Overview

• This was the first ever conference of this type in North Wales and was significantly over subscribed, with all tickets selling out weeks before the event took place and a waiting list of people requesting to attend.

• It was promoted widely across all networks in the lead up to the event and through press releases to the local media, as well as by sponsors Elemental Software who promoted the conference through their website and social media channels.

• The event had 162 attendees - 169 people had registered prior to the event and 14 people turned up unexpected on the day - Typical drop-out rates for conferences can be up to 50% for free events and 15-25% for paid for events so it would be usual for around 25-40 people that registered to not to turn up on the day, showing the huge support and demand for an event of this type and interest in the social prescribing agenda.

• Over 70 people provided their contact details to join the Social Prescribing Network immediately following the conference.

• Feedback from people leaving the event was hugely positive, with many asking to receive more information about the work of the network, and several requests for more details on the 2025 Movement going forward – the 2025 database has also grown by over 100 people since the conference.

• The 2025 Movement Twitter following grew from 300 to over 360 between August and November 2017 as a result of #SPConf activity.
**Themes for follow up from presentations and Q&A**

- **Defining social prescribing** - The majority of presentations called for the term social prescribing to be reviewed, which received support by members of the audience – and a call for further debate and discussion around this issue.

- **Communication and awareness** – The Q&A highlighted that representatives in the audience wanted to better understand how they can engage and feed into the cluster work.

- **Understanding the work of 2025** – There was a lot of support for the work and aims of 2025 but a general lack of awareness of its role and how organisations can get involved from those that aren’t already part of the partnership.

- **Evidence and impact** – The emerging need for evidence to better demonstrate the impact and importance of social prescribing was highlighted several times in order to secure support and funding for future projects.

**Key messages from presentations**

**Cllr Aaron Shotton**

- The 2025 Movement is inspiring – striking that there’s no political involvement.
- Flintshire has just produced a county plan for the next five years, and one of its key priorities is social prescribing and community resilience.
- There is a clear statement that it’s not just about bricks and mortar, but more fundamentally unlocking the power that already exists in our communities.
- There is a combined feeling of burning injustice of health inequalities in society and our region.
- Made in North Wales links into the wider agenda.

**Vaughan Gething, Cabinet Secretary for Health and Social Services**

- There are challenges around how we reimagine health services, shifting the focus from hospital numbers to how we can help people to take control of their own health care choices.
- This is the first time that there’s been an ambition to have a joined-up approach in North Wales, which is real progress that the rest of the country can learn from.
• Understanding what has been the impact of these interventions is crucial – we need to be able to demonstrate what success looks like and show the value in what we do.

• Sharing best practice is crucial to rolling the Made in North Wales approach out across the region – The Government wants to support stakeholders to share and learn from good practice and develop its evidence base for social prescribing.

• A key focus needs to be on how we provide communities with more resilience – to change peoples’ healthcare choices so that their first instinct isn’t always to see their GP but to understand all the options they can access – tackling the issue that a 5th of GP time is currently spent dealing with social problems

• We need to raise awareness of the array of non-medical services that are offering real alternatives to medication and that can offer improvements in physical and mental health, reduce social isolation and increased self-esteem and empowerment.

• We also need to deliver a culture change in health services – often the public are compliant when it comes to health care intervention – rather than having a conversation about what they can do to help themselves.

• The encouraging thing about the North Wales model is its aim to empower people to take control of their own health care – identifying what they can do to better their own health and wellbeing.

Dr Alison Hughes, Llangollen S.Wrexham GP & Cluster lead

• There’s been a loss of self-resilience in our population.

• We need to shift attention in services to those that are living as well as they should because of chronic illnesses.

• There’s a huge complexity that needs managing – we need more funding for primary care, which has fallen from 10 to 6 per cent.

• There are difficulties attracting GPs and nurses and a premises issue – often GP surgeries aren’t fit for 21st century primary care.

• The GP is a trusted service that everyone knows how to access – however there are a range of other services and we need to encourage the public to understand that they can access other types of primary care.
• We need to understand why people are going to their GP, analyse what their need is and direct them to the services that can best help them.

