

2025

# Ending avoidable health inequalities in North Wales

Annual Report 2019/20

# Executive Summary

The report aims to provide an overview of the 2025 Movement approach and its achievements and learning over the last 12 months, as well as sharing some key examples of how 2025 has been working differently since it was established in 2015 to tackle avoidable health inequalities across North Wales.

2025 operates on the ground through Just Do Teams (JDTs), which work to seek out and define new challenges and design and test ideas to bring forward co-created solutions around health inequalities.

They cover a wide range of areas from mental health and homelessness to loneliness and social isolation. Each of the current JDTs are explored further in this report in terms of the nature of the challenge, what's been achieved over the last 12 months and plans for the future.

## Achievements include:

- Preventing **more than 800** avoidable hospital admissions across Conwy and Denbighshire by piloting a housing office post in the acute hospital.
- Saving **1,293** bed days which would have cost **£517,200**.
- Rolling out a free school fruit initiative to **11** high schools in Flintshire.
- Supporting around **500** households a week in Flintshire with emergency food support during the pandemic, providing around **54,000** meals when complete.
- Bringing together housing associations, with voluntary, social service and supported housing partners to develop new approaches to tackling mental health and homelessness.
- Expanding the Healthy Homes Healthy People model tackling fuel poverty across the whole of North Wales – engaging with **3,400** households since 2017 and enabling fuel savings of **over £830,000**.
- Co-created a systems leadership course at Glyndwr University with **over 120** partners.
- Launched the Social Prescribing Community of Practice, bringing together **hundreds** of practitioners through quarterly events to develop, improve and share social prescribing good practice.
- Launched a 'Made in North Wales' approach to social prescribing at a high profile event opened by Cabinet Secretary for Health, Wellbeing and Sport, Vaughan Gething.
- Developed a new JDT model which will provide a framework for the future for 2025 to facilitate innovation and partnership working.

# Foreword

I'm delighted to introduce the 2025 annual report, which brings together the work and impact of our growing movement in tackling one of the biggest challenges facing our region – avoidable health inequalities.

2025 formed in 2015 in response to figures which showed that people living in areas of higher deprivation in North Wales are likely to live 11 years less than those in other areas.

When we began, we were a small group of people from housing and health who believed this was wrong and wanted to take action.

Over five years later, we have become a collective of over 300 people and organisations across North Wales that have committed to working together to tackle this wicked issue.

Our work and influence continue to grow. Our movement brings together a wide range of leaders and practitioners from across local government, housing, public health and higher education all working together differently and sharing knowledge and resources to achieve our mission – to end health inequalities in North Wales by 2025.

Our partnership includes Betsi Cadwaladr University Health Board, Flintshire County Council, Conwy County Council, Denbighshire County Council, Wrexham Glyndwr University, North Wales Fire Service, Public Health Wales, housing associations ClwydAlyn, Cartrefi Conwy, North Wales Housing, Grwp Cynefin, Wales and West Housing and Adra, private sector leadership practice, Do-Well (UK) Ltd, and many more.

The 2025 approach is founded in systems leadership - we believe in working across systems and organisational boundaries around our common goal, because we know that no one organisation can achieve our mission alone.

In practice, we do this through our Just Do Teams – the engine room of 2025.

Just Do Teams (JDTs) cover a wide range of issues, from food and fuel poverty to homelessness and social isolation. Each JDT brings together a wealth of expertise from across our movement to seek out and define new challenges, design and test ideas in a safe environment, and bring forward solutions

around specific health inequalities that are made in North Wales, for North Wales.

This report provides an overview of our work and progress, which has been achieved through the hard work and dedication of everyone that continues to give their time, resources and commitment to working and thinking differently.

However, we know that there is still much work to do. The global pandemic has magnified our challenge – not only is life expectancy in the poorest areas of North Wales, on average 11 years fewer than in wealthy neighbourhoods, but there is also a 14-year difference in healthy life expectancy. Over 29% of Wales' child population are in poverty, a third of homelessness is caused by a health problem, and 10% of excess winter deaths can be attributed to fuel poverty.

These stark figures are pre-COVID and predicted to rise. Coupled with rising unemployment, emerging evidence that obesity worsens the health impact of COVID – 23% of children in Wales start school overweight or obese – and figures which show that people living in black and ethnic communities are more likely to be negatively impacted by COVID, health and social inequalities are widening.

