

**THE SOMERSET STRONGER
COMMUNITIES SOCIAL PRESCRIBING
PROJECT**

**PHASE 2: Community – Readiness Action
Research**

West Somerset

A report by Penny Rowland Hill, Engage Voluntary Sector Development, in collaboration with the Richmond Group of Charities and the Somerset Voluntary, community and Social Enterprise Strategic Forum

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Report on Social Prescribing in West Somerset

Executive Summary

This research has consulted widely across West Somerset, talking to residents and representatives from all sectors of the community, examining the issues and views around social prescribing, how it currently works, and what it could look like going forward.

It has determined that the current model of the Living Better project works well in the area, and links well with the NHS thinking around Neighbourhood working.

The ability to invest in more staff would extend and expand the service, allowing it to become truly local in delivery, in line with its original vision.

Issues of engagement, transport lack of comprehensive local information and access to specialist expertise have been raised, but all these could be dealt with through exploring options for partnership working and increased collaboration with the voluntary sector.

Working to raise awareness and get the buy-in of local social housing providers has been identified as a significant piece of work that could potentially improve medium and long-term health and well-being outcomes for a large proportion of residents in the region.

Medical services in West Somerset are actively and successfully supporting the social prescribing agenda, but, through increased engagement, partnership working, more networking, better communications, and strengthened communities through community development, improvements can be achieved.

Introduction

For the purposes of this report, Social Prescribing is defined as:

'...linking people with health problems into practical and emotional support in communities and the voluntary sector... it seeks to address people's needs in a holistic way and support individuals to take greater control of their own health and wellbeing....'

This report will examine what currently exists in West Somerset, looking at what could be built on or extended. It will draw on the views of local citizens, doctors, other healthcare professionals, and representatives of voluntary sector groups, their perceptions on engagement and the barriers to engagement, and what they would like to see put in place.

The report will seek to identify what currently works well in the area, note where there are gaps in provision, and consider who might be best placed to deliver the necessary services. It will explore what operational model would work well for the locality and why, and examine whether new partnerships or collaborative relationships would need to be developed. It will look at the potential value to be gained through increased coordination and more significant involvement of other organisations.

In order to facilitate and sustain increased and effective Social Prescribing, the report will endeavour to identify and recommend any additional infrastructure that may be needed, and the likely investment to support this, along with the ongoing costs of robust community development and quality service provision in West Somerset.

Research was carried out using a variety of approaches including residents' surveys, healthcare professionals' surveys, face to face and telephone interviews with residents, doctors, healthcare professionals and service providers, a focus group of sheltered housing residents and internet searches.

What already exists?

West Somerset has five medical practices¹ within the NHS Clinical Commissioning locality, and many of the communities they serve are rural and isolated. There is a significantly older population in comparison to the rest of the county with 38% being 60 years old or over² (7.8% more than the county as a whole.) Transport provision varies across the region, with only limited bus services available in many villages.

In the last three years, and working in collaboration with the Voluntary sector and other agencies, the five medical practices have developed, and received funding to deliver the Living Better Project, which seeks to provide personalised and coordinated care supporting independence, and forms a basis for social prescribing in West Somerset.

The Living Better Model

Originally the pilot project, developed and run through Age UK, was described as being:

*'... a working partnership between the GP practices in the pilot, AGE UK Somerset, Social Care, Somerset Partnership, West Somerset District Council, and Somerset Clinical Commissioning Group...'*³

It was envisioned that by having appropriate wrap around services people would be supported by the right people at the right time.

Age UK's involvement with the project ceased at the end of the pilot, in 2016, and the project was taken forward independently. The project model brings together a local delivery team, comprising local GPs, a Carer's Agent and a patient's carer, and Community Nurses and Village Agents, where the community nurses and village agents are attached to specific surgeries in their own local area. While the GPs and Community nurses are part of the NHS provision, the Village Agents' services are provided through The Community Council for Somerset (CCS). Patients can be referred by members of the team to any other appropriate team members, by outside agencies referring into the team, and through self-referrals.

Village Agents are there to help to bridge the gap between isolated, excluded, vulnerable and lonely individuals and statutory and/or voluntary organisations which offer specific solutions to identified needs. They also work with the wider community to motivate and support community responses to a local need by encouraging people to work together to address issues. They take referrals, engage with clients, undertake home visits when appropriate, and run the Talking Café sessions in Minehead, Porlock, Williton, and Dulverton.

Currently West Somerset has one full-time, and two part-time Village agents who cover the whole of the area between them.

Medical personnel, at all levels, were unanimous in their view that the Living Better model was effective, and that it was working well, given its current resources. It was observed that it was particularly effective

¹ Dunster & Porlock Surgeries; Exmoor Medical Centre; Harley House Surgery; Irnham Lodge Surgery; West Somerset Healthcare - Williton & Watchet

² ONS – 2011 Census

³ West Somerset Living Better pilot Project Initial report 2016

when Village agents actively saw solutions through to their conclusion, seeing themselves as the end point in the process, rather than simply referring patients on, without any further involvement.