• GP signposting – need to rebrand the receptionist as the GP’s trusted aid.

• We need to look at the term social prescribing – we have medicalised something that we’re trying to de-medicalise – It needs a new name and this is vital to the brand.

Sioned Larson, Health and Social Care Facilitator, Mantell Gwynedd

• Shared a model that Mantell Gwynedd has been using for 12 months in Arfon which saw the Arfon GP cluster funding a community link worker post whose role was to contact individuals after an initial referral to initiate a conversation. This aimed to enable people to express their difficulties and then give them options to empower them to make their own choices.

• Initial findings of the model (study focused on 30 clients out of 200) – 49% of referrals were from GPs, 69% of patients reported a positive impact on their wellbeing.

• For every £1 invested, £3.42 was created.

Geraint Davies, BCUHB Cluster Lead – Conwy West

• Geraint is the only representative with a third sector background to be a cluster lead – and supportive of changing the name of social prescribing.

• There is significant power and strength in the third sector organisations and volunteer working in Conwy – 3209 third sector organisations, 23,179 volunteers.

• Conwy set up a community navigation scheme – Referrals are made to the navigator from primary care, they are based in the GP practice to ensure they are integrated into the whole process and have the ability to talk to people in the practice and the practice manager.
• The navigator helps navigate patients to community services to provide support for non-medical conditions including isolation, loneliness and low confidence.

• Feedback from a sample of 12 patients was 100% positive.

Dr Tony Downes, Quay to Wellbeing, Social Trauma and Health

• There is more and more evidence that early adversity in life has a greater impact on physical health – social stress presents through the body so lots have physical symptoms.

• The Quay to Wellbeing project in Connahs Quay was a co-produced social resilience model of care that takes into account the wider determinants of health and recognises the shared responsibility of society starting with the individual.

• It aims to address the adverse effects of social trauma in adults.

• It developed a new legal entity and service delivery model that incorporates the scope of General Medical Services such as CICs and social enterprises.

• It was initially developed around the condition Fibromyalgia which is linked to social trauma and is considered medically unexplained – in response to a significant group of people in the cluster area with the condition that wanted to co-produce a pathway to improve care and outcomes.

• The hope is to scale the project up depending on resources and outcome measures.

Dr Ffion Williams & Peter Harrison, social prescribing in Prestatyn

• The Artisans Collective CIC formed in November 2013 as a not for profit social enterprise.

• It aims to promote health and wellbeing and provide a safe and accessible place in the town centre to hold groups and events for the community.

• It is working to help Prestatyn become the first Dementia Friendly Community.

• It works with a wide range of partners to coproduce community initiatives including North Wales Police, North Wales Fire and Rescue, Prestatyn Town
Council, Public Health Wales, Business Forum and The Great British High Street Campaign and BCUHB.

• The Healthy Prestatyn project opened in 2016 replacing three traditional GP practices, with an emphasis on wellbeing and lifestyle. It’s Board brought in new professions including OT, pharmacists and ANPs, working in teams. The OT was recognised as offering a vital link as they sit higher than the navigators – Its aim is to try and help with take control of their own health outcomes.

Cathy Madge, Future Generations Commissioner

• Life is changing quickly and inequalities widen as children go through school – e.g the attainment of children that get free school dinners and those that don’t is significant.

• Children in Wales have been identified as the least connected to nature.

• Life in 2042 – We don’t know what it will be like but the decisions we make today will have a huge impact on future generations.

• In Wales there is the opportunity to do things differently through the Wellbeing of Future Generations Act.

• This highlights seven wellbeing goals for Wales and identifies what we are trying to achieve, with the five ways of working looking at how we are trying to do things differently.

• This is an opportunity for everyone to show how their work is contributing to these goals – We need to develop further collaboration and ensure there is genuine dialogue and conversation.

• The role of the Future Generations Commissioner – The guardian for the interests of future generations in Wales – an independent role to challenge Government and public offices.