Tackling these entrenched wicked issues needs responders – and this is where 2025 is ideally placed to rise to the challenge. We saw an evil in 2015 and through the collective capacity, energy, passion and insight of our members we have been responding ever since.

If you aren't yet part of the 2025 Movement, I hope our annual report inspires you to join us – by working together and thinking differently, we can end avoidable health inequalities in North Wales and enable all our communities to look forward to a healthier future.



Clare Budden  
Chair

# The 2025 approach

## Just Do Teams

**JDTs are the engine room of 2025. They cover a wide range of areas including:**

- Food poverty
- Mental Health Housing
- Healthy homes, healthy people
- Leadership and learning
- Loneliness and social isolation
- Social prescribing
- Hoarding

Each JDT works to seek out and define new challenges and design and test ideas in a safe environment to bring forward co-created solutions around health inequalities.

JDTs can change and adapt depending on the challenge and the innovations developed. For example, our successful hospital discharge JDT, led by Sam Parry, Housing Services Manager at Conwy Council, was set up in 2016 and ran until proof of concept was achieved.

### Case Study Hospital discharge

One of the early priorities identified by 2025 was around the challenge of improving hospital discharge both to free up limited bed spaces in local hospitals, and to ensure that people were getting the support they needed to help prevent them ending up back in hospital.

A JDT was set up and a pilot project was developed in December 2016 across Conwy and Denbighshire in partnership with Betsi Cadwaladr Health Board, Conwy Housing Solutions, Denbighshire Housing Solutions and Conwy and Denbighshire Care and Repair Agency.

The project created a housing officer post based in the acute hospital at Ysbyty Glan Clwyd on a full-time basis to work with patients and a range of partners to find solutions to enable timely discharge from hospital to their homes or identifying temporary accommodation when needed.

The role of the housing officer evolved and developed over the six months of the pilot to establish and promote the service across the hospital sites and included:

- Attending all board rounds, which was crucial particularly in the first months of the project as it provided the opportunity to meet with ward and therapy staff and discuss the benefits of the role in supporting discharge planning.
- Promotion of the service on each ward – Ensuring that hospital teams were aware of the service and how to make contact.
- Developing an education pack for all areas to support staff on how to contact local authorities, social housing providers and care and repair, as well as helpful housing related prompts for staff when completing the ‘what matters’ conversation with patients.
- Providing support to community hospitals – The housing officer attended community sites within 24 hours of a patient being transferred from acute sites where the patient was already known to them, providing reassurance to staff that plans were in place and that the patient’s referrals would not need to be restarted. This

also helped to develop relationships and trust.

- Attending and contributing to the weekly delayed transfer of care meetings to ensure a weekly link to discharge liaison nurses working in the community hospitals and raise awareness of housing options.
- Developing a file system in the emergency quadrant to enable staff members to delay discharge if they believe there may be a housing related concern. This meant that the housing officer could easily identify patients that would benefit from support to understand the options/services available to them.
- Attending the weekly acute mental health meetings which detailed new patients and identified those with a housing concern, enabling the housing officer to begin early intervention into their case.
- Meeting regularly with partner agencies such as care and repair to establish shared cases and potential opportunities for joint working.

### Achievements

In the first six months of the project, 80 patients benefitted from the service. It was estimated that the early intervention of the housing officer role prevented more than 800 avoidable hospital admissions and saved BCUHB 1,293 bed days at a cost of £517,200.

There was clear evidence from observation and feedback from staff that the project significantly improved the efficiency of hospital discharge for housing related concerns.

The knowledge and understanding of hospital staff in housing related options also increased, and the savings in terms of bed days saved in the first six months appeared to be more than the cost of the housing officer post.

As a result of the success of the pilot, BCUHB have continued funding the housing officer role.





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# Food Poverty JDT

**Led by Jen Griffiths**

Benefits Manager,

Community & Assets

Portfolio – Flintshire County Council

## The challenge

The Food Poverty JDT started out in March 2018 as a place-based piece of work based in Flint. Very early in the work programme we realised it would not be possible or constructive to limit the food poverty work to this area (although there has been and remains a strong focus on this) and that in order to tackle food poverty and food insecurity as one of the root causes of health inequality we needed to widen our focus.