A good example of this was given by a service user with mental health and family problems who had been severely depressed and initially lacking in confidence to engage. She had been helped by a Village Agent who introduced her to a local organisation called Positive People. Following this personal introduction and after six months supported by the group, this was what she had to say:

“Positive People have changed my life! My mind is a lot healthier because I am active and doing things”

Building relationships, creating trust, developing and strengthening communities were seen as key factors in successful engagement.

However, in order to do this successfully and effectively, the service needs to be sufficiently resourced. Whilst the three Village Agents do what they can in the hours they are contracted, they cover huge areas and their services are spread very thinly. Geographically, West Somerset has many small, isolated rural communities spread out across the region. Ideally, as was originally envisioned, there should be at least one full-time Village Agent attached to each local Medical practice.

The Clinical Commissioning Group (CCG) confirmed that funding had been agreed for this year and a subsequent further two years to support the Living Better project in West Somerset, at its present level. Whilst there may be some additional funding available centrally for social prescribing over the next few years, this was unlikely to result in more than one additional post in West Somerset.

It was also suggested that current spending in the NHS was mainly, if not all, centred round dealing with consequences rather than addressing the reasons prompting the consequences; thinking focused on the biology of health rather than the social determinates of health and well-being. It was felt that savings could be made and better outcomes produced for patients if that general philosophy could change. It is understood that the new NHS Long Term Plan is seeking to address these issues.

Neighbourhood Teams, the latest NHS initiative, has many similarities to the Living Better model of more cohesive working, but while acknowledging the value of a greater involvement with other agencies its focus is more on the development of local Primary Care Networks.

Living Better - Community Engagement

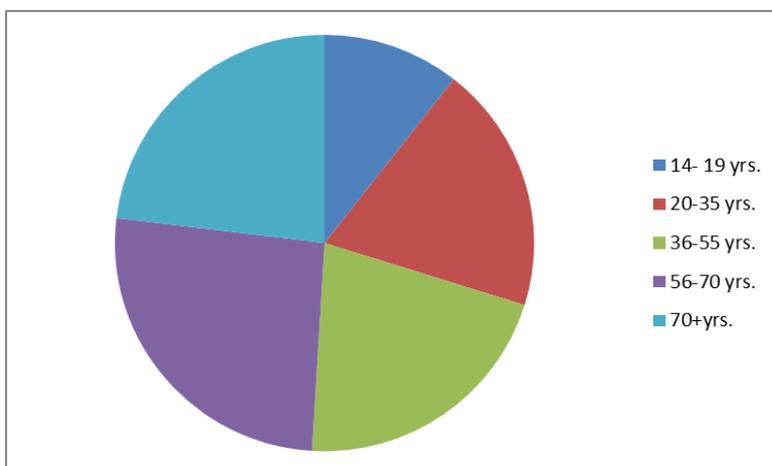
Effective engagement is an essential part of any project involving the community and helps to build and strengthen that community. Grassroots involvement from the beginning creates an ownership and a greater acceptance of a project and its benefits. In rural situations, where residents and communities are more isolated, having a central point locally where residents can access advice and services enables people to feel less marginalised.

Talking Cafes, run by the Village Agents, are drop-ins where residents can engage with both the Village Agents and other service providers in an informal and social setting. There is potential opportunity to build on these from increasing the support and active participation of more local organisations and service providers, and generating greater public awareness.

There are other areas West Somerset can learn from. In Devon, afternoon events are held locally in halls or community centres on a quarterly basis. Although this is less frequent than the Talking Cafes, there is active engagement from both organisations and residents. Numerous support agencies, local groups and voluntary organisations are present at these events, local Councillors are available to chat to over a cup of tea, and free food and entertainment is provided. These events are very well advertised in their respective areas, which is reflected in the attendance numbers of residents and their families.

Consultation of local residents

Residents and patients of all ages within the West Somerset community responded to a survey⁴ asking questions around the various services and activities that make up social prescribing, what they thought about it, whether and how they might engage with it, and the barriers to their participation.



Of those residents who thought that it would be beneficial to them to be able to access support and advice, the most requested topics of information were Employment & Training advice and Personal Safety, followed by Money / Debt/ and Budgeting advice , and Housing.

Personal safety was of greatest interest to the age groups 20 – 35 years and 70+ years, who scored equally in this area.

Over 20% did not feel that access to support and advice was relevant to them.

When asked, although 65% said they were aware of where they could get advice and support in their area, 35% indicated that they did not.