• How can Made in North Wales lead the way for future generations? – It’s important to think 25 years ahead – despite the challenges of difficulties in predicting this far into the future.

• Social prescribing – think about what you want to life to be like in North Wales by 2042 and use this social prescribing work to encourage public bodies to think differently.
• The Commission wants to see public services collaborating and empowering people to change their own lives.

• Partners in Made in North Wales need to think about genuine collaboration and the best possible range of partners – and also to ensure that its work is intergenerational and not just focussed on the older age group.

• We need to look at where interventions are being made and ensure they are not just at the point where people become ill – the focus should be on keeping people well.

• The Commission is supportive of a name change for social prescribing which is more focused around wellbeing.

Eirias Parc: Partnership in Progress

• Facility in Colwyn Bay which over the last 10 years has been exploring social prescribing in different ways, creating an environment where colleges can deliver social prescribing programmes.

• The project has reached a point where all of the GP surgeries in Conwy refer into the programme and there are the beginnings of projects starting up.

• There are now 36 projects operating from the facility developed through experiences over the 10 years of operation.

• People and money are the elements that make everything happen – Most of the activity has happened on the edge of the system, because like-minded people in health joined forces and came up with an idea about what they can do to address the health issues in the area.

• Challenges have included issues around culture clashes, but the answer to this will come from public services and the third sector properly aligning outcomes and identifying what each organisations role is in delivering those outcomes and how resources are allocated to manage that.

• Most work done to date has been done through short term funding or small bits of spend, which have often had to put the badge of ‘pilot’ on it to secure the money.

• Going forward we need to find a way to systemise it properly and make it part of the system.
Q&A session facilitated by Ken Perry, Do-Well

Panel members:

Clare Budden, Flintshire County Council  
Glynne Roberts, Well North Wales  
Sioned Larson, Mantell Gwynedd  
Dr Alison Hughes, Llangollen S. Wrexham GP & Cluster lead  
Margaret Hanson, BCUHB  
Leeann Monk-Ozgul, Elemental Software  
Dr Ffion Williams, Artisans Collective  
Kate Hamilton, Future Generations Commission  
Peter Harrison, Artisans Collective

• How can partners access the GP clusters to raise awareness of work to help people manage long term conditions and encourage health professionals to signpost to these services?

Margaret responded to stress that this was one of the key drivers behind doing the conference, and that in line with the Minister’s speech, the clusters are a good mechanism for connecting organisations and the aim going forward is to widen representation.

Alison highlighted this as a fundamental problem for GPs and that we need to develop mechanisms that link everyone together.

• How do we make the link to secondary care and social prescribing?

Leeann – It’s important to strengthen communication around what social prescribing is all about, along with enhancing discharge plans. Partnership working is vital, having access to data from secondary care and the data from social prescribing programmes.

Glynne highlighted a piece of research conducted 12 months ago – from which it was identified that there was an element of cold calling as people are not always stepping forward to engage, and that there is an overall communications issue between primary and secondary care that needs addressing.

Margaret added that there’s an appetite in the Health Board around whether a social prescriber could be put into hospitals to help clinical teams, rather than waiting for someone to be discharged before looking at social prescribing options. People are bouncing back and forth in the system and this needs looking at.

• How can we ensure funding is there as this is constantly being cut? How can we ‘de-clinicalise’ this and further build and strengthen working together?
Clare began by stressing that this is the purpose of what we’re trying to do with 2025 and Made in North Wales, to find the money now and demonstrate that social prescribing works. This will then mean that we can take the money out of acute health because we’ll be able to deliver good health services with less money so that other community services can continue.

Kate gave a Future Generations perspective – One of the big barriers to changing our behaviour is the funding structures, we need to challenge ourselves to think in a different way.

Alison added that it is vital that we have sustainable funding, and evidence is key to this. Currently there is no primary care data available and we need to demonstrate our activity.

Ken suggested that we need to ensure we have our heart behind it, we are resolving the wicked issues, not management issues – there is a head and heart element.

