



**A meeting of the Aneurin Bevan University Health Board  
Public Partnerships and Wellbeing Committee  
will be held on Thursday 11<sup>th</sup> April 2019 at 9:30am to 12:30pm in the  
Executive Meeting Room, Headquarters, St Cadoc's Hospital**

### AGENDA

<b>Preliminary Matters</b>				<b>9:30</b>
<b>1.1</b>	<b>Welcome and Introductions</b>	Verbal	<b>Chair</b>	<b>15 mins</b>
<b>1.2</b>	<b>Apologies for Absence</b>	Verbal	<b>Chair</b>	
<b>1.3</b>	<b>Declarations of Interest</b>	Verbal	<b>Chair</b>	
<b>1.4</b>	<b>Draft Minutes of the Committee – 19<sup>th</sup> February 2019</b> - For approval	Attachment	<b>Chair</b>	
<b>1.5</b>	<b>Action Sheet – 19<sup>th</sup> February 2019</b> – For approval	Attachment	<b>Chair</b>	
<b>Items for Strategic Discussion</b>				<b>9:45</b>
<b>2.1</b>	<b>Primary Care Strategic Programme</b>	Attachment	<b>Nick Wood/ Sian Millar</b>	<b>30 mins</b>
<b>Items for Assurance</b>				<b>11:00</b>
<b>3.1</b>	<b>Gwent Regional Partnership Board Transformation Programme</b>	Attachment	<b>Emily Warren</b>	<b>30 mins</b>
<b>3.2</b>	<b>Public Service Board Update Report</b>	Attachment	<b>Sarah Aitken</b>	<b>30 mins</b>
<b>3.3</b>	<b>Living Well Living Longer Programme</b>	Attachment	<b>Sarah Aitken</b>	<b>15 mins</b>
<b>3.4</b>	<b>Tobacco Control</b>	Attachment	<b>Sarah Aitken</b>	<b>15 mins</b>
<b>Final Matters</b>				<b>12:15</b>
<b>4.1</b>	<b>Risk Register</b>	Attachment	<b>Will Beer</b>	<b>10 mins</b>
<b>4.2</b>	<b>Items for Board Consideration</b> To agree agenda items for Board consideration and decision	Verbal	<b>Chair</b>	<b>5 mins</b>
<b>Items for Information</b>				<b>12:30</b>
<b>5.1</b>	<b>PSB minutes</b>	Attachments	<b>Chair</b>	<b>5 mins</b>
<b>5.2</b>	<b>Corporate Health Standard Paper</b>	Attachment	<b>Chair</b>	<b>5 mins</b>

<b>Date of Next Meeting</b>	
<p>Wednesday 10<sup>th</sup> July 2019 at 9:30am in the Executive Meeting Room Headquarters, St Cadoc's Hospital, Caerleon</p> <p><b>Future Items 10<sup>th</sup> July 2019 for assurance:</b></p> <ul style="list-style-type: none"> <li>• SCP1 &amp; SCP2 Update</li> <li>• Gwent RBB Area Plan and Outcome Measures</li> </ul>	<b>Chair</b>



Public Partnerships and Wellbeing Committee  
Thursday 11 April 2019  
Agenda Item: 1.4

## **Aneurin Bevan University Health Board**

### **Minutes of the Public Partnerships and Wellbeing Committee held on Tuesday 19 February 2019, 1:30pm in the Board Room, Ground Floor, Main Building, St Cadoc's Hospital**

#### **Present**

- |                |   |  |
|----------------|---|--|
| Emrys Elias    | - | Vice Chair to the Board                    |
| Katija Dew     | - | Independent Member (Third Sector), (Chair) |
| Shelley Bosson | - | Independent Member (Community)             |

#### **In Attendance**

- |                |   |  |
|----------------|---|--|
| Phil Robson    | - | Special Board Adviser                                      |
| Gabby Smith    | - | Wales Audit (Observer)                                     |
| Neil Statham   | - | LMC  |
| Nick Wood      | - | Director of Primary Care and Mental Health                 |
| Mererid Bowley | - | Consultant in Public Health                                |
| Sarah Aitken   | - | Executive Director of Public Health                        |
| Sian Millar    | - | Divisional Director of Primary Care and Community Services |
| Tracey Deacon  | - | Principle Public Health Specialist                         |
| Will Beer      | - | Consultant in Public Health                                |
| Emily Warren   | - | Head of Planning (Partnerships)                            |
| Claire Barry   | - | Committee Secretariat                                      |

#### **Apologies**

- |                 |   |                                      |
|-----------------|---|--------------------------------------|
| Dianne Watkins  | - | Independent Member (University)      |
| Keith Sutcliffe | - | Chair of Stakeholder Reference Group |
| Pippa Britton   | - | Independent Member (Community)       |
| Richard Bevan   | - | Board Secretary                      |

**PPWB 1902/01 Welcome and Introductions**

The Chair welcomed members to the meeting and introductions were made.

At the last meeting the Committee members welcomed Emrys Elias as the new Vice Chair of the Board and stated that going forward he would be chairing the Public Partnerships and Wellbeing Committee meeting. However, as part of the revision of Committee membership and structure it had been agreed that Katija Dew would be the Chair of Public Partnerships and Wellbeing Committee going forward.

**PPWB 1902/02 Declarations of Interest**

There were no declarations of interest relating to items on the agenda.

**PPWB 1902/03 Minutes of the Meeting held on 6 December 2018**

The minutes of the meeting held on 6 December 2018 were agreed as a true and accurate record of the meeting subject to the following amendment:

**PPWB 0612/08 Gwent Transformation Fund Update**

The Committee agreed that on page 6 of the minutes, the last paragraph of the first bullet point the word should read “governance” and not “government”. **Action: Secretariat**

**PPWB 1902/04 Action Sheet**

The Committee considered the Action Sheet from the meeting held on the 6 December 2018 and noted that all actions had been completed or were progressing.

**PPWB 0612/16 Public Services Board's and Social Services and Wellbeing Act Regional Partnership Board.** – A bullet point list of projects that the PSB was working on was to be circulated to Committee members. **ACTION: Secretariat**

**PPWB 1902/05 Population Wellbeing Strategy Involvement Plan**

Sarah Aitken provided a report on the framework for action to improve population health and wellbeing across Gwent by 2030.

It was reported that improvements had been made in the population's health and life expectancy, but health inequalities were not reducing, and too many preventable conditions such as obesity were rising in numbers.

It was advised that in developing the framework, the Health Board had referred to a range of evidence including the Wellbeing Assessments undertaken by all five Public Service Boards (PSBs) in Gwent, the views of local residents and the existing evidence around what actions and interventions are effective and cost-effective. It was recognised that all of the five PSBs wellbeing plans had been developed and are now in the process of implementing the delivery plans.

It was noted that in order for the Health Board to make a real difference to the population of Gwent's future health and wellbeing and to reduce inequalities, there needed to be a much greater focus on prevention, through addressing the wider determinants of health and scaling up of effective interventions. It was highlighted in order to change and the actions required to achieve the ambition for 2030, it would require individuals, communities and organisations to all play their part and work collaboratively.

The Committee was advised that the framework would be revised based on comments and feedback with the aim of presenting the final document to the Regional Partnership Board and Public Service Boards in the Autumn.

The Committee received the report.

### **PPWB 1902/06 IMTP SCP 1 & SCP 2 Priorities**

Emily Warren provided a brief update on the activity towards agreed delivery milestones across SCP 1 and SCP 2.

It was highlighted that Population Health Improvement SCP 1 and Implementing a Seamless System of Care SCP 2, were the Health Board's activity that contributes to the Public Service Board (PSB) and Regional Partnerships Board (RPB) agenda. The Committee was advised that the programmes were on track for delivery, noting the development of the Adverse Childhood Experience Programme (ACE) in Gwent was being done in partnership

amongst others, with Gwent Police. A Programme Board had been set up which was helpfully aligned into both the PSBs, RPB and the Children and Young People's Board, and was on track to deliver the awareness programme.

The Committee was also asked to note the integrated well-being networks around disease prevention was funded through their £30m transformation and a Project Manager had been appointed and recruitment of the Community Development and Engagement Coordinator, Communication Officer and Service Development Lead roles are underway.

It was reported that there was a strong focus on Frailty and a workshop had taken place with all the relevant stakeholders and clinical leads to determine what were the next steps. It was agreed that the links to the papers from the workshop would be circulated to the Committee.

**ACTION: Emily Warren/Secretariat**

It was advised that both SCPs had been developed against the backdrop of the sustainable development principles, and the robust approach to long term planning to improve both service sustainability and patient outcomes.

The Committee received the report.

### **PPWB 1902/07 NCN Plans**

Sian Millar provided a report on the progress made and the approach to implementation over the next 12 months of the 12 Neighbourhood Care Network (NCN) plans.

It was highlighted that the Health Board was approaching the final year of the 3 year planning cycle for 2017/18-2019/20, and the plans described the approach to delivering care at a local level, which is committed to person centred care, provided as close to home as possible, focusing on prevention, early intervention and the support people needed to manage their long-term medical conditions. Plans have now been adjusted in readiness for 2019/20 to reflect the evolving strategic landscape of a 'Healthier Wales' and the strategic programme for Primary Care, and it was recognised that the NCN plans have now been aligned more closely to the Health Board's IMTP.

The Committee discussed the report, noting the ongoing sustainability issues within the Primary and Community Care Division, also noting the NCN's response to:

- Meeting future workforce and service sustainability challenges
- Driving improvement in the quality, access and integration of care.

The Committee was assured by the report.

### **PPWB 1902/08 Frailty Review**

Sian Millar gave a brief update on Frailty reporting and advised that an internal audit of the service had been undertaken.

The Gwent Frailty Programme had been operational since 2011, delivered through a pooled budgetary arrangement between the Health Board and five Local Authorities. It was reported that this programme's aim was to support frail adults across Gwent to remain at home or close to home, promoting dignity and independence.

Since 2017 the Primary and Community Care Division along with Local Authority partners, proposed a review to ensure alignment with the Care Closer to Home Strategy for Integrated Working in Gwent, this had been substantiated by 'A Healthier Wales'. It was advised that the aim of the service was to sustain individuals within their own homes or as close to home as possible in order to prevent unnecessary hospital admission and to facilitate early discharge if appropriate.

It was reported that since the internal review was established the work that had been completed was as follows:

- Process mapping had been completed to understand the differences across Gwent and to plan to remove unnecessary complexity and barriers to care.
- A review of all roles and competencies, initial findings indicate there was more of a 50:50 ratio than 80:20.
- A review of the Single Point of Access (SPA)
- A review of the rapid Medical services with an action plan developed.
- Best Practice literature review.

- A demand/capacity simulation model based on the Newport Rapid Response Service.

The next stage was to review all the findings with the teams at the next workshop, and agree the next stages of the plan, linking it with the Transformation funded Compassionate Communities approach, which had commenced. The aim through the workshop was to agree a governance framework which would combine the work streams and clarify the specific pieces of work that was required to enable the Frailty Programme transformation.

The Committee received the report.

### **PPWB 1902/09 GP OOH Peer Review Report**

Nick Wood provided a report on the Peer Review that was undertaken in 2018.

It was reported that a national review of Out of Hour's Primary Care took place between September and December 2018. The feedback received from the panel Chair was positive recognising the dedication and commitment that was demonstrated by staff and their continued focus on delivering high level quality care to patients within out-of-hours. It was highlighted that there was a passion to deliver long-term sustainable change and the proposed service vision aligns with the wider 111 transformation agenda.

It was advised that although the panel gave positive feedback on a number of points, they had also identified some areas for further development within the service. As a result of the Peer Review an action plan was developed which covered all of those findings, and it was confirmed that all appropriate actions had now been completed.

The Committee was assured by the report.

### **PPWB 1902/10 Risk Register**

The Committee discussed the Risk Register and noted that the risks were consistent with the Committee's work programme. The following updated risks were noted:

- Community flu vaccination – Plans were in place for flu vaccination of pre-school children, primary school



children, people over 65 year, under 65s in at risk groups and care home staff. However, this year there had been complexity around the phased supply of adjuvanted trivalent influenza vaccine (aTIV) for over 65s, which meant that flu clinics had been staggered later into the season. Some general practices had not had aTIV orders processed or had insufficient vaccine supplies, and work had been ongoing to mitigate this risk. The current uptake (as at 5 February 2019) was above the Wales average for those 65 and over and those under 65 in at risk clinical groups but below the average for 2-3 year olds.

- Smoking Cessation – Work was being continued to ensure the Health Board achieved the target to increase the uptake of smoking cessation services. This included attendance at NCNs, work with local businesses to raise awareness of 'Help Me Quit Services' and regular partnership meetings with Community Pharmacy Lead and Stop Smoking Wales to identify and address gaps in provision. In addition, three fixed term Maternity Smoke-free Health Care Workers had been appointed to provide smoking cessation support to pregnant smokers.
- Workplace Health – The Health Board achieved the Gold Corporate Health Standard (CHS) Award in January 2019, and re-validation for Platinum Award would take place June 2019. Now that the CHS had been achieved, a focus on workplace health needed to be maintained and further developed. Plans had been made to progress this.
- Workplace Health – The staff 'Well-being Through Food and Physical Activity' guidelines needed to be refreshed. Implementing the standards as part of the CHS work had been focused on the changes to cooking methods, products purchased, pricing and promotion of products. Promotional materials had been designed and displayed to support and encouraged staff around healthy eating. However, ongoing encouragement of small steps leading to wider cultural change was going to be important as the Health Board needed to be careful to ensure that the policy does not alienate some staff, while keeping a constant degree of movement towards ideals.
- Staff Flu Immunisation Programme – This programme was based on a full participation vaccination strategy, in which the expectation was all staff should be vaccinated. This was important to minimize the transmission of influenza and protect staff, their

families and patients from catching and spreading influenza. It was noted that at the end of December 2018, 58% of all front line staff had been vaccinated and January 2018 58% of all staff had also been vaccinated against influenza. Three out of six operational divisions had exceeded the 60% uptake with CHC reaching 67%, Family and Therapies had reached 66% and Scheduled Care had reached 63%.

The Committee was made aware that there was no change to the remaining risks with high or moderate scores, and no additional risks had been added for this reporting period. The Committee was asked to note the content of the risk register, the actions that had been taken to reduce risks in specific areas and to recognise the additional actions and control measures that was being taken by the Health Board to reduce the risks that remain moderate or high.

The Committee was assured by the report.

### **PPWB 1902/11 Work Programme 2019**

The Committee discussed the forward work programme for 2019 recognising that there were 3 more Committee meetings scheduled for this year. It was agreed that the following agenda items regarding the Public Health and Primary Care Divisions were to be reported at these meetings for assurance:

#### **Public Health**

- April – SCP 1 & SCP 2  
Tobacco Control  
Wellbeing Programme  
Area Plan Outcome Measures
- July – Flu Immunisation
- October – Child Immunisation  
IMTP Updates

#### **Primary Care**

- April – Primary Care Strategic Programme  
Transformation Programme
- July – IMTP Priorities – Place Based and Integrational  
Models  
NCN Plans

It was agreed that a forward work programme for the year ahead would be brought to the next Committee meeting.

**ACTION: Nick Wood/Sarah Aitken**

### **PPWB 1902/12 Items for Board Consideration**

There were no items for Board consideration.

### **PPWB 1902/13 Public Services Board's and Social Services and Wellbeing Act Regional Partnership Board Minutes**

The Committee received and noted the minutes from each of the Public Service Boards, Social Services and Wellbeing Act Regional Partnerships Board.

- Torfaen – 19 September 2018
- Newport – 11 December 2018
- Monmouthshire – 17 October 2018
- Caerphilly – 4 December 2018
- Blaenau Gwent – 22 October 2018
- Social Services and Wellbeing Act Regional Partnerships Board – 8 November 2018

It was noted that the Chair of the Board had requested Independent Members sitting on Public Service Boards feed back to full Board on progress. A discussion was had regarding timing and format. **ACTION: Sarah Aitken**

### **PPWB 1902/14 Date and Time of Next Meeting**

The next meeting would be held on Thursday 11 April 2019 at 09:30am in the Executive Meeting Room, ABUHB Headquarters, St Cadoc's Hospital, Caerleon.



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Public Partnerships and Wellbeing Committee  
11<sup>th</sup> April 2019  
Agenda Item: 1.5


## Public Partnerships and Wellbeing Committee

### Action Log – 19 February 2019

Action Reference	Action Description	Lead	Progress
<b>PPWB 1902/03</b>	<b>PPWB 0612/08 Gwent Transformation Fund Update.</b> The Committee agreed that on page 6 of the minutes, the last paragraph of the first bullet point the word should read "governance" and not "government".	<b>Secretariat</b>	Completed.  The amendment had been made to the minutes.
<b>PPWB 1902/04</b>	<b>Action Sheet Action 0612/16 Public Services Board's and Social Services and Wellbeing Act Regional Partnership Board.</b> It was agreed that a bullet point list of projects that the PSB were working on would be circulated to the Committee.	<b>Secretariat</b>	Completed.  Papers have been circulated to the Committee via email.
<b>PPWB 1902/06</b>	<b>IMTP SCP 1 &amp; SCP 2 Priorities.</b> It was agreed that the links to the papers from the workshop would be circulated to the Committee.	<b>Secretariat</b>	Completed.  Links to the papers from the workshop have been circulated to the Committee.
<b>PPWB 1902/11</b>	<b>Work Programme 2019.</b> It was agreed that a forward work programme for the year ahead would be brought to the next Committee meeting.	<b>Nick Wood/ Sarah Aitken</b>	A Committee work programme is to be finalised following completion of a review of Committees underway, which is to report in May 2019.

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<b>PPWB 1902/13</b>	<b>Public Service Board's and Social Services and Wellbeing Act Regional Partnership Board Minutes.</b> The Chair of the Board had requested Independent Members sit on Public Service Board's and to feedback progress to the Board. It was agreed that preferred timing and format was to be established with the Chair of the Board.	<b>Sarah Aitken</b>	Report is on the agenda for the April 2019 meeting.
<b>All actions to be completed by the next meeting of the Committee unless otherwise stated</b>			

 <b>GIG</b> CYMRU <b>NHS</b> WALES <b>Bwrdd Iechyd Prifysgol</b> <b>Aneurin Bevan</b> <b>University Health Board</b>	<b>Public Partnerships and Wellbeing Committee</b> <b>11<sup>th</sup> April 2019</b> <b>Agenda Item: 2.1</b>
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## Aneurin Bevan University Health Board

### Primary Care Strategic Programme/ Milestones

#### Executive Summary

This report is to inform the Committee of the milestones published by the Minister for Health and Social Services in the delivery of the Primary Care strategic programme.

#### The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓

**Executive Sponsor: Nick Wood, Executive Director of Primary, Community and Mental Health.**

**Report Author: Nick Wood, Executive Director of Primary, Community and Mental Health.**

**Report Received consideration and supported by: Sian Millar, Divisional Director, Primary Care & Community Division.**

<b>Executive Team</b>		<b>Committee of the Board</b> <b>[Committee Name]</b>	
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**Date of the Report: 4<sup>th</sup> April 2019**

**Supplementary Papers Attached:**  
**Milestones Document issued by Health Secretary**  
**Strategic Programme for Primary Care**

#### Purpose of the Report

The purpose of this report is to update committee members on the progress made in the establishment of delivery milestones for the strategic programme for primary care. The Milestone document attached was issued by the Minister for Health and Social Services and is the work plan for the National Directors of Primary Care Group in the delivery of the Strategic Programme for Primary Care.

## Background and Context

### 2.1 Strategic Planning

The existing cluster (NCN) template was introduced prior to “A Healthier Wales”, “The Strategic Programme for Primary Care” and the Minister’s endorsement of the Primary Care Model for Wales. A new cluster plan template is required to reflect this reinforced strategic direction.

In addition, work is required to align cluster plans and the Health Board IMTP planning mechanisms. Current ways of working do not facilitate the cluster plans being core and central to Health Board planning, and in turn, into RPB planning. The new cluster plan template should take the form of a cluster level IMTP, triangulating population health, planning of new services, workforce, activity and finance. It would also set out a requirement of Health Board corporate departments to assist clusters in the development of these plans.