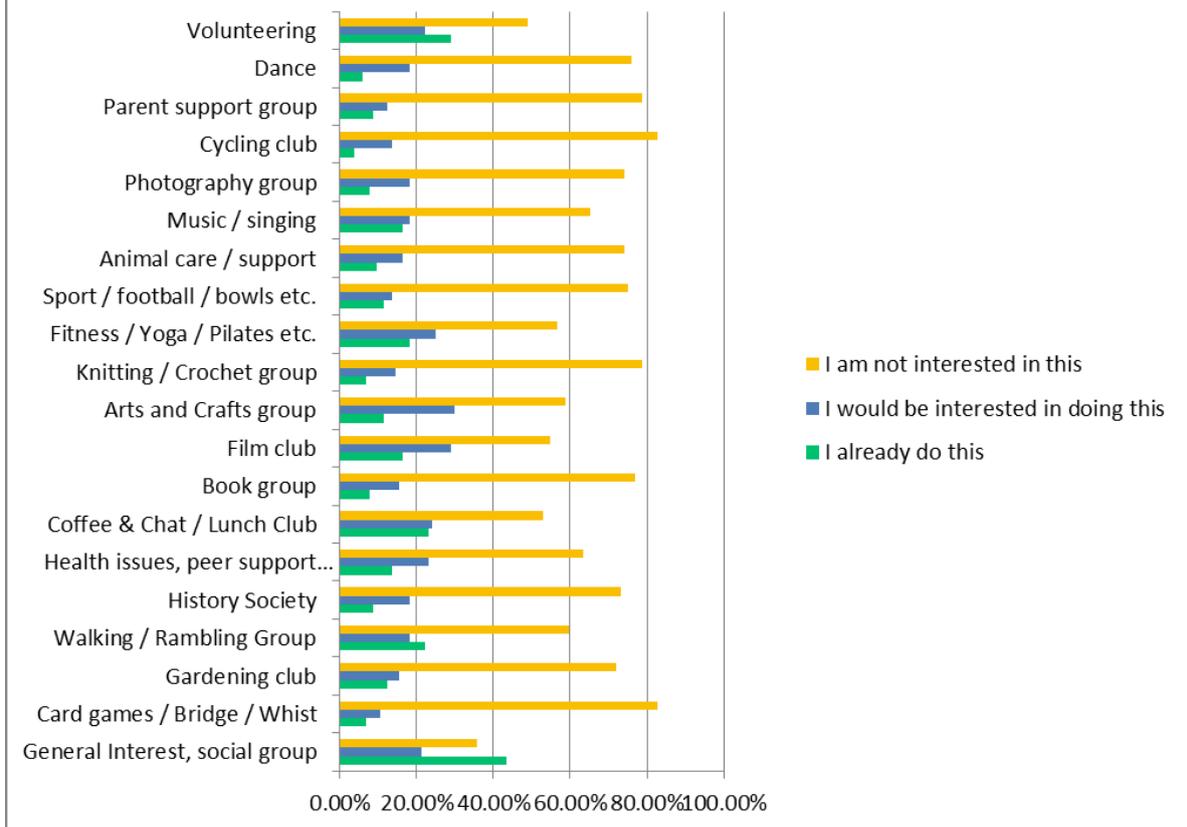
23% of respondents did not think that access to relevant help and advice, if needed, would improve their health and well-being.

However, when asked if they thought that taking part in regular healthy or stimulating activities could improve their health and well-being, over 90% of residents agreed, with only 9% saying that they did not think so.

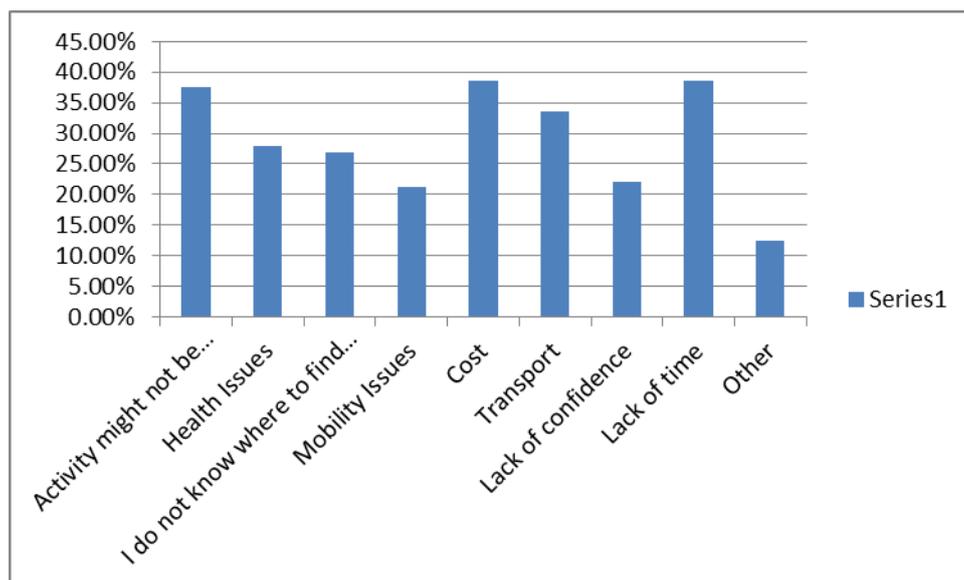
In trying to gauge what types of activity residents might be interested in being referred to and assessing how physically, mentally and socially they were already active in their communities, a number of options were listed for them to tell us their level of interest or involvement, and to indicate what they might be interested in that they were not currently engaged in doing.