- Clinical commissioning – social prescription by another name, going forward where will the money come from to run health and wellbeing events?

Margaret responded by highlighting that the funding is already there through the Health Board, which is investing £7 million a year in the third sector in North Wales, as well as support available in other ways.

However, we need to look at whether that money is being used in the best way, and have conversations about whether we could use it differently. We need to get social prescribing going in areas where its isn’t at the moment and Glynne is doing a piece of work to find out where the gaps are.

The decision will come from conversations with the whole network, the health Board is listening.

Ken closed the discussion by summarising that we need to be clearer on our ask, and think about who isn’t in the network that we still need to engage – we don’t just want to be talking to ourselves better, we need to think about the people we need to reach out to.
<table>
<thead>
<tr>
<th>Hopes</th>
<th>Fears</th>
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<tr>
<td>• To look at each individual as a whole and not as separate parts</td>
<td>• Fear sustainability will be down to funding</td>
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<tr>
<td>• Social prescribing will help to identify mental health issues and</td>
<td>• That existing projects are unable to continue in the time it takes</td>
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<td>utilise resources to support social factors that are contributors to</td>
<td>to start a new project</td>
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<td>the consultation of mental illness</td>
<td>• Competing for funding</td>
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<td>• I hope that the benefits be recognised and acknowledged</td>
<td>• How will you ensure consistency of ‘the social prescriptions?’</td>
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<td>• Social prescribing will ultimately reduce the cost on NHS it will</td>
<td>Outcomes – not every outcome is measurable nor should it be – it’s not</td>
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<tr>
<td>benefit most</td>
<td>just numbers</td>
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<tr>
<td>• That social prescribing will enable better integration between</td>
<td>• Unless community/grass-roots orgs are properly funded/resourced/</td>
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<tr>
<td>health and social care</td>
<td>supported, they will fold under increased burden. Dangerous for</td>
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<tr>
<td>• Together stronger collaboratively</td>
<td>service uses if the service upon which they rely collapses</td>
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<tr>
<td>• Excited to find out more today</td>
<td>• Fear – time it will take to do (extra duty on top of everything else)</td>
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<tr>
<td>• It works because if the third sector were to be involved it stays</td>
<td>• That social prescribing doesn’t become too rigid. Flexibility is</td>
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<td>neutral and there are no conflicts of interest. A balanced outcome</td>
<td>key!</td>
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<tr>
<td>for patients</td>
<td>• That social prescribing doesn’t become too rigid and that it stays</td>
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<td>• Asks us all to look at community based solutions</td>
<td>independent and impartial</td>
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<td>• More job and career prospects in North Wales coast</td>
<td>• Fear that evaluation may not be robust enough or not show positive</td>
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<tr>
<td>• Hope to be inspired</td>
<td>benefits</td>
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<tr>
<td>• Hope that it contributes to a wider sense of ‘community’ and</td>
<td>• Over-reliance on an under-funded third sector, especially small</td>
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<tr>
<td>connection between people</td>
<td>community groups</td>
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<tr>
<td>• Holistic, whole personalised care and treatment</td>
<td>• Post-code lottery – some services are available only in certain</td>
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<tr>
<td>• Hope – Current good practise is included in the big picture</td>
<td>areas – what about those people who can’t access a particular group/</td>
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<tr>
<td>• That it helps people to engage in activities that will be of more</td>
<td>service?</td>
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<tr>
<td>benefit that medication</td>
<td>• Health and well-being not recognised as a benefit</td>
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<tr>
<td>• That third sector views will be actively sought for co-production</td>
<td>• Lack of time and information for GPs to prescribe appropriately</td>
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<td>of services and resourced/supported to do so</td>
<td>• Fear that it won’t be consistent across the region</td>
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<tr>
<td>• That third sector community/grass roots orgs will be appreciated</td>
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<tr>
<td>and recognised for their expertise by medical professionals!</td>
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<tr>
<td>• Client led? What would our citizens want</td>
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<tr>
<td>• That we learn and build on the good practice that exists in current</td>
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<td>projects</td>
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