AIM - align the strategic direction and the implementation of the primary care model with core Health Board planning and GMS contract negotiations.

### 2.2 Strategic Programme for Primary Care Work Streams

#### 2.2.1 Prevention & Wellbeing

The first two milestones are stretch targets on the 2018/19 targets.

The third milestone is new and starting to widen the scope of the advanced care planning to milestone to those individuals living in their own home with more than three chronic conditions. This is based upon risk stratification work that has identified this population. It is anticipated that over time these milestones will widen to other population groups as identified through risk stratification.

#### 2.2.2 24/7 Service

##### *Out Of Hours (OOHs)*

The Health Board is currently awaiting the consolidated report on the peer review of OOHs and therefore an expectation is included of Health Board action plans in response to this. However, there are a number of areas that are clear milestones (compliance with standards, delivery against national 111 roll-out and Multi-Disciplinary Team (MDT) workforce plan).

##### *Community Services*

Using a similar format as the Peer Review of OOHs, a peer review of community services is being worked up. This is in the early stages of development and the wording of this milestone will be finalised over the next two weeks.

##### *Sitrep/Escalation Reporting*

This is to provide a profile to the challenges and opportunities that sit within primary care during the winter months. These need to be considered by Health Boards alongside the traditional secondary care sitrep reporting at times of acute pressures.

### 2.2.3 Data & Digital Technology

Yet to be determined, and will be agreed in the next two weeks.

### 2.2.4 Workforce & OD

A workforce web tool is being procured for all practices to complete. This milestone is linked to the availability of this data through the web tool and the use of a demand/capacity tool in order to develop a workforce plan. This is fundamental to the implementation of the Primary Care Model for Wales and the development of Cluster IMTPs.

### 2.2.5 Communication & Engagement

The inclusion of this milestone is in response to the Minister being keen to see the use of positive stories from local people experiencing service changes to be widely communicated.

## Assessment and Conclusion

The work streams of the Strategic Programme for Primary Care will be fully populated by the end of April via a programme management approach. This would in turn provide clear measurable outputs which would align with future milestones.

It is intended that the Director for Primary Care, Community and Mental Health will adopt the milestones as part of the work plan for the delivery of the Health Board and Divisional IMTP.

## Recommendation

The Committee is asked to note the content of the report.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>The Health Board is required to ensure the provision of GMS services to all patients.</i>
<b>Financial Assessment, including Value for Money</b>	<i>No financial implications, identified within the Budget.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>This will result in the provision of GMS service via at scale, supporting future development and service sustainability.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>N/A - All patients will be treated equally.</i>
<b>Health and Care Standards</b>	Standard 1: Staying Healthy Standard 3: Effective Care Standard 4: Dignified Care Standard 5: Timely Care



<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<ul style="list-style-type: none"> <li>▪ Ensuring sustainability of GMS services.</li> <li>▪ Improving the efficiency and effectiveness of GMS services.</li> <li>▪ Creating scale and embracing transformational model.</li> </ul> <p>SCP 1 – wellbeing SCP 2 - Care Closer to Home</p>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<i>This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.</i>
	<b>Long Term</b> – ensures the ongoing provision of GMS services.
	<b>Integration</b> – facilitates integrated working across the health board and local authority
	<b>Involvement</b> – Involvement from the Health Board, Local Authorities and Aneurin Bevan Community Health Council and public.
	<b>Collaboration</b> – Independent GP Practices.
	<b>Prevention</b> – this will ensure the ongoing provision of GMS services to patients.
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	Report can be made public.

Vaughan Gething AC/AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Ein cyf/Our ref: MA/P/VG/0401/19

Chairs and Vice Chairs of Local Health Boards

14 March 2019

Dear Colleagues,

### **Primary Care Model for Wales - Delivery Milestones for 2019-20**

I am writing to set delivery milestones for the local adoption and adaptation of the Primary Care Model for Wales in 2019-20, building on those I set for March 2019.

These delivery milestones are at Annex A. My officials will follow up this letter and write to chief executives to set out the reporting arrangements.

The Strategic Programme for Primary Care, which I endorsed at the National Primary Care Conference last November, has work streams for prevention and wellbeing, 24/7 service, data and digital technology, workforce and OD and communication and engagement. The delivery milestones have been mapped against these work streams. Each work stream is currently identifying the action it needs to take to support you to deliver the milestones at local level.

The focus of these delivery milestones remains largely on the health system and on the areas where the Strategic Programme for Primary Care is already progressing. I am, however, determined the Primary Care Model continues to gain traction across the whole health and care system as a social model of health and wellbeing supporting our vision in *A Healthier Wales*. To help drive this, I will set delivery milestones for the full scope of the Model when these have been developed.

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, I expect significant progress over the coming months by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with *A Healthier Wales*.

Health board vice chairs have a pivotal leadership role in promoting the Primary Care Model and cluster working, both within their organisations and across other organisations. I look forward to hearing about how planning at cluster level is evolving and maturing in my regular meetings with vice chairs.

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Yours sincerely,

A handwritten signature in black ink, reading 'Vaughan Gething'.

**Vaughan Gething AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

**CCS:**

Chairs and Vice Chairs of NHS trusts  
Chief Executives of Local Health Boards and NHS Trusts  
Directors of Primary and Community Care  
Directors of Social Services

National Director and Strategic Programme Lead for Primary Care  
Director Public Health Wales Primary Care Hub



## Annex A

## PRIMARY CARE MODEL FOR WALES - DELIVERY MILESTONES 2019-2020

DELIVERY MILESTONE	BY WHEN
<b>Strategic Planning</b>	
<b>Cluster working</b> Cluster IMTPs for 2020-23 complete, using nationally agreed template and underpinned by cluster workforce development plans.	End September 2019
<b>Prevention and Wellbeing</b>	
<b>Preventing Falls</b> Falls prevention awareness programmes (IStumble or equivalent) are rolled out to care homes	End March 2020
<b>Preventative care</b> Care home residents routinely receiving assessments and care planning in line with the 2017 directed enhanced service for care home residents.	End November 2019
People with 3 or more chronic conditions living in their own homes agree and receive care and support in line with an individual anticipatory/advanced care plan.	End March 2020
<b>24/7 service</b>	
<b>Access to GP practices and 111/Out of Hours Services</b> People contacting GP practices and 111/Out of Hours Services are responded to in line with national standards for access to each of these services.	In line with timescales set separately by Welsh Government for each set of standards

<b>Data &amp; Digital Technology</b>	
<b>Reporting escalating pressures</b> Use of nationally agreed system for reporting escalating pressures on GP practices and 111/Out of Hours Services commenced.	From October 2019 on
<b>Workforce &amp; OD</b>	
<b>Workforce capacity and capability</b> Cluster workforce development plans for 2020-23 complete, using nationally agreed tools for workforce planning and analysing service demand and capacity.	End September 2019
<b>Communication &amp; Engagement</b>	
Use of local positive stories to engage community.	From April 2019 on

# **Strategic Programme for Primary Care**

## **November 2018**

**Foreward**

The case for change as set out in *The Parliamentary Review* and the required 'revolution from within' is fully recognised by the National Primary Care Board. *A Healthier Wales* provides a clear plan for progressing this and we welcome the reinforcement of cluster working as part of the national model for local health and care. Whilst significant progress has been made through implementing the recommendations set out in the *Primary Care Plan for Wales 2015 – 2018*, there is still much to do to ensure our part in the National Transformation Programme and to fully implement the Primary Care Model for Wales.

This document sets out the strategic programme of work for primary care which has been developed following the publication of *A Healthier Wales*. Some areas are a continuation of previous work, recognising that the pace and scale needs to be increased. Other areas have emerged as a priority in response to 'A Healthier Wales'. Specifically of note, is the whole system approach to health and social care, stating that it will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health and inequality. Primary care, as the first point of contact for the majority of citizens accessing health services, has a key role in maximising the opportunities for prevention and self-management. At the heart of the strategic programme for primary care is working closely with partners, shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system.

This strategic programme sets out, at a high level the key workstreams required to progress this work. This is underpinned by detailed action plans. Whilst many actions fall to those that work within primary care, seamless models of care requires all partners to work together and I am would like to acknowledge the commitment of all those involved in the progress that has been made to date and the challenges ahead. The full implementation of the primary care model for Wales and the integral part that primary care plays within the national transformation programme gives primary care the permission to be bold, an opportunity that we must not miss.

**Judith Paget**

**Chair, National Primary Care Board & Lead Chief Executive for Primary Care**



## Executive Summary

*Our Plan for a Primary Care Service for Wales up to March 2018* was published by Welsh Government in February 2015 and has provided the context and framework for the development of primary and community care over the last three years. Good progress has been made locally and the investment provided by Welsh Government to support innovation and development in primary care was provided at cluster level, health board level and at national level via a £40million primary care fund which included the Pacesetter Programme. Learning from the first cycle of Pacesetters influenced the development of a whole system, 24/7, transformational model for primary and community care. This has enabled a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs. Clusters are seen as pivotal to the delivery of this model.

In January 2018, the Parliamentary Review of Health and Social Care in Wales was published and in June 2018 Welsh Government provided a response in 'A Healthier Wales: our Plan for Health and Social Care' which called for bold new models of seamless local health and social care at the local and regional level. The transformational model for primary and community care, which is a whole system approach to sustainable and accessible local health and wellbeing care, supports the vision set out in 'A Healthier Wales' and is now adopted as the **Primary Care Model for Wales**.

Clusters remain at the heart of this model and, given the key principles that underpin 'A Healthier Wales' can be described as:

*"A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*

Whilst work continues on the implementation of the Primary Care Model for Wales, 'A Healthier Wales' has brought a wider context to this work in terms of the links to the Regional Partnership Boards and the wider community infrastructure as the 'wellness system' approach is reinforced. It is therefore timely to review the strategic programme for primary care within this context and the following key strategic areas have emerged as priorities to run alongside the normal planning and delivery functions of Health Board teams:

- Primary care key workstreams
- Seamless working in Health Boards and with partners
- Primary care contract reform

A high level summary of actions are provided in this document against each of these priorities. There is also supporting documentation that provides more detailed action plans and a delivery mechanism for the strategic programme.

## 1. Introduction

This paper provides the key workstreams required for primary and community services to build on the work undertaken in response to 'Our Plan for a Primary Care Service for Wales up to March 2018' (Welsh Government, February 2015) and respond to 'A Healthier Wales' (Welsh Government, June 2018). The workstreams are not intended to replace work planned or underway at a local level by clusters, health boards, regional partnership boards, or to cut across wider transformational work, but rather to complement and enable pace and scale of transformation.

## 2. Strategic Context

'Our Plan for a Primary Care Service for Wales up to March 2018' was published by Welsh Government in February 2015 and has provided the context and framework for the development of primary and community care over the last three years. The plan was supported by *A Planned Primary Care Workforce for Wales* setting out the direction required to support a sustainable workforce shaped by local population needs and prudent health care principles. The definition of primary care used in the plan was very broad, see below, and now underpins this document.

### What is primary care?

Primary care is about those services which provide the first point of care, day or night for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry. It is also – importantly - about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs.

These community services include a very wide range of staff, such as community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists, occupational therapists, podiatrists, phlebotomists, paramedics, social services, other local authority staff and all those people working and volunteering in the wealth of voluntary organisations which support people in our communities.

The scope of work has been influenced by a number of publications and areas of work during the period 2015 – 2018, which have added to the direction and breadth of the changes in primary care, as follows:

- The Social Services and Well-being (Wales) Act 2014
- The Well-being of Future Generations (Wales) Act 2015
- Prudent Healthcare – Securing Health and Well-being for Future Generations 2016
- Taking Wales Forward 2016 – 2021 Welsh Government
- Prosperity for All – national strategy. The Welsh Government wellbeing objectives 2017 (September 2017)
- Ministerial Taskforce on Primary Care Workforce - Train, Work, Live in Wales campaign 2017
- GP Services in Wales: The Perspective of Older People (Older People's Commissioner for Wales February 2017)
- Health, Social Care and Sport Committee - Inquiry into Primary Care Clusters 2017
- Services Fit for the Future – Quality and Governance in Health and Care in Wales (June 2017)

In January 2018, the Parliamentary Review of Health and Social Care in Wales was published and in June 2018 Welsh Government provided a response in 'A Healthier Wales: our Plan for Health and Social Care' which called for bold new models of seamless local health and social care at the local and regional level. The primary care model for Wales, which is a whole system approach to sustainable and accessible local health and wellbeing care supports the vision set out in 'A Healthier Wales'.

'A Healthier Wales' sets out the whole system approach to health and social care, stating that it will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health and inequality. Primary care, as the first point of contact for the majority of citizens accessing health services, has a key role in maximising the opportunities for prevention and self-management. Working closely with partners, primary and community care must not miss opportunities to promote a social model of care and avoid over-medicalising.

### 3. 'Our Plan for a Primary Care Service for Wales up to March 2018' – Progress to Date

'Our Plan for a Primary Care Service for Wales up to March 2018' Welsh Government, February 2015, (*hereafter referred to as the Primary Care Plan*) detailed key actions to be taken forward at a national level, alongside 26 key actions to be taken forward at the local level. Welsh Government established the £43m national primary care fund to back the plan. The Integrated Care Fund also invested in local services improvements. A high level summary of progress against the actions included in the Primary Care Plan against the five themes follows.

- I. Planning Care Locally
  - Pacesetter/Pathfinder Programme – 24 projects 2015-18, 15 projects commencing 2018
  - Emergence of a new 'transformational' model of primary care
  - Critical appraisal – external evaluation, workshop October 2018
  - Primary Care One website launched November 2017 as online resource for sharing good practice and learning
  - Cluster level needs assessments and plans with £10m for clusters to invest
  - Cluster development – Cluster Governance Framework of Good Practice
  - Pipeline of capital developments and integrated health and care centres
- II. Improving Access and Quality
  - National project for directory of services
  - Signposting and triage – scoping exercise and recommendations complete
  - 111 – roll out planned
  - Primary Care Measures Phase 1 and 2a introduced
  - Key Indicators for GMS developed
  - Capacity and demand modelling – Pathfinder project
  - Workshop to define what 'good' access looks like
  - Roll out of Choose Pharmacy and common ailments service
  - More eye care moved out of hospital and delivered in the community
  - Social prescribing (or community referral) models for systematic access to non clinical wellbeing services
  - Primary care contract reform programme

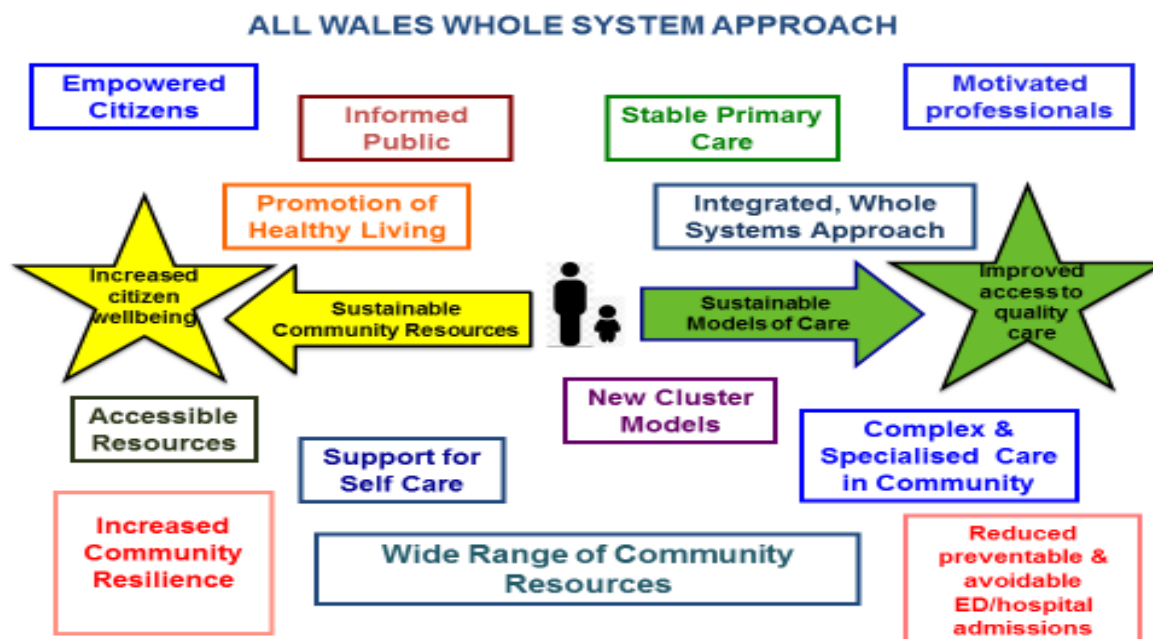
- III. Skilled Workforce
  - MDT working – review and recommendations complete
  - Physicians Associates
  - Community Paramedics
  - Compendium of new roles and models, including cluster level posts and indemnity solutions
  - Workforce planning in primary care training
  - Advanced practice training, such as non-medical prescribing
  - Expansion of Academic Fellows scheme beyond South Wales
  - Train, Work, Live campaign
- IV. Equitable Access
  - Inverse care law schemes established in three health boards and learning shared
  - Transgender project
  - British Sign Language project
  - Welsh Language tool kit
- V. Strong Leadership
  - National Primary Care Board
  - National Directors of Primary and Community Care peer group and sub groups
  - Primary and Community Care Development and Innovation Hub
  - National Professional Lead & National Director and Strategic Programme Lead
  - Confident leaders programme x 3
  - Cluster leads development programme ongoing

Further detail is available in the Directors of Primary & Community Care (formerly the Directors of Primary, Community & Mental Health) Annual Report 2017 – 18. Supporting documentation is available on the Primary Care One website.

The investment provided by Welsh Government to support innovation and development in primary care was provided at cluster level, health board level (via Integrated Medium Term Plans) and at national level via a Pacesetter Programme. The Pacesetter Programme is a comprehensive range of initiatives, funded by Welsh Government, to stimulate innovation and promote the redesign of primary care services. The first cycle of 24 pacesetter projects began in April 2015 included a focus on at least one of the following:

- improved access to services
- moving care closer to home
- increased sustainability of primary care services.

These were led by Primary Care Teams across Wales and supported by the Primary Care Hub (Public Health Wales). Learning from the first cycle of Pacesetters influenced the development of a whole system, 24/7, transformational model for primary and community care. This has enabled a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs (see diagram overpage). Clusters are seen as the pivotal to the delivery of this model with 64 clusters in Wales.



Further detail on the model and the key components can be found on the Primary Care One website.

#### *Critical Appraisal and Evaluation*

As part of the pacesetter evaluation process, the University of Birmingham was commissioned to undertake a critical appraisal of the Pacesetter Programme. The overall aim of the research was to strengthen the learning for future primary care transformation programmes in Wales through investigating the experiences of Pacesetter teams, exploring the views of stakeholders and comparing outcomes with current research evidence and international best practice. The final report, was published in June 2018 and can be found at: <http://www.primarycareone.wales.nhs.uk/home>

The following sets out the implications of the findings for future Primary Care Transformation.

- ❖ Development of evaluation capacity within health boards to assess the impact and mechanism of change have the connected skills, access to data and analytical support.
- ❖ Workforce plans to include the development of competencies related to inter-professional working and teams, patient and community engagement, and leadership of change.
- ❖ Availability of suitable infrastructure to embed engagement within transformation programmes.
- ❖ Local infrastructure to support innovation in primary care that ensures those undertaking such changes are supported with project management and related tasks.
- ❖ Opportunity for networking across health boards for those involved in leading innovation to provide peer support and challenge.

#### 4. The Primary Care Model for Wales

The transformation model for primary and community care aligns well with 'A Healthier Wales' and as the full implementation of the recommendations arising from 'A Healthier Wales' moves forward it is important that primary care is pivotal to the proposed bold and seamless models of care that are aspired to.

