SOCIAL PRESCRIBING

North Wales Social Prescribing Report 2024

Abstract

Following the launch of the National Framework for Social Prescribing in Wales, this report provides a high-level overview of current Social Prescribing activity across the north Wales region and the associated challenges and opportunities that commissioners and providers of services face. This report collates the available evidence and makes recommendations for how regional partners can meet the identified challenges and successfully implement the National Framework.

Brian Laing (BCUHB - Public Health)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Executive Summary

By adopting the recommendations outlined in this report partners can work together more effectively to ensure that investment of funding is maximised, and that there is shared accountability for reducing health inequalities and improving longer-term population health and wellbeing outcomes across the region.

Social Prescribing is a structured approach for linking individuals with appropriate community resources. Its purpose is to improve individual wellbeing, help to promote individual problem solving skills and create new opportunities to form useful and often long lasting community and neighbourhood relationships. It recognises that a person's health and wellbeing is multi-dimensional, not only secured by certain physical attributes but also that there are social, emotional and environmental factors which are equally as important. (Wallace et al 2018)

In Wales, this means that the start of the social prescribing journey usually involves a person with a problem presenting themselves at a GP surgery, via a call to a Social Services duty team or through a community service often led by the third sector. The type of problem could include a mild to moderate mental health issue which has an underlying cause, for example due to a housing or debt issue, loneliness, social isolation, low self-esteem or confidence.

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or Practice Nurses (Buck 2017).

Evidence suggests that Social Prescribing can take pressure off the NHS by reducing the need for GP appointments and for medical prescriptions. With an ageing population and rising rates of loneliness, poverty and instability in housing and employment we need to address the social factors that influence people's health.

Whilst many people can find support for issues like loneliness or financial problems by independent means, many people face barriers that prevent or restrict access to the support required. These could include health problems, disabilities, caring responsibilities, financial problems, anxiety about trying something new or simply not knowing what's out there and where to start. In some cases, there may be barriers to good health or access to healthcare because of ethnicity, gender, age, geographical location or many other factors. Social prescribing can look at the circumstances that make people unhealthy and their symptoms.

Social Prescribing can be an effective tool for not only helping people to find the support they need, based on their unique situation, but can also provide a mechanism for reducing health inequalities and improving longer-term population health and wellbeing outcomes.

Recognising that health and wellbeing is determined mostly by a range of social, economic and environmental factors; Social Prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health and wellbeing.

Following the launch of the National Framework for Social Prescribing in Wales (07.12.23) Regional Partnership Boards were tasked with leading on local implementation within their geographic regions.

The scope of this report is to:

- Provide a high-level overview of current Social Prescribing activity across the north Wales region.
- Provide insight into the challenges and opportunities faced by commissioners and providers of services.
- Give consideration to a regional programme of work which would be required to successfully implement the national Framework most effectively across the local region.

The study comprises of a comprehensive literature review of the available evidence and latest academic research regarding the various models of delivery and evidence of outcomes. Primary research was also conducted in the form of a survey to gather quantitative and qualitative data from commissioners and providers of Social Prescribing services across north Wales.

Through the course of compiling this research it is evident that north Wales is already slightly ahead of the curve in terms of a regional approach to rolling-out a Social Prescribing model. This is thanks to the many years of work previously conducted by Glynne Roberts and key partners across various organisations which presents opportunity for us to continue this strategic partnership approach and build upon firm foundations.

The report collates and presents the available evidence across each local area / sub-region before drawing any relevant conclusions and making the following five recommendations for how regional partners can meet the identified challenges and successfully implement the National Framework:

1. **Developing a shared purpose and vision** – regional partners should develop and agree a shared purpose and vision for Social Prescribing which enables a joined-up coherent shared approach to implementation and delivery with a particular focus on inequalities with a realistic chance of keeping people well and out of health and care services.

2. **Agree clear reporting and evaluation of outcomes** – a regional group should be supported with its aims to develop agreed data and reporting standards which can ensure that commissioners and providers can work together to develop a more effective intelligence-led decision making approach through data and identification of potential gaps in service provision across north Wales.

3. **Working at the community level, Local Action Groups should be empowered to meet the identified needs of communities** – all stakeholders should come together in each Local Authority geographic area to form Steering Groups to inform the localised requirements and provision of Social Prescribing and Community Hubs.

4. **Partners will need to bring together and maximise all available sources of funding and allocate according to identified needs** – a more strategic oversight of the various (public and non-public) funding opportunities will be required to rise to the challenges facing our local communities

5. **Embed a clear and robust governance framework** – partners should establish the regional, sub-regional and local governance required to make well-informed investment decisions based on identified needs, to ensure that there is accountability for the outcomes delivered and that all stakeholders within the system are appropriately represented.

By adopting the recommendations outlined in this report partners can work together more effectively to ensure that investment of funding is maximised, and to improve the sustainability of health and care services being delivered across the north Wales region.

Furthermore, by working together in a strategic partnership approach across the whole system there are real opportunities for north Wales to lead the way by further building and developing the evidence and evaluation of the impacts of Social Prescribing.

Acknowledgements

This report builds upon many years of previous work conducted by Glynne Roberts and key partners across various organisations throughout the region.

The report has been written through consultation and engagement with Public Health and Local Health Board colleagues operating across all 3 Integrated Health Communities, with partners across all 6 Local Authorities of north Wales and with all 6 Local Voluntary Service Councils. Extensive consultation and engagement has taken place across the whole region over the past six months (October 2023 – March 2024) with all public sector partners and many of the voluntary sector organisations operating in this space.

Thank you to all who contributed to the primary research survey and follow-up conversations. It should be acknowledged that this work does not present a definitive account of all Social Prescribing schemes which are being delivered across the region, but broadly covers all of the schemes which we have been made aware of through compiling this research. There are doubtless many other valuable projects being delivered within communities that have not been included.

Thank you also to partners from the University and Higher Education section across Wales and beyond, particularly to colleagues from Wrexham and Bangor Universities who have supported and been engaged with this work.

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1. Introduction

1.1 Background

Social Prescribing is not a new concept. For many years Social Prescribing style interventions have been developed and established in a bottom-up way across communities, with individual contracted providers involving stakeholders in health and care, third sector and statutory organisations all developing different delivery models.

Social prescribing is an umbrella term that describes a person-centred approach to linking people to community-based, non-clinical support. It is a way of connecting people, whatever their age or background, with their community to better manage their health and well-being. It aims to empower individuals to recognise their own needs, strengths, and personal assets.

Previously recognised as an approach which is “connecting citizens to community support, to better manage their health and well-being” (Rees et al, 2019). The model moves away from a medicalised approach, to one where the sources of referral are cross-sectoral and not limited to Healthcare or Primary Care services.

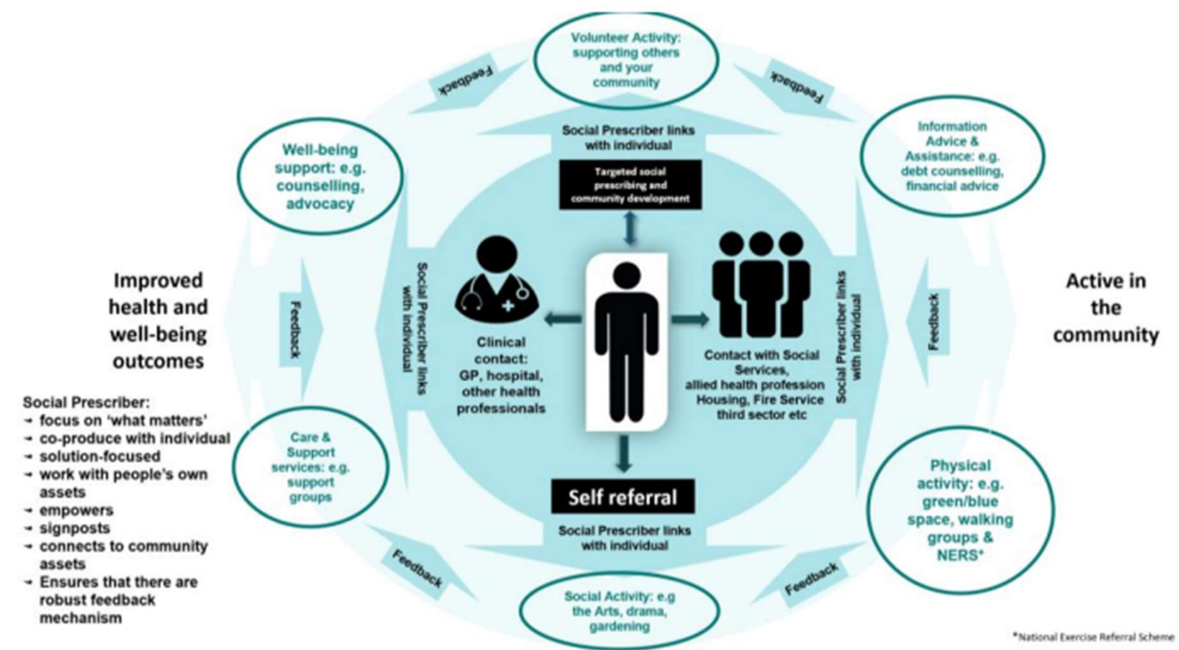


Fig.1 –Model of Social Prescribing in Wales (Rees et al 2019)

The concept of social prescribing has received significant political attention and cross-party support in Wales. The Programme for Government 2021-2026 commits to introducing an all-Wales framework to roll out social prescribing, and the Connected Communities Strategy 2020 sets out the intention to support the development of social prescribing schemes across Wales.