We have developed a specific network in Flintshire and a wider network across the whole of North Wales and have collectively agreed that:

*Food poverty is the inability to afford, or to have access to, food to make up a healthy diet. It is about the quality of food as well as quantity. It is not just about hunger, but also about being appropriately nourished to attain and maintain health.*

Good nutrition supports both mental and physical health and there is evidence which links nutrition to educational attainment in children.

The challenge of mitigating the negative and harmful effects of food poverty can only be achieved through cooperation, coordination and delivering together.

Flintshire Council with Can Cook and ClwydAlyn have made a significant investment to establish a social enterprise Well Fed to help address food poverty in Flintshire and ultimately across North Wales. The model provides freshly prepared meals to ClwydAlyn Extra Care services which provides a core income stream to Well Fed, which then allows the enterprise to work on food poverty programmes.

**Food poverty is the inability to afford, or to have access to, food to make up a healthy diet.**

## Achievements and learning

In working together in this way, we learn as we go and alter as needed.

Successes include:

### Delivering a free fruit initiative for high schools

An issue had been raised by a group in Flintshire around high school pupils who receive a free school meal allowance, who were using some of their allowance when they arrived at school to buy breakfast and didn't have enough left to buy a proper meal at lunchtime.

After speaking to the 11 high schools in Flintshire, 10 of them were already funding their own breakfast club and pupils were receiving a free breakfast to ensure they started their day well.

However, we recognised that some children have a chaotic lifestyle and may not always arrive at school in time to receive a free breakfast, and so we looked into whether we could provide free fruit as a mid-morning snack. Working with our partners Newydd Catering and Cleaning, we were able to secure a fruit supplier to deliver fruit to the school on a weekly basis to enable us to carry out a 12 week trial, which was well received by pupils particularly with the younger age groups.

Following the initiative's success, we were able to secure funding to roll it out to the other 10 high schools this year.

### Opening the Good Food Hub

The Good Food Hub in the Daniel Owen Centre, Mold, aimed to enable local residents to call into the hub to order their Well Fed meals. Well Fed is a food enterprise which aims to connect people through fresh, locally sourced food. With each meal purchased, the hub receives £1 to enable it to keep running for its members.

Well Fed also secured funding to launch a four-week slow cooker pilot in the Good Food Hub and Queensferry High School, which aimed to meet and work with families to understand their relationship with food. Each

participant was provided with a slow cooker and two slow cooker bags, with instructions on how to prepare and cook with them, along with a £10 voucher to spend on fresh products.

For more examples visit [www.2025movement.org.uk](http://www.2025movement.org.uk)

### What next?

**Once we are able to, we will be getting back out into the community to work with local residents to develop a better understanding of what food support they feel they need to enable them to lead healthier lives.**

**We will also be working to open more Good Food Hubs across Flintshire as well as continuing with free fruit for high schools and the slow cooker programme with residents.**





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# Mental health and housing JDT

## Led by Phil Forbes

Development Manager for Supported Housing Mental Health at Betsi Cadwaladr University Health Board



### The challenge

For individuals living with mental health issues, applying for, securing, maintaining and living well in their own home can be extremely challenging.

Health inequalities arise where people living with mental health and physical health conditions, social stressors and lifestyle difficulties are unable to maintain their accommodation and wellbeing in the community. They face uncertainty and potential psychological decline as a result of the fear of losing their home.

Evidence and research also shows that people living with psychiatric conditions are at a far greater risk of losing their home than the general population.

This JDT was set up in 2016 as a multi-agency collaboration to challenge and eradicate evictions for those with mental health issues and improve the outcomes for this population, through working well together and planning and thinking differently.

Given the significant association between suicide and loss of legal rights to a home - the work of this JDT is essential.

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**“Thank you for taking away the fear and anxiety, that I would lose everything and return to hospital”**



## Achievements and learning

This JDT is made up of local authorities across the region, housing associations Adra, Grwp Cynefin, North Wales Housing, ClwydAlyn, Wales and West and Cartrefi Conwy, Hafal and Mind from the voluntary sector and social services and supported housing providers.

One of the biggest differences we have seen from this way of working as a JDT is the impact of having the freedom to think differently to resolve problems. We learnt about the importance of communicating first to look for every solution before considering a legal process and sharing information while keeping the person in the centre of the process.