As described in section 3, the pacesetter work has informed a transformation programme for primary care with the components of the model set out. This has been reinforced by 'A Healthier Wales' and is now adopted as the **Primary Care Model for Wales**. Key components of this model are:

- Informed public
- Empowered citizens
- Support for self care
- Community services
- First point of contact
- Urgent care
- Direct access
- People with complex care needs
- MDT working

Clusters remain at the heart of this model and, given the key principles that underpin 'A Healthier Wales' can be described as:

*"A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*

The Primary Care Model for Wales is predicated on a social model of care and critical to this is the need to work across organisational boundaries in order to maximise all the assets in a community. Existing primary care clusters are predominantly health focused and delivered. Having said that, there are examples of clusters who have expanded beyond the boundaries of health in their development. Moving forward, clusters need to consider the assets available within their community for their local population. This means working across social care and the wider local authority services. The role of the third sector needs greater consideration both in terms of current delivery and potential opportunities in the future. Regional Partnership Boards and Area Plans are essential links to this wider network and whilst these have not featured highly for clusters in the past they will be pivotal going forward.

#### 5. The Primary Care Model for Wales – Areas of Focus

'A Healthier Wales' shifts the focus to a 'wellness system'. Whilst the primary care model for Wales includes elements that support such a system, there has been limited focus on these to date (with the exception of social prescribing). Going forward, a social model of care needs further development. This requires a focus on wellbeing and prevention and understanding the opportunities that exist across the health, social care and third sector workforce in order to really understand what matters to people and make every contact count.

Whilst considering the development of the social model of care, the existing actions from a health perspective must continue. Of particular note is the join up of in hours and out of hours primary care services to a 24/7 model to ensure access at the right time particularly for patients presenting with urgent primary care needs.

'A Healthier Wales' points towards exploring digital solutions, which is not an area previously explored in depth or systematically from a primary and community care perspective.

Work to date on the primary care model for Wales has identified numerous workforce issues. There are currently a number of groups looking at the workforce issues and this needs a review and refocus within the context of 'A Healthier Wales'.

The Critical Appraisal highlights the need for health boards to develop local infrastructure to enable transformation within primary and community care. Health boards became integrated organisations in 2009 and it is timely for them all to reflect on how well developed their internal arrangements are in order to maximise the potential of integration. In turn, consideration of developing the relationships with key partners such as social services, wider Local Authority services and the Third Sector is required in order to ensure seamless working within the whole system at a local and regional level. It is noted that this may be undertaken through local transformation programmes.

'A Healthier Wales' makes reference to the contract reform programme of national primary care contracts. The contribution of this needs to be clear.

The communication and engagement on the primary care model for Wales needs careful consideration and dedicated expertise to ensure understanding by all stakeholders and the public are clear on what this means going forward.

The key strategic areas of work required to progress the implementation of the primary care model for Wales at pace are:

- Primary care key workstreams
- Seamless working across Health Boards and with partner organisations
- Primary care contract reform

The following sections provide an overview of the tasks required under each strategic area. More detailed action plans will underpin each work stream, maximising the existing support from organisations such as the NHS Wales Shared Services Partnership and the Primary Care Hub (Public Health Wales) but also building new links with the Regional Partnership Boards, Directors of Social Services and Health Education and Improvement Wales (HEIW).

## **5.1 Primary Care Key Workstreams**

### **5.1.1 Prevention and wellbeing**

Primary and community services have a key role in the 'wellness' system as described by 'A Healthier Wales' and every contact with a citizen or their carer/guardian should be used to promote prevention and self-management opportunities. Specifically, this includes:

- Information for citizens to access – join up of Directory of Services, DEWIS & INFOENGINE and systematically embed in GP practice and cluster based websites to promote self-care.
- Social prescribing (or community referrals) and local area co-ordination to increase in capacity of wellbeing services – action is required at regional level and national level.



- At cluster and Regional Partnership Board level, a join up is required between health, social care and the third sector to map the community assets available in that footprint and the 'navigator' roles already in place. A plan for sustainability of these assets should be developed.
- Local Area Co-ordination linked to Directory of Services.
- At a national level key enablers such as information sharing (information governance and information technology), evaluation frameworks for these types of interventions and the development of national definitions and standards for community navigators/connectors.
- Making Every Contact Count (MECC) – systematic roll out of training across primary care underpinned by an understanding of the local community infrastructure (as described above at Regional Partnership Board level).
- Prevention in clinical settings – maximising population benefit on key clinical risk factors (high BMI, high BP, fasting blood glucose, cholesterol), behavioural risk factors (smoking, alcohol consumption, rate of physical activity and diet) screening and immunisation.
- Prevention in non clinical settings (e.g. whole school approach to prevention and wellbeing, falls risk)
- Population risk reduction programmes – linked to prevention in clinical settings, learning from programmes such as the Inverse Care Law in Aneurin Bevan, ABMU and Cwm Taf Health Boards.
- Compassionate Communities or equivalent e.g.
- Health and well-being hubs/centres – ensure that the wellness approach and social model of care is a prominent feature of the planning.
- Scaling up the delivery of national programmes, (e.g. NERS, Help Me Quit).

### 5.1.2 24/7 Model

"Services which are seamless, delivered as close to home as possible" is set out by 'A Healthier Wales' and references that primary and community care is key to this. The transforming primary care model was developed as a 24/7 model but implementation has been predominantly focussed on in hours only. Many of the elements of the model can be applied to primary care delivery out of hours whilst recognising there are some issues specific to in hours delivery and out of hours delivery. Also, increased sustainability of primary care in hours and improved access will support out of hours delivery.

- Urgent Care – scope includes urgent primary care both in hours and out of hours. Workstreams include:
  - peer review of out of hours services
  - workforce
  - link to Unscheduled Care Programme including winter planning
  - focus on key pathways such as end of life care, paediatrics and mental health
  - opportunities to address capacity at peak times



- Escalation Processes – whilst escalation processes are well developed and routinely used in secondary care, this has not been the case for primary care. More recently, work has been undertaken in OOHs but there is an inconsistency in reporting that requires attention. In addition, a 'RAG' rating for in hours services needs to be developed.
- Self care and wider primary care contractor professions – “Choose Well” and the offer from contractor professions needs to be scoped and well articulated in order to promote population behaviour change. (Note: this links to the communication workstream and the prevention and wellbeing work stream, specifically the information to citizens).
- Telephone first / sign-posting / triage – informed by the detailed review undertaken by the Primary and Community Care Development and Innovation Hub, there is a clear need to develop national definitions and standards, national training and competency framework.
- Services in the community – there is a need to ensure join up across the separate services that are in place across the community (e.g. community nursing, community resource teams etc) to ensure best use of resources. This needs a further sense check against the local authority and third sector services available. Further, maximising the use of diagnostics and point of care testing in the community should be considered.
- Management of rising risk – implementation of a structured approach (recognising there are a range of tools available for this) to risk identification and links to the appropriate responses to respond (from the whole system e.g. Third Sector, Local Authority).

### **5.1.3 Data & Digital Technology**

While the national primary care plan recognised the role of technology in improving access, previous strategic work on the development of primary care has not focussed on the potential of new technologies. 'A Healthier Wales' identifies this as a key enabler of transformation change to support new models of care. In the first instance, there will be a focus on 'ensuring the relevant information is accurate, complete, up to date and shared between everyone responsible for the individuals care' before moving on to new ways of accessing services and then more advanced digital solutions. Specifically, this will include:

- Maximising the use of current systems available to maximise and share data and information. For example My Health Online, Welsh Community Care Information System (particularly the interface across services) and embedding the integrated DEWIS, Directory of Services and infoengine into practice/cluster websites
- Maximising the use of new GP and pharmacy systems and the offer to MDT working
- Specifically for pharmacy, progress the Welsh Hospital Electronic Prescribing, Pharmacy and Medicines Administration (WHEPPA) project will enable the computerisation of the process of prescribing, processing, stock control and recording the administration medicines in secondary care hospitals.

- Progress IT solutions for eye care, specifically: implement optometry primary care e-referral to enable patients to be referred to secondary care safely; implement ophthalmic two-way IT systems between primary care and secondary care to enable 'shared care' of patients between different health professionals and care settings.
- Data to demonstrate activity and outcomes
- Information sharing across cluster and organisations
- Understanding the requirement around the use of mobile devices including the governance and workforce issues.
- Digital systems to facilitate risk identification to drive patient safety.
- Telephony – develop national telephony standards.
- Video and skype – generally supported in principle yet under-utilised. There is a need to consider governance, security of data, training and integration to health record requirements.

Consideration needs to be given to the barriers to embracing technology including poverty and influencing behaviour change of the population.

#### **5.1.4 Workforce & Organisational Development**

'A Healthier Wales' references the multidisciplinary team approach as the common characteristic of the best new models being developed in Wales which is fundamental to the Primary Care for Wales. Work has been led by the Primary Care Workforce Group which has produced a final report highlighting the work undertaken to date and has identified key priorities for future work. In addition, the recent report on 'Multi-Professional Roles within the Transforming Primary Care Model in Wales' highlights areas requiring further work. Combining these recommendations the following are the key themes for focus:

- Workforce planning and modelling – developing local population based modelling based upon demand analysis. This will inform the required competencies of the workforce required and inform workforce planning at community and national level.
- A good place to work – addressing the issues of recruitment and retention, pay and employment terms as well as a focus on well-being.
- Specific Role Development – priority areas include developing a national framework and training for the community navigator role and triage roles.
- Education, training and skills – this includes developing mechanisms to increase opportunities for education and training within primary care settings, including mentoring and supervision requirements and career pathways.
- Sharing best practice – building on the compendium of models and roles produced to date with the development of workforce elements of evaluation of new models.

### **5.1.5 Communication & Engagement**

Whilst the primary care model for Wales is predicated on a social model of care, the focus has been on the health elements of the model to date. Further, it is recognised that the language has been from a health perspective and that this needs to widen to ensure the narrative is accessible to all and there are consistent communications from all stakeholders on the model. Initially, this will focus on:

- User friendly articulation of the whole and different elements of the model for stakeholders (e.g. social care, third sector, secondary care). Consideration of how clusters/primary care interface with Regional Partnership Boards needs to be considered.
- Forming the basis of how staff are trained to manage this message (e.g. receptionist/navigator role).
- A public awareness and information/education campaign to promote and the embed the model with citizens across Wales.

'A Healthier Wales' talks about people having 'a greater role and greater control in managing their own health and wellbeing, making decisions about treatment, and managing long term conditions'. This requires readily available information to citizens and an understanding of new models of care in order to influence behavioural change. As part of the Welsh Government's 'Transformation Programme', there may be an over-arching workstream which primary care could align to. As a minimum this would need to include, both at national and local level:

- New ways of accessing information
- Understanding of the new wider model at General Practice level e.g. enhanced MDT, social prescribing (or community referral) and signposting to alternative practitioners (physiotherapists, counsellors, audiologists and existing contractor services e.g. community pharmacy and optometry).
- Links to existing national campaigns such as Choose Well and national plans such as Eye Health.

### **5.1.6 Transformation & the Vision for Clusters**

As the transformation programme develops (as per 'A Healthier Wales' recommendations), it is important that any learning is shared quickly across primary care and further informs the vision for clusters. Of specific note, will be any plans to accelerate the implementation of the full primary care model at cluster and regional level. Key links will be made with the national Transformation Programme and local transformation programmes.

## 5.2 Seamless Working

### 5.2.1 Health Board arrangements to maximise seamless working

The Critical Appraisal of the pacesetter programme referred to in section 3, set out the need for Health Boards to consider their local infrastructure and identify the capacity, skills and resources required to support the transformation of primary care. Based upon the recommendations of the Critical Appraisal, the following requires attention at health board level:

- Setting out arrangements for increasing the profile of primary care at health board level.
- Ensuring arrangements are in place to support data capture to inform demand/capacity planning for primary and community services.
- Having short, medium and long term planning in place informed by clusters that are evidenced in IMTPs.
- Demonstrating the use of the primary care measures and the key GMS indicators have informed these plans.
- Demonstrating the use of the financial framework to support rebalancing resources across the health system (WHC issued July 2018).
- Recognising the scale of change, ensuring workforce planning and organisational development plans are in place to support this.
- Ensuring evaluation frameworks supported by skilled support are in place to evidence impact on pacesetter/transformation model/transformation fund initiatives to inform business case development and investment decisions.

### 5.2.2 Seamless working across the whole system

'A Healthier Wales' sets out the need for services from different providers to be seamlessly co-ordinated and the need to develop shared values and partnership. Therefore, the following requires attention from a primary perspective:

- Consideration of the profile of primary care within the regional partnership board structures both in terms of the understanding of the primary care model by partners and representation within these structures.
- Ensure that regional partnership board plans are informed by cluster planning.
- Consideration of the priorities and actions plans of Public Service Boards and the alignment locally with cluster plans.
- Build stronger relationships with key partners.

### 5.3 How Primary Care Contractors will respond

This section considers how primary care contractors will respond to 'A Healthier Wales' under the following headings,

- Resilience of individual/community
- Advice/access when required
- Supported and delivering workforce

#### 5.3.1 GMS

**Resilience of individual/community** – in conjunction with the commitments on access more generally within Prosperity for All, and the programme of reform, which has commenced (and is a tripartite approach of Welsh Government, GPC Wales and NHS Wales), the GMS contract reform will consider how best to contract and sustain GMS and deliver against a range of key priorities, recognising the value of the independent contractor model. The contract reform will explore ways to continue to improve access across primary care, particularly through clusters, to enable adoption and adaptation of the Primary Care Model. The policy for some time, and reinforced in 'A Healthier Wales', has been a shift to greater cluster working. During 2018-19 the Welsh Government Contract Reform Team is considering a new contracting mechanism to expedite clusters maturing and embedding a better population focussed service planning for General Practice across Wales. The proposed approach could see a potential shift of a number of additional services (such as Enhanced Services and quality measurement) to a cluster level and wider cluster workforce solutions to release capacity within GP practices and support delivery of local services to patients and enable cluster population based service planning and delivery.

**Advice/access when required** - As part of the 2018-19 GMS contract negotiations it was agreed that GP practices should continue to optimise the availability of consultations during core hours, standardise messaging to patients out of hours and for each practice to review access and agree its position on the telephone first / sign-posting / triage component of the model. Demonstrating and developing quality improvement methodology in General Practice is another key priority with a view to deliver improved outcomes and experience for Welsh citizens, with a focus on the cluster as the vehicle for taking this forward.

**Supported and delivering workforce** – Recruiting, retaining and diversifying the workforce is another key priority. As part of the GMS reform agenda, a number of areas will be taken forward across the General Practice workforce to ensure the longer term ambition of a sustainable workforce, reducing the barriers to becoming and remaining a GP.

#### 5.3.2 Pharmacy

**Resilience of individual/community:** Community pharmacies are a health asset, fulfilling a social and well-being function, often in the areas of Wales where the health and social challenges are greatest. Pharmacies contribute to social capital and build resilience in high streets in towns across Wales, but changing consumer habits means we must work with the community pharmacy sector helping it to adapt and ensure this contribution is maintained. Community pharmacies must continue to redefine their role, making them the most accessible source of an increasing range of clinical services and face to face advice from a healthcare professional - not simply a place to have a prescription dispensed.

Key priorities include,

- Community pharmacy contractual arrangements rebalanced to incentivise delivery of services which meet the needs of the communities they serve and not just the dispensing of prescriptions.
- Pharmacies continue to target their services at those whose need is greatest and where there is potential for greatest health gain and narrowing of health inequality.
- Community pharmacy fully integrated with primary care clusters to ensure delivery of efficient equitable services.

**Advice/access when required:** Community pharmacies are highly accessible, often open at weekends and evenings, they provide a convenient and less formal environment for people unable to, or who do not wish to, visit other health services. Key priorities include,

- Community pharmacists continue to diagnose and treat a wider range of acute illnesses, relieving pressure on other parts of the NHS.
- Community pharmacists accessing the Welsh GP record nationally and across all services to facilitate pharmacists safely and effectively meeting urgent and unscheduled care demand.
- Communication with the public and action by other health services consistently promoting the role of community pharmacy as citizens' first port of call for treatment of common ailments and advice on medicines.

**Supported and delivering workforce:** Community pharmacists are highly skilled primary care generalists; they manage minor illness and provide advice on medicines. Pharmacy technicians are critical to the safe and efficient operation of pharmacies, freeing up pharmacists to deliver more clinical services and increasingly delivering clinical services themselves. To increase the breadth of services available from community pharmacies, we will continue to raise the competence and confidence of the workforce in areas such as patient centred consultation, making every contact count, quality improvement, advanced clinical skills, and prescribing. Key priorities include,

- All community pharmacists and pharmacy technicians to continue to be supported in developing their patient centred consultation skills and in "making every contact count".
- An improved awareness and understanding of quality improvement embedded in community pharmacy teams.
- Continue to provide opportunities to access up to 200 modern apprenticeships for pharmacy technicians working in community pharmacy by 2021.
- Continue to provide opportunities to train 100 community pharmacists as independent prescribers by 2020.

### 5.3.3 Optometry

**Resilience of individual/community:** Community Optometry is a highly skilled workforce fulfilling a key health function, contributing to the social capital and building resilience in high streets in towns across Wales, community optometric practices continue to deliver the most accessible and appropriate professional eye health care for patients. There is a need to raise their profile and the awareness of the contribution they make. Commercial pressure to subsidise sight tests with spectacle sales leads to patients expecting a visit to the optometrist to be expensive and this can reduce the uptake of NHS eye care services. Moving the emphasis to eye health care will ensure optometric practices continue to be a health asset in the community and the first port of call for a patient with an eye problem. Regular and consistent access for optometric practice with primary care clusters is vital to develop integrated services and ensure understanding of the important role optometrists play in the eye health care of patients.

Key priorities include,

- Optometric practices targeting their services where there is potential for greatest health gain - the emphasis on eye health care
- Community optometric contractual reform rebalancing the need for cross subsidy of clinical services.
- Community optometry fully integrated with primary care clusters to ensure delivery of efficient, equitable services.

**Advice/access when required:** Continue to increase access to a range of NHS eye health care services and provide a wider range of clinical services in optometric practices. Community optometric practices are highly accessible, often open at weekends and evenings. Providing additional qualifications for community optometrists to deliver more integrated eye care services, shifting between primary and secondary care, for both scheduled and unscheduled eye health care is essential. Key priorities include,

- Community optometrists to continue to be involved in diagnosis and treatment of a wider range of eye care pathways, specifically, through the development of primary care ophthalmic diagnostic and treatment centres.
- Access to electronic referrals and single shared electronic patient record.
- Communication with the public to promote the role of community optometric practice, consistently promoting the role of community optometry - Doctors of the eyes.

**Supported and delivering workforce:** community optometrists are eye care generalists. It is important to continue to enhance the skill mix required to manage and treat a wider number of eye conditions in the community setting. This will enable a greater shift of services from secondary to primary care in line with current policy and prudent healthcare. To increase the breadth of services available from community optometry there is a need to enhance the workforce through advanced training and accreditation, whilst additionally providing a career structure for the optometric profession. Key priorities include,

- Independent prescribing optometrists rolled out across primary care clusters.
- Placements in hospital eye departments to achieve qualifications in medical retina, glaucoma, independent prescribing and leadership.
- An improved awareness and understanding of quality improvement embedded in community optometry through contractual arrangements.

#### 5.3.4 Dental

**Resilience of individual/community;** to raise the profile of the contribution improving oral health can make to wider health and well-being by empowering and guiding patients and the public to value, maintain and protect their own oral health, and that of their dependents. An increase in oral health literacy is important in achieving this and we want patients to understand how their behaviour affects their likelihood of developing dental disease. We want dental teams to personalise key messages by delivering consistent and correct advice to assist patients to lower their risk of oral disease so they can maintain and improve their oral health. Key priorities include,

- Preventive advice and intervention 'expectations' being delivered in clinical practice.
- All patients in contact with primary dental care will have their oral health need and risk assessed, explained and reported, so they understand their oral health status and the behaviours they can change to reduce their risk of oral disease.