The launch of the National Framework for Social Prescribing (07.12.23) defined Social Prescribing in Wales as ***“a person centred approach to connecting people to community assets”*** aiming to improving outcomes for people by giving more control over choices of interventions. The Framework outlines the intention to implement at a local level, but

recognises that this will require connectedness across multiple systems & organisational boundaries.

It was noted that within Wales, as in other countries, there has been a lack of standardisation and consistency in the approach to Social Prescribing. This lack of standardisation has resulted in the potential confusion amongst both public and the workforce who deliver or encounter Social Prescribing on the benefits it can offer; and often impairs communication between sectors, professionals and with the public.

1.2 Scope & Aims

The scope of this report is to:

- Provide an overview of current Social Prescribing activity across the north Wales region.
- Provide insight into the challenges and opportunities faced by commissioners and providers of services.
- Give consideration to a regional programme of work which would be required to successfully implement the national Framework most effectively across the local region.

From a health perspective the case for non-medical support through Social Prescribing is clear. Social Prescribing interventions can improve mental wellbeing, reduce anxiety and depression, enhance self-esteem, reduce loneliness and isolation; it can play a vital role in supporting people to maintain healthy body weight through better nutrition and physical activity, and it can help people live a better quality of life, for longer.

The strategic aims of implementing the national Framework across north Wales should be to ensure that local communities are supported by resilient and sustainable services which meet their identified needs and can make meaningful improvements in long-term population health and wellbeing outcomes.

This report will therefore also make recommendations for further actions which may be required to provide assurance that safe, equitable and sustainable Social Prescribing services can be delivered across the north Wales region.

1.3 Research Methodology

The study comprises of a comprehensive literature review of the available evidence and latest academic research regarding the various models of delivery and evidence of outcomes. The research also gathers case studies from various schemes operating in each of the locality areas of north Wales.

Primary research was conducted in the form of a survey to gather quantitative and qualitative data from commissioners and providers of Social Prescribing services across north Wales. An online survey was developed comprising a series of 31 questions and circulated across a whole range of stakeholders throughout north Wales from 03.01.24 until 31.01.24.

The report will then collate and present the available evidence across each local area / sub-region before drawing any relevant conclusions and making recommendations for how regional partners can meet the identified challenges and successfully implement the National Framework.

2. Findings

2.1 Literature Review

2.1.1 Context: An Age of 'permacrisis'

As a result of the post-war 'baby boom' the UK has long-anticipated issues would arise in caring for a growing and aging population. After over a decade of continued austerity which has caused severe financial pressures on public services, the socio-economic effects on the health and wellbeing of the most vulnerable in our population is also now causing increasing demand on services (Marmot 2020). More people are being diagnosed with one or more long-term health conditions, and many are increasingly having more complex needs. There is expected to be a 57% increase in people over 75 with life-limiting long-term illnesses by 2035, and in addition adults with learning disabilities are increasingly living with parents aged over 70 who are struggling to continue their caring roles. (National Population Needs Assessment for Wales 2017). These factors combined are causing unprecedented pressures on the stretched and limited resources within our health and care systems (NHS Wales Annual Report 2019-20).

It is widely acknowledged that the NHS and Social Care services have longstanding workforce and resource shortages. These have been exacerbated over recent years through a combination of environmental factors (global pandemic, winter pressures) and UK Government policy (austerity, Brexit, cost of living crisis). Health and Care services now face arguably the biggest challenge to date as services prepare to meet increasing patient demand across Primary & Community Care, address Secondary Care waiting list backlogs, whilst also continuing to battle COVID-19 and the longer-term ongoing effects of post-viral conditions amidst growing socio-economic disparity causing widening health inequalities.

These challenges exist at a time when healthcare professionals across the whole system are not only still exhausted from the ongoing global pandemic, but are now feeling increasingly undervalued and demoralised. The impacts of these multiple crises will inevitably be felt across the whole Health, Care and Community Services system from patient safety, clinical outcomes, patient experience, and long-term population health and wellbeing, through to staff 'burnout', fatigue, sickness, morale and ultimately workforce retention.

The Health and Social Care workforce is the largest in the economy of Wales where it is estimated that over 180,000 people are employed across the sector. The NHS in Wales employs a workforce of over 92,000, the Adult Social Care Sector around 83,400 and Children's Services around 7,100 (HEIW 2020). The voluntary sector employs around 124,000 people in Wales (WCVA 2021) with almost half of this number associated with Health and Social Work, and in addition to the paid workforce it is estimated that 30% of people in Wales actively volunteer and this number is rising (National Volunteering Survey Wales 2023).

The unpaid contribution of volunteers in Wales to supplement essential services in our communities is estimated at 145 million hours per annum (WCVA 2023) which is estimated to equate to a relative value of £1.7billion to the economy (3.1% of Wales GDP). And in addition to this army of voluntary resource, there are an estimated 400,000 unpaid carers in

Wales (c.13% of population) expected to rise to over 500,000 by 2037 (Public Health Wales 2019).

In addition to the employed and volunteer workforce, expenditure on agency workers is increasing across both health and social care. Between 2010/11 and 2018/19 financial years, agency spend has increased from £50 million to £143 million across NHS Wales. The staff group that has seen the largest increase in agency spend is Nursing and Midwifery. Recruitment is difficult in certain professions including Medicine, Domiciliary Care, Social Work and Nursing. The use of agency workers to fill vacant posts continues across Wales (HEIW 2020).

And whilst the sector represents the largest workforce in the economy of Wales, there are still significant gaps in key essential resources required to meet demand. In Adult Social Care alone there are an estimated 122,000 vacancies at any one time across the whole of the UK (Kings Fund 2019). The British Medical Association (BMA) estimate that the NHS in England alone is short of 50,000 doctors. One in ten Consultant Psychiatrist posts remain unfilled each year (British Medical Journal 2021). There were 1,719 nursing vacancies across Wales in 2021, and worryingly this represented a 7% increase on the previous year Royal College of Nursing 2021).

This is far from a local issue to Wales, the World Health Organisation estimates a projected worldwide shortfall of 15 million health workers by 2030 (World Health Organisation 2022), and while they anticipate this impact may be particularly felt in low and lower-middle income countries, they warn that socio-economic disparity will lead to difficulties in the education, employment, deployment, retention, and performance of the workforce.

General Practitioners are warning that Primary Care practices could close due to varying economic factors. Rising inflation, costs of living, real-terms pay cuts for doctors & practice staff, banks recalling loans, profits reducing or turning to losses are all contributing to Practitioners abandoning the profession and causing untold impacts upon communities (Griffiths 2022).

“Any strategy for shoring up the NHS workforce cannot be viewed in isolation from the need to invest in and support the wider health and care workforce, including people working in social care. Addressing shortages in the NHS must not come at the expense of other parts of health and care system”. (Kings Fund 2020)

It is difficult to deliver public services in times of flux, but public services by their very nature were not created for the good times. The purpose of public services are to be at their very best during the most challenging times. The Italian linguist and philosopher Antonio Gramsci (1930) noted that “the crisis consists precisely in the fact that the old is dying and the new cannot yet be born; in this interregnum a great variety of morbid symptoms appear”

Whilst problems have been exacerbated by Government funding decisions, public sector austerity and countless disastrous damaging political policy decisions over the past decades; I would suggest that these are accelerants rather than an underlying cause of faltering and struggling services.

The problem is in fact a sociological one, the world has significantly changed since the advent of the NHS and continues to change at pace. Our health and care systems have not managed to keep up with this rate of change, moving at a different organisational rhythm and missing many of the evolutionary steps. We are almost a quarter of the way through the 21st Century and are still clinging to many systems of a bygone age.

2.1.2 Social Prescribing as Solution

It is estimated that almost a fifth of GP appointment time is spent on non-medical problems - including loneliness, isolation, relationship issues, or stress related to money or housing. Social prescribing gives doctors, organisations, and other professionals a way to help people, and address their problems more effectively (NASP 2023).

Evidence suggests that Social Prescribing can take pressure off the NHS by reducing the need for GP appointments and for medical prescriptions. With an ageing population and rising rates of loneliness, poverty and instability in housing and employment we need to address the social factors that influence people's health (NASP 2023).

Whilst many people can find support for issues like loneliness or financial problems by independent means, many people face barriers that prevent or restrict access to the support required. These could include health problems, disabilities, caring responsibilities, financial problems, anxiety about trying something new or simply not knowing what's out there and where to start. In some cases, there may be barriers to good health or access to healthcare because of ethnicity, gender, age, geographical location or many other factors. Social prescribing can look at the circumstances that make people unhealthy and their symptoms. It can help people to find the support they need, based on their unique situation.

Social Prescribing enables health and care professionals to refer into to a community link worker who can work with people to co-design a non-clinical social prescription to improve factors which contribute towards general health and wellbeing (University of Westminster 2016).