Examples of these approaches in practice included a case where we had a tenant with severe and enduring mental health issues, which included night terrors and shouting out. This impacted on their neighbours and led to potential talk of eviction. By taking time to meet with the tenant, their landlord and health professional several times to really understand their challenges and thinking differently about other solutions that could avoid eviction, sound proofing was added to his home while plans were put in place for them to move to a detached property nearby.

Many of the outcomes of our work come from improved knowledge of how we can help, rather than looking at moving first.

Having a just do approach has changed how we work, without looking at formal meetings with terms of reference and having to meet regularly face to face. It a more flexible approach where all agencies are valued equally.

## What's next?

**With the impact of the coronavirus pandemic continuing to magnify mental health and housing inequalities, our working going forward will be very much focused on supporting tenants through these challenges, including:**

- Responding to COVID-19 and its impact on housing/tenants.
- Learning to understand the experiences of lockdown on mental health.
- Responding to 'new population' of those experiencing mental health difficulties from lockdown.
- Listening to the experience of those coming to terms with the negative impact of their housing – having been isolated and alone during the pandemic and finding a new resolution to where they live.





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# Healthy Homes – Healthy People JDT

**Led by Jo Seymour**

Project Manager, North Wales  
Team, Warm Wales

## The challenge

Our work started in Flintshire, where it was identified that too many children are living in cold, damp and unsafe private rented homes that are affecting their health and wellbeing.

Latest figures show that 12% (155,000) of households are in fuel poverty spending more than 10% of income on fuel costs). This equates to 36,000 in the private rented sector. Cold homes can result in increased death and illness along with social isolation, stress and worry about heating bills and debt. 10% of excess winter deaths can be attributed to fuel poverty.

Damp or mouldy homes increases respiratory problems by 30-50%, mainly in children. Unsuitable homes linked to overcrowding can lead to increased stress, alcohol abuse and depression (PHW, CHC and BRE 2019).



# North Wales Team



WARM WALES  
CYMRU GYNNES

We have received  
**505 referrals**

**217**

from DVSC

**170**

from FLVC

**118**

from partners  
and our  
new Social  
Prescribing  
pilot scheme

**461**

of these  
referrals due  
to the impacts  
of Covid 19

We have delivered  
**2163 support  
interventions**



Signed up **147 vulnerable  
households** to the  
Priority Service Register

**Supported 1000**  
residents across  
North Wales, aged  
**3 months to 95 years**

Savings to residents  
totalling **£9,202**



Facilitated the  
installation of numerous  
**safety measures**

New and replacement  
central heating systems  
and energy measure  
**totalling £142,577**

**2** referrals to access the British  
Red Cross Emergency fund

**25** referrals for emergency  
food parcels

**15** referrals for emergency top  
ups for gas and electric

## Achievements and learning

At the start we were working with Domestic Energy Efficiency Project team from Flintshire Council, Care and Repair North East Wales, Environmental Health, Health Visitors, Housing Support and five GP practices. We have now expanded our delivery and are working with Wrexham, Denbighshire and Conwy local authorities, other third sector organisations such as Ground Work North Wales, FDF other Care and Repairs, Fire Service, Flintshire and Denbighshire Voluntary Councils.

Many residents have been supported through the Healthy Homes Healthy People model, which aims to tackle fuel poverty, reduce health inequalities and improve wellbeing.

The success of our initial work has enabled us to expand to cover the whole of North Wales – we have engaged with nearly 3,400 households since November 2017 and supported nearly 1,400 to secure savings from tariff switching, water support, debt reduction and installation measures such as central heating systems. Together with other work to reduce slips, trips and falls and provide carbon monoxide detectors, savings of over £830,000 have been achieved.

## What's next?

**Through our work and during the COVID-19 pandemic we have seen a much greater demand for our services.**

**We have now joined together with the Health Board on a social prescribing project which also forms a 2025 JDT and identified a GP practice in Flintshire to use a social prescribing platform from tech for good company, Elemental Software, to enable anyone struggling with fuel poverty to be referred for our support.**

**We will be working to continue this service by bidding for funding from the National Lottery and Energy Redress Fund.**

**Moving forward we are also keen to develop better links to hospitals, schools, colleges and universities.**



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# Leadership and learning JDT

## Led by Nina Ruddle

Head of Public Policy Engagement,  
Wrexham Glyndwr University

Date Started: 2017



### The challenge

We recognised that the political, social and economic challenges of increasing demand on public services, coupled with decreasing resources and complex societal challenges needed new ways of thinking, working and collaboration to enable change.