**Advice/access when required:** to increase access to NHS primary care dentistry and provide dental services (primary, specialist, or urgent care) that meet the needs of local communities. Care should be accessible for those with the greatest health need first – a principle of Prudent Healthcare. The commitment is to increase access to NHS dental care, particularly for patients



who have not seen a dentist in the previous two years (one year for children). Key priorities include,

- Year-on-year increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards.
- Contracts which build in daily access flexibility and expanded opening hours.
- Anyone experiencing dental pain affecting daily life will receive effective dental treatment and receive a timely offer to return and have a comprehensive oral health risk and need assessment completed.
- All patients attending NHS primary dental care services will receive an oral health risk and need assessment at least once a year with follow up reviews dictated by the findings.


**Supported and delivering workforce:** a step-up in the effective use of skill mix within dental practice teams and specialist services through an increase in the number of hygienists, therapists and dental nurses with additional skills, trained and retained in Wales, and working to the extent of their scope of practice. This will create an efficient preventive-led dental team. Widened access to employment opportunities will offer prospects for individuals from local communities, motivate dental teams and support them to achieve their professional and personal goals by offering a career structure. Key priorities include,

- Dental Care Professional Faculty established and *Making Prevention Work in Practice* programme rolled-out in 2018.
- Innovation fund supporting expansion of Dental Care Professionals in practice

## 6. Conclusion

This paper provides the primary care response to 'A Healthier Wales', describing a status position on the development of primary care and identifies key strategic areas for further focus. This forms the basis of a strategic programme for primary care. There will be a delivery and evaluation mechanism to support this strategic programme which will provide the detail of actions, milestones and outcomes at cluster, regional and national levels. It should be noted that some areas of work will continue under 'business as usual' led by the Health Board Directors of Primary & Community Care.



 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	Public Partnerships and Wellbeing Committee 11 <sup>th</sup> April 2019 Agenda Item: 3.1
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3.1

<b>Aneurin Bevan University Health Board</b> <b>Update on the Gwent Regional Partnership Board Transformation Programme</b>
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<b>Executive Summary</b>			
<p>This paper provides an update on progress in delivering the Regional Partnership Board Gwent Transformation Programme.</p> <p>In October, the Gwent Regional Partnership Board (Gwent RPB) formally agreed its 'transformation offer' to Welsh Government as part of delivery of 'A Healthier Wales'. The offer was developed jointly by ABUHB, the five local authorities and third sector colleagues and set out our ambition to create a more integrated system of care, support and wellbeing. Welsh Government approved offer and awarded £13.4 million Transformation Fund Funding in December. The Gwent RPB Transformation Programme commenced in January 2019 and will run to December 2020.</p> <p>A clear leadership and governance structure has been established to support efficient programme delivery. Programme leads for each of the four elements of the programme are now in post. An Assistant Director has been appointed to provide additional leadership capacity for the programme as a whole.</p> <p>To provide assurance to the Health Board, the Public Partnerships and Wellbeing Committee will receive further update reports, demonstrating the progress made, risks identified and the quarterly milestones for the delivery of the programme.</p>			
<b>The Committee is asked to:</b> (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			✓
Note the Report for Information Only			
<b>Executive Sponsor: Dr Sarah Aitken, Director of Public Health &amp; Strategic Partnerships</b>			
<b>Report Author: Dr Emily Warren, Head of Planning (Partnerships)</b>			
<b>Report Received consideration and supported by :</b>			
<b>Executive Team</b>		<b>Committee of the Board</b>	
		<b>[Committee Name]</b>	
<b>Date of the Report: 4<sup>th</sup> April 2019</b>			
<b>Supplementary Papers Attached: Yes: State of Readiness Plan A, State of Readiness Plan B</b>			

## Purpose of the Report

This report provides members with an update on the Gwent RPB Transformation Programme.

## Background and Context

The Gwent RPB Transformation 'offer' was agreed by the Regional Partnership Board in October 2018. The offer sets out how the Gwent Region, under the leadership of the Gwent RPB, will deliver on the requirements set out in 'A Healthier Wales', Welsh Government's long term plan for Health and Social Care.

The primary objective of 'A Healthier Wales' is to deliver seamless care for those people with a care and support need, at the same time improving early intervention and prevention services. This new policy framework draws together the legislative requirements of 'The Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014. In particular it places an emphasis on:

- Improved collaboration between health and social care
- An increased emphasis on improving wellbeing through early intervention and prevention
- An expectation of greater integration in the planning and commissioning of services
- A demonstration of developing services to meet population need now and for future generations.

As such the offer was carefully developed under the governance of the Gwent RPB Leadership Group, with a sub-group established to ensure both commitment and engagement with the offer, effective oversight and scrutiny of the proposals. The offer was the first in Wales to be approved and was approved in full. It provides £13.4 million of transformation funding, to discharge the commitments made in the offer. The implementation period commenced in January 2019 and will end in December 2020.

## The Transformation Offer

Part 1 of the Gwent RPB 'offer' focuses on the greater alignment of early intervention and prevention services, through place based primary and community care services. Its primary purpose is to provide seamless 'out of hospital' care and support, closer to home.

The transformation programme will:

- Develop a new model of prevention and wellbeing services (Integrated Wellbeing Networks) in partnership with Public Service Boards.
- Implement the transformational model of primary care, and establish a 'compassionate communities' approach across the identified pilot sites to deliver integrated facilities and workforce.

Both programmes are interlinked, utilising Neighbourhood Care Networks (NCNs) to support the development of a new layer of prevention and early intervention services, by harnessing community assets around improved wellbeing in a coherent 'place based' wellbeing network. This is the foundation layer of wellbeing support. Complementing this is an enhanced primary care offer, building additional services and a wellbeing workforce around the GP, including care navigators, social prescribers, community pharmacists and physiotherapists etc. Together both programmes provide a remodelled 'wellbeing' service in the community.

Part 2 of the Gwent RPB 'offer' will use the transformation funding to achieve complete service re design in areas of significant shared pressure, including CAMHS and discharge to assess.

The transformation programme will:

- Develop a new pan Gwent 'Home First' discharge services.
- Develop a pan Gwent integrated system of emotional and mental wellbeing for children and young people, (the ICEBERG model)

Specifically, the transformation fund is being used as a catalyst for complete service redesign and development, in two areas of continued 'critical pressure'. The funding has allowed the parallel running of services, to enable transition into more integrated and sustainable models, which improve access, patient experience and wellbeing outcomes.

Underpinning the entire offer is a new programme to consider the capacity and capability required to model a 'Gwent wellbeing workforce' of the future in alignment with these new programmes. This will ensure that in delivering our transformation offer the required workforce capacity and flow is achievable and available to deliver the new services envisioned.

### **Progress to date**

- HomeFirst is operational in both Nevill Hall and Royal Gwent Hospitals
- The Integrated Wellbeing Networks programme has successfully recruited required posts and will be holding a launch event on April 30<sup>th</sup> 2019
- The Primary Care transformation programme have appointed a programme manager, and awarded Compassionate Communities the contract to deliver elements of the programme. Initial meetings have now been held with all local authorities and a Compassionate Communities workshop is being held on April 11<sup>th</sup>.
- The ICEBERG model is ready to launch the Single Point of Access in April, and is working in tandem with schools as part of the delivery of the new model.

### **Governance and leadership**

- A fortnightly subgroup of the Gwent RPB Leadership Group meets to receive statements of readiness reports, enabling scrutiny of risk, specifically around financial sustainability and recruitment.
- A challenge and support session is scheduled for May 3<sup>rd</sup>, to review all elements of the programme financial sustainability plans. The outcome of this workshop will inform a substantive report to the RPB, and the Q2 return for Welsh Government.

- An operational group has been established from April 2019, to bring together programme leads to develop appropriate performance reporting, outcomes framework, evaluation methodology and action learning sets.
- A review of business process will be undertaken to ensure effective reporting from the transformation programme into the Regional Partnership Board and to Public Partnerships and Wellbeing Committee and to Council Cabinets.

### **Communication and Engagement**

- The newly appointed Assistant Director will be working closely with engagement teams in ABUHB and local authorities to develop some clear messages to inform newsletter items/press releases to ensure that the transformation programme becomes recognised and gains traction
- Each programme lead has a responsibility to set out their process of engagement with key stakeholders and service users as part of their programme delivery plan

### **Strategic Planning in ABUHB**

It is crucial that the transformation work is not viewed as a 'standalone programme'. It is a core element of the ABUHB IMTP, contributing to the commitments in SCP 1 and 2 to improve population wellbeing and to deliver more care closer to home. In addition, the transformation offer has been developed to complement commitments in the PSB Wellbeing Plans facilitating alignment of activity and a reduction in duplication.

### **Assessment and Conclusion**

The delivery of the Gwent transformation offer, is progressing well, with key posts appointed, and robust leadership and governance structures in place at both a strategic and operational level.

The Gwent offer is aligned with the ABUHB IMTP, and demonstrates an appropriately ambitious programme, in line with the delivery of 'A Healthier Wales'.

Key areas of focus, continue to be financial sustainability following the end of the programme in December 2020 to enable elements of the programme that have been evaluated as achieving the intended benefits can be main streamed.

The offer, is not an end in itself but a catalyst to support the systems integration required by 'A Healthier Wales, so that patients receive seamless care across organisational boundaries. To support the sustainability of the integration agenda in Gwent, the offer also prioritised the need to support organisational development of the Regional Partnership Board, to enable it to gain the traction require to design and deliver integrated care. An early forward work programme to support this intention will be presented to the RPB in May 2019.

### **Recommendation**

The Public Partnerships & Wellbeing Committee is asked to receive the report to provide assurance on progress with the Gwent RPB Transformation Programme.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	The statements of readiness for each programme identify the risks
<b>Financial Assessment, including Value for Money</b>	<i>A financial sustainability plan for each programme is being developed, alongside new spend profiles</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>The offer appropriately reflects these requirements and are part of the delivery of the quadruple aim.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>Each programme reflects the required EIA</i>
<b>Health and Care Standards</b>	<i>The offer is compliant with the Health and Care Standards</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>The offer reflects in totality the delivery of SCP 1 and 2 and correlates with the section on integrated care in the IMTP</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<i>The offer specifically references the sustainable development principle in its ambition and specific delivery of programmes.</i>
<b>Glossary of New Terms</b>	<i>None</i>
<b>Public Interest</b>	<i>This report has been written for the public domain.</i>

Bid Name	Workforce	Governance	Programme Planning	Finance	Communication and engagement	Risks	Mitigation Actions	Overall RAG rating
<b>Integrated Wellbeing Networks</b>								
<b>Primary and Community Care</b>	The academy continues to thrive and we have taken the decision to provide substantive posts to attract nurses into the academy given the current vacancy factor within the division. This has had a positive impact and are looking for an additional 6 nurses from the september intake. We have formally appointed into the programme manager post with the interim manager remaining in place until that time. We have had positive success with the skill mix within Torfaen with 4 practices agreeing to work together and appoint two extended skill rolls which will support our future incentive and merger schemes. Mental Health Practitioner role has been within Caerphilly for 2 weeks and initial feedback is extremely positive with identified reduction in demand for the practice.	The division maintain an oversight through its senior leadership structure. Monthly updates provided through the executive assurance meeting. RPB will provide a strategic governance framework	The programme manager is formalising the plan. A steering group meeting has been held and defined plans are being finalised within each of the 5 areas. Compassionate Communities UK have been awarded a contract and commenced last week to support the roll out across the identified areas	Chris/Grant - Update	The steering group provided a level of internal communication and specific borough meetings are being undertaken. We have developed draft communication for both internal and external stakeholders and will be working with our internal comms team to ensure that we are following agreed templates etc. There remains a need for a programme wide communication strategy to ensure both internal and external stakeholders and users understand the direction of travel across the whole transformational programme	Recruitment remains a risk for the full skill mix so continuing to work with the NCNs and also continuing to look how we can further expand the academy to provide a wider opportunity to support this longer term	Looking to provide 12month funding rather than the initial 6months through the incentive scheme. Nursing staff being offered permanent contacts within the division to secure placements	
<b>CAMHS Iceberg model</b>								
<b>HomeFirst</b>								
<b>Workforce Planning</b>								

Bid Name	Workforce	Governance	Programme Planning	Finance	Communication and engagement
<b>Integrated Wellbeing Networks</b>	Work is underway to recruit posts (see separate tab for update on each post)	Governance for whole Transformation Programme being agreed by Leadership Group on a Gwent basis  Proposals for governance for IWN programme to be agreed by Transformation Leadership Group	See separate tab for overall programme plan and key milestones  Programme start date: 1st January 2019	Spending profile for 2018/19 has been developed alongside ABUHB Finance team.	A communication and engagement plan will form part of project delivery.
<b>Primary and Community Care</b>					
<b>CAMHS Iceberg model</b>					
<b>HomeFirst</b>					
<b>Workforce Planning</b>					

Risks	Mitigation Actions	Overall RAG rating
The ability to recruit to short-term funded posts is a risk to project delivery	Identifying staff in existing structures to apply to posts and backfill where possible in order to speed up recruitment time and maximise length of posts.	



 <b>GIG</b> CYMRU <b>NHS</b> WALES <b>Bwrdd Iechyd Prifysgol</b> Aneurin Bevan University Health Board	Public Partnerships and Wellbeing Committee 11 <sup>th</sup> April 2019 Agenda Item: 3.2
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3.2

## Aneurin Bevan University Health Board

### Public Service Board Update

#### Executive Summary

This paper provides committee members with an update on the delivery of Public Service Board Wellbeing Plans. The update provides and assurance that the Health Board is meeting its collective duties under the Wellbeing Future Generations (Wales) Act 2015:

- Delivery of Aneurin Bevan University Health Board Wellbeing Objectives
- Progress towards ongoing collaboration with the Gwent Regional Partnership Board
- The role of the G10 group in providing regional oversight on the delivery of the five ways of working and wellbeing goals as required by the Wellbeing of Future Generations (Wales) Act 2015

#### The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor: Dr Sarah Aitken, Director of Public Health & Strategic Partnerships**

**Report Author: Dr Emily Warren, Head of Planning**

**Report Received consideration and supported by :**

<b>Executive Team</b>		<b>Committee of the Board</b>	
		<b>[Committee Name]</b>	

**Date of the Report: 4<sup>th</sup> April 2019**

**Supplementary Papers Attached: Yes**

- Appendix 1 Newport PSB
- Appendix 2 Caerphilly PSB
- Appendix 3 Blaenau Gwent
- Appendix 4 Monmouthshire PSB
- Appendix 5 Torfaen PSB

### Purpose of the Report

This report has been prepared to provide assurance to members of the Public Partnerships and Wellbeing Committee, are updated on Public Service Board progress and activity.

### Background and Context

Public Service Boards are established on a local authority footprint, and charged with improving wellbeing across a number of domains. The Health Board plays an important leadership role in supporting the development of, and delivery of the PSB Wellbeing Plan.

Executive Directors and Independent Members represent the Health Board on each PSB, and act as champions for agreed PSB priorities.

In Gwent there are 5 Public Service Boards reflecting the local authority footprint, and the unique and complex landscape of Gwent. The G10 group of senior leaders provides a mechanism for effective coordination of shared regional priorities supported by the Gwent Strategic Wellbeing Assessment Group (GSWAG).

Over recent months increasing focus has been given to better joint working across the Public Service Boards, who are charged with improving population wellbeing, and the Gwent Regional Partnership Board for Health and Social Care, who are charged with improving wellbeing for those with a care and support need. There is shared recognition that both have critical roles to play in improving wellbeing, and the challenge is to develop a seamless framework of activity which is mutually supportive in achieving improved wellbeing for our population. An initial discussion has taken place between the Chair of the G10 and Chair of the RPB to consider how joint working can be progressed over the coming months.

The detail of the work programme for each of the five Public Service Boards is attached as:

- Appendix 1 Newport PSB
- Appendix 2 Caerphilly PSB
- Appendix 3 Blaenau Gwent
- Appendix 4 Monmouthshire PSB
- Appendix 5 Torfaen PSB

### Assessment and Conclusion

Public Service Boards continue to make progress in delivering on their Wellbeing Plans, and developing the five ways of working. ABUHB Board Members are actively engaged in leading the development and delivery of agreed priorities within the five PSB Wellbeing Plans.

**Recommendation**

The Committee is asked to receive the report for the purpose of providing assurance that the Health Board is meeting its collective duties under the Wellbeing of the Future Generations (Wales) Act 2015.

**Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	The pace of progress is good, it is a continued challenge working to deliver services within a collaborative environment, but this also brings opportunities for integrated service planning, commissioning and delivery.
<b>Financial Assessment, including Value for Money</b>	The emphasis on early intervention and prevention through our commitment to developing programmes such as ACE awareness, alongside continued work to implement living well living longer, MECC and integrated capital estates planning should deliver longer term savings.
<b>Quality, Safety and Patient Experience Assessment</b>	The PSB wellbeing plans are predicated on co-production with the citizen to improve services, patient experience and sustainability of facilities and services
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Equality and diversity remain at the heart of PSB Wellbeing plans
<b>Health and Care Standards</b>	Compliant with required standards
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	There is a strong emphasis on the role and function of PSB in the IMTP which has been previously noted by WG. The challenge I to ensure it forms part of our core corporate narrative going forward.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	The plans are predicated on the delivery of these and are held to account by WBFGC office and Wales Audit Office in this regard
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	This report has been written for the public domain.

<b>Appendix A</b>	
<b>Name of Public Service Board (PSB): Newport</b>	<b>List ABUHB Representatives on PSB: Dr Sarah Aitken Nicola Prygodzicz Katija Dew</b>
<p><b>List all the PSB Well-being priorities :</b></p> <p>Cross cutting interventions</p> <ol style="list-style-type: none"> <li><b>1. The Newport Offer</b></li> <li><b>2. Strong and Resilient Communities</b></li> <li><b>3. Right Skills</b></li> <li><b>4. Green &amp; Safe Spaces</b></li> <li><b>5. Sustainable Travel</b></li> </ol>	
<p><b>Detail progress against the well-being priorities:</b></p> <ol style="list-style-type: none"> <li><b>1. The Newport Offer</b> – The Newport PSB is engaging a range of strategic partners to attract and retain people and businesses to the city, recognising that desirability to work and live in the city is the result of the “complete package” including employment, housing solutions, infrastructure, environment, cultural opportunities and public services.</li> <li><b>2. Strong Resilient Communities</b> – The Newport PSB is bringing together a range of organisations to identify assets and needs and develop a preventative place-based approach with local communities. This work is currently focussed on bringing together a number of programmes and projects being led by ABUHB, Newport City Homes, Newport City Council and Gwent Police in Newport East (particularly in the Ringland area) and evaluating the impact of the Pill Action Group. In the future the PSB partners will be collaborating to deliver more effective approaches to community engagement and communication with the public.</li> <li><b>3. Right Skills</b> – The Newport PSB is working across sectors to ensure people can access skills and education programmes that align with current and future local employment opportunities, enabling individuals and the city’s economy to achieve their potential. Projects currently include, i) establishing the model for PSB Apprenticeships; ii) a Digital Schools Conference (with Newport Economic Network); iii) a STEM / construction sector careers event; and iv) engagement with schools on future career aspirations.</li> <li><b>4. Green and Safe Spaces</b> - The Newport PSB partners have engaged a wide range of stakeholders (e.g. Gwent Wildlife Trust, Princes Trust, Duffryn Link, Severn Estuary Partnership) to make Newport a greener, healthier and safer place where all</li> </ol>	

communities have easy access to quality green space for health, play and recreation. Current projects include, i) a new community and local authority 'green flag'; ii) marketing and promotion of the 'green assets'; iii) building portfolio of good practice projects; and iv) developing and promoting green infrastructure across the city.