Social Prescribing is a structured approach for linking individuals with appropriate community resources. Its purpose is to improve individual wellbeing, help to promote individual problem solving skills and create new opportunities to form useful and often long lasting community and neighbourhood relationships. It recognises that a person's health and wellbeing is multidimensional, not only secured by certain physical attributes but also that there are social, emotional and environmental factors which are equally as important. (Wallace et al 2018)

In Wales, this means that the start of the social prescribing journey usually involves a person with a problem presenting themselves at a GP surgery, via a call to a social services duty team or a community service often led by the third sector. The type of problem could include a mild to moderate mental health issue which has an underlying cause, for example due to a housing or debt issue, loneliness, social isolation, low self-esteem or confidence

Social Prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses (Buck 2017).

Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, Social Prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Schemes delivering social prescribing can involve a range of activities that are typically provided by voluntary and community sector organisations. Examples include volunteering,

arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports (Buck 2017).

Social Prescribing is viewed as “a means of addressing mental, psychosocial, or socioeconomic issues, and enhancing community well-being and social inclusion” (Scottish Development Centre for Mental Health 2007 cited in Chatterjee et al 2017). As such, it is an emerging strategy for tackling health inequities through partnerships between Primary Care and third sector organisations. Whilst community referral has tended to be instigated by Primary Care services through a range of referral models, appropriate community structures (e.g. third sector organisations, community groups and voluntary services) need to be in place to support this referral (Friedli et al 2009 cited in Chatterjee et al 2017). Well-known models of social prescribing comprise: “Arts on Prescription”; “Books on Prescription” / “Bibliotherapy”; “Education on Prescription”; and “Exercise Referral/Exercise on Prescription”; lesser known models include “Green Gyms” and other “Healthy Living Initiatives”; Sign Posting’/“Information Referral”; “Supported Referral”; and “Time Banks” (Chatterjee et al 2017).

2.1.3 Where is the Evidence?

A report by Royal College of General Practitioners claimed that 59% of GPs believed that Social Prescribing would help to reduce Primary Care workloads (RCGP 2018) and this echoes the 2017 University of Westminster study that suggested 20% of GP appointments relate to social problems rather than medical concerns.

But whilst there is a widely held understanding that Social Prescribing can be a contributory factor in reducing demand pressures on Primary Care, it is also widely acknowledged that there is a lack of available evidence in the impact community interventions may have on longer-term health and wellbeing outcomes due to challenges in recording and analysing the available data (Dayson & Leather 2020, Mason et al 2019, ODI 2021)

Some Social Prescribing interventions use Quality of life measurements via a validated measuring instrument EuroQol (EQ-5D-5L) made up of five components including mobility (ability to walking about), self-care (ability to wash or dress oneself), usual activities, pain/discomfort, anxiety and/or depression. Others measure the impact on mental health and wellbeing using the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) which gauges seven positively worded statements which participants are asked to rank on a Likert Scale.

Whilst measuring individual health and wellbeing outcomes is making some progress, determining the cost, resource implications and cost-effectiveness of Social Prescribing is particularly complex and difficult. Calculating total costs of Social Prescribing schemes are largely unknown as various funding sources and voluntary resources contribute towards the overall intervention. Generating an average cost per referral or interaction is also particularly difficult as some require multiple interactions across various agencies and the model also differs across each scheme; some are very intensive and others just sign-posting to local services.

Several studies highlight the importance of measuring the wider social value generated through Social Prescribing, for example, through reducing welfare benefit claims. Again, this can be difficult to measure, and may require a longer-term approach. A recent study

found that more than half of the outcomes social prescribing can deliver are not being routinely measured in evaluation frameworks (Buck 2017).

One approach to economic analysis is the Social Return on Investment (SROI) model, a form of cost/benefit analysis. In turn, different techniques can be used to calculate SROI. One of these is the well-being valuation approach supported by HM Treasury Green Book which includes a range of recommended approaches to economic analysis.

The well-being valuation approach is based on a different economic rationale involving the use of routine large-scale data (e.g. British Household Panel Survey; Understanding Society, Crime Survey for England and Wales) which is used to identify the impact that the target activity (e.g. volunteering) has on self-reported life satisfaction, once adjusted for all the other factors that may impact on individuals' satisfaction levels. Using the same statistical techniques it is possible to calculate the amount of money needed to induce the same change in life satisfaction and that constitutes the well-being value for that activity. (Trotter et al 2014)

SROI is routinely carried out by a couple of schemes in the north Wales area, most notably Mantell Gwynedd who calculate that their Arfon Community Link represents £6.61 social value in return on every £1 invested, and Rainbow Foundation who calculate £7.06 social value in return on every £1 invested in their Enhanced Social Prescribing model operating across Wrexham GP clusters.

Husk et al (2019) note that the evidence base relating to Social Prescribing is clearly problematic. It is suggested that there are three main reasons why generating robust studies of social prescribing are difficult: the methodological, the issue of generalisability, and the practical.

1. **Methodology** – Given the local context and heterogeneous nature of interventions there are multiple components that can constitute a 'social prescription', therefore evaluations are difficult to manage, compare and assess. There is also the challenge of selecting and reporting relevant validated outcomes.
2. **Generalisability** – again with reliance on local contextual factors it is difficult to attribute any change to Social Prescribing given the broader influencing factors. Attribution aside, it is also difficult to make any generalisable claims due to differing regional and local interests, priorities and timing of evaluation and reporting.
3. **Practical challenges** – developing collaborative relationships whilst also maintaining research independence is noted as a challenge, but also the resourcing constraints of often small organisations to engage in data collection and reporting. It was also suggested that reporting on poorly defined or unclear outcomes may result in gamification by providers and commissioners alike in order to provide evidence which meets funding or statutory obligations.

In summary it is very difficult to agree on what constitutes 'success' or 'effectiveness' of Social Prescribing and furthermore, deprived communities could find it harder to demonstrate impact, thereby potentially increasing health inequalities (Husk et al 2019).

WG Research Briefing (2021) notes that there is a growing body of data and evidence available from national or regional evidence bases (Eg NASP / WSSPR / Bromley by Bow etc) but the challenge remains for small – medium voluntary sector organisations to effectively evidence & evaluate interventions to meet expectations of commissioners and to secure more sustainable funding mechanisms.

The Research Briefing makes recommendations that further research is required into the following:

- Understanding what works for Social Prescribing across the life course, especially older people and for children & young people
- Support for Voluntary Sector organisations to deliver evaluations of Social Prescribing that are of use to providers and commissioners
- Developing better ways to report on the economic value of Social Prescribing

2.2 North Wales Survey 2024

2.2.1 Demographics

An online survey ran throughout January 2024 and was completed by 34 respondents representing 29 different organisations across all 6 Local Authority area boundaries.

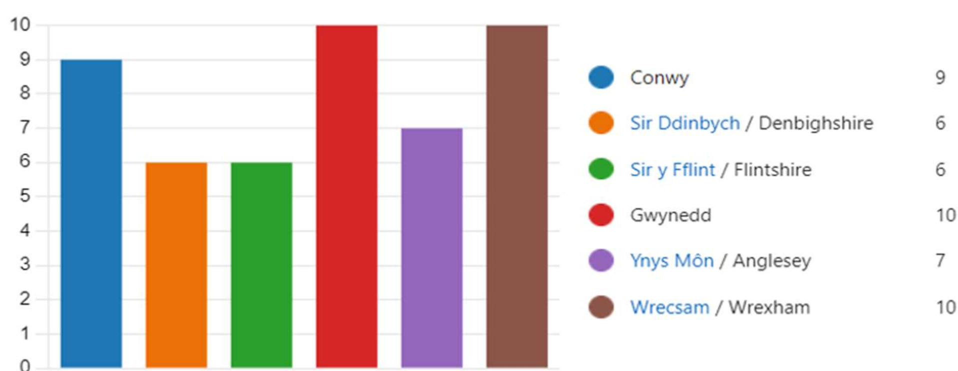


Fig.2 – geographic areas covered by survey respondents (North Wales Social Prescribing Survey (Jan 2024)

The survey generated 10 responses from commissioners of Social Prescribing services and 23 responses from providers of Social Prescribing services.

Of the 34 responses received, all providers and commissioners served an adult population demographic available to both men and women, with only one service targeted specifically to adult males.

16 of the Social Prescribing services detailed were available to both adults and children's. There was a very clear absence of any services available (from the responses received) which were only targeted at children and young people.