⁴ Lifestyle, Health & Wellbeing Survey – West Somerset –Appendix 1

Below are some examples of social activities that might be available in your area. Could you let us know how interested you would be in participating in these?



When asked what might prevent them from getting involved in an activity, and what barriers there were to participation, these were the results:



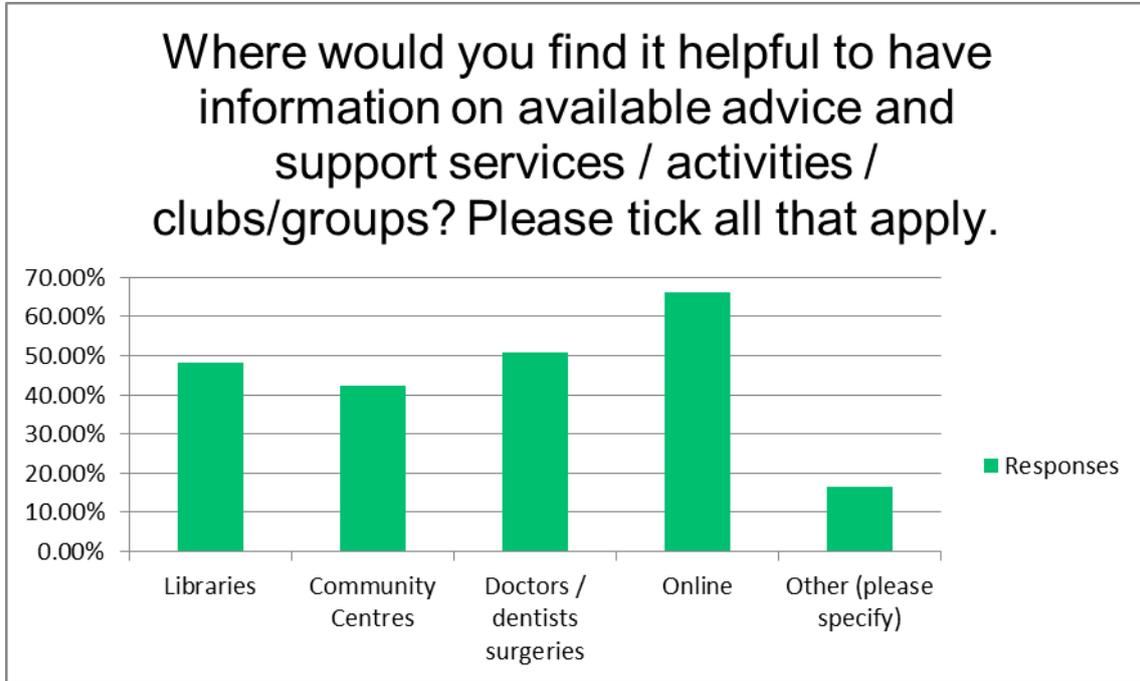
Barriers that scored highest were: availability of activities, costs, transport and lack of time. Of those that listed lack of time as a factor, most indicated that this was because of a **lack of childcare / support.**

Other barriers and reasons recorded by individuals were:

- I do not drive / lack of confidence because of health issues
- Can't afford to pay for hobbies / no transport
- Suffer with hypermobility syndrome and chronic pain syndrome
- There isn't really anywhere in Minehead to go
- Lack of activities in my area /revision and homework for GCSE's
- Knowing the right people
- With children and work, and the children's commitments, it's hard to find time
- I do not want to drive at night
- Live in rural area and have no car /might find it overwhelming /No money / Have to structure around restricted bus route
- I have heart problems and COPD
- Complex health issues
- If a group is around the £5 mark weekly this adds up and therefore not affordable for my family /busy mum with little spare time
CHILDCARE - too expensive and the main reason I couldn't go
- Health - sorting out balance issues
Time - I am working
- Memory loss
- I feel able to help myself and happy to help others
- No local swimming pool
- Not always able to attend for health reasons. Some art groups are too expensive on a pension
- Do not drive
- Child support
- I am only really aware of activities that take place in my village, not beyond.
- Childcare issues
- Cannot afford childcare
- Some shops offer excellent craft courses but the cost can be prohibitive. Some older people told me that they would go social signing group if it wasn't in the evening. I would prefer day time myself.
- Might not be local (activity) / no transport so needs to be local / buses only every two hours / Too far away / I have COPD / No car
- Not too expensive / more local buses
- Not within easy reach / no transport available / do not drive and cannot walk very far / lost a lot (confidence) with my knees / got the time but not know a lot about things
- I Have arthritis. I have no transport - Have to take taxis
- I have arthritis so am limited to what I can do
- I already have a lot of commitments and don't want to take on any more
- Husband has had a stroke and I look after him. Also the buses only come every two hours and I don't drive
- If the car is unavailable there is no evening bus
- Too many classes cost money

