mindfulness	01823 323206	www.mindfulnessuk.com	Probable Resource	
13 1			Unit 11 to 12, Belvedere Trading Estate, taunton,		Somerset Mental Wellbeing Service	01823 255917	www.smws.org.uk	Probable Resource	

			Somerset TA1 1BH					
13 2			Bridgwater Arts Centre, Castle St., Bridgwater TA6 3DD	Thurs 10 to 1	Bridgwater Talking Café			Confirmed resource
13 3			Chatterbox Café, 21 Victoria St., Burnham On Sea TA8 1AL	Weds 2 to 4	Burnham On Sea Talking Café			Confirmed resource
13 4			Baptist Church, Lower North St., Cheddar BS27 3HA	Mon 9.30 to 12.30	Cheddar Talking Café			Confirmed resource
13 5			The Community Rm., Dunwear Hse., Westonzoyl and Road, Bridgwater TA6 5BP		Pilates	01823 653990		Probable Resource
13 6			Coronation Park, Parkway, Bridgwater	F 9	Buggy Walks	01823 653990		Probable Resource

13 7			Westonzoyl and Community Centre.		Yoga, Tai Chi and Pilates	07791 272822		Probable Resource	
13 8			Westonzoyl and Village Hall	W 10 to 11	Cardiac Rehab	01278 652411		Probable Resource	
13 9			Edington Village Hall	W 2 to 4	In Line We Dance			Probable Resource	
14 0		Age UK	Spaxton Village Hall	W 2.30 to 3.30/ £2	Flexercise	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 1			Alston Ct., Alston Lane, Highbridge		Horse Riding	01278 789417		Commercial Resource	
14 2		Age UK	Axbridge Town Hall, The Square, Axbridge, BS26 2AP	M 10 to 11/£4	Yoga Stretch & Flex	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 3		Age UK	Bay Centre, Cassis Cl., Burnham On Sea TA8 1NN	Th 2.30 to 3.30/£4	Extend Music to Movement	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	

14 4		Age UK	Westfield Church Hall, West St., Bridgwater TA6 7EU	T 2.30 to 3.30; £4	Mature Movers	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 5		Age UK	YMCA, Bridgwater. TA6 3RF	Th 10 to 11.30/£5	Tai Chi	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 6		Age UK	United Reform Church, Cannington. TA6 7HD	M 2.30 to 3.30	Flexercise	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 7		Age UK	Cheddar Village Hall, Church St., Cheddar BS27 3RA	F 2 to 3/ £4	Extend Music to Movement	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 8		Age UK	Chilton Polden Village Hall, TA7 9EH		Shi Bashi and Tai Chi	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
14 9		Age UK	Nether Stowey Village Hall, Lime St., Nether Stowey TA5 1NH	W 1 to 2	Movement to Music	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
15 0		Age UK	Pawlett Village Hall, TA6 4RY	T 2 to 3	Mature movers	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	

15 1		Age UK	Puriton Village Hall, TA7 8BP	T 3.30 to 4.30	Mature Movers	01823 345626	https://www.ageuk.org.uk/somerset/activities-and-events/ageingwell@ageuksomerset.org.uk	Probable Resource	
15 2		Quantock Medical Centre	Stable Loft Church Centre, Nether Stowey	W 10	Singing Group	01278 732696		Confirmed resource	
15 3		Quantock Medical Centre	Stable Loft Church Centre, Nether Stowey	1st Tues 1 to 3	Art Group	01278 732696		Confirmed resource	
15 4		Quantock Medical Centre	Various	Phone for details.	Walking for Health - One Boot and Two Boot levels	01278 732696		Confirmed resource	
15 5		Quantock Medical Centre	Nether Stowey Allotments	Phone for details.	Nether Stowey Community Gardening Project	01278 732696		Confirmed resource	
15 6		Brent Area Health Centre		Phone for details	COPD Support	01278 760313		Probable Resource	
15 7		Somerset Sight, Northfield Hse, 51 Staplegrove Rd.,	Mobile Unit	Phone for details	Somerset Sight Mobile Unit	01823 333818		Probable Resource	