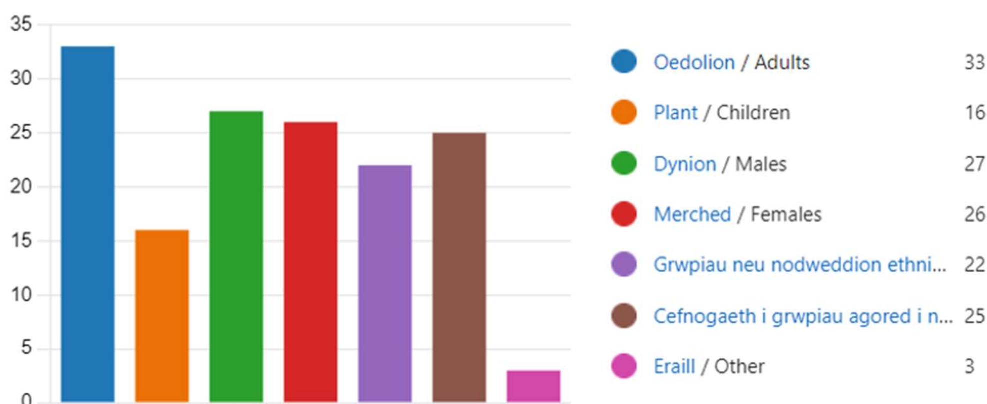


Fig.3 – demographic areas covered by survey respondents (North Wales Social Prescribing Survey (Jan 2024)

There was evidence of a good level of provision for vulnerable groups (74% of responses) and ethnically diverse groups (65% of responses).

There were challenges raised in respect of the numbers of actors operating in this space and lack of clarity this created.

> ***"Multiple commissioners operating in the space creates complexity, overlaps and gaps"*** *- response from participant working within Health sector.*

An opportunity was also recognised that Social Prescribing could be more effective in reducing health inequalities if more aligned with Primary Care services.

> ***"opportunities should be explored for basing social prescribers in GP surgeries, as I am aware that happens much more routinely in England which has the potential to reduce health inequalities, reduce some GP workload, as well as to help tackle some of the core issues that make some patients frequent visitors to GP surgeries"*** ***-*** *response from participant working within Voluntary sector.*

2.2.2 Funding

The main source of funding identified was Welsh Government funds (26% of respondents) followed by Regional Integration Funds (24% of respondents), although it may be unlikely that these schemes are funded directly by Welsh Government and it could reasonably be suggested that there may have been some confusion about the source of funding where respondents may have felt that RIF funds were ultimately provided by Welsh Government and without knowing the name of the specific fund responded with 'Welsh Government'.

Combining the WG & RIF options would suggest that 50% of schemes are likely funded through this source.

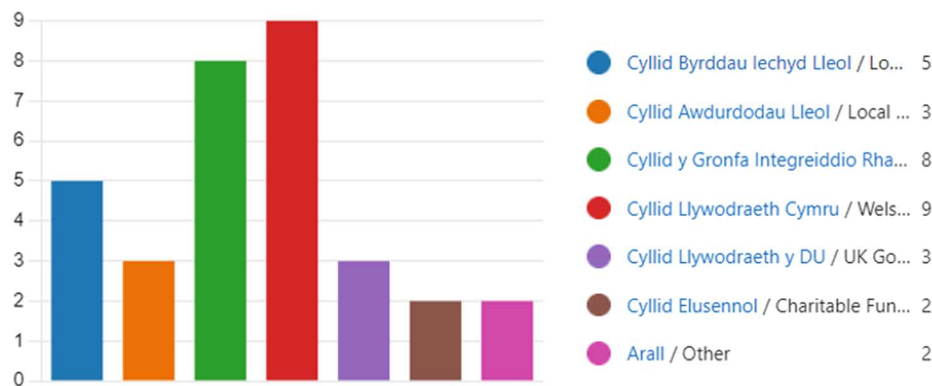


Fig.4 – sources of funding for Social Prescribing schemes (North Wales Social Prescribing Survey (Jan 2024)

Other notable sources of funding were Local Health Board (15%), Local Authority (9%) and UK Government via Shared Prosperity Funds (9%).

The main challenge identified with funding was the short-term and uncertain nature of funds with notable responses as follows:

> ***"It is difficult to plan for the future with funding uncertainty and lack of long-term contracts"*** *– response from participant working within Local Voluntary sector.*

> ***"Social prescribing is recognised as being effective, it would be helpful to have longer term funding so that plans to develop the services could be implemented and strengthened. Also intervention at an earlier stage would be more cost effective on other services and resources."*** *– response from participant working within Local Voluntary sector.*

Another concern noted around the short-term and uncertain nature of funding was around the need to include salary uplifts & workforce training into schemes to enable services to plan and budget more effectively, with a suggested solution being to commission and tender for services more effectively.

> ***"Social Prescribing feels like it's not yet embedded and is a poor neighbour in terms of what is commissioned, no budget for training, inflation salary increases (unfair against what is provided to staff from the commissioning organisations) commissioning approach always last minute, rolls over, short term - impact of which is that it undervalues the staff delivering the services who are getting incredible results"*** *– response from participant working within Local Voluntary sector.*

Finally, concerns were noted around the risks increasing the number of services competing for already limited resources.

> ***"We have to be careful to invest any funding in the right places moving forward"*** *– response from participant working within Local Authority sector.*

> ***"We need to be mindful that this isn't anything new - it is the branding of social capital and asset in a particular fashion. We are endeavouring to rebuild a community sector which has been disinvested in for the past decade, using resources available for a variety of purposes." -*** *response from participant working within Local Authority sector*

2.2.3 Data & Reporting

There was a notable lack of consistency across all responses in respect of what measures were being routinely recorded and how this was being captured and reported. Most alarmingly 14.71% of responses received actually said that no formal measures were recorded or reported in respect of their provision of Social Prescribing services.

Of the measures being recorded, most respondents were capturing at least basic quantitative data in respect of volumes of activity with 32.35% (37.93% of all organisations who noted they were measuring evidence) recording numbers of referrals.

In respect of the qualitative data, 26.47% of respondents (31.03% of all organisations who noted they were measuring evidence) were recording outcome measures and 20.59% (21.14%) were capturing referral routes and reasons for referral.

Only 17.65% (20.69% of all organisations who noted they were measuring evidence) were recording any demographic data of the people receiving services.

Evidence measures	% of responses
Number of referrals	32.35%
Referral route	20.59%
Reason for referral	20.59%
Outcome measures	26.47%
Demographic data	17.65%

Fig.5 – evidence measures recorded and reported by Social Prescribing schemes (North Wales Social Prescribing Survey Jan 2024)

Whilst there was a lack of consistency in data and reporting, there was a unanimous acknowledgement that this causes many of the issues within the system.

> ***"We do not have an adequate overview of social prescribing provision across the county"*** *– response from participant working within Local Authority sector.*
>
> ***"We often don't know if signposting has been effective or what outcomes have been achieved"*** *- response from participant working within Health sector.*
>
> ***"Often a lack of clarity from commissioners or grant providers about expected outcomes and reporting requirements"*** *– response from participant working within Local Voluntary sector.*

There were also many responses suggesting that linking data across systems would be beneficial for all partners involved.

> ***"Data links & sharing with Primary Care and Social Care systems proves difficult"*** *– response from participant working within Local Voluntary sector.*
>
> ***"There are often difficulties accessing and sharing data with NHS & LA"*** *– response from participant working within Local Voluntary sector.*
>
> ***"The WCCIS system is not set up for us to capture all outcomes such as which activities we connect people with and the outcomes they have achieved as a result of our support. We have to do a lot of this manually"*** *- response from participant working within Local Authority sector.*
>
> ***"Stronger links to GPs would be beneficial"*** *- response from participant working within Local Authority sector.*

The lack of consistency in data and reporting is clearly concerning, but the low numbers of schemes who were actually monitoring and reporting on project delivery was even more concerning. Only 20.59% (24.14% of all organisations who noted they were reporting evidence) were using standard performance measures to report on project progress.

Only 14.71% (17.24%) were recording and reporting on issues and risks, only 8.82% (10.34%) were reporting on expenditure against budget, and similarly 8.82% (10.34%) were reporting on the impact schemes had on reducing inequalities.

Evidence Reported	% of responses
Standard performance measures	20.59%
Expenditure against budget	8.82%
Issues & Risks	14.71%
Impact in reducing inequalities	8.82%

Fig.6 – project delivery measures recorded and reported by Social Prescribing schemes (North Wales Social Prescribing Survey Jan 2024)

With so much variation evident in terms of evidence and evaluation of schemes it would seem that there are clear opportunities for providers and commissioners of services to work together to define data and reporting standards.

Clear definition of data and reporting standards can help to ensure schemes can be monitored and evaluated more effectively and provide the relevant evidence in relation to individual and population health outcomes. This in turn will help providers when bidding for funding to deliver Social Prescribing services.

More effective use of data and reporting can also contribute to more intelligent-led decision making for commissioners through identification of potential gaps in service provision across north Wales.

2.2.4 Governance

The governance groups with the largest representation of survey respondents were the Primary Care Cluster Planning and Social Care Planning & Commissioning both with 32.35% of survey responses informing that their organisations were represented on these groups.

The largest single response was to ‘Local Authority – other’ (41.18% of responses) but which was hard to clarify which group/s this may be referring to given the survey design. In retrospect it would have been useful to have included a free text clarification follow-up for this question.

Other non-Health & Care governance groups noted by respondents were the Higher Education Funding Council Wales, Social Enterprise, Communities of Practice and one anonymous response which stated:

“We are part of several networks, but with no formal representation”.