- I rely on my husband for transport as I don't drive, however he is away working at times.
- I am disabled, I am without a pension at 64 and I have to try and work to pay the bills
- Buses at the wrong times
- Carer, therefore I have enough to do.

With 35% of residents who responded being unaware of where they could access information, advice and support, the survey asked where they might find it helpful to obtain it.



Other suggestions included the Citizens Advice Bureau, Minehead Eye, C.L.O.W.N.S (Creating Learning Opportunities in WesterN Somerset), village halls and noticeboards, church magazines and village newsletters, schools and social media sites. This indicates that there is merit in having both online and paper resources which can be made available in a wide range of settings across West Somerset.

Identified Gaps in the provision of 'what works well' and possible solutions

The findings of the interviews, survey and focus groups highlighted a number of gaps in provision:

- Living Better works well but many members of the team involved have cited the lack of a dedicated mental health nurse as being a gap that it would be beneficial to fill. Community nurses said that a high proportion of the patients that they see have mental health or dementia issues, and a nurse practitioner with a specialism in mental health and Dementia would be a welcome addition to the team as part of their patient offer.
- Another essential element of social prescribing is in having sufficient numbers of people such as community nurses and Village agents trained in motivational interviewing and behavioural change. There could be increased benefit in offering such training to key members in relevant front-facing service- provider organisations, widening access and providing informed support and relevant signposting. It is understood that SPARK currently offers training workshops for Community Connectors, enabling wider signposting within a community setting.
- The lack of involvement with Social Housing providers is a big gap, with Magna Housing, the largest provider in West Somerset admitting that it currently does little to engage in social prescribing, being more reactive to resident requests for small amounts of funding rather than proactively encouraging community involvement, other than for consultation on housing services issues. It does, however, offer a Money Matters service for its sheltered residents. Falcon Rural Housing is a very small housing provider, where two housing officers cover all aspects of tenancy management and resident involvement. They have a good working relationship with the village agents, but have said that they would benefit from access to someone specialising in mental health and early stages dementia issues. There is huge scope here for raising the awareness within the Housing Associations of the benefits of social prescribing for their residents and organisation, and to creating meaningful collaborative or partnership working.
- Active signposting is currently working well, but in order to have the time to do this, more personnel are ideally required to meet demand, as some patients have greater need for support over a longer period of time than others. Broadening the number of people within the community trained to socially prescribe could ease this issue. There is a clear need for more community and health connectors. In their currently accepted form, West Somerset has no Health Connectors and this is an area that could be explored further.
- It was noted that there was a consensus among all who were consulted that community development had an important part to play in supporting outcomes, and that stronger communities were more resilient generally. Investment in community development and the necessary infrastructure to support voluntary organisations in West Somerset is poorly funded in comparison to other regions of Somerset, but the need to have that support is often much greater, due to West Somerset's many rural and more isolated communities, and aging population. Supporting the long-term sustainability of the voluntary sector and all it has to offer, must be a consideration.

- The Living Better team indicated that it is hoping to develop a Community Directory of services in the locality, and this is something which would be of benefit. While there are a number of directories in existence already, including on the Council website, Village agents and community nurses have developed their own limited lists of organisations and services they can refer to, and other organisations such as Somerset Choices and the Red Cross also have their own lists of useful service providers and micro service providers, but none of these are comprehensive in terms of local provision and many are not publicly available. There is currently no one place to go to, to find out this sort of information, and residents and social prescribers alike find it difficult to access the information they need. All are agreed that an easily accessible database providing community information is needed.

There is a case to be made for an impartial, local organisation, to collate all the various lists and databases from the different organisations and create and subsequently maintain one comprehensive, 'go-to' database for services, service providers and micro providers, local transport schemes, groups and activities in the West Somerset area. This would need to be regularly maintained and updated to ensure information was accurate and current, but the benefits for the health and well-being agenda would be significant.

Ease of access to relevant local information and services is key to the success of the Living Better Model, for all concerned.

- Linked to this is the need for better marketing and information dissemination, which is another gap that has been identified through this research. With 35% of residents contacted being unaware where they could go to for information, support and advice, there is a need to better publicise the existence and benefits of things like the Talking café, and the village agents. There is however a risk with this, in that greater numbers of people accessing the service could potentially have an adverse impact on the capacity of the service to deliver, given current staffing levels.