Together with the requirements of the Wellbeing of Future Generations Act Wales to work in new ways, our aim was to shape a new leadership programme to support current and emerging leaders to tackle these significant challenges.

### Achievements and learning

In partnership with Do-Well, we co-created a systems leadership course at Glyndwr University with over 120 partners during 2018/19. A number of cohorts have undertaken the programme from Public Service Boards in Flintshire, housing association Grwp Cynefin, and partnership teams focusing on mental health.

We also presented a number of masterclasses to Governors across Wales to support them in implementing the Curriculum for Wales 2022. This work has created a community of leaders and ensured that we capture the JDT model to share learning.

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**“The master class attended by school governors from across Wales in November 2019 was an excellent way for school governors to gain an insight and understanding of systems leadership. There was much enthusiasm and interest in the programme. The need for governors as key leaders to think and work differently with partners to bring about transformational change, particularly as the New Curriculum is implemented has never been greater.”**

## Jane Morris

Director Governors Cymru Services

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**“My experience of participating in the introduction to systems leadership course was not merely attending a training course but as a whole new way of working. It has transformed the way in which I approach complex issues and has removed some of that fear that says this is too big and too difficult. It has created an environment for collaboration and growth to work with like-minded and enlightened people to work collectively and innovatively to make positive changes with far reaching impact.”**

**Vicky Jones**

ACE's Hub Partnership Lead North Wales, Public Health

#### **What's next?**

The focus on systems leadership will continue in a number of ways across North Wales. Using the new Research Wales Innovation Fund from the Higher Education Funding Council Wales, we are co-creating a North Wales Public Service Lab, an intellectual and physical space bringing people and communities together to explore societal challenges and develop solutions. This will be underpinned with applied research and innovation.

#### **We will:**

- Establish and grow the community of leaders.
- Work with the 2025 JDTs applying the model and developing learning – including social isolation and loneliness, trauma informed communities, and other JDT projects.
- Support the North Wales PSBs and the Regional Recovery Group for COVID19 with a focus on community resilience.

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# Loneliness and social isolation

**Led by Elfyn Owen**

Director, Canllaw (Eryri) Cyf



## The challenge

Loneliness and social isolation can have serious health and wellbeing consequences which can be avoided if we take action. Yet over nine million people in the UK, almost a fifth of the population, say they are always or often lonely (British Red Cross and Co-Op, 2016).

Loneliness is a mismatch between the relationships we have and those we want. It is our internal trigger, letting us know it is time to seek company, just as hunger lets us know it is time to eat.

Isolation however, is often where there is no choice but to be alone. Some people seek solitude, but few choose to be lonely or isolated, primarily because it is not good for us.

Lonely people are often excluded from the opportunities many of us take for granted. They may find their self-worth, confidence and trust reduce, decreasing their access to new opportunities and to meeting new and different people in ordinary everyday situations. And yet it is from these that we develop new relationships, experiences, insights, interests, hobbies, and hopefully new friendships.

Loneliness is a bigger problem than simply an emotional experience.

Loneliness and social isolation are both linked to premature deaths and have been described as having a health impact equivalent to that of other public health concerns such as smoking and obesity. Lonely and socially isolated people are also at greater risk of being inactive, smoking and having behaviours that put their health at risk. Research also shows that they are linked to an increased risk of coronary heart disease and stroke and high blood pressure.

**Loneliness and social isolation have health impacts equivalent to smoking and obesity**

## Achievements and learning

The project is in its infancy and first aims to better understand and improve people's resilience, and how we can make them less susceptible to the harmful effects of loneliness and social isolation.

We are continuing to frame the challenge, which could build cohesive and supportive community support to sustain those necessary strong social networks, and how that can be *made in North Wales* relevant to support our communities.

The new revised JDT framework model has allowed us to take more time to develop the challenge and start gathering the evidence. We are currently viewing what we can offer, who needs or want to be involved, and what is already in place here in North Wales.