Governance Group	% of responses
Primary Care Cluster Planning	32.35%
Health Board IHC	14.71%
Local Authority – Social Care Planning & Commissioning	32.35%
Local Authority – other groups	41.18%
Area Integrated Service Board	17.65%
Regional Partnership Board	26.47%
Third Sector governance groups	20.59%
Other	35.29%

Fig.7 – Governance Group representation (North Wales Social Prescribing Survey Jan 2024)

There was a clear mix of organisations who felt well-represented within the local governance structures and those who felt under-represented or were highlighting gaps in the governance.

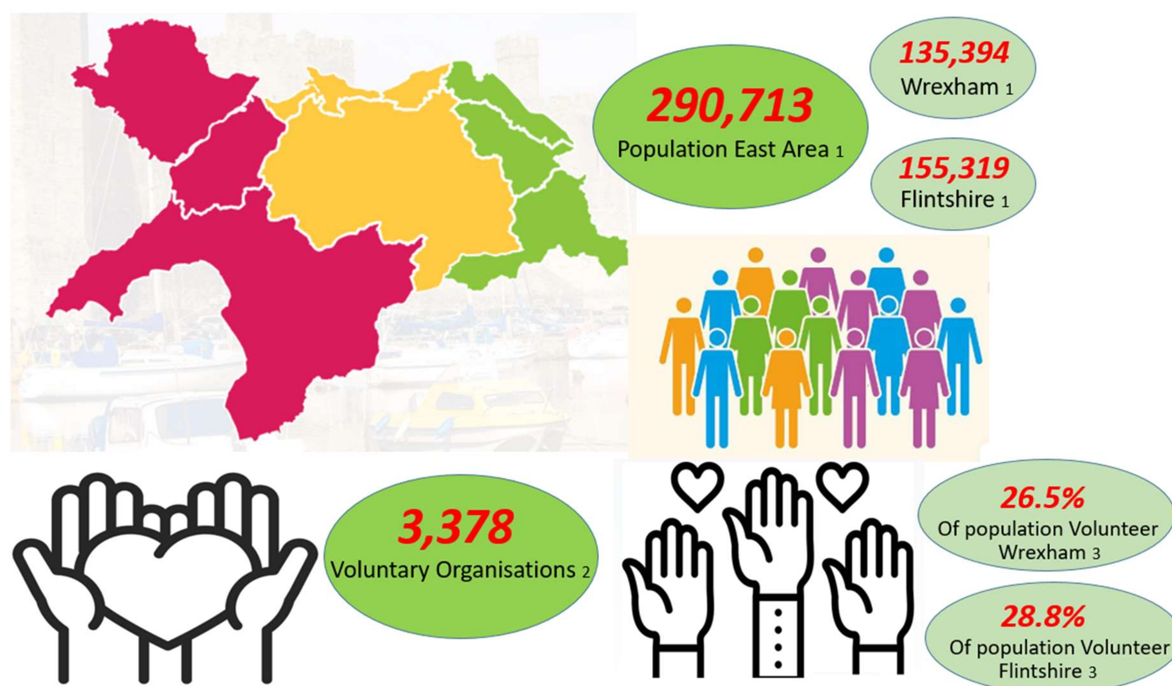
Some notable comments on the topic of governance are included below:

> ***"Stronger collaboration between projects is crucial for consistency, and establishing clear referral routes for individuals. It is unclear who is responsible for ensuring this coordination and mapping all services available across each locality"*** *– response from participant working within Local Voluntary sector.*
>
> ***"We need to provide opportunities for partnership / sharing the power and influence, and listen to the voice of a different sector"*** *– response from participant working within Local Voluntary sector.*
>
> ***"You can't social prescribe if there is nothing to social prescribe to. Community Development Services that take an asset based approach are vital, listening to communities and supporting them to set up new activities where the need is identified, not doing to communities but working with and alongside them, becoming trusted partners."*** *– response from participant working within Local Authority sector.*
>
> ***"I would like to see the role of Citizens Advice in Social Prescribing recognised within health services including more specific commissioning"*** *– response from participant working within Local Voluntary sector.*

Through the course of this study it is evident that each local area has different approaches and different stakeholders involved in their approaches to meeting these challenges through Social Prescribing. Whilst it is acknowledged that there is much variation across the system, it should also be recognised that local approaches to delivery will work best. Local partners understand the local context, will have established networks and arrangements, and are best-placed to adapt to changing demands and needs of the community they serve.

There are clear opportunities to better establish the governance around these schemes which in turn can help to address the challenges identified in funding and evaluation. Improved governance will support partners to maximise the effectiveness of the investment into Social Prescribing schemes, and give careful consideration to the prioritisation of these investment decisions.

3 Deep Dive 1: East Area



[1] Stats Wales (2022) [2] WCVA (July 2023) [3] National Volunteering Survey Wales (2023)

The population of the East area was 290,713 in 2022 (Stats Wales) with 135,394 in Wrexham and 155,319 in Flintshire which represents the largest population in north Wales.

There are 81 GPs working in the 20 Practices in Flintshire with an average list size of 2,494 patients per WTE GP. There are 74 GPs working in the 19 Practices in Wrexham with an average list size of 2,811 patients per WTE GP.

There are an estimated 3,378 voluntary sector organisations operating in Wrexham and Flintshire (WCVA July 2023). It is estimated that 26.5% of the population volunteer in Wrexham and 28.8% in Flintshire (National Volunteering Survey Wales 2023). The percentage of volunteers in Wrexham represents the lowest number of volunteers per population across the north Wales region.

Services across the East area are all reporting that the prolonged and ongoing cost-of-living crisis has increased the amount of referrals coming in for food related support, financial / energy support and mental health support.

Summary of BCUHB Public Health funded schemes operating in the East:

Scheme	Overview	Average volume of referrals per annum	Benefits
Rainbow Foundation – Enhanced Social Prescriber, Wrexham	Penley Community Hub providing 'enhanced' social prescribing (series of 6-8 CBT talking therapies sessions to improve MH outcomes)	Capacity 2,501 Demand 2,708	85.8% patients reported positive impact upon mental wellbeing (SWEMWEBS) average improvement of 4 points higher

	coverage across 20 Wrexham GP practices		SROI calculated at £7.06 for every £1 invested
Community Wellness - Flintshire	Trauma informed, bio psychosocial person-centred community development model, providing preventative and lifestyle promotion with overlooked / under-represented individuals and at risk homelessness in Deeside, Flintshire	600	100% of participants questioned attributed significant improvements to the quality of their lives (EQ-5D-5L & SWEMWEBS) 20% of participants move from being service users to active contributors to project and 'Outside Lives'
FLVC Access Co-ordinator - Flintshire	VSC Access Co-ordinator operating from Local Authority based SPOA social prescribing model	1,407	Demand for services increasing due to cost of living crisis – this service is protecting other key frontline services from increasing demand pressures. Many example case studies and patient stories where people are quoted that early intervention has "saved my life"

Fig.8 – summary of BCUHB Public Health funded Social Prescribing schemes - East (2023/24)

The Health Board also funds a Health Improvement Team in the East area through East IHC Community Nursing. This small team of multi-skilled practitioners receives referrals from Primary Care, VSC and third sector as well as self-referrals and provides community support across Wrexham and Flintshire with interventions centred around psychology, mental health, fitness and nutrition.

Alongside The Health Board funded Enhanced Social Prescribers operating in Wrexham, Wrexham County Borough Council (WCBC) also lead on commissioning of a RIF funded Community Agent service for over 50s living in Wrexham (c.55,300 population) bridging the gap between the local community and statutory or third sector organisations.

There are currently a total of 24 Community Agents in Wrexham, where each Community Council manages a Community Agent (with the exception of the South Consortium Community Agents which is currently out to tender via Sell2Wales).

From April 2024 all Community Council Wards will have a Community Agent, with 12 employed directly by the Community Council and 12 by the Rainbow Foundation. WCBC are working with local partners through a 'Social Prescribing and Community Agents Steering Group' to oversee the development, implementation and continuous improvement of Social Prescribing Service within the community by bringing together all diverse agencies and key stakeholders. The group has a Terms of Reference with the following stated objectives:

- To identify and address the health and well-being needs of the community through Community Agents and Social Prescribing initiatives

- To ensure effective collaboration between health services, community groups and other relevant organisations.
- To monitor and progress Community Agent project and Social Prescribing activities and evaluate the outcomes
- To promote the integration of social prescribing into mainstream health and care services.
- To facilitate knowledge sharing and best practice among different agencies involved.

Wrexham University also provide a social prescribing service for all students currently studying with them. The service is funded through a combination of Higher Education Funding Council Wales (HEFCW) and Welsh Government funding.

Social Prescribing can be accessed by students completing a self-referral which is followed by an initial assessment to determine what support is appropriate, options include a social prescription or a referral to another hub. Where a social prescription is required, they are co-created with the student and referral handler (navigator) before referral to non-clinical services. The University commission various green health, third sector, student support and faith groups across the local area.