This is an area where developing a collaborative working model with local infrastructure and other VCS organisations could be helpful to access existing networks and links to a multitude of service providers and organisations in the area who work face-to-face with service users and their local communities.

- The final key aspect identified as a gap is the availability of local transport. Lack of public and affordable transport was an issue that was brought up time and time again. Public bus services, where they exist, tend to be only once every two hours and not during the evenings. This makes even visits to hospitals difficult and costly for many residents.

Research has shown that, contrary to public perception, there is some car transport available in most areas, which are covered by the West Somerset Car Schemes Partnership (WSCSP), a group of organisations, providing transport through their volunteers. The main reason for the creation of WSCSP was to cooperate on obtaining insurance, and to provide a workable system to assist and report to Somerset County Council with their administration of the Travel Pass Scheme.

The availability of transport services offered by the different organisations varies considerably from area to area, as do the costs. There is a current list of providers⁵ available online, but on investigation, some of the information listed regarding services offered is not completely accurate. These services are largely staffed by volunteers, and it was suggested that the capacity of the service from these organisations was being increasingly used by hospitals to provide transport for their patients, leaving less time to meet general local transport needs.

Residents seemed uninformed that there were car transport services in their area, and lack of transport was one of the highest reasons given for a reluctance to participate in social activities.

This presents an ideal opportunity for the development of partnership working, building greater links between WSCSP and the Living Better team.

⁵ Appendix 2 - Current list of WSCSP providers

What could be done now through increased coordination and the development of new partnerships or collaborations?

An increase in specifically collaborative or partnership working with Housing Associations in West Somerset has the potential to greatly increase the number of residents who would benefit from accessing social prescribing, and the education of those organisations around social prescribing and the benefits of creating and actively supporting their resident communities could influence strategies and policies going forward, reducing the long-term need for outside intervention. There are many examples and case studies that can be drawn on from other social housing providers across the country, who have already engaged with the social prescribing agenda.

Much closer links to the community and voluntary sector could be enabled through the development of a working partnership or collaboration between Living Better, the local VCS infrastructure body Engage and other leading VCS organisations (especially in the areas of mental health and money/debt advice). For example the village agents might find it useful to attend Engage's regular voluntary sector forum meetings which are well attended by voluntary organisations and local council officers, and provide effective networking opportunities.

A meeting between the various organisations that provide services through WSCSP and the village agents and community nurses would be a sensible start to understanding the transport needs in the area and addressing them where possible. A more coordinated approach here would most certainly be beneficial.

Although supportive of social prescribing and the benefits it can bring, and appreciating the many essential restrictions on their time, research has shown that the doctors and nurses within some of the medical practices are aware that they have a limited understanding of what outside community services and groups are available, and it might prove useful to create a networking event where local service providers, key groups and organisations get together to with members of the local medical practices to create a greater awareness of what opportunities the area has to provide, or the potential to provide.

What more could be done with significant involvement of others, for example in statutory health and care services?

When looking to provide a more holistic approach to patient care, communication and ease of information sharing plays an important role in ensuring that patients are given the support and advice that they need, and that this is not duplicated in any way due to lack of timely access to relevant information from other service providers involved with the individual patient's care.

Different sections of the NHS store their patient case data on different information platforms; GP's use EMIS; Hospitals use EPRO; District nurses use RIO. This can make it slow and difficult to access all relevant information, which can have a negative impact on patient care. It is to be hoped that the new system, SIDER, which is currently under development, will help alleviate this issue, although there is no stated time-frame for this to go live as yet.

Residents with mental health and dementia issues form a large proportion of the clients seen by the Living Better team, and yet there is no specialist nurse on the team to deal with this client group. The provision of someone with the necessary skills in mental healthcare would speed service response and delivery times for patients, and relieve some pressure on the community nurses. A specialist Adult Social Care nurse would also be a productive addition to the core team.

At the moment, the Red Cross offer a paid / assisted hospital discharge service for Oncology patients. Patients are identified by the hospital ward and then referred to the Red Cross. This system works well, but does not extend to non - Oncology patients. There are many other hospital patients, living in rural locations in West Somerset without easy access to transport, who would benefit from this service if it was possible to find a way to include them when circumstances / needs are identified. Hospital staff need to be aware of what community transport provision is available in order to signpost patients.

Additional infrastructure needed

The Living Better structure has proved that it works well in the area, but needs to be expanded to include investment in an increase in the number of Village agents, and the addition of specialist community nurses.

A transport network dedicated to servicing the needs of hospital and medical centre patients would greatly alleviate the pressure on volunteer - staffed existing community car schemes, giving them greater scope to deliver on the transport needs of those residents who do not otherwise have access to transport, allowing them to attend social activities, events that could contribute to their health and well-being and reduce isolation. This could possibly be achieved through funded service level agreements with existing transport providers.