- 5. Sustainable Travel** – The Newport PSB stakeholders are working together to provide efficient, safe and accessible transport with overall low impact on the environment. This includes prioritising walking and cycling, low and ultra-low emission vehicles, car sharing and public transport. Current work involves, i) PSB partners acting as exemplars through the sustainable travel plans; ii) a feasibility study on vehicle fleets becoming ultra-low / zero emission; iii) regional advocacy and implementation of supplementary planning guidance on air quality; iv) use of digital technology to reduce unnecessary travel; v) capital investment in walking and cycling infrastructure; vi) setting up a street bike share scheme (i.e. Next Bikes); vii) active travel to schools; viii) tackling illegal parking and ix) a feasibility study on electric vehicle charging points across the city.

**Any challenges/'Asks' of relevance to ABUHB that need to be drawn to the attention of the Public Partnerships and Wellbeing Committee:**

In relation to the cross-cutting interventions:

1. **The Newport Offer** – We need to ensure that the major capital and revenue investment in the Clinical Futures service redesign programme is clearly articulated to attract a highly skilled workforce, promote inward investment and maximise the overall public service offer.
2. **Strong Resilient Communities** – We need to fully utilise and align the resources available through the Transformation Fund for Integrated Well-being Networks and the new Primary Care Model to support the preventative place-based approach in Newport East.
3. **Right Skills** – We need to ensure that the Health & Social Care Academy is prioritised as part of a foundational sector strategy for Newport.
4. **Green and Safe Spaces** – We need to ensure that this cross-cutting intervention delivers the physical benefits associated green infrastructure, for example improved air quality, less noise pollution and reduced risks from flooding or heat-waves as well as providing opportunities for active recreation and maximising the potential for urban green spaces to positively impact on mental well-being, social networks and sustainable communities.

5. **Sustainable Travel** – We need to ensure that this delivers a step change in walking and cycling and that, corporately, we are engaged in sustainable travel plans and the decarbonisation programme through low-emission fleet vehicles, car sharing and use of digital technology.

As Newport has significant health inequalities we must ensure that our resourcing and delivering of these universal cross-cutting interventions is at a scale and intensity that is proportionate to the degree of need within the population. We also need to continue to advocate for a strong focus on the first 1,000 days / early years as virtually every aspect of human development – physical, intellectual and emotional – are laid down in early childhood.

## Appendix 2

<b>Name of Public Service Board (PSB):</b> Caerphilly PSB	<b>List ABUHB Representatives on PSB:</b> <a href="#">Nick Wood</a> <a href="#">Mererid Bowley</a> <a href="#">Shelley Bosson</a>
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### List all the PSB Well-being priorities :

#### Well-Being Objectives

- **Positive Change** – A shared commitment to improving the way we work together
- **Positive Start** – Giving our future generations the best start in life
- **Positive People** – Empowering and enabling all our residents to achieve their own potential
- **Positive Places** – Enabling our communities to be resilient and sustainable

#### Enabler 1 : Working together

#### Enabler 2 : Communications and engagement

#### Enabler 3 : Procurement and commissioning

#### Enabler 4 : Asset management

#### Action Area 1 : Best start in life

#### Action Area 2 : Volunteering and apprenticeships

#### Action Area 3 : Good health and well-being

#### Action Area 5 : Protect and enhance the local natural environment

**Detail progress against the well-being priorities:**

**All Enabler and Action Areas are required to report regularly into the PSB.**

**All update reports are published with the meeting papers on the Caerphilly PSB website. The latest reports can be found here :**

**<https://your.caerphilly.gov.uk/publicservicesboard/content/current-minutes>**

**<https://your.caerphilly.gov.uk/publicservicesboard/content/archived-minutes>**

**Any challenges/'Asks' of relevance to ABUHB that need to be drawn to the attention of the Public Partnerships and Wellbeing Committee:**

- **Enabler 3 : Discussions taking place regarding the decision making process within commissioning and the links to the Regional Partnership Board**
- **Enabler 4 : Failed to get commitment from ABUHB on the Asset management enabler**
- **Action Area 1 : Caerphilly PSB has agreed to be a pathfinder on Welsh Government's Early Years Transformational Programme. Work is underway to build on our current early years programmes and create a more joined-up, responsive system that puts the unique needs of each child at its heart. Regional working is being explored.**
- **Action Area 3 : Relationship with the Regional Partnership Board is being explored . Stakeholders engagement event planned for 4/4/19.**
- **Action Area 5 : Good partnership working linking green and health agendas through active travel**
- **Caerphilly PSB has adopted the Making Every Contact Count across all partners**

**Appendix 3**

**Name of Public Service Board (PSB):**  
**Blaenau Gwent**

**List ABUHB Representatives on PSB:**  
**Dr Sarah Aitken**  
**Mr Glyn Jones**  
**Mr Emrys Elias**

**List all the PSB Well-being priorities :**

- 6. Blaenau Gwent wants everyone to have the best start in life**
- 7. Blaenau Gwent wants safe and friendly communities**
- 8. Blaenau Gwent wants to look after and protect its natural environment**
- 9. Blaenau Gwent wants to forge new pathways to prosperity**



## **10. Blaenau Gwent wants to encourage and enable people to make healthy lifestyle choices in the places that they live, learn, work and play**

### **Work-streams supporting the Gwent priorities:**

#### **Detail progress against the well-being priorities:**

#### **Working Together on Universal Credit** *(agreed by PSB project since July 2018)*

- Partnership Risk Register for UC drafted.
- Universal Credit Support Directory (App) being considered around the 5 main themes: housing advice and support; budgeting; digital inclusion / skills; health; crisis and emergency.
- Delivery of an 'Immediate Response' Action Plan to ensure public service organisations are better prepared and equipped to support local people and communities.

#### **Early Years: The First 1000 Days Programme** *(agreed by PSB project since July 2018)*

- Sign up to a collaborative agreement with the all Wales Collaborative Hub.
- PSB planning group set up and organised a F1000D systems engagement event.
- Consideration of the findings of the systems engagement event.
- 

#### **BG on the Move** *(agreed by PSB project since July 2018)*

- Agreed partnership group for delivery of project with key representation and officer support for in-kind contributions to the overall grant.
- Implementing the plan for preparation of the route through Ebbw Fawr Valley.
- Commissioning of contractors for supporting trial activities e.g. signage, interpretation boards.
- Series of engagement activities to involve community groups and stakeholders.

#### **Engagement Activity for the Blaenau Gwent PSB** *(agreed by PSB project since April 2018 for Launch and January 2019 for Well-being events)*

- PSB launched the Well-being plan at Bryn Bach Park with supporting Environmental project e.g. tree planting, nature themed benches
- Happiness Pulse for Blaenau Gwent analysed and used to develop a series of well-being events in March 2019.
- 100s of local people actively involved in four well-being events covering Connecting Generations, Arts for our Hearts, Get out into Nature, and Healthy Body, Healthy Mind

#### **Age Friendly Communities** *(agreed by PSB project since January 2019)*

- PSB agreed to oversee the Age Friendly Communities programme



- Stakeholder workshop held on developing an Age Friendly Communities programme for Blaenau Gwent
- Engagement with 50+ Network on programme

**Community Safety Hub – Blaenau Gwent** (*agreed by PSB project since January 2019*)

- Agreed to set up Community Safety Hub for Blaenau Gwent in-line with regional model adopted in other areas of Gwent for partnership working around community safety issues.
- Initial partnership discussion on Terms of Reference and supporting Information Sharing agreements
- First meeting on business due in April 2019.

**Maximising Opportunities for Prosperity**

- Agreed to work with Welsh Government on event to outline key regional and local opportunities.
- Priority used as the project tracker for the local Gwent Futures workshop.

**Regional Project (Gwent Priorities Projects)**

- Local engagement activity at Children's Grand Council, Youth Forum and Older People 50+ Network on Climate Ready Gwent.

**Any challenges/'Asks' of relevance to ABUHB that need to be drawn to the attention of the Public Partnerships and Wellbeing Committee:**

**Appendix 4**

**Name of Public Service Board (PSB):**  
**Monmouthshire**

**List ABUHB Representatives on PSB:**  
**Dr Sarah Aitken**  
**Peter Carr**

**List all the PSB Well-being priorities :**

The Monmouthshire PSB has approved the following four well-being objectives that underpin its clear purpose of *building sustainable and resilient communities*:

1. Provide Children and Young People with the best possible start in life
2. Respond to the challenges associated with demographic change
3. Protect and enhance the resilience of our natural environment whilst mitigating and adapting to the impact of climate change
4. Develop opportunities for communities and businesses to be part of an economically thriving and well-connected county

The PSB has identified 19 key steps/areas that will contribute to the delivery of these objectives. Lead organisations have been assigned for each step and tasked with developing a vision and actions for each one. However, PSB has focused its energy largely on the following areas in 2018-19:

- Tackling the causes of Adverse Childhood Experiences (ACEs) and generational problems in families - led by Gwent Police
- The Mental Health of Children and Young People - led by Aneurin Bevan University Health Board
- Improve the resilience of ecosystems by working at a larger scale - led by Natural Resources Wales
- Promoting active citizenship – led by Gwent Association of Voluntary Organisations
- Re-addressing the supply and mix of housing stock - led by Monmouthshire County Council
- Develop technology-led solutions for improving rural transport – led by Monmouthshire County Council.

#### **Detail progress against the well-being priorities:**

##### **Tackling the causes of ACEs and generational problems in families:**

The PSB held ACEs workshop in October 2018 to understand size and scale of the problem and partner organisations perspective. A review of demand on the Early Help Panel and its capability to respond is underway. In addition, the representation at the Early Help Panel is under review to ensure this is appropriate to the referrals received and the intervention options available. A survey to identify the extent of youth services/clubs operating across Monmouthshire is ongoing. Another survey of all schools in Monmouthshire to identify what systems and process are in place to identify and respond to concerns about ACEs is ongoing. ACEs aware training package has been developed and training is offered across Monmouthshire. A communications plan is being developed to raise awareness of ACEs amongst citizens of Monmouthshire.

**The Mental Health of Children and Young People:** Children and young people living in Monmouthshire and their families/carers will be able to access social and individual support to maximise their mental health and wellbeing, through an easily accessible information, advice and support system. This support will be delivered through a multi-agency approach to ensure all aspects of their expressed and their assessed support needs are met, in their own communities wherever possible.

**Improve the resilience of ecosystems by working at a larger scale:** Public Services Boards across Gwent are working together on a

series of regional priorities that have been previously endorsed by the G10. These include:

- The Gwent Green Grid – The Gwent Green Grid Partnership (GGGP) working in collaboration with partners will produce a series of landscape profiles by June 2019. These profiles will contain the national and local evidence required to answer a common set of questions that relate to the resilience of ecosystems across several key landscapes in South East.
- Climate Ready Gwent - Consultants Netherwood and Thomas have been working with specific communities across Gwent that represent several different climate risks. The final report will make recommendations to PSBs to influence the policy and practice that will enable Gwent to take the necessary steps towards being climate ready for the future. Climate Ready Gwent have commissioned further two Carbon Mitigation related projects - PSB partner organisation regional EV Fleet review and Hydrogen Vehicle Infrastructure provision across the region.
- Opportunities to optimise Gwent Assets - The National Assets Working Group (NAWG) was established by the Welsh Government to enable and influence collaborative asset management across public sector organisations to release efficiency savings, developing tools to enable and readily facilitate this collaboration to take place. The remit of this group is currently expanding the work to include regional delivery groups, based on Health Board boundaries. Gwent PSB partners have a huge number of assets, and opportunities for shared use and collaboration across Gwent.
- Happy Cities and the Happiness Pulse – An online survey was undertaken to create a detailed local picture of how people are feeling and functioning in their lives. All respondents input their postcode, so the resulting data can be analysed across varied geographical areas, time periods, different demographics, before and after different interventions or at an LA scale.

**Promoting active citizenship:** A mapping exercise across Gwent was undertaken and report was shared with the partners. This collates and raises awareness of the support and volunteering programmes across the County. There is a need to progress an understanding of Active Citizenship and the interface with Volunteering. It is proposed to hold a learning event to develop understanding of models of Active Citizenship. Work is under way to develop one digital volunteering platform for promoting opportunities, measuring impact and providing recognition and access to good practice resources across Monmouthshire.

**Re-addressing the supply and mix of housing stock:** Monmouthshire County Council (MCC) has an ambition to ensure that

land use and planning policy creates the policy framework for and enables the building of sustainable and resilient communities that support the well-being of current and future generations and take action to tackle our economic and demographic challenges. A replacement Local Development Plan (LDP) and accompanying supplementary planning guidance documents will be developed over the next three years. The LDP can also create the policy conditions for things like active travel, play and green spaces and ensure growth is accompanied by a suitable infrastructure provision to meet future demands.

**Develop technology-led solutions for improving rural transport:**

Monmouthshire County Council has been successful in securing up to £1.25M to launch a competition to find innovative technology led solutions to the rural transport challenge. This will launch on the 3rd July 2019 (TBC) with 5 awards of £50,000 being awarded to firms to develop and prove concepts. A further £1M will be made available to further develop and implement a successful idea. It is anticipated that this would be tested in Monmouthshire with scope to be scaled across Gwent and then the Cardiff Capital Region via SBRI Procurement.

**Any challenges/'Asks' of relevance to ABUHB that need to be drawn to the attention of the Public Partnerships and Wellbeing Committee:**


**Tackling the causes of ACEs and generational problems in families:**

An ACEs impact assessment needs to be included when relevant organisational policies are created or amended. Each organisation needs to identify key policies that require assessment. The ACEs impact assessment criteria needs to be agreed by the PSB.

**Promoting active citizenship:** we need to have a collective media campaign and communications plan to champion Active Citizens, promote opportunities and normalise 'doing your bit' in your community.

**Re-addressing the supply and mix of housing stock:** MCC is committed to enhance opportunities for healthy living and help support more healthy lifestyles through access to open space and green infrastructure and prioritised cycling and walking routes (promote active travel).

<b>Name of Public Service Board (PSB): Torfaen</b>	<b>List ABUHB Representatives on PSB:</b> <b>Geraint Evans</b> <b>Pippa Britton</b> <b>Dr Sarah Aitken</b>
<p><b>List all the PSB Well-being priorities :</b></p> <ol style="list-style-type: none"> <li>1. Develop a functional, connected network of natural areas that support the current and future well-being needs of local populations</li> <li>2. Develop adaption and mitigation responses to the impacts of climate change</li> <li>3. Provide children and young people with the best possible start in life</li> <li>4. Support healthy lifestyles and enable people to age well</li> <li>5. Tackle the inter-generational patterns of poverty and develop economic resilience</li> <li>6. Improve local skills through work-force planning, training, apprenticeships, and volunteering opportunities</li> <li>7. Create safe, confident communities and promote community cohesion</li> </ol>	
<p><b>Detail progress against the well-being priorities:</b></p> <p>Annual reports for all PSBs will be compiled over the next couple of months as all PSBs must publish the approved report 14 months after publication of the well-being plan – and most if not all published at the beginning of May 2018.</p>	
<p>Any challenges/‘Asks’ of relevance to ABUHB that need to be drawn to the attention of the Public Partnerships and Wellbeing Committee:</p>	

 <b>GIG Cymru NHS Wales</b> Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Thursday 11 April 2019 Agenda Item: 3.3
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## Aneurin Bevan University Health Board

### Living Well, Living Longer Programme

#### Executive Summary

The ABUHB Living Well, Living Longer programme aims to reduce the gap in life expectancy between the most and least deprived areas in the Aneurin Bevan University Health Board area. The first phase of the programme was approved by the Board up to March 2018 and was subsequently extended to the end of September 2018.

Since approval in 2014, the programme has been delivered in 6 Neighbourhood Care Networks (NCNs) and around 15,700 people have received a 40-minute cardiovascular disease (CVD) risk assessment and extended brief intervention (called a Health Check). In addition to the Health Check and extended brief intervention, a total of 591 people at high risk of CVD, have been referred to the Well-being Advisor Service for intensive behaviour change support over 6 months. This is in line with NICE guidance which recommends that adults with a 10-year risk of CVD of 10% or more should receive advice on lifestyle changes before any offer of statin therapy. Audit data shows improvement in the majority of patients completing 6 months of behaviour change support.

The Living Well, Living Longer Programme has shown it is possible to successfully implement NICE guidance on CVD prevention through the Healthcare Support Worker workforce, both in terms of CVD risk assessment and lifestyle modification prior to statin therapy. The programme is now shifting its emphasis to risk factor management. Referral criteria for behaviour change support is therefore extending to those with a high projected CVD risk score, those estimated to be at high risk through clinical records, those with pre-diabetes and those with lifestyle risk factors on chronic disease registers. Further support needs to be provided to embed an effective model of the CVD risk factor management system in general practice, with a particular focus on management of high blood pressure and smoking cessation.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	

**Executive Sponsor:** Sarah Aitken, Executive Director of Public Health & Strategic Partnerships

<b>Report Author:</b>			
Will Beer, Consultant in Public Health			
Dr Sally Venn, Consultant in Public Health			
Amanda Luther, Clinical Team Leader			
Claire Cawley, Administrative Assistant			
<b>Report Received consideration and supported by :</b>			
<b>Executive Team</b>		<b>Committee of the Board Public Partnerships and Wellbeing</b>	
<b>Date of the Report:</b> 4 <sup>th</sup> April 2019			
<b>Supplementary Papers Attached:</b> None – hyperlinks embedded in the report			

<b>Purpose of the Report</b>
<p>The purpose of this report is to summarise the progress made and lessons learnt during Phase 1 of the Living Well Living Longer programme and to outline the proposed next steps for Phase 2 as we move towards a sustainable model.</p>

<b>Background and Context</b>
<p>At the request of Welsh Government, Aneurin Bevan University Health Board and Cwm Taf Health Board have developed a programme to address long-standing health inequalities by addressing the 'inverse care law'.</p> <p>The ABUHB response is the Living Well, Living Longer programme which aims to reduce the gap in life expectancy between the most and least deprived areas in the Aneurin Bevan University Health Board area. In November 2013 a proposal was made to the Board which recommended that the first phase of the programme should:</p> <ul style="list-style-type: none"> <li>• focus on premature mortality from cardiovascular disease in deprived areas, particularly targeting men and women over 40 years, who have not visited their GP for 3 years;</li> <li>• initially target the 5 Neighbourhood Care Networks (NCNs) with the highest level of deprivation, starting in Blaenau Gwent West;</li> <li>• prioritise actions that can demonstrate outcomes within 5 years;</li> <li>• focus on systematic and population scale implementation of proven interventions;</li> <li>• in the initial phase, focus on the determinants of inequalities in health that are within the control and influence of primary care and the wider networks.</li> </ul> <p>See hyperlink to Nov 2013 Board paper, below. The first phase of the programme was approved by the Board up to March 2018 and was subsequently extended to the end of September 2018.</p> <p><a href="http://www.wales.nhs.uk/sitesplus/documents/866/2.15%20Living%20Well%20Living%20Longer%20-%20Inverse%20Care%20Law.pdf">http://www.wales.nhs.uk/sitesplus/documents/866/2.15%20Living%20Well%20Living%20Longer%20-%20Inverse%20Care%20Law.pdf</a></p>



The first phase of the Living Well, Living Longer programme aimed to use the GP registered population to identify and manage those at risk of cardiovascular disease in identified NCN areas. Since approval in 2014 the programme has been delivered in 6 NCNs and around 15,700 people have received a 40-minute cardiovascular risk assessment and extended brief intervention (called a Health Check). Each person has received a tailor report containing their results, 10-year CVD risk score, information about their risk factors and steps they have agreed to take to reduce their CVD risk. A video explaining more about the Health Check can be accessed at:

<http://www.wales.nhs.uk/sitesplus/866/page/89820/>

The results from the programme of risk assessment, goal setting and onward referral are summarised in the table below. Health Check results have been electronically transmitted into GP clinical systems, highlighting any clinical follow-up required by the practice. To support the identification and follow up of patients an enhanced service was introduced with support from the Gwent Local Medical Committee (Gwent LMC)

### CVD Risk Assessment

10-Year CVD risk score	
>20%	468 (3%)
10-19% (10.01-19.99)	2982 (19%)
<10%	12241 (78%)

Leicester Diabetes Risk Score	
High 25+	432 (3%)
Moderate 16-24	840 (5%)

Plasma Glucose	
HbA1c 42-47 mmol/mol	278 (1.7%)
HbA1c >48 mmol/mol	88 (0.5%)

Cholesterol	
Total cholesterol >7.5	235 (1.5%)
TC:HDL >6	1554 (10%)

Blood Pressure	
Systolic >140	3326 (21%)
Diastolic >90	3482 (22%)

Pulse	
Irregular	172 (1.1%)

Body Mass Index	
BMI>30	5570 (36%)

Smoking Status	
Current Smoker	3254 (21%)



**Physical Activity**

GPPAQ < 150mins/week	7112 (45%)
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**Alcohol Intake**

Increased risk AUDIT-C >4	9345 (60%)
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**Goals Setting**

Smoking	1312 (8.3%)
Physical Activity	1151 (7.3%)
Alcohol	312 (2.0%)
Weight Management	4655 (30%)
Cholesterol	1541 (9.8%)
Blood Pressure	479 (3.0%)

**Referrals**

Help Me Quit (HMQ)	859 (5.5%)
Adult Weight Management Service (AWMS)	389 (2.5%)
Foodwise	27 (0.1%)
National Exercise Referral Scheme (NERS)	666 (4.3%)
Gwent Drugs & Alcohol Service (GDAS)	37 (0.2%)

In addition to the Health Check and extended brief intervention, a total of 591 people at high risk of CVD, have been referred to the Well-being Advisor service. This is in line with NICE guidance which recommends that adults with a 10-year risk of CVD of 10% or more should receive advice on lifestyle changes before any offer of statin therapy. These individuals received support for up to 6 months to identify personal goals to reduce their CVD risk and make sustainable lifestyle changes. Between March 2017 and July 2018 an audit was undertaken with 88 out of 220 (40%) of people who started with the Well-being Advisor service and completed 6 months of behaviour change support. The comparative data showed that:

- 81% of patients reduced their BMI
- 51% reduced their diabetes risk score
- 31.7% reduced their AUDIT-C
- 68.1% had reduced systolic blood pressure
- 81% improved their TC:HDL ratio
- 72% had a reduced 10-year CVD risk score (i.e. QRisk2 score)

A National Programme Board has been set up to advise Health Boards across Wales on the learning from the Inverse Care Law programme in ABUHB and Cwm Taf Morgannwg. The roll out across other Health Boards has been supported by the Heart Disease, Stroke and Diabetes national delivery boards. ABUHB and Cwm Taf Morgannwg have also been collaborating with Swansea University on the national programme evaluation. The evaluation uses Welsh Longitudinal General Practice (WLGP) data held in the Secure Anonymised Information Linkage (SAIL) databank, with programme-specific codes deployed within primary care at the point of the health check, which identified the intervention, potential CVD risks, referrals and any follow-up.