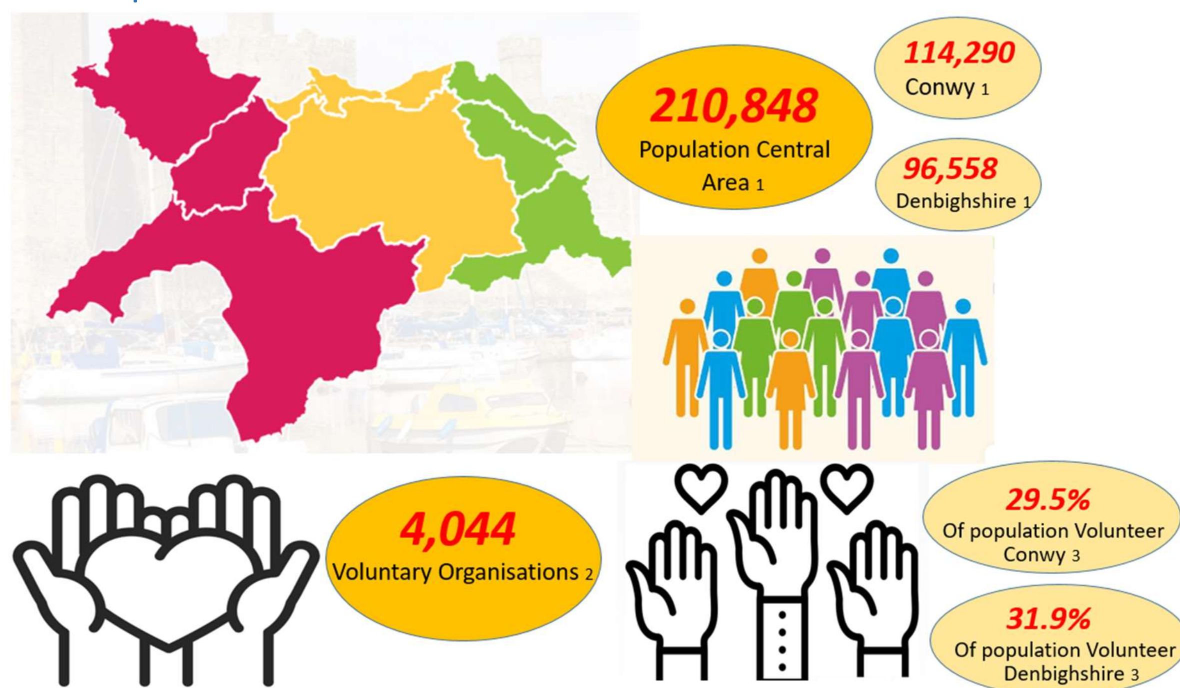
Alongside The Health Board funded Access Co-ordinator role, Flintshire County Council (FCC) allocate £89,389 of annual RIF Revenue Funding to deliver a Social Prescribing / Third Sector Co-ordinator Service through Flintshire Local Voluntary Council (FLVC) which provides the main structured Social Prescribing service in Flintshire. This service is provided for adults through the Flintshire Social Prescription Service, and for children & families through the Families Social Prescription Scheme.

Social Prescribing is strongly integrated within Flintshire, one adult Social Prescriber sits within the Social Services Single Point of Access Team (SPOA) and a children's Social Prescribers sits in the Early Help Hub (EHH) which enables stronger partnership working resulting in the referrals being dealt with more efficiently by the most appropriate services.

The service provides help and information regarding what support is available within the Flintshire area, this can include support groups, befriending, social groups, specialist advice, community groups and activities and much more. Flintshire have approximately 400 interventions they refer or signpost and accept direct referrals from individuals or referrals from Health, Social Care and third sector professionals.

FCC Social Services teams, and partner providers also adopt Social Prescribing principles when supporting people which may include directing people to the FLVC Team, FCC SPOA Team or directly to a third sector service if that is the best solution to meet the person's outcomes.

4 Deep Dive 2: Central Area



[1] Stats Wales (2022) [2] WCVA (July 2023) [3] National Volunteering Survey Wales (2023)

The population of the Central area was 210,848 in 2022 (Stats Wales) with 114,290 in Conwy and 96,558 in Denbighshire.

There are 74 GPs working in the 15 Practices in Conwy with an average list size of 2,122 patients per WTE GP. There are 55 GPs working in the 14 Practices in Denbighshire with an average list size of 2,261 patients per WTE GP.

There are an estimated 4,044 voluntary sector organisations operating in Conwy & Denbighshire (WCVA July 2023) which is the largest number of third sector organisations across the north Wales region.

It is estimated that 29.5% of the population volunteer in Conwy and 31.9% in Denbighshire (National Volunteering Survey Wales 2023) representing the second and third highest number of volunteers per population across the north Wales region.

Summary of BCUHB Public Health funded schemes operating in Central:

Scheme	Overview	Average volume of referrals per annum	Benefits
Age Connects – Social Prescriber Conwy West	3rd sector social prescribing based in Conwy West Primary Care cluster	157	Reducing loneliness & isolation, improving confidence and supporting with financial issues and independent living.

Grwp Cynefin – Arts in Health Social Prescriber, Denbigh	Arts for Health social prescribing model in Housing Association community hub (Denbigh)	99	Improvement in overall confidence. Number of participants skill sharing and providing volunteer support for further HWB Dinbych activities. Increase in people accessing employment support and successfully securing jobs.

Fig.9 – summary of BCUHB Public Health funded Social Prescribing schemes – Central (2023/24)

Alongside The Health Board funded Social Prescribers operating in Conwy West, Conwy County Borough Council (CCBC) also lead on commissioning various community wellbeing schemes through both the RIF funded Social Services SPOA and Shared Prosperity Fund (SPF) funded Community Wellbeing Service.

CCBC have also recently commissioned Age Connects to extend the Conwy West service provision into the Conwy East cluster from 2024/25 meaning that all Primary Care clusters in the county will now have equity and consistency of Social Prescribing services.

The SPOA provides information and advice to citizens, and supports decision-making regarding best next steps and putting measures in place which will support independence for longer, thereby avoiding unnecessary hospital admissions and supporting swift hospital discharge.

The CCBC Community Wellbeing Service was created to support adults (18 years+) living in Conwy to take up opportunities to target improve their wellbeing in the 5 main locality areas of Conwy, Llandudno, Colwyn Bay, Llanrwst, Llanfairfechan and Abergele, but coverage across the whole county. The service raises awareness with communities of what is available to them, whilst supporting local providers to achieve self-sustainability for their activities. The service also supports members of the community to set-up and develop new community groups and activities and to ensure these can be self-sustaining over a longer-term basis following the initial support from the team.

CCBC are also mindful of the need to preserve and maintain existing vital community resources such as libraries and leisure centres recognising the value that these assets provide to the community, and to work in partnership with the community to avoid any gaps or duplication.

Alongside The Health Board funded Social Prescriber operating in Hwb Dinbych, Denbighshire County Council (DCC) also lead on commissioning various RIF funded Community Wellbeing schemes which provided 'What Matters?' conversations and associated support and community referrals through both the Social Services SPOA providing information, advice and assistance to people referred to adult social care, and also Community Navigators who provide community-based wellbeing support and resources.

The Community Navigator roles manage the demand and ensure that the local Health and Social Care service is sustainable, with a focus on achieving the right outcome of more independent and self-caring citizens. The 'Talking Points' approach promotes well-being and

tackles issues such as loneliness and social isolation. The Community Navigation and Social Prescribing Service has continued to develop and has enabled citizens to find out what help might be available or what support they could contribute in their community to enhance their own health and wellbeing and that of others. The Community Navigators connect citizens with sources of support and opportunities within the community. They are at the heart of their communities building knowledge and support, providing an essential link between Health and Social Care, the citizen, their family and carers, and sources of support within the community and third sector. They are working with the CRTs, community and local people from a range of local services developing 'Talking Points' as their 'hub in the community'.

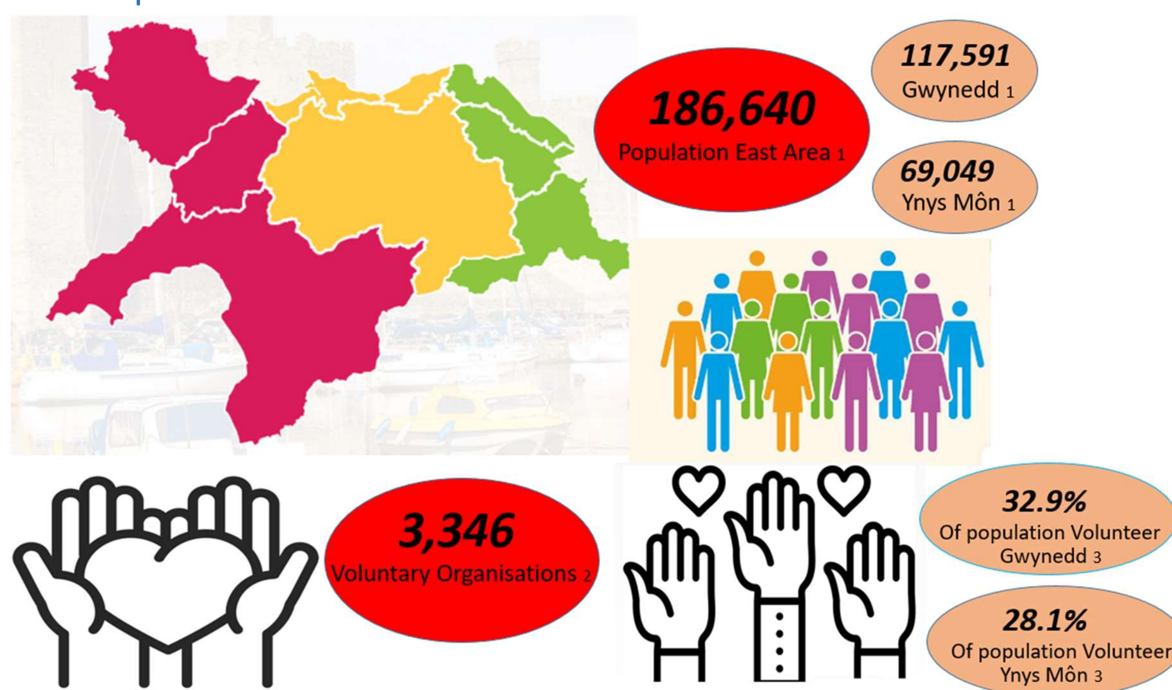
In addition to the standard Local Authority commissioned and RIF funded schemes, Denbighshire is also host to Mind who are very active in Vale of Clwyd Dyffryn Clwyd providing a wealth of Social Prescribing activity across an area where in addition to 2 key areas of multiple deprivation (Rhyl & Denbigh) there are 49% of residents (over 47,000 people) living in more remote rural locations.