Our ask is, if you are passionate and want to do something about how loneliness and social isolation affects the individual's health and wellbeing; or its links to other issues such as mental health, homelessness or poverty; or been inspired by or involved in recent community spirit supporting the vulnerable and isolated members of our society during the Covid-19 crisis, please get in touch.

**Loneliness and social isolation are linked to increased risk of coronary heart disease, stroke and high blood pressure**



# Social prescribing JDT

**Led by Glynne Roberts**

Programme Director, Well North Wales

**and Nina Ruddle**

Head of Public Policy Engagement at  
Wreccsam Glyndwr University

## The challenge

This JDT was set up to develop a 'Made in North Wales' social prescribing approach. The focus was to respond to the challenge of how to reimagine health services, shifting from paternal models of care through the NHS to empowering people to take control of their own health care choices and engage them in local community activities.

The key challenge is an evolving evidence and research base that means the approach is currently only piloted across the region and there are gaps in provision and approaches. It is not funded by core NHS budget and so attracts varying levels of adoption by clinicians.

There are also varying levels of funding for smaller schemes in the third sector that have little impact if they are not connected on a regional level and capture learning, and so a key focus for this JDT was to establish and grow a Community of Practice.

## Achievements and learning

The Community of Practice (CoP), led in partnership by BCUHB's North Wales programme and through Wrexham Glyndwr University's civic mission focus, was established in October 2018, with events held quarterly.

It provides a wider platform for sharing across Wales, connecting with other CoPs, and is a partner in the Wales School for Social Prescribing Research. This is a long-term sustainable model that brings together key practitioners from across a range of backgrounds to develop, improve, connect and share social prescribing practice.

## What's next?

**Over 300 practitioners have attended Community of Practice events and the community continues to grow. The four main priority areas that have been identified for social prescribing are:**

- Education
- Impact/research
- Funding and
- The principles of Social Prescribing

**The next challenge is supporting the CoP to grow, ensure we stay relevant to the needs of the community and creating a strong platform for engagement and influencing the commissioning, funding and support for social prescribing to focus on prevention.**

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# Hoarding Disorder JDT

## Led by Ceri Twist

Independent Living Manager, Cartrefi Conwy

## and Phil Forbes

Development Manager for Supported Housing (Mental Health) at BCUHB



### The challenge

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

This is why it was so important to set up our JDT on Hoarding Disorder as it impacts a person or family by loss of living space, social isolation, family or marital dysfunction and children's development, financial difficulties and health hazards.

One of the main challenges was establishing the role of health within the MDT both from a physical and psychiatric perspective. Understanding that the presenting behaviours may have resulted from historical trauma and loss, which has led to a situation which has become unmanageable for the individual and risky from a service perspective.

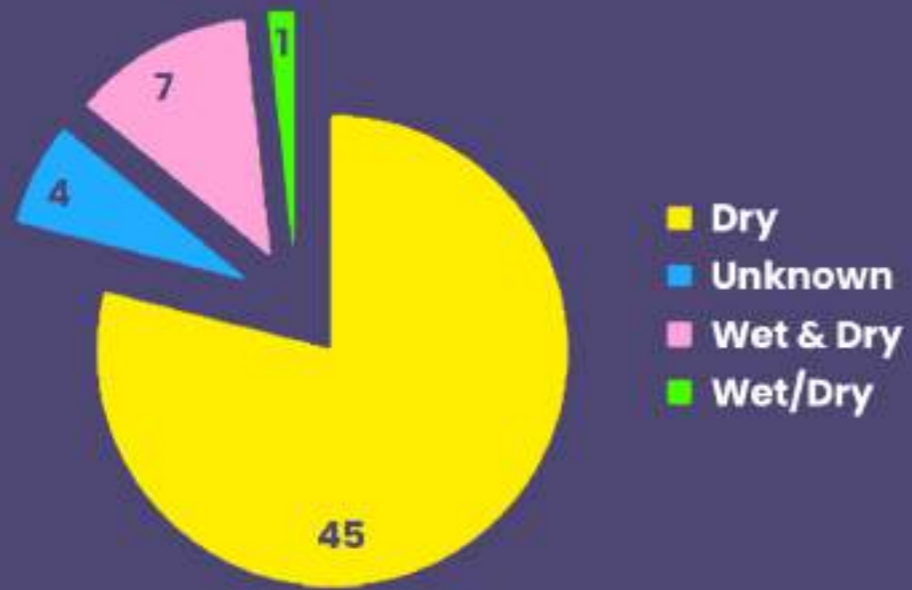


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**“My life has completely changed and I am able to live independently with continued support, thank you Cartrefi Conwy.”**



# Type of Hoard



Data above has been collated from all local housing associations on what types of hoard they are supporting.