Strengthening the community

It is important that there is a strong, well- resourced and proactive infrastructure organisation linking the local community and voluntary organisations service providers with healthcare professionals and practitioners to create a more joined up approach, and to facilitate in the development of local solutions.

Infrastructure organisations play a vital role in supporting service providers and voluntary sector organisations of all shapes and sizes across the region, giving advice on a range of topics including governance, project development and project management, organisational best practice, safeguarding, and changing the status of an organisation as well as offering help in identifying funding sources, applying for funding and fundraising. They are key to helping sustainability in the sector, creating and linking networks, and can act as a connector and facilitator across the private, public and third sectors. They are ideally placed to co-ordinate the development and maintenance of a comprehensive data base, and multiple distribution systems, getting information to where it is needed in the local communities, subject to the necessary funding.

To ensure that 'good work' continues to be delivered throughout the voluntary sector, there is a need for increased resources to develop capacity in existing infrastructure organisations including an allocation for training budgets, resources to fund partnership networking / learning events, and resources to fund awareness raising events for residents and service providers. Costs would be dependent on the feasibility and scope of the services required.

Initial thoughts indicate that the way forward could include a series of regular local community networking and information events in the 5 main geographic areas in West Somerset, aligned to the emerging Primary Care Network. Other models studied indicate that in order to be effective there should be one event in each area every two months i.e. six events in each of the five areas per year. Such a schedule encourages attendance, as the events become embedded in the community calendar.

Ideally people should be able to engage with their local councillor and Village Agents and, there should be representatives from: Fire / Police, Libraries, Local service providers who would like to promote what they do and engage better with local residents, and Local organisations providing leisure activities / and or volunteering opportunities and the Living Better project.

The inclusion of entertainment, maybe a school choir, which would encourage parents to attend, would add to the welcoming atmosphere.

This project would require a paid community development worker to organise and coordinate the events and would benefit from the production of an up to date information and contact sheet for local services and activities in each area for distribution to residents.

An essential element would be the offer of the provision of car collection and return service / minibus and driver. There is potential to develop the existing network of community car schemes.

The Community Development worker would also be able to encourage greater partnership working across West Somerset, and provide support to groups offering services as part of this programme, aiding their sustainability.

Summary

This research has consulted widely across West Somerset, talking to residents and representatives from all sectors of the community, examining the issues and views around social prescribing, how it currently works, and what it could look like going forward.

It has determined that the current model of the Living Better project works well in the area, and links well with the NHS thinking around Neighbourhood working.

The ability to invest in more staff would extend and expand the service, allowing it to become truly local in delivery, in line with its original vision.

Issues of engagement, transport lack of comprehensive local information and access to specialist expertise have been raised, but all these could be dealt with through exploring options for partnership working and increased collaboration with the voluntary sector.

Working to raise awareness and get the buy-in of local social housing providers has been identified as a significant piece of work that could potentially improve medium and long-term health and well-being outcomes for a large proportion of residents in the region.

Medical services in West Somerset are actively and successfully supporting the social prescribing agenda, but, through increased engagement, partnership working, more networking, better communications, and strengthened communities through community development, improvements can be achieved.

Penny Rowland Hill – Engage Voluntary Sector Development

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25/02/2019

Lifestyle, Health & Wellbeing Survey



Lifestyle, Health & Wellbeing Survey – West Somerset –

To be returned by 11th February 2019

This survey is part of a research project into the need and availability of social activities and services in the West Somerset area, which can contribute to residents' health and well-being. All data in this survey will be used for the purposes of informing this research, and your contribution will be anonymous.

As a 'thank you' for taking part, all completed surveys will be entered into a prize draw, and one survey will be picked at random on the 12th Feb. 2019, to win a shopping voucher valued at £50. *If you would like to be entered into the prize draw, please let us know how to contact you at the end of the survey.*

Q1. - How old are you? Please tick:

14- 19 yrs.	<input type="checkbox"/>	20-35 yrs.	<input type="checkbox"/>	36-55 yrs.	<input type="checkbox"/>	56-70 yrs.	<input type="checkbox"/>	70+yrs.	<input type="checkbox"/>
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Q2.-Which of the following areas do you live in, or nearest to? Please tick:

Minehead	<input type="checkbox"/>	Dulverton	<input type="checkbox"/>	Watchet & Williton	<input type="checkbox"/>
Porlock	<input type="checkbox"/>	Stogursey	<input type="checkbox"/>		<input type="checkbox"/>

Q3. – Would you find it helpful to be able to access advice / support for any of the following?