Rising to this challenge to meet the needs of the community led to a truly innovative and award-winning Social Prescribing scheme. The Denbighshire Outreach Rural Information Service provides DORIS a bright yellow bus which has been serving the rural communities for a number of years with great success despite limitations of short-term funding constraints. DORIS tours the local area providing more isolated residents with access to volunteer Social Prescribers in the locations where they can be more easily reached, ranging from Farmers Markets, Country Shows, supermarkets, libraries, public transport hubs or GP car-parks.

In 2023/24 DORIS received 176 referrals for Social Prescribing services and went 'on tour' visiting 71 locations providing support for 1,473 people.

Vale of Clwyd Mind's DORIS bus providing Social Prescribing 'on tour' across Denbighshire.

5 Deep Dive 3: West Area



[1] *Stats Wales (2022)* [2] *WCVA (July 2023)* [3] *National Volunteering Survey Wales (2023)*

The population of the West area was 186,640 in 2022 (Stats Wales) with 117,591 in Gwynedd and 69,049 in Môn which represents the smallest population in north Wales.

There are 82 GPs working in the 18 Practices in Gwynedd with an average list size of 1,974 patients per WTE GP. There are 51 GPs working in the 10 Practices in Môn with an average list size of 1,562 patients per WTE GP.

There are an estimated 3,346 voluntary sector organisations operating in Gwynedd and Môn (WCVA July 2023). It is estimated that 32.9% of the population volunteer in Gwynedd and 28.1% in Môn (National Volunteering Survey Wales 2023). The percentage of volunteers in Gwynedd represents the highest number of volunteers per population across the north Wales region.

Summary of BCUHB Public Health funded schemes operating in Central:

Scheme	Overview	Average volume of referrals per annum	Benefits
Mantell Gwynedd – Arfon Community Link	VSC based social prescribing in Arfon Primary Care cluster	291	SROI calculated at £6.61 for every £1 invested

Fig.10 – summary of BCUHB Public Health funded Social Prescribing schemes - West (2023/24)

Alongside The Health Board funded Social Prescribers operating in the Arfon cluster, Cyngor Gwynedd (CG) also lead on commissioning various RIF funded Health and Wellbeing

initiatives through schemes such as Supporting People Service, Communities Resilience and Community Catalysts in addition to the Social Services SPOA and Community Wellbeing Services.

The Primary Care practice in Llanaelhaern and Ty Doctor Nefyn also employ their own Social Prescriber using a combination of practice funds and community funds via Antur Aelhaern. This service provides support for around 83 referrals per annum providing support with various non-medical issues including finances, welfare benefits, housing, food & fuel poverty, employment and training, bereavement and mental health support.

At the time of allocating BCUHB Public Health funds to Social Prescribing schemes across north Wales, it was felt by all partners in the West IHC that the available RIF and Primary Care cluster funding for Ynys Môn was sufficient for provision of a local approach. The available funding was used to commission the local VSC Medrwn Môn to recruit Local Asset Co-ordinators for each of the Community Resource Teams across the island.

The Local Asset Co-ordinator model operating across Môn represents a very successful approach which provides equity and reduces variation across the area. The service receives around 300 referrals per annum with participants consistently reporting positive health and wellbeing outcomes (measured through ONS and SWEMWEBS).

Linc Cymunedol Môn and Môn Communities Forward also provide RIF and WG funded Social Prescribing services across the island.

Regional support

In addition to each of the schemes reported within the area based Deep Dives above; it should also be noted that many other important Social Prescribing services are operating across the whole region through other funding sources such as the Mental Health iCan Service.

In addition to these Health Board and Local Authority based or commissioned services, the Citizen's Advice Bureau also provide valuable support services within the community across all of north Wales, and many large regional and national third sector organisations such as British Red Cross, British Heart Foundation, Mind and Macmillan provide telephone support services which link people in need to local community resources to improve health and wellbeing outcomes.

6 Conclusion & Recommendations

6.1 Developing a Shared Purpose

The launch of the National Social Prescribing Framework for Wales noted that there was much variation across the system. This is also evident throughout the findings of this report; there is variation in mission, processes, funding, reporting and standards.

This variation limits the ability to maximise impacts and outcomes whilst also causing avoidable complexity and confusion with allocation of funding.

Developing a shared purpose and vision provides an opportunity to develop a coherent joined-up approach to Social Prescribing across the region and would provide a firm foundation for everything else to be built upon.

Long-term Outcomes of Social Prescribing
1. Improved population mental wellbeing and reduction in overall prevalence and inequalities within mental ill health
2. Improved population physical wellbeing and reduction in overall prevalence and inequalities within physical ill health
3. Improved population social wellbeing and reduction in overall prevalence and inequalities within poor social wellbeing, loneliness and isolation
4. A system impact on the wider determinants of health
5. Improved community wellbeing

Fig.11 – Long-term outcomes that Social Prescribing aims to influence. From WG National Framework (2023)

These long-term outcomes are also echoed within the aims of the Welsh Government Health and Social Care Regional Integration Fund (RIF) which is intended to support the shift from a model of provision of relational care and support to a model that enables and improves health and wellbeing. This shift in focus enables people to remain healthy and independent for as long as possible by maintaining and growing social networks and community resilience.

The strategic aims of implementing the national Social Prescribing Framework across north Wales should be to ensure that local communities are supported by resilient and sustainable services which meet their identified needs and can make meaningful improvements in long-term population health and wellbeing outcomes.

RECOMMENDATION 1: *Develop a shared purpose and vision*

Regional partners should develop and agree a shared purpose and vision for Social Prescribing which provides a coherent joined-up shared approach to implementation and delivery across the region with a particular focus on inequalities and keeping people well and out of health and care services.

6.2 Evidence and Evaluation

Once a shared purpose and vision has been defined and agreed by partners it will be possible to agree the outcomes to be measured.

As noted in the primary research, there is a notable lack of consistency across the region in respect of what measures were being routinely recorded and how this was being captured and reported.

The launch of the National Social Prescribing Framework for Wales noted that technology is key to addressing much of the variation, and that a digital directory of services and data integration would be required across various existing IT systems which are used for recording activity and outcomes.

In order to enable effective use of data it is first required to agree and define the minimum data standards and reporting requirements in respect of Social Prescribing services. A national group has been formed and north Wales representation is included in these discussions and development of standards.

A local regional group has recently been formed to feed into and out of the national conversations, and has a draft Terms of Reference recently presented to all stakeholders.

This group should be supported with its aims to ensure that providers and commissioners of services can work together to ensure that schemes can be monitored and evaluated effectively and provide the relevant evidence in relation to individual and population health outcomes.

The regional group aims to develop data and reporting which can contribute to more effective intelligent-led decision making through identification of potential gaps in service provision across north Wales.

RECOMMENDATION 2: *Agree clear reporting and evaluation of outcomes*

A regional working group has been formed to agree and define the minimum data standards and reporting requirements.

This group should be supported with its aims to ensure that providers and commissioners of services can work together to develop a more effective intelligence-led decision making approach through data and identification of potential gaps in service across north Wales.

6.3 Partnership Working and Localised Approaches

The White Paper on Rebalancing Care and Support (2021) recommended a programme of work to further strengthen partnership arrangements across Health and Social Care, Housing, Education, the third sector, providers and citizens. As per the Social Services and Well-being (Wales) Act (2014) this is delivered through the mechanisms of Regional Partnership Boards.

In response to the white paper, the Welsh Government Programme for Government (2021-2025) provided a commitment to introduce an all-Wales framework to roll out Social Prescribing to tackle isolation and also to deliver legislation to "deliver better integrated care and health services". As per the identified need to strengthen partnership working, all stakeholders are required to come together to address these challenges as the key determinants and many of the outcomes are not solely health or care related.