### **Lessons learnt**

- The Living Well, Living Longer programme has shown it is possible to successfully implement NICE guidance on CVD prevention through a Healthcare Support Worker (HCSW), both in terms of CVD risk assessment and lifestyle modification prior to statin therapy.
- The programme has demonstrated the ability to use customised, protocol-driven software and training/operational manuals to standardise CVD risk assessment and lifestyle modification. It has also shown that to deliver such a programme, the existing HCSW competency framework should have a greater emphasis on behaviour change.
- The preliminary findings from the national evaluation has shown that the programme has identified the 'at risk population' in deprived communities.
- The programme has mapped out pathways for lifestyle and clinical interventions.
- The programme has shown that further work is needed to establish an effective model for on-going CVD risk factor management in general practices.

### **Sustainable model**

The initial 'prevalence phase' of the programme involved large-scale identification and CVD risk assessment of 40-64 year olds in community settings. The programme is now moving into the 'incidence phase' and shifting the emphasis to risk factor management in general practice settings (see Appendix A). The new model also aims to better integrate the Health Check and behaviour change elements of the programme. The team has been restructured to reflect these changes. Band 4 Well-being Advisor posts have been appointed to carry out both the Health Check and follow up intensive behaviour change support. Registered nurses have been appointed (Band 7 Team Leader (RGN) and Band 6 CVD Nurse Specialist) to support the Band 4 role and embed effective risk factor management within general practices.

The Clinical Team Leader is also working with Public Health Wales and Agored Cymru to develop an All Wales Level 4 accredited qualification at Diploma level. There has been interest in this Diploma qualification within the All Wales HCSW Development Group. Operational and training manuals are being update to reflect recent changes

Customised software - Health Options - has been redesigned to integrating the initial health check with subsequent appointments (see Appendix C). The redesigned software allows individual goals and objectives to be set, progress to be visually monitored and follow up tests, results and interventions to be read coded and returned to the GP clinical system.

### Next phase

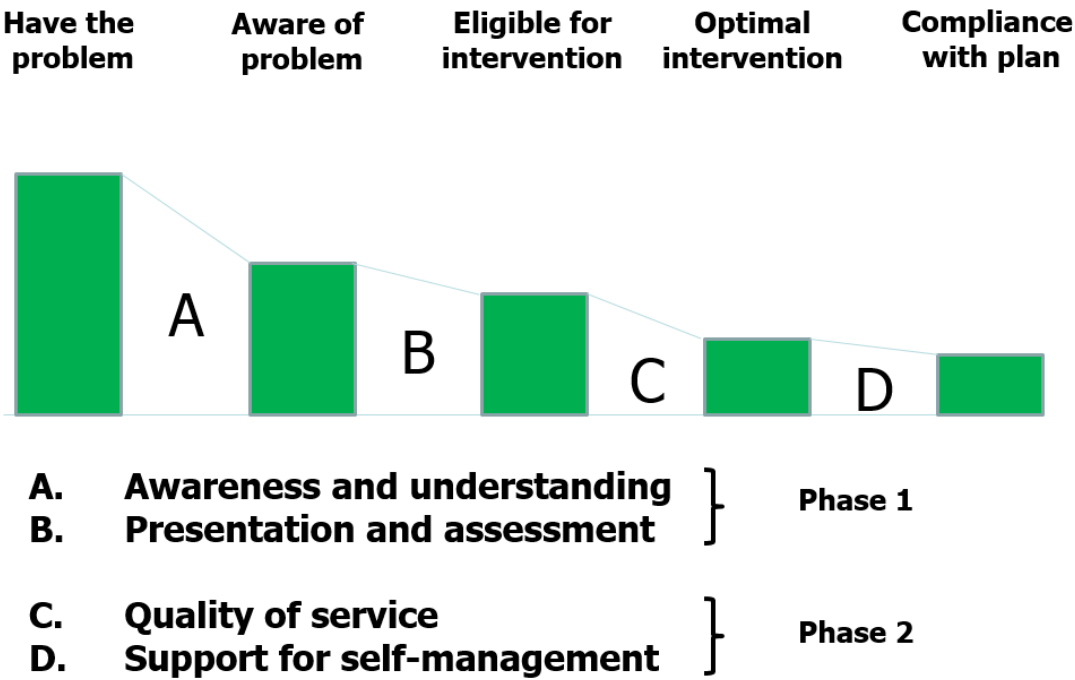
The next phase of the Living Well, Living Longer programme will:

1. Work more closely with NCNs to embed an effective model of CVD risk factor management in general practice (Appendix A), with a particular focus on management of high blood pressure and smoking cessation (Appendix B)
  2. Support regular follow up audits of the patients referred back to their GP for further investigations due to raised lipids, irregular pulse, raised plasma glucose or high blood pressure.
  3. Focus the Band 4 HCSW role on intensive behaviour change support of those:
    - identified at high risk\* following their Health Check
    - estimated to be at high risk\* using risk factor data held in personal health records on the GP clinical system
    - identified with pre-diabetes (42-47 mmol/mol) in line with the pathway agreed by the All Wales Diabetes Implementation Group
    - with modifiable lifestyle risk factors on chronic disease registers
- \*10-year CVD risk score above 10%
4. Ensure the programme remains cost-effective by regularly reviewing the outcomes of those receiving a Health Check as well as those who go on to receive intensive behaviour change support (see Appendix B).
  5. Explore the potential for using Patient Reported Outcomes Measures (PROMs) with support from the Value Based Healthcare Team.
  6. Whilst awaiting the findings from the national evaluation, continue to offer CVD risk assessment to:
    - new 40-year olds
    - those with a high pre-estimated risk, and
    - non-responders from the initial phase of the programme.
  7. Explore the potential for offering behaviour change support to those discharged from cardiology with modifiable risk factors but no evidence of cardiac disease

<b>Assessment &amp; Conclusion</b>
<p>This report provides the results of Phase One of the Living Well Living Longer programme. The learning from Phase One has informed the design of Phase Two as described in the report.</p>
<b>Recommendation</b>
<p>The Public Partnerships and Well-being Committee is asked to:</p> <ul style="list-style-type: none"><li>a) Note the progress made and lessons learnt from the first phase of the programme</li><li>b) Provide Board assurance from the next phase of the programme</li></ul>

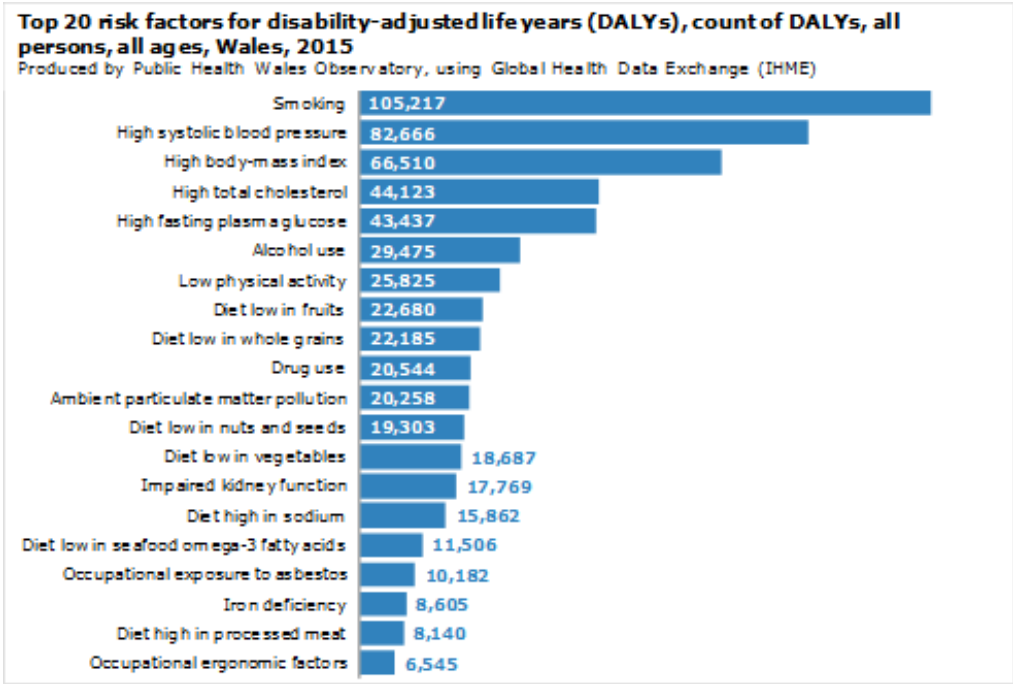
Appendix A – Shift in emphasis in Phase 2 of the LWLL programme

Benefit from evidence based interventions across populations

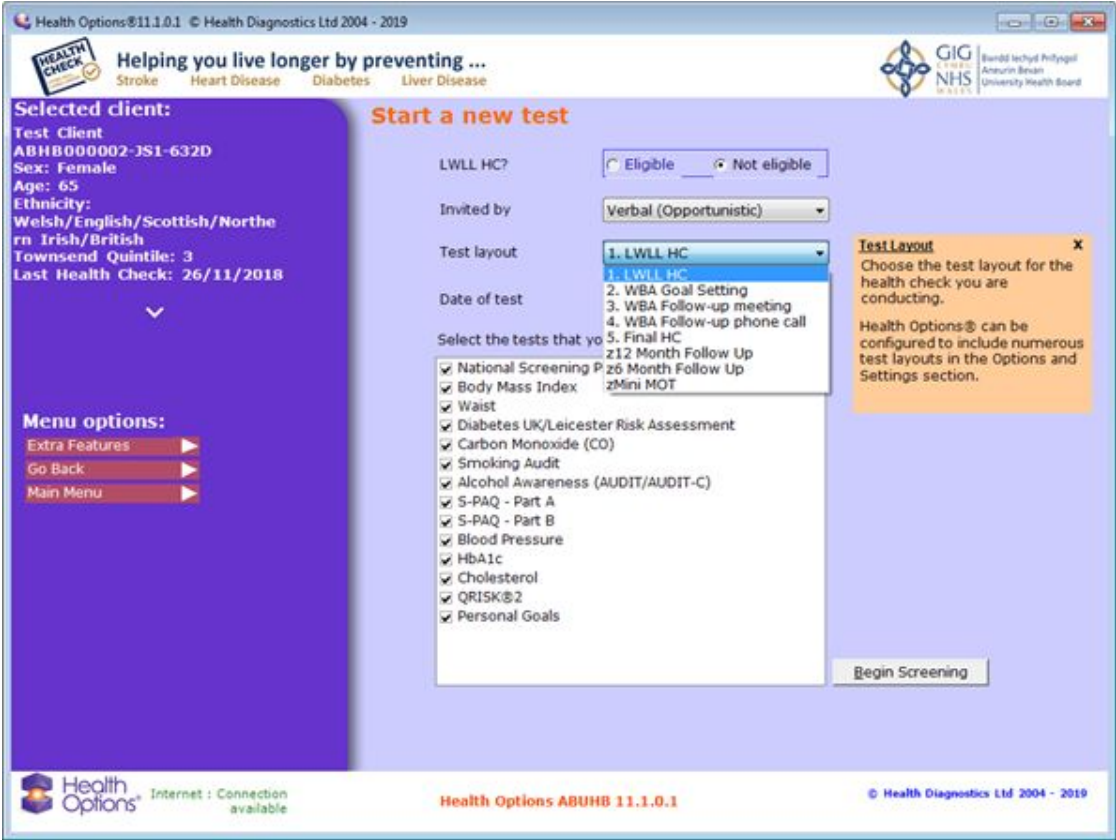


Appedix B – Smoking and high systolic blood pressure as top risk factors for disability-adjusted life years and years of life lost

3.3



Appendix C – Health Options software



 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Aneurin Bevan University Health Board Thursday 11 April 2019 Agenda Item: 3.4</p>
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Aneurin Bevan University Health Board	
Tobacco Control	
Executive Summary	
<p>The purpose of this paper is to provide assurance to the Public Partnerships and Wellbeing Committee (PPWBC) on the tobacco control action plan to reduce smoking prevalence across Gwent and to deliver the ABUHB IMTP target to increase the proportion of smokers accessing smoking cessation services to 3.7%</p> <p>Smoking is the largest avoidable cause of premature death and of social inequalities in life expectancy in the UK. According to the Royal College of Physicians (2018), preventing smoking should be the highest priority for health services and health policy.</p> <p>Welsh Government has set an ambitious target to reduce smoking prevalence across Wales to 16% by 2020. Currently prevalence is 19% across Wales and Gwent. A robust action plan is in place to develop a fully integrated and comprehensive system for preventing smoking uptake, supporting smokers to stop, reducing exposure to second-hand smoke, reducing the harm and inequalities caused by smoking and advocating for a tobacco-free generation.</p> <p>Core to the plan is addressing inequalities, identifying priority populations, providing evidence-based interventions and ensuring a strategic approach. Key activity within this action plan includes:</p> <ul style="list-style-type: none"> <li>• Further activity to <b>prevent</b> children and young people from starting to smoke, through work with the Healthy Schools Scheme to address tobacco on the curriculum with primary and secondary school age children, and the JustB peer-led prevention programme in Secondary schools.</li> <li>• Development of an integrated <b>smoking cessation</b> service for Gwent. With a skill mix of smoking cessation services provided by community pharmacies for smokers who need a lower level of support and specialist smoking cessation support for those who find it hard to quit. During Autumn 2019, <b>legislation</b> changes are due to be implemented, which will make it illegal to smoke on hospital grounds and outdoor public places for children and young people. This will contribute to de-normalising smoking in public places and promote smoke-free environments as the norm.</li> </ul>	
The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	
Executive Sponsor: Dr Sarah Aitken, Director of Public Health & Strategic Partnerships	



**Report Author:** Mererid Bowley (Consultant in Public Health), Rebecca Lewis (Principal Public Health Practitioner).

**Report Received consideration and supported by :**

**Executive Team**

**Committee of the Board  
[Committee Name]**

**Public Partnership and  
Wellbeing Committee**

**Date of the Report:** 29<sup>th</sup> March 2019

**Supplementary Papers Attached: Appendix 1**

## MAIN REPORT:

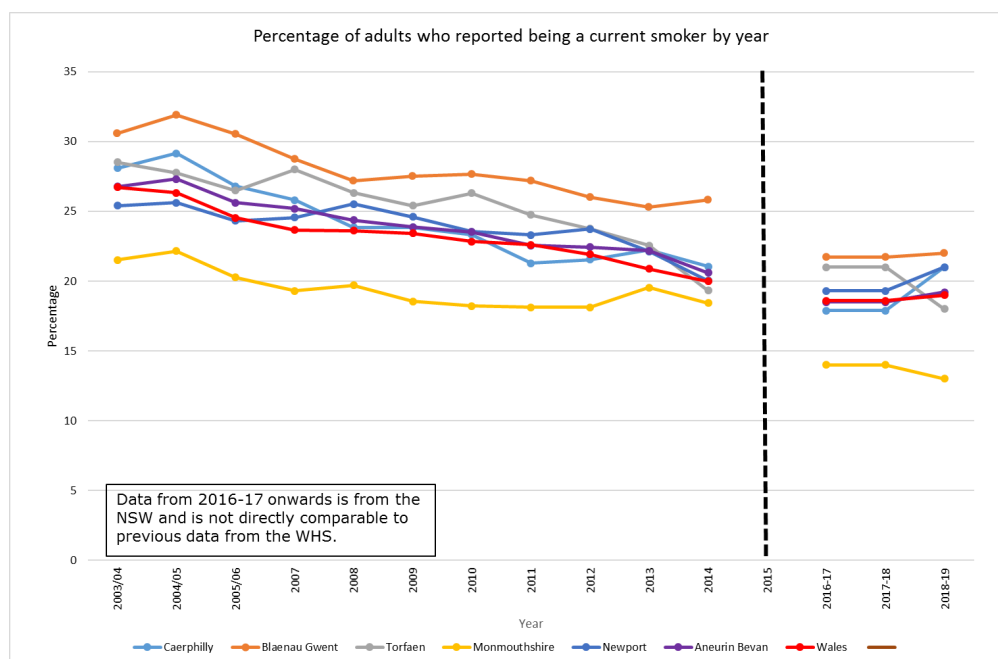
### Purpose of the Report

The purpose of this paper is to provide assurance to the Public Partnerships and Wellbeing Committee (PPWBC) on the tobacco control action plan to reduce smoking prevalence across Gwent including the ABUHB IMTP target to increase the proportion of smokers accessing smoking cessation services to 3.7%

### Background and Context

#### 1.0 Tobacco Control Action Plan for Wales

The Welsh Government (2012) published a Tobacco Control Action Plan for Wales, which outlined an ambitious aim to reduce smoking prevalence across Wales to 16% by 2020. A steady reduction in adult smoking prevalence has been achieved since 2003/04 (as shown in Figure 1) as a result of significant investment in tobacco control with the delivery of a range of co-ordinated, evidence-based interventions and activity across Gwent. Adult smoking prevalence is currently at 19% across Wales and Gwent (Welsh Government, 2018a), this ranges from 22% in Blaenau Gwent to 13% in Monmouthshire. Projected data identifies that by 2020, smoking prevalence in Wales and across Gwent is predicted to be at 18% and therefore the Welsh Government target will be missed if current trends persist.



**Figure 1:** Trends in smoking prevalence from 2003/04 to 2018/19 across each of the five local authorities, Aneurin Bevan and Wales.

1.1 Impact of tobacco on health

Whilst progress has been made to reduce smoking prevalence, tobacco smoking remains the leading single cause of ill health and premature death in Wales and the biggest single contributor to health inequalities. One in every six deaths in people aged 35 and over is attributable to smoking; an estimated 5,400 deaths per year (Public Health Wales Observatory, 2017).

The breakdown of the top 20 Global Burden of Disease identified risk factors (Figure 2) shows that smoking is currently the leading risk factor for the number of years of life lost due to premature mortality in Wales and for Disability-Adjusted Life Years lost (Public Health Wales Observatory, 2018).

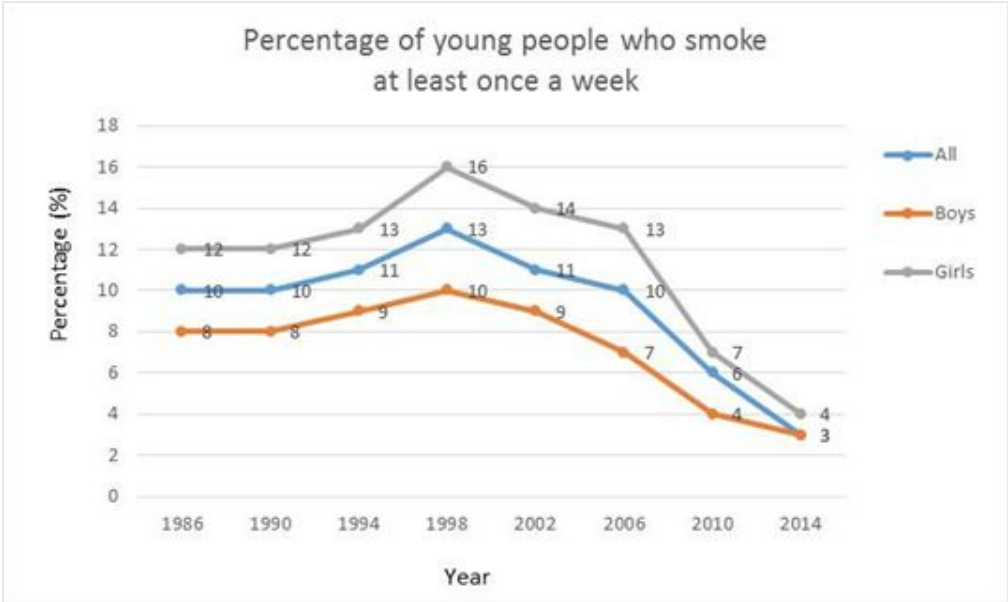


**Figure 2: A breakdown of the Top 20 Global Burden of Disease identified risk factors for Wales, 2016.**

The significant burden of illness due to tobacco smoking has a financial and economic impact. It has been estimated that treating smoking related diseases cost £386million per year to the NHS and £791million per year to the overall economy (Public Health Wales, 2016).

2.0 Preventing the uptake of smoking

Smoking is an addiction of childhood with most smokers starting before the age of 18. Comprehensive tobacco strategies have reduced youth smoking in Wales as shown in Figure 6.



**Figure 3:** Trends in the uptake of smoking among young people in Wales, from 1986 to 2014.

To reduce the uptake of smoking in young people, a school based smoking prevention programme 'JustB' is delivered in targeted secondary schools in the most deprived areas. JustB has been designed to work with Year 8 (aged 12-13) students to help prevent young people becoming smokers in the first instance. The programme trains students as smoke-free ambassadors to discuss the risks of smoking and the benefits of becoming smoke free with students, friends and family. During the 2017/18 academic year, JustB was delivered in 15 secondary schools across the Health Board area. This is one programme for secondary schools as part of the 'whole school approach' taken towards preventing the uptake of smoking.

100% of Primary and Secondary schools in the Aneurin Bevan UHB area are signed up to and are taking part in the Healthy Schools Scheme and therefore actively contributing towards promoting smoke free living and de-normalising smoking in society. This means that all schools are smoke free sites, buildings and grounds, including electronic cigarettes. As part of the scheme, schools have to clearly display signage and follow the criteria below to achieve Healthy School status:

1. Policies are in place which follow national and local guidance, show consideration of current legislation, include a commitment to smoke free grounds, and preclude the use of e-cigarettes on school premises and grounds.
2. Schools take-up opportunities offered to be involved in a range of local/national initiatives (for example smoke free school gates/national no smoking day campaign).
3. Smoking is banned on school premises/grounds.
4. E-cigarettes are included in smoke free policies and are treated in the same way as tobacco products.

Effective action to reduce youth smoking further can be at population level such as; reducing smoking among adult role models, reducing the public acceptability and visibility of smoking through smoke free places and ensuring effective implementation of regulations on the sale and marketing of tobacco products.

### **3.0 Supporting smokers to stop**

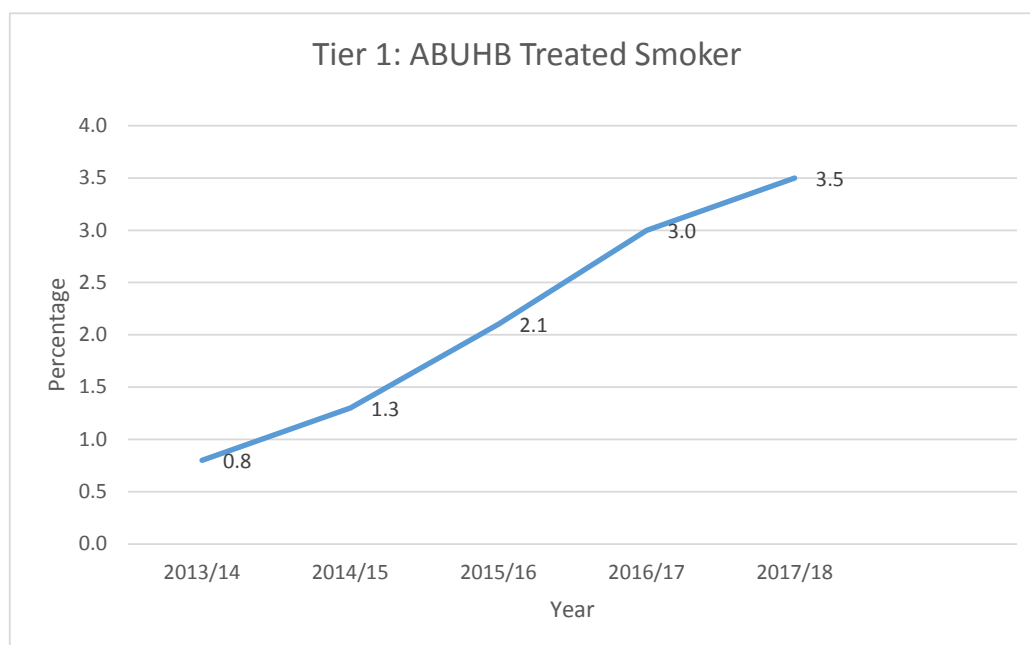
#### **3.1 Increasing the proportion of smokers accessing Help to Quit**

Alongside the national challenge of reducing smoking prevalence, the NHS Delivery Framework for 2013/14 set out the Performance target for smoking cessation as:

*"5% of smokers across Wales to make a quit attempt with the support of smoking cessation services per year, with at least 40% carbon monoxide (CO) validated quit at 4-weeks".*

The ABUHB IMTP interim target is 3.7% (2018/19). In order to monitor the IMTP target, a range of service providers contribute data including Stop Smoking Wales (SSW), Community Pharmacies, Hospital and Maternity settings. At present, the main providers of smoking cessation services are SSW and Community Pharmacies, which involves access to evidence-based behavioural change support and effective prescribing of pharmacological aids; this is the most effective and cost-effective method to successfully stop smoking (Parrott et al., 1998).

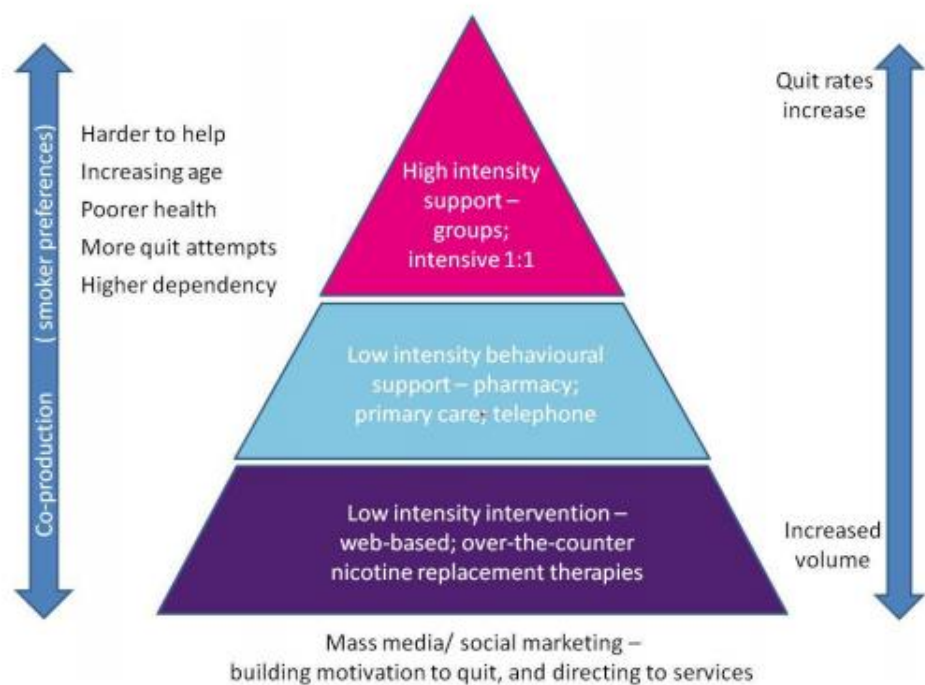
Since the 5% target was introduced in 2013/14 and ABUHB investment in 2014/15 to develop a Level 3 Community Pharmacy Smoking Cessation Service, ABUHB has seen a year-on-year improvement with an increase in the percentage of treated smokers, as shown in Figure 4.



**Figure 4:** The percentage of ABUHB adult smokers treated by NHS smoking cessation services, from 2013/14 to 2017/18.

Smoking cessation services in ABUHB have collectively treated 2,222 of the adult smoking population between April to December 2018, of which 41% were carbon monoxide (CO) validated as quit at 4-weeks.

Approximately 70% of smokers stated in national surveys that they would like to stop smoking in the Aneurin Bevan UHB and 43% have tried to quit in the past year (Welsh Government, 2016), however only a small percentage attempt to quit using NHS smoking cessation services, most smokers quit on their own which is the least effective method.



**Figure 5: Methods to stop smoking.** *Source: Tobacco Control Delivery Plan for Wales, 2017-2020.*

Figure 5 outlines the wider range of options available to stop smoking, including low-intensity interventions - the most common method used is to quit alone without any support, quitting with nicotine replacement therapy (NRT) alone, use of a stop smoking app, of which all of these interventions are less effective compared to high-intensity NHS support and do not contribute data towards the Performance and IMTP target.

Smoking cessation, as part of a tobacco control system, remains high on the national agenda with the Public Health Director Leadership Group requesting that the Tobacco Leads prepare, deliver and report on progress against key components (Figure 6) to establish an aligned smoking cessation system for Wales. ABUHB contributes to this system development, sharing best practice from a local level to national, as well as ensuring national work is implemented and reaches local communities, to improve and enhance smoking cessation systems for ABUHB. This model is incorporated into ABUHB tobacco control agenda detailed below.

**Figure 6: Key components of the smoking cessation system for Wales.**



**2.0 Preventing the uptake of smoking**

Smoking is an addiction of childhood with most smokers starting before the age of 18. Comprehensive tobacco strategies have reduced youth smoking in Wales as shown in Figure 6.

**Supporting smokers to stop**

Evidence-based stop smoking support has a detailed and precise body of evidence on effective behaviour change techniques. Smoking cessation activity is focussed on encouraging smokers to stop with evidence-based support, ensuring services are available and accessible throughout the Aneurin Bevan UHB area, and specifically in areas where smoking prevalence is highest in areas of deprivation. Table 1 presents the full list of smoking cessation services available across the Aneurin Bevan UHB area.

**Table 1: Smoking cessation service providers across Gwent (correct as of March 2019).**

Service provider	Level of intervention	Service provided	Delivered by	Location	Number of Treated Smokers (% CO validated) 2017/18 data
Stop Smoking Wales (Public Health Wales)	High intensity behavioural support	Community based support (1:1, group, telephone support)	Advisor	31 community venues, Gwent wide	1181 (45%)
Level 2 Community Pharmacy	Low intensity intervention	Supply of pharmacotherapy to those accessing SSW support	Pharmacist/ Pharmacy Technician	110 pharmacies, Gwent wide	-
Level 3 Community Pharmacy*	High intensity behavioural support	Behavioural support combined with pharmacotherapy	Pharmacist/ Pharmacy Technician	84 pharmacies, Gwent wide	1696 (38%)
GP in-house service (provided by Practice Nurse)**	Low intensity behavioural support	GP Practice based support (1:1)	Practice Nurse	7 GP Practices	49 (57%)
Hospital based service	High intensity behavioural support	Hospital based support (1:1, delivered by SSW from 2018)	Advisor	1 session per week at: Nevill Hall Hospital, Ysbyty Ystrad Fawr, Ysbyty Aneurin Bevan, Royal Gwent Hospital	149 (24%)
<b>TOTAL</b>					<b>3075</b> <b>(40%)</b>



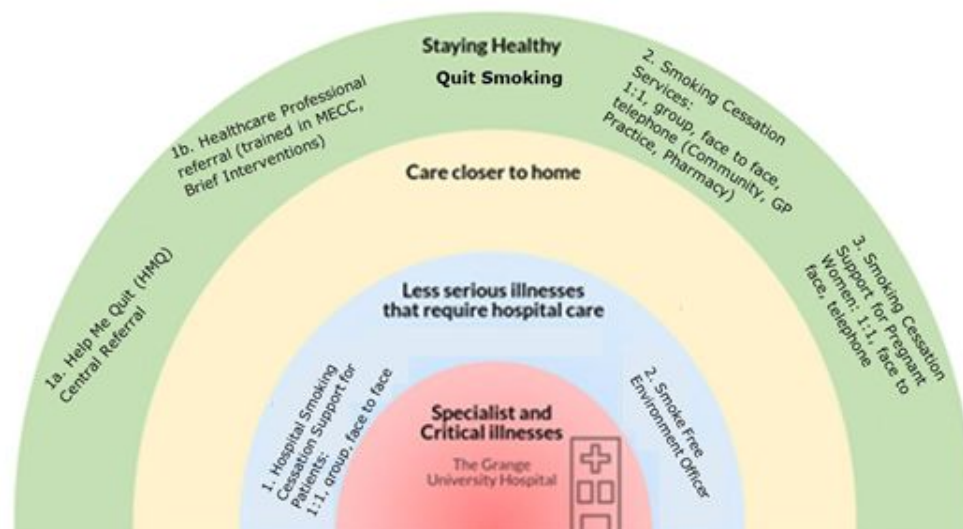
\*24 Community Pharmacies with accredited Level 3 pharmacists operate a Patient Group Directive (PGD) for supply of Varenicline.

\*\*Provided at 7 GP Practices across Gwent only, not all data is submitted to contribute to ABUHB smoking cessation targets.

The number of smoking cessation service providers across the Aneurin Bevan UHB area has significantly increased, with continuous improvement predominately due to the increase in the number of Level 3 Community Pharmacies as a result of Board investment. Growth of trained pharmacists and registered pharmacy technicians delivering smoking cessation has been year on year, from a pilot of 6 community pharmacies in 2013/14 to 84 in 2018/19.

### 3.2 Building an integrated Smoking Cessation Service for Gwent

Following a review commissioned by the Tobacco Control Strategic Board, there is a Welsh Government proposal to transfer the SSW service from Public Health Wales to each local Health Board which is awaiting Ministerial approval. Should the transfer go ahead, this will provide the opportunity to develop an integrated system, whereby all smoking cessation services are aligned to the Health Board, as presented in the diagram below (Figure 7).



**Figure 7: Clinical Futures model, offering smoking cessation services as part of 'Staying Healthy' for the adult population of Gwent.**

Aligning the SSW service within ABUHB will mean that there is one organisation accountable for the Welsh Government Performance target set, and therefore ABUHB will commission and manage all NHS smoking cessation services that are available across Gwent. One integrated service allows all resources on smoking cessation to be pooled into one system, applying the expertise and experience of Smoking Cessation Advisors to best effect and ensuring service provision aligns with the draft minimum service standards for Wales. Figure 7 shows the Clinical Futures model, whereby smoking cessation service provision is community based and activity lies within the outer 'staying healthy' ring of the rainbow to encourage adults who smoke to access NHS services to stop.

Encouraging more referrals into evidence-based support services to help tobacco users to quit is essential in reducing smoking prevalence across the Aneurin Bevan UHB area. Methods for increasing referrals into smoking cessation services involve:

- Primary Care/GP engagement, to raise the issue of smoking with patients and encourage referral into NHS smoking cessation services.
- Making Every Contact Count (MECC) training for healthcare professionals, to raise the topic of smoking at every opportunity and awareness of free NHS support services available.
- Digital and social media marketing at a national and local level of the 'Help Me Quit' single point of contact, to enable self-referral into services.

### 3.3 Maternity Smoking Cessation Service

There are health benefits to both the mother and baby for stopping smoking at any time during pregnancy. A focus of activity has been to establish the role of midwives in raising smoking with pregnant women, as per NICE guidance (2010). This has involved changing practice and culture, ensuring CO testing is routinely applied to all pregnant women as part of the initial contact to establish smoking status. All pregnant women identified as smoking are required to opt-out of referral to the smoking cessation service (SSW). The NICE guidance has been implemented across ABUHB and recent data suggests smoking prevalence at booking (10 weeks of pregnancy) is 36.6% as a result of using CO validation to accurately report data, which will allow targeted implementation of advice and support (Welsh Government, 2018b).

A key area for development is to provide a dedicated smoking cessation service for pregnant women, based on recommendations from the Wales Models of Access for Maternal Stop Smoking Services study (MAMSS). A maternity smoking cessation service will be introduced across ABUHB from April 2019. The model will focus on supporting pregnant women and their families to stop smoking for the duration of the pregnancy by providing access to intensive behavioural support and pharmacotherapy.

### 4.0 Reducing exposure to second-hand smoke

In recent years legislation has been implemented to reduce exposure to tobacco and second-hand smoke across Wales, including:

- The ban on smoking in public places (2007)
- The display and pricing of tobacco products (2012)
- The ban on smoking in cars with children (2015)
- Standardised packaging for tobacco products (2016).

The range of activity surrounding legislation and promoting smoke free living has been further extended by local activity to reduce the public acceptability and visibility of smoking. In March 2012, the Health Board introduced a Smoke Free Environmental Policy at all sites which prohibits smoking on hospital grounds. Although the policy has generally been accepted, there are still concerns that patients and staff continue to smoke on hospital grounds and further work is needed to enforce the policy. Two Smoke Free Officers have been employed to promote a smoke free culture within hospitals. Alongside this, nursing and medical staff on the wards are expected to ensure appropriate prescribing of NRT to support patients with their nicotine addiction while receiving in-patient hospital care.

By promoting smoke free environments, many patients make the decision to make a quit attempt as a result of their hospital visit and are able to access smoking cessation support on discharge. Patients admitted to hospital have access to the smoking cessation service based on site. Hospital-based smoking cessation services can provide support during the inpatient stay and liaise with the appropriate community service to provide on-going support and treatment after discharge.

#### **4.1 Public Health (Wales) Act 2017**

The Public Health (Wales) Act 2017 is due to be implemented during Autumn 2019, which will make it illegal to smoke on hospital grounds and outdoor public places for children and young people. This legislation will replace the current ABUHB Smoke Free Environmental policy and anyone smoking in these settings could be subject to a Fixed Penalty Notice (FPN). To implement this legislation effectively, a detailed action plan and communication plan will be required by ABUHB. For NHS hospital sites, this will cover:

1. Leadership
2. Staff smoking on grounds (and support for staff to stop smoking)
3. Patients smoking on grounds (and support to stop smoking)
4. Communication and signage

To enable the legislation to be effectively implemented, support at all staff levels, in particular from senior management, is essential to ensure information is communicated effectively to staff, patients and the public prior to entering hospital sites and whilst on site. Implementation of the legislation to promote smoke free living and to de-normalise smoking which will contribute to reduction in smoking prevalence.

#### **4.2 Smoke free outdoor public places for children and young people**

As well as hospital sites, the legislation will cover outdoor public places for children and young people. The intention is to prevent children and young people from being exposed to smoking behaviour, making it less likely that they will start smoking as a result. Alongside a detailed action plan and communication plan for hospital settings, similar activity will take place with schools to raise awareness of the legislation and encourage compliance.

#### **4.3 Enforcement of legislation**

Trading Standards and Environmental Health within Local Authorities play a key role in enforcement of legislation. For example, each local authority has responsibility for conducting checks to monitor under age sales of tobacco by retailers; compliance with point of sale requirements (whereby tobacco products must be stored out of sight); issuing fixed penalty notices for anyone caught smoking in a vehicle carrying children; and littering of cigarettes. It is intended that the legislation introduced from Autumn 2019 will be supported by the involvement of Local Authorities, and further details are pending from Welsh Government regarding the enforcement of the legislation.

It is also the responsibility of Trading Standards to respond to concerns surrounding intelligence on illicit tobacco. Illicit tobacco products pose a particular problem by undermining the effectiveness of fiscal measures, as they are often supplied at prices much lower than those of genuine tobacco products (for example, anecdotal evidence suggests

less than £3 per pack of 20 cigarettes). This increases affordability for young people who are particularly sensitive to price, as well as effectively removing the price incentive to quit smoking, especially in the most deprived communities. Counterfeit tobacco is part of the illicit trade (alongside smuggling products and bootlegging) and refers to the illegal manufacture of tobacco products.

#### 4.4 Population Insight

Recent insight work was led by the Aneurin Bevan Gwent Public Health Team to gather information from communities across the Aneurin Bevan UHB area to understand what the key issues are around smoking (Miller, 2018). Themes identified include: starting smoking, smoking behaviour, use of e-cigarettes, attempts to quit smoking, awareness of NHS smoking cessation services and illicit tobacco. The information has been and continues to be used to understand how best to address these issues, focussing on communities where smoking prevalence is highest. During 2019/20, further work will be developed to address the issues identified from the insight work, targeting areas of highest smoking prevalence to de-normalise smoking in society.

#### Assessment and Conclusion

ABUHB has an important leadership role in relation to reducing adult smoking prevalence across the population to contribute to the national prevalence target. A robust action plan is in place to contribute to reducing the impact of tobacco smoking on population health, with the aim to develop a fully integrated and comprehensive system for:

- Preventing the uptake of smoking
- Supporting smokers to stop
- Reducing exposure to second-hand smoke
- Reducing the harm and inequalities caused by smoking
- Advocating for a tobacco-free generation.

Appendix A provides details of the full range of activity and progress against implementation in the Aneurin Bevan UHB area as at September 2018. This is the latest information available to the Health Board.

In summary, ABUHB has made good progress in reducing smoking prevalence with sustained, co-ordinated action at system and individual behaviour change levels. Further sustained action needs to continue to realise the potential substantial gains in both health and healthcare sustainability. Focus needs to continue to develop a fully integrated and comprehensive system for preventing smoking uptake; supporting smokers to stop; reducing exposure to second-hand smoke; reducing the harm and inequalities caused by smoking and advocating for a tobacco-free generation. Reducing smoking prevalence needs to be everybody's business for health care professionals and services.

## References

Miller. (2018). *Insights into smoking behaviour and cessation in Gwent*. Gwent: Aneurin Bevan University Health Board. (Unpublished report).

NICE. (2010). *Smoking: stopping in pregnancy and after childbirth*. PH26. Available at: <https://www.nice.org.uk/Guidance/pH26> [Accessed on 22 March 2019].

Parrott, S., Godfrey, C., Raw, M., et al., (1998). Guidance for commissioners on the cost-effectiveness of smoking cessation interventions. *Thorax* 1998; 53 (2 Suppl 5), S1-38.

Public Health Wales. (2016). *Making a Difference Investing in Sustainable Health and Well-being for the People of Wales*. Available at: [http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28Web\\_2%29.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28Web_2%29.pdf) [Accessed on 22 March 2019].

Public Health Wales Observatory. (2017). *Smoking-attributable mortality and hospital admission: breakdown by disease*. Cardiff: Public Health Wales Observatory.

Public Health Wales Observatory. (2018). *Health and Its Determinants in Wales: Overview*. Cardiff: Public Health Wales Observatory.

Royal College of Physicians. (2018). *Hiding in plain sight. Treating tobacco dependency in the NHS. A report by the Tobacco Advisory Group of the Royal College of Physicians*. London: Royal College of Physicians.

Welsh Government. (2012). *Tobacco Control Action Plan for Wales*. Available at: <https://gov.wales/docs/phhs/publications/120202planen.pdf> [Accessed on 22 March 2019].

Welsh Government. (2016). *Welsh Health Survey, 2013-2015*. Cardiff: Welsh Government.

Welsh Government. (2018a). *National Survey for Wales 2017/18*. Available at: <https://gov.wales/national-survey-wales-headline-results-april-2017-march-2018> [Accessed on 22 March 2019].

Welsh Government. (2018b). *Experimental statistics: Maternity statistics, Wales 2017-18*. Available at: <https://gweddill.gov.wales/docs/statistics/2018/181101-maternity-statistics-2017-18-en.pdf> [Accessed on 22 March 2019].

## Recommendation

The Committee is asked to receive the report for assurance on the range of Tobacco Control measures being implemented by the Health Board.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	The proposed SSW transfer to local Health Boards is proposed to be supported with full financial costs covered and an expectation that Health Boards will continue to invest in smoking cessation activity.
<b>Financial Assessment, including Value for Money</b>	Much of the investment can be made via the Tobacco Control budget and is therefore aligned to the Health Board's IMTP. However, additional funding will be required to support the implementation of legislation, pending confirmation from Welsh Government on the enforcement elements of the legislation.
<b>Quality, Safety and Patient Experience Assessment</b>	Local contribution to, and communication on, the progress of the key components of the smoking cessation system for Wales (Figure 6) will ensure quality of smoking cessation services. Insight work that has taken place and continues to take place will monitor patient experience and involvement.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	The services listed do not discriminate against any persons.
<b>Health and Care Standards</b>	This report links to the Standards for Health Services Wales: <ul style="list-style-type: none"> <li>• Staying healthy</li> <li>• Safe care</li> <li>• Effective care</li> <li>• Dignified care</li> <li>• Timely care</li> <li>• Individual care</li> <li>• Staff and resources</li> </ul>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Tobacco control investment is aligned to the Health Board's IMTP which has been agreed. The relevant teams work closely with the finance team to ensure robust investment plans are developed and agreed.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – by reducing exposure to smoking and supporting adults who smoke to stop, it would suggest that population health will improve as a result of this co-ordinated action.
	<b>Integration</b> – The Tobacco Control Team within Public Health, ABUHB will continue to work collaboratively with other Health Board officials, smoking cessation service providers, Welsh Government, Public Health Wales and wider partners.
	<b>Involvement</b> – As above.
	<b>Collaboration</b> – As above.
	<b>Prevention</b> – As above.
<b>Glossary of New Terms</b>	N/A

<b>Public Interest</b>	This report has been written for the public domain.
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## Appendix A: Tobacco Control Action Plan for Wales; Summary of Tobacco Control activity by ABUHB (September 2018).

### Action Area 3: Reducing smoking prevalence levels

STATUS      Completed      Ongoing      Not started

Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.3</b> Delivery of integrated smoking cessation service.	Sustained improvement in cessation performance targets	All NHS providers to deliver, publicise and refer to Help Me Quit, the integrated smoking cessation service.
<b>Key progress to date including evidence of activity (&amp; lead to provide an update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> <ul style="list-style-type: none"> <li>• HMQ poster, card and leaflets distributed to all primary care settings.</li> <li>• HMQ bunting designed locally, and distributed to pharmacy and GP settings in areas with high area smoking prevalence (part of local place-based targeting pilot).</li> <li>• HMQ pharmacy prescription bags printed and distributed to all pharmacy establishments</li> <li>• Ongoing GP &amp; Pharmacy visits to ensure the HMQ resources are displayed, active in discussing HMQ service to smokers and referring to HMQ.</li> <li>• HMQ electronic referral embedded into MECC training with 10% of Health Board staff training annually (937 staff trained during 2017/18)</li> </ul>		Health Board resource stock of HMQ materials is minimal, and new materials are slow in being received to support the work streams.
Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.5</b> Design, and deliver nationally and locally, repeated marketing and media activity, universal and targeted, to raise awareness of the integrated smoking cessation service and to encourage smokers to services which can help them to quit.	Sustained improvement in cessation performance targets	All NHS providers to deliver, publicise and refer to Help Me Quit, the integrated smoking cessation service.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> <ul style="list-style-type: none"> <li>• Attendance at the All Wales Tobacco Group</li> <li>• HMQ resources distributed and promoted in all NHS settings</li> <li>• Health Board funded Place-based targeting underway</li> <li>• HMQ pharmacy prescription bags locally printed and distributed to all pharmacy establishments in ABUHB area</li> </ul>		Unable to influence where national funding for marketing is targeted locally. Feedback is required to understand the impact/reach the national campaign is having on the local population.



Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.6</b> Review targeting strategy for smoking cessation services at a national, health board and local level, prioritising geographical areas and population groups with high smoking prevalence.		Via the smoking cessation sub-group of the Tobacco Control Strategic Board.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b>Aneurin Bevan University Health Board</b> <ul style="list-style-type: none"> <li>102 community pharmacies provide level 2 or level 3 service, initially targeted at areas of high smoking prevalence, and subsequently rolled out across the Health Board area.</li> <li>Support provided by SSW to deliver weekly clinics in secondary care settings for patients</li> <li>Hospital service reviewed and alternative models of delivery are being explored, utilising the Advisors time effectively, working innovatively to raise awareness and align the ongoing support with the strategic vision of the Health Board to bring care closer to home.</li> <li>Programme of smoking cessation support for pregnant women established, involving embedding NICE guidelines in clinical practice, CO testing at booking appointment and opt-out referral to HMQ.</li> <li>Insight work in Blaenau Gwent has been commissioned to understand the smokers' views and opinions accessing services.</li> <li>Developed an interactive map of all cessation assets across Aneurin Bevan and working with SSW to optimise clinic delivery and accessibility to all areas.</li> <li>Working in joint partnership with SSW to pilot a primary care project focused in areas of high smoking prevalence to increase access to all HMQ services</li> <li>An intense marketing focus in place-based areas of high smoking prevalence is being implemented in partnership with primary care services, external organisations and establishments to promote HMQ services</li> <li>12 NCN (GP cluster) profiles have been developed and resources updated and disseminated to NCN Leads every quarter to encourage referral to HMQ.</li> </ul>		


Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.7</b> Strengthen referral pathways for maternity services to include referral to smoking cessation for all pregnant smokers.	Increase in pregnant smokers referred to services.  Aspiration: 10% of patients who smoke referred per annum	Referral to smoking cessation should be advised at all appointments, as per MAMSS guidance, with feedback to primary care.  Respiratory Health Implementation Group (RHIG) should support this.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b>Aneurin Bevan University Health Board</b> <ul style="list-style-type: none"> <li>A programme of smoking cessation support is established in ABUHB maternity services, with a focus on embedding NICE guidelines, and opt-out referral to SSW for support to pregnant women to quit.</li> <li>Providing ongoing support to the Midwifery teams with a focus to embed NICE guidance in clinical practice with all pregnant women, provide Carbon Monoxide monitors to routinely test all pregnant women at booking and increase the proportion of pregnant smokers referred to HMQ.</li> <li>Audit completed and training provided to all midwives how to use a Carbon Monoxide machine with patients</li> <li>Bespoke training package developed, focusing on the quality of the conversation with a smoker and enhance motivational interviewing skills.</li> <li>Smoking in pregnancy pathways developed for the midwifery departments</li> <li>Printed resources and pathways provided to each team</li> <li>HMQ team electronic logins created and promoted to use</li> <li>Involvement in national improvement programme co-ordinated by Public Health Wales 1000 lives team. Pilot programme currently being developed to build capacity in community teams to support smoking cessation in pregnancy.</li> </ul>		<p>Awaiting feedback from National pilot to understand if the process and script used by HMQ is suitable for this priority group (e.g. is the call not being answered if it is from 'unknown number', and therefore patient is lost to follow-up/unable to contact (use of text alert prior to telephone call), and also is the conversation/script suitable between HMQ and pregnant women appropriate and tailored to increase likelihood of them accepting support?)</p> <p>Ssmoking Cessation Services following NICE guidance when providing smoking cessation support to pregnant women.</p>

Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.8</b> Strengthen referral pathways to include referral to smoking cessation for all smokers in the following groups: <ul style="list-style-type: none"> <li>• Pre-operative patients</li> <li>• Those with lung disease</li> <li>• Those with mental health conditions</li> </ul>	<p>Increase in smokers referred to services.</p> <p>Aspiration: 10% of patients who smoke referred per annum</p>	<p>Motivating smokers to quit and advice on smoking cessation should be part of all appointments, with referral to Help Me Quit if appropriate, and feedback to primary care.</p> <p>Respiratory Health Implementation Group (RHIG) and other appropriate groups and bodies should support this.</p>
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> <ul style="list-style-type: none"> <li>• Review of Health Board Stop Smoking Service completed and findings being used to inform future service.</li> <li>• Support provided by SSW to deliver weekly clinics in 3 hospitals in ABUHB for all patients to access.</li> <li>• Smoking Cessation is a key part of the newly expanded Pulmonary Rehabilitation service.</li> <li>• HMQ promotional material displayed within all secondary care locations.</li> <li>• MECC training sessions delivered to healthcare professional during 2017/18, with 937 Health Board staff trained during 2017/18 and a commitment to train 10% of healthcare staff annually.</li> </ul>		<ul style="list-style-type: none"> <li>• The hospital service is in consultation to explore alternative models of delivery, utilising the Advisors time effectively, working innovatively to raise awareness and align the ongoing support with the strategic vision of the health board to bring care closer to home.</li> <li>• Mind Smoking Cessation Services – Section 64 funding: unclear as to how this programme progressed as there were national delays in rolling out the project in ABUHB area.</li> </ul>

Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.9</b> Primary care clusters to identify and deliver the rate of referral to the integrated smoking cessation services which will achieve a year on year reduction in smoking prevalence.	Increase appropriate referrals from primary care	Health boards, local authorities and the third sector will work collaboratively to achieve this.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> <ul style="list-style-type: none"> <li>76 GP practices have one or more GP Champions for smoking cessation.</li> <li>1208 (55%) of referrals were received from GP practices to HMQ during 2017/18.</li> <li>NCN (GP cluster) profiles have been developed and disseminated to NCN leads every quarter, outlining referral rate at practice/cluster.</li> <li>Individual GP practice referral graphs produced monthly and used to facilitate discussion with individual practices to encourage referral to HMQ.</li> <li>4 GP champion events held during 2017/18 to support and encourage good practice amongst GP champions to refer smokers to HMQ.</li> <li>Working in joint partnership with SSW to pilot a primary care project focused in areas of high smoking prevalence to increase referrals to HMQ from primary care.</li> <li>Smoking cessation included in some GP cluster plans.</li> </ul>		
Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.10</b> Increase referral rates to smoking cessation services from GP practices.	Aspiration: 10% of patients who smoke are motivated to quit and are referred per annum	
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> See 3.9		

Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.12</b> Yearly increase in dental referrals to smoking cessation services in Wales.	Increase in appropriate referrals from dental services  By 2020, 2.5% of adults smokers (estimated) attending dental practices will be referred to Help Me Quit per annum (national and health board level target)	To be monitored by Deputy Chief Dental Officer, Public Health Wales and Deanery.  2.5% of adult smokers attending dental practices annually is estimated to be around 3000 in 2016/17. Data are not currently collected.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> Oral Health Prevention Group has been established with a multi-disciplinary membership. Smoking Cessation is a priority agenda for this group. Work is underway to develop an action plan.  MECC training information has been disseminated to all dental staff. 37 dental staff received MECC training in 2017/18		<b>Awaiting national guidance to progress this action rather than all health board areas work on different initiatives.</b>
Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.14</b> Ensure all healthcare professionals are competent, enabled and encouraged to engage patients/clients in changing health-harming behaviours, including stopping smoking.		Examples of appropriate training include Making Every Contact Count (MECC) and <b>National Centre for Smoking Cessation and Training</b> (NCST) level 1.
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<b><u>Aneurin Bevan University Health Board</u></b> <ul style="list-style-type: none"> <li>Smoking Cessation is part of the Making Every Contact Count (MECC) Programme.</li> <li>MECC training to 937 healthcare professionals in 2017/18 which includes dental staff, district nurses, nurses, health visitors, physiotherapist.</li> <li>Healthcare professional are provided with an HMQ login after the training to encourage electronic referrals to HMQ</li> <li>Training provided to each GP Champion</li> <li>Tailored MECC training delivered to all midwifery teams</li> <li>Tailored embedding MECC training delivered to 20 nurses in University specialising in becoming a practice nurse</li> <li>Health Board committed to train 10% of healthcare workforce annually in MECC.</li> </ul>		

Action	Proposed indicator and/or aspiration	Further detail of what is required
<b>3.16</b> Health boards to refer staff to smoking cessation support within Occupational Health Processes.	<p>Increase in referrals</p> <p>Aspiration: 10% of staff who smoke and who are in direct contact with Occupational Health referred to smoking cessation services per annum</p>	<p>Health board occupational health services to record smoking status of all staff with whom they are in direct contact, and motivate, advise and record referral to smoking cessation services.</p> <p>Health board occupational health services to signpost to Help Me Quit in any relevant communications activity.</p>
<b>Key progress to date including evidence of activity (&amp; lead to provide update)</b>		<b>Risks and/or obstacles to delivery</b>
<p><b><u>Aneurin Bevan University Health Board</u></b></p> <p>Occupational health services have been made aware of the services available to support staff who wish to quit and the mechanisms available to refer to HMQ.</p> <p>Health Board Smoke Free Policy reviewed and updated to include HMQ information.</p>		Smoking status is not captured on the current national occupational health form and requires changing at national level.

 <p><b>GIG</b> CYMRU <b>NHS</b> WALES</p> <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Aneurin Bevan University Health Board Thursday 11 April 2019 Agenda Item: 4.1</p>
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## Aneurin Bevan University Health Board

### Public Health Risk Register – April 2019

4.1

#### Executive Summary

This report highlights and additional mitigating action relating to:

- Support for pregnant women to quit smoking
- Smoke-free premises
- Staff flu immunisation
- Uptake of all scheduled childhood immunisations at age 4

The risk score for women quitting smoking in pregnancy has been reduced to 9.  
All other risk scores remain unchanged on the Public Health Risk Register

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	

#### Executive Sponsor: Sarah Aitken, Executive Director of Public Health & Strategic Partnerships

#### Report Author:

Gemma Burrows, Principal Public Health Practitioner  
Will Beer, Consultant in Public Health

#### Report Received consideration and supported by :

Executive Team	Committee of the Board Public Partnerships and Wellbeing
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**Date of the Report: 4th April 2019**

**Supplementary Papers Attached:** Public Health Risk Register

## Purpose of the Report

This paper provides the Committee with an overview of the Public Health Risk Register. This report is provided for assurance purposes to highlight to the Committee the key risks to the Health Board meeting its statutory duties and successfully achieving its strategic objectives within the IMTP.

## Background and Context

### 1. Background