

'From Westminster to North West Wales'

Lessons learned in translating a digital social prescribing solution for young people with mental health problems

INTRO

- Through digital innovation, this project is using a social prescribing approach to increase mental wellbeing for children and young people across North West Wales.
- By following co-design principles, this Betsi Cadwaladr University Health Board (BCUHB) Child & Adolescent Mental Health Service (CAMHS) Transformation & Improvement project is working with GP practices, Local Authority and third sector organisations to augment the support they offer to struggling youth (ages 13 – 25)
- 30% of BCUHB region speak Welsh and all partners involved in this project are committed to creating a solution which is representative and easy to use. BCUHB are challenged by the wider determinants of health e.g. 22% children in Anglesey living in poverty.

METHODS

- Engaged with primary care practice managers and clinicians, and associated CAMHS Family Wellbeing Practitioners to understand their current work using the Value Proposition as a basis for understanding current working practices and how the solution might fit
- Mapping patient and information flows to co-create an implementation and adoption strategy which does not add to practitioner workload and makes use of existing Patient & Public Involvement & Engagement (PIIE) and systems infrastructure ('not reinventing the wheel')
- Collaborative completion of key Information Governance assurances such as the Data Protection Impact Assessment and liaison with regional and national informatics teams and initiatives.
- Identification of a local clinical lead with previous experience of Asset Based Community Development to champion engagement with key charity and youth / family support bodies working on wider determinants of health e.g. secondary schools, post-16 employment.

LESSONS LEARNT

- Substantial 'black spots' in non-clinical provision across the North West Wales region, hindering young people engaging with their communities and impacting their mental health. This has been a core challenge within the project, highlighting inequalities in support that can be signposted to. Digital services are also being recommended to communities where there are limited community and voluntary sector organisations.
- Due to pressures within the National Health Service and Education, substantial engagement with clinicians and practitioners has been difficult. Their daily challenges have hindered their ability to take time out for consultation and action.
- Focussed target groups are critical for a proof-of-concept pilot. Time and resources have been lost trying to make this a universal tool too quickly. Understanding the art of the possible and remaining focused on achieving reach has had to be prioritised over any product enhancement beyond language and cultural adaptation.
- Having a multi-disciplinary team including people with lived experience of mental health problems, professional experience of working in secondary schools and grassroots organisations really helps



PROTECTIVE MEASURES

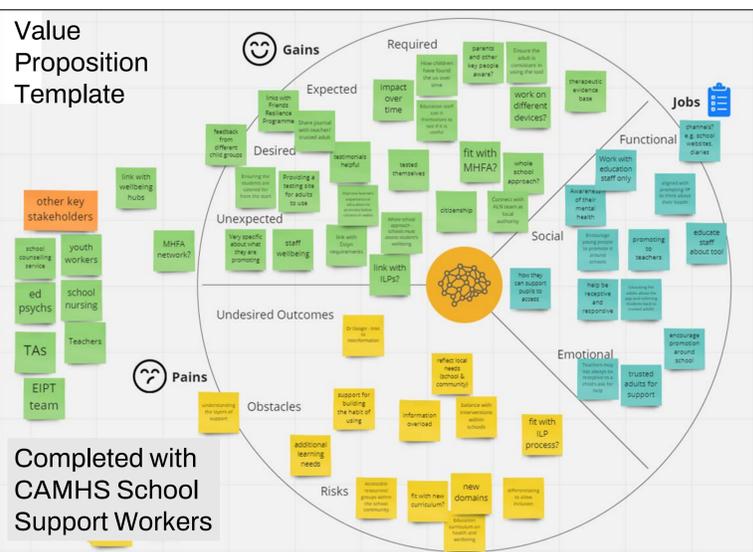
- Safeguarding protocols include prominent flagging of support for people experiencing suicidal thoughts, boosting actions (e.g. contacting GP or CAMHS) for people with more chronic or deteriorating conditions, plus requiring parent / guardian consent for underage users.
- Providers who give information on their Health & Safety policies, quality marks or professional accreditation are boosted in search results. Independent verification and upvoting also helps to identify trusted and most useful resources.

DISCUSSION

- The promise of the social prescribing approach is to reduce waiting list pressures and missed appointments by keeping citizens engaged.
- Although this is an evidence-based intervention tool that has been researched, developed and trialled with support from Imperial College London, it is not as simple as scraping websites and using Google Translate to embed it in North West Wales. Local ownership is key to adoption.

NEXT STEPS

1. We will continue working with local community resource leads and trusted sign-posters to enrich and validate the support directory information.
2. Public Health Wales and the Bevan Commission are providing guidance on evaluation. We are exploring the SAIL databank to baseline and assess overall comparative impact on a range of health indicators and service usage statistics.
3. Implementation of the new Welsh Patient Administration System into BCUHB offers the potential for integration / interoperability, but this requires strategic conversations with Digital Health & Care Wales as to whether this is the best route to 'closing the gap' on sharing information on the uptake and outcomes of non-clinical interventions
4. The formative findings of this research will be used in a response to the current Welsh Government consultation on developing a national framework for social prescribing. The (young) person-centred approach being piloted here is a different model to other initiatives such as rolling out signposting software tools direct to General Practitioners. Our intention is that by tracking the Reach Engagement Implementation Adoption and eventual Maintenance (RE-AIM) of the HealthPlace digital assistant, we can offer Implementation Science insights into key considerations for any national roll-out.



Do you know a p HealthPlace?

Ydych chi'n adnabod claf sydd angen HealthPlace?

Help us connect young people living with depression and anxiety to support in social skills wellbeing and more

Help us connect young people living with depression and anxiety to support in social skills wellbeing and more

HealthPlace provides:

- Direction to online and face to face support
- Interactive journal
- Goal tracking
- Reflective timeline
- New support recommendations

How can you help?

GPs: Provide access to patient data for secure targeted messaging - no personal data shared

Schools: Share the resources with young people

Family Wellbeing Practitioners: Help us adapt the tool for use with families

Share the resources with young people joining the waiting list

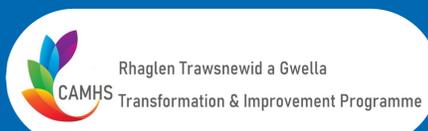
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