Please tick all that apply:

Personal safety	<input type="checkbox"/>
Money / debt / budgeting advice	<input type="checkbox"/>
Housing advice	<input type="checkbox"/>
Employment & Training	<input type="checkbox"/>

Q4– Are you aware of where to get advice and support when you need it, in your area?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Q5 – Do you think that access to relevant help and advice would improve your health, and well-being?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Q6 – Do you think that by taking part in regular healthy or stimulating activities, it could improve your health and well-being? (This could be as simple as taking a regular 15 minute walk)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Q5. - Below are some examples of social activities that might be available in your area. Could you let us know how interested you would be in participating in these?

Please tick the appropriate box for each activity

Activity / Interest	I already do this	I would be interested in doing this	I am not interested in this
General Interest, social group			
Card games / Bridge / Whist			
Gardening club			
Walking / Rambling Group			
History Society			
Health issues/ conditions, peer support group			
Coffee & Chat / Lunch Club			
Book group			
Film club			
Arts and Crafts groups			
Knitting / Crochet group			
Fitness / Yoga / Pilates etc			
Sport / football / bowls etc			
Animal care / support			
Music / singing			
Photography group			
Cycling club			
Parent support group			
Dance			
Volunteering			
Other Activity I would be interested in doing. Please let us know what this is:			

Q6. - What would prevent you taking part in any of the activities you are interested in? Please tick all that apply

Barriers to getting involved	✓	Please explain your answer, to help us understand
The activity might not be currently available	<input type="checkbox"/>	
Health Issues	<input type="checkbox"/>	
I do not know where to find	<input type="checkbox"/>	

out what activities are available in my area		
Mobility Issues		
Cost		
Transport		
Lack of confidence		
Lack of time		
Other		

Q7. – Where would you find it helpful to have information on available advice and support services / activities / clubs/groups? Please tick all that apply

Libraries	
Community Centres	
Doctors / dentists surgeries	
Online	
Other	

If you answered OTHER, please let us know where you would find it easier to access the information?

This survey is anonymous, but if you would like to be entered into the prize draw, please fill in your contact details below. As a 'thank you' for taking part, all completed surveys will be entered into a prize draw. One survey will be picked at random to win a shopping voucher valued at £50.

NAME:
TEL:
EMAIL:

Thank you for taking part!

Appendix 2

The following Community Car Schemes operate in the West Somerset area:

Bickliffs: For residents of Bicknoller, Culverhayes, Newton, Sampford Brett and West Quantoxhead.

Bookings: 01984 656489 (8am to 10pm)

Running times: 7 days a week, please ring for availability.

Brompton Parish Lifts: For residents of Brompton Regis parish including Upton, Skilgate and Withiel Florey.

Bookings: 01398 371145 (9.30am to 5pm Monday to Friday, with 24 hours' notice)

Running times: 9am to 5pm Monday to Friday.

Crowcombe Cars: For residents of Crowcombe parish.

Bookings: 01984 618263 (9am to 6pm, with 24 hours' notice)

Running times: 9am to 5pm.

Kilve and Holford Cars (KHARS): For residents of Kilve, Holford, East Quantoxhead, Dytch and Doddington.

Bookings: 01278 741384

Running: 8.30am to 5.30pm Monday to Friday

Minehead Community Car Scheme: For residents of Minehead and surrounding areas.

Bookings: 01643 709701 (9am to 4.30pm Monday to Friday, with 48 hours' notice)

Running times: 6am to 6pm Monday to Friday, not Bank Holidays

Monksilver Movers (started 2018):

Chairman and

Secretary Philip Watts 01984 656088 or 07846658833 pwatts51@btinternet.com

Porlock PALS: For residents in the Porlock area including Porlock Weir, West Porlock, Allerford, Bossington and Wootton Courtenay

Bookings: 01643 863150 (10am to 12.30pm and 2pm to 5pm, answerphone at other times)

Running times: 7am to 7pm Monday – Friday, occasionally weekends

Stogumber Community Cars (Stogo): For residents of Stogumber parish.

Bookings: 01984 656145 (48 hours' notice)

Stogursey Parish Stagecoach: For residents of Stogursey, Burton, Shurton, Stolford & Wick

Bookings: 07908 239609 (48 hours' notice)

TA22 Voluntary Lifts: For residents of Dulverton, Brushford and Exebridge.

Bookings: 07528 326880 (48 hours' notice)

Running times: Any day but notice is essential.

Watchet and Williton WHEELS: For residents of Watchet, Williton, Washford, Old Cleeve and Cleeve Park and surrounding areas but not including Blue Anchor.

Bookings: 07891 821861 (9am to 5pm Monday – Friday, with 48 hours' notice)

Running times: 7am to 10pm any day.

Withycombe Wheels: For residents of Withycombe parish.

Bookings: 01984 640983 (9am to 5pm, with 48 hours' notice)

Not a WSCSP member but can operate in the area:

Wiveylink: 01984 624666 [https://www.wiveylink.co.uk/wivey link.php](https://www.wiveylink.co.uk/wivey_link.php)