

Social Prescribing Briefing for Conwy & Denbighshire PSB

Based on conversations with Nina Ruddle (Glyndwr University), Dr Glynne Roberts (Public Health Wales), Mefty Haider (NRW) & Nicola Kneale (DCC), 9 November 2018

1. The Picture

Across North Wales there are different models of social prescribing that have evolved, as follows:

Wrexham – Social prescribing offers from GP receptionists (arranged by clusters). Also 16 Community Agents funded by ICF and managed by Community Councils. Although this approach provides wide geographic coverage, the service does not reach into all communities.

Flintshire – Three Social Prescribers operate under the SPOA model.

Denbighshire – Five Community Navigators, hosted by DCC but part-funded with MIND and Red Cross. Also provision from Clarence House GP Surgery, Rhyl, and an initiative about to start in Upper Denbigh led by Grwp Cynefin. Scheme funded by NRW, led by DCC and operating in Corwen/ Llangollen and Prestatyn/ Rhyl

Conwy – Community Connectors funded by the Red Cross. The West Conwy GP cluster has a social prescriber funded by Age Connects. Initial discussions to establish a Health Enhancing Physical Activity (HEPA) service in Eirias Park, for those that wouldn't embark on NERS without further support.

Gwynedd – The VSC offers a service in Bangor and Caernarfon, with a robust SROI evaluation. There are five Community Resource Teams in the areas, three of which have a Social Prescriber.

Anglesey – Local Asset Co-ordinators x7 (5 FTEs), funded by ICT, the third sector, and cluster funding. This equates to a Co-ordinator for every 15,000 residents. This would be very expensive to replicate across north Wales, but provides a community development focus and co-ordinates activities.

2. SWOT Analysis (based on conversation with Glynne Roberts & Nina Ruddle)

Strengths

- a) non-medical needs are dealt with elsewhere, leaving GPs to deal with more complex needs
- b) Social prescribing better manages demand because appointments are better targeted
- c) Developments across North Wales are community-focused and designed with the aim of meeting community needs.
- d) North Wales schemes looking to extend referral points into social prescribing programmes beyond the traditional primary care route.
- e) Unified "Community of Practice" established to identify best practice and develop education and training priorities.
- f) Links to All Wales research and evaluation opportunities.

Weaknesses

- a) No unified outcomes framework agreed to compensate for diverse service models.
- b) Services on offer differ widely across north Wales, with no agreed role definitions.
- c) There's no particular 'driver' for social prescribing (e.g. mental health, weight management)
- d) There's no specific success criteria, so difficult to evaluate progress
- e) Numerous funding streams, so no uniformity on approach and emphasising difficulties with agreeing outcomes framework.

Opportunities

- a) Develop a foundation skill set for those working in social prescribing
- b) If Conwy/Denbighshire PSB had a clear issue they'd like to tackle via social prescribing (e.g. low-lying mental health, weight management), providers from any sector could collaborate to design an offer.
- c) To develop spatial health data at LSOA level via the GSI mapping, linking health inequalities with social determinants.
- d) Ability to use social prescribing approach as the means to foster closer inter-agency and integrated working.

Threats

- a) Longer GP appointments might be required due to complexity of remaining cases
- b) All North Wales schemes subject to short-term funding, leading to job insecurity and inability to plan for the long-term.