## Achievements and learning

Our JDT began in 2020 and is made up of housing associations, social services, BCUHB, emergency services, supporting people and environmental services.

We came together through the Conwy Hoarding Group which provides collaborative, multi-agency working to support social landlords in dealing with hoarding tenants.

Through establishing a JDT approach and creating a network of good practice, we are able to report and monitor the number of hoarding tenants in social housing in Conwy and share information and knowledge.

## What's next?

**We hosted a hoarding forum in September 2020 to collate the data on how COVID-19 has impacted the way tenants are supported. As part of this we will be looking at the number of cases following the lockdown, how many have deteriorated and what measures housing associations have in place to support their cases.**

# Who We are



# Conferences and events

Since the outset a key element of our collective learning around ending avoidable health inequalities and developing our understanding what does and doesn't work, has been our annual conferences and other events for members.

The inaugural 2025 Movement conference in February 2015 saw a group of like-minded individuals and organisations come together to agree a new approach to working in the gaps and ways to test out new and different working practices across the region. Members signed a pledge to build a movement for change over the next 10 years by working together and supporting each other, gathering regularly to share knowledge and experience, feeding back on the impact of 2025 workstreams and agreeing ways to hopefully mainstream successes.

Following the success of this event, a further six conferences have been hosted by 2025:

## 2016

The role of health and housing in ending avoidable health inequalities and how to lead across systems in Wales.

## 2017

Social Prescribing Conference opened by Cabinet Secretary for Health, Wellbeing and Sport, Vaughan Gething. This event also launched the 'Made in North Wales' approach and showcased exemplars in regional social prescribing practice.

## 2018

Learning and Leadership Conference which examined how partners could support a collective response to the requirements set out in the Wellbeing of Future Generations Act Wales, and to develop and cocreate the systems leadership programme.

## 2018

North Wales Food Poverty Alliance - supporting the development of the Food Poverty Alliance Charter and start to develop the actions to tackle this important issue.

## 2019

Homelessness and poor mental health - our largest conference to date with almost two hundred delegates focusing on how to prevent people losing their homes as a result of poor mental health.

The 2025 Movement led 'North Wales - Social Prescribing Community of Practice' held its first gathering in 2018, and through a commitment by BCUHB to support this practitioner led forum, the CoP has been able to meet five times and grow into a network of over 300 individuals that explore current challenges and share learning from the region's many positive social prescribing approaches.



## Looking to the future for 2025

If the COVID19 pandemic has taught us anything this year, it is about the value of community.

The 2025 movement is a community of willing people dedicated to serving the communities in North Wales, and this last year has shown that this is needed now more than ever.

The pace at which 2025 grew from a small group of leaders that were angry about health inequalities five years ago into a movement of over 300 people and organisations all sharing this common purpose shows how much responding to this complex challenge matters.

As we move into the second half of the life of 2025, the relationships, trust and purpose that has been built over the last five years means we are well placed for the undoubted challenges ahead, as we continue to see the pandemic exposing avoidable health inequalities as never before.

Key to this will be developing the approach and the work of the Just Do Teams and taking forward a new model that has been developed by 2025 over the last year to provide a framework to facilitate innovation and partnership working.

You can find out more about the model and how it works in practice on the 2025 website.