Through the course of this study it is evident that each local area has different approaches and different stakeholders involved in their approaches to meeting these challenges through Social Prescribing. Whilst it is acknowledged that there is much variation across the system, it should also be recognised that local approaches to delivery will work best. Local partners understand the local context, will have established networks and arrangements, and are best-placed to adapt to changing demands and needs of the community they serve.

Under a shared guiding purpose agreed at a regional level, within the guiding principles of the National Framework, and with agreed shared outcomes measurements and reporting standards; local partners should be empowered to come together and deliver the interventions required to meet the needs of communities.

Upon the firm foundations laid out in recommendations 1 and 2, Local Action Groups should be enabled to co-design, co-commission, and where sufficient system maturity is developed, to co-produce community Social Prescribing services.

RECOMMENDATION 3: *Working at the community level, Local Action Groups should be empowered to meet the identified needs of communities*

All stakeholders should come together in each Local Authority geographic area to form Steering Groups to inform the localised requirements and provision of Social Prescribing and Community Hubs.

Rebalancing Care was intended to re-orientate commissioning practices away from complexity and towards simplification, away from task-based practice towards outcome-focussed practice, and away from reactive commission towards managing the market to co-produce better outcomes with people.

Through an awareness of the identified needs, these Local Action Groups can define the service specifications, and decide the most effective and efficient way to co-commission and tender for the Social Prescribing services required to meet the identified needs of communities.

Rebalancing Care was also intended to refocus the fundamentals of the health and care market away from price and towards quality and social value, and to co-produce better outcomes with people. In practice, driving down costs and improving outcomes has proven far more difficult than anticipated due to a radical and unpredictable shift in both the available finances and demand for services in the intervening period between policy development and delivery.

6.4 Funding Sustainable and Resilient Community Services

The launch of the National Social Prescribing Framework for Wales noted that there has been a surge in growth in Social Prescribing activity, and further to the commitments outlined in the Programme for Government public expectations are also high.

However, one of the main challenges identified from the primary research in this study was the short-term and uncertain nature of funding which impacts upon service planning and delivery across all sectors. Furthermore risks were identified that there are now increasing numbers of services competing for already limited resources, and this would present further challenges to all sectors which would inevitably impact upon communities.

Despite Programme for Government commitments to develop the framework, Welsh Government are currently unable to make any additional funding available to deliver on the policy commitment. Guidance through the National Framework is that RIF funding should be used to implement regional roll-out of schemes; however this also presents further challenges to partners.

The RIF is a 5 year fund already over-committed to deliver a programme of change from April 2022 to March 2027. This funding makes £32,486,680 available to the North Wales RPB over the course of the programme, £3,696,000 of which is ring-fenced to national commitments (Integrated Autism Service, Dementia, Memory Assessment Services, and Hospital Discharge), and the remainder to schemes which have bid for funds to deliver integrated health and care initiatives.

The funding aims to provide health and care services across Wales with a “strong focus on prevention and early intervention” and providing a “sustainable long-term resourcing to embed and mainstream new models of care” through long-term pooled fund arrangements and RPBs are expected to invest a minimum of 20% of RIF allocation to social value sector organisations.

One of the key principles of RIF funding is for all partners to commit to growing their replacement match to 50%, with the aim being a 50/50 intervention rate from Welsh Government and RPBs by the end of the five year fund, and a tapering element is therefore applied to projects run by Health Boards or Local Authorities. This is particularly challenging in the current economic climate where inflationary pressures are causing higher than anticipated salary increases at the same time budget cuts to core and performance funds has been necessitated due to severely restricted budgetary headroom at national and UK levels.

Partners are being encouraged to look at alternative solutions and where projects can be led by third sector, it is suggested that “statutory partners should work in collaboration with those providers to develop longer term sustainability and mainstreaming plans”.

Funding is also a huge challenge for the charitable sector across the UK where charity income per head is hugely skewed in favour of London where charities receive £2,567.71 per head (NCVO Almanac 2022) substantially higher than all other UK regions which are less than £1,000 per head. In Wales charitable donations amount to only £409.90 per head.

In addition to this funding challenge from charitable donations, Welsh Government grant funding of the third sector has also decreased from £350m (2011) to £337m (2019).

The Health Foundation estimated that pressures on social care will rise by around 4.1 per cent a year in real terms between 2015 and 2030, due to demography, chronic health conditions and rising costs. This will require the budget to almost double by 2030-31 to match demand (White Paper on Rebalancing Care 2021). However, commissioning costs and wage inflation is increasing financial challenges for all public & third sector services at a time when budgets are being further reduced and demand for services is increasing even sharper than forecast in a post-pandemic society suffering the immediate and longer-term effects of a prolonged cost of living crisis.

In order to rise to these challenges it will become essential for all stakeholders to come together and pool available resources, both from traditional public funding sources and other available charitable and commercial sector grant funds.

***RECOMMENDATION 4:** Partners will need to bring together and maximise all available sources of funding and allocate according to identified needs*

A more strategic oversight of the various (public and non-public) funds will be required to rise to the challenges facing our local communities

Current funding arrangements result in the various organisations operating within the local ecosystem all competing over very limited funding resource, and often exploiting other alternative sources of funding as a means for organisational survival rather than consideration for identified community needs, or strategic prioritisation.

It should be recognised that many of the benefits will emerge in areas of the system which may not necessarily balance their 'return on investment' against the same areas which have contributed funding and resources. It is therefore essential for partners to approach these investment decisions in a true whole system approach to tackling and addressing inequalities.

As noted within the primary research of this study "We have to be careful to invest any funding in the right places moving forward" (Survey response Jan 2024). It will therefore be essential that partners can work together to maximise the effectiveness of the investment into Social Prescribing schemes, and will need to give careful consideration to the prioritisation of these investment decisions.

6.4 Governance

Through the course of this study it is evident that each local area has different approaches and different stakeholders involved in their approaches to meeting these challenges through Social Prescribing. Whilst it is acknowledged that there is much variation across the system, it should also be recognised that local approaches to delivery will work best. Local partners understand the local context, will have established networks and arrangements, and are best-placed to adapt to changing demands and needs of the community they serve.

There are clear opportunities to better establish the governance around these schemes which in turn can help to address the challenges identified in funding and evaluation. Improved governance will support partners to maximise the effectiveness of the investment into Social Prescribing schemes, and give careful consideration to the prioritisation of these investment decisions.

The governance arrangements will need to be clearly defined at regional, sub-regional and local levels to ensure that there is appropriate representation and active participation, robust scrutiny and accountability in the decision making process.

RECOMMENDATION 5: *Embed a clear and robust governance framework*

Partners should establish the regional, sub-regional and local governance required to make well-informed investment decisions based on identified needs, that there is accountability for the outcomes delivered and that all stakeholders within the system are appropriately represented.

Rather than creating governance groups with specific interest in Social Prescribing schemes it is recommended that existing established governance groups undertake a review of memberships to ensure there are no evident gaps and that there is sufficient representation from across the various partner organisations and voices of the community included in the co-design, co-production and co-evaluation of services.

When Terms of Reference for any existing established governance groups allow, groups should seek to ensure Social Prescribing is included at appropriate milestones in a review of cycles of business.

6.5 Conclusion

In conclusion there are so many excellent examples of valuable and beneficial Social Prescribing schemes being delivered within communities across north Wales. It has been a pleasure and a privilege to have met so many dedicated and passionate people delivering these services through the course of carrying out this study. The opportunities to have seen the benefits first-hand has been truly humbling and makes me incredibly proud of the region.

Due to various contributory factors, demand for these services has been increasing over recent years, to the point that many of these services are now considered essential within the communities they are supporting.

Evidence suggests that Social Prescribing can take pressure off health and care services. With an ageing population and rising rates of loneliness, poverty and instability in housing and employment it is critical that we need to address the social determinant factors that influence people's health.

Whilst the National Framework is welcomed, it will present both challenges and opportunities for all partners operating in this space across Wales. Regional Partnership Boards will now need to meet these challenges and lead on local implementation within their geographic regions.

It should be noted that implementation across north Wales presents the most complex challenge of any of the Welsh RPBs given the much larger number of regional partners operating across 6 Local Authority footprints, with 6 Local Voluntary Service Councils supporting many hundreds of third sector and community groups, and a Health Board delivering health and care services across 3 IHC operating models over the vastest geographic area of any UK Health Board.

However the opportunities that this presents should be embraced. Successful implementation of the Social Prescribing framework across north Wales would potentially serve the patients of one third of all Primary Care practices in Wales. A successful Social Prescribing offer could benefit residents of 6 out of 22 Welsh Local Authorities, and support sustainability to charity and community groups in 6 out of 19 Welsh Voluntary Service Councils.

The economies of scale of getting this right would certainly benefit at an all Wales level, but also presents an opportunity to really put north Wales on the map by being the gold standard in terms of our Social Prescribing and partnership working approaches.

By adopting the recommendations outlined in this report partners can work together more effectively to ensure that investment of funding is maximised, and that there is shared accountability for reducing health inequalities and improving longer-term population health and wellbeing outcomes across the region.

Furthermore, by working together in a strategic partnership approach across the whole system there are real opportunities for north Wales to lead the way by further building and developing the evidence and evaluation of the impacts of Social Prescribing.

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