		Taunton TA1 1DG							
15 8		Somerset YouCanDo	Berrow/East Brent Area	Phone for details	Active Living Group	01278 664180	enquiries@somersetyoucando.org www.somersetyoucando.weebly.com/older-peoples-service-and-active-living	Probable Resource	
15 9	Lynne Booth Ros Dark	Lympsham Village Hall	Lympsham Village Hall	T 10 to 4.30	Community Café	01934 750589 079140033 23. 01934 750602. 079764850 10	http://lympshamvillage.co.uk/cafe.ht m	Probable Resource	
16 0			Brent Knoll		Meet & Eat		Brent Area MC ?	???	
16 1	Paul King	Alzheimers Society	Victoria Park Community Centre, Bridgwater TA6 7AS	Fortnightly F 1030 to 1230	Memory Café	01458 251541	somerset@alzheimers.org.uk	Probable Resource	
16 2		Somerset Bridge Medical Centre	Somerset Bridge Medical Centre	T 12	Gardening Group	01278 454560. 01278 411520	www.somersetbridgemic.co.uk	Confirmed resource	



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16 3		Somerset Bridge Medical Centre	Somerset Bridge Medical Centre	Fortnightly Weds 1230	Walking Group	01278 454560. 01278 411520	www.somersetbtidgemc.co.uk	Confirmed resource	
16 4		Somerset Bridge Medical Centre	Somerset Bridge Medical Centre	T am	Foot Massage	01278 454560. 01278 411520	www.somersetbtidgemc.co.uk	Confirmed resource - Registered patients only	
16 5		Somerset Bridge Medical Centre	Somerset Bridge Medical Centre	W 2	Pilates for Beginners	01278 454560. 01278 411520	www.somersetbtidgemc.co.uk	Confirmed resource - Registered patients only	
16 6		Somerset Bridge Medical Centre	Stockmoor Lodge Care Home	T 1030	Singing Group	01278 454560. 01278 411520	www.somersetbtidgemc.co.uk	Confirmed resource	
16 7		Somerset Carers Service	Redgate Medical Centre, Westonzoyl and Road, Bridgwater TA6 5BF	1st Friday 10-12	Carers Group	0800 31 68 600	www.somersetcarers.org . Carers@somersetccc.org.uk	?	
16 8			Bay Centre, Highbridge	1st & 3rd Sat, 1030 to 1	Somerset Time for Youth Special Needs Club	07745 236742	somersettimeforyouth@gmail.com	Probable Resource	<2 5 yrs
16 9			Morland Hall, Highbridge	2nd and 4th Sat, 1030 to 1	Somerset Time for Youth Special Needs Club	07745 236742	somersettimeforyouth@gmail.com	Probable Resource	<2 5 yrs



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17 0			United Reform Church, Cannington. TA6 7HD	M 1030 to 1230	Babies Bumps and Breast Feeding	01278 733650		Probable Resource	
17 1	Abbie	Home Care			Home Care	0746857 4151	info@hometohomecare.co.uk	Micro Provider	

Appendix D

Case Studies

EG1

The person was frail and isolated, not engaging with anyone but the GP, but is now attending a local support group and day centre.

EG2

The person had no heating in winter, a hole in the roof, letting in rain to their bedroom, had completely run out of money, and had no food. All of which were resolved by connecting the person with other local services.

EG3

The person had their benefits stopped incorrectly. The Link Worker helped to get them reinstated.

EG4

The person was hoarding. Living conditions were neglected, and they were surrounded by trip hazards. All were improved by engaging a cleaning and repair company which was willingly funded by the person concerned.

EG5

The person was stockpiling and not taking medication. This was identified and resolved by a visit to the home with the practice pharmacist.

EG6

The person was caring for a partner who was becoming unstable in the bathroom. Home adaptations were arranged via Social Services.

EG7

The person was losing confidence and afraid to leave the house. Now attends the Men's Shed.

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*