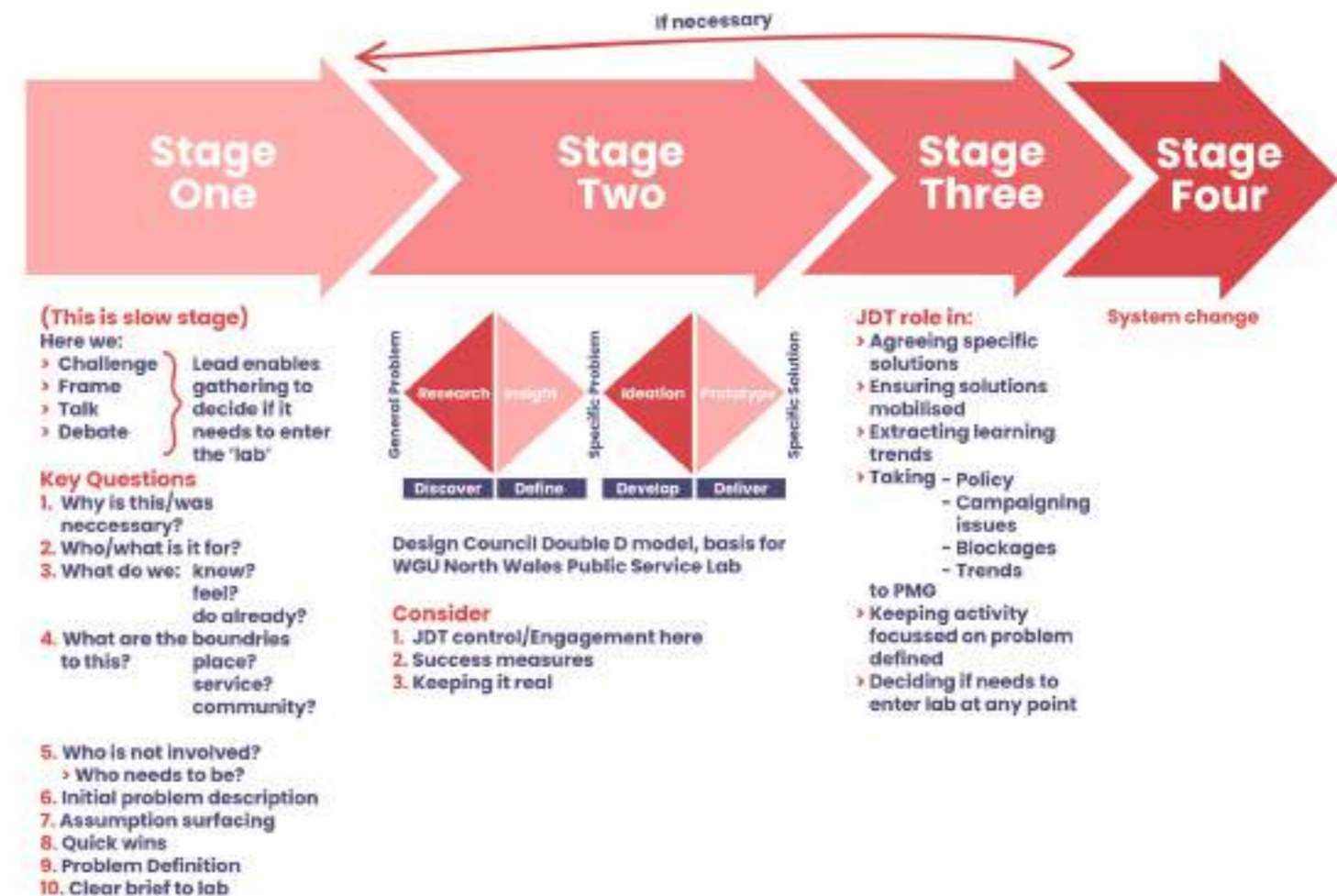
This model will play an important part in continuing to grow the 2025 community and develop its focus, particularly with new JDTs getting underway focussed on the challenges of loneliness and isolation and TrACE (Trauma and Adverse Childhood Experiences informed).

We'll also be building on the success of our events and conferences over the last five years by continuing to bring people and organisations across North Wales together to share learning and best practice.

This really is a time for 2025 and all likeminded people with a passion for creating a fairer and healthier North Wales to come together and end avoidable health inequalities once and for all.



**Ken Perry**  
2025 Community Enabler  
and Director, Do-Well



2025 Just Do Team model.



WELCOME TO EUROPE 1  
2025

2025  
Trafodaeth Panel gyda Chwastlyneau Dan arweiniad Ken Perry – Do Well Ltd  
Panel Discussion with Q&A Led by Ken Perry – Do Well Ltd  
Event partner Elemental

# Join the 2025 Movement

**You can keep up to date and join the  
2025 Movement in a number of ways:**

Get in touch with Clare Budden or Ken Perry through the 2025 website to have a chat to us about how you can get involved.

Sign up to our newsletter through our website.

Take part in our programme of events and conferences.

Follow us on Twitter @2025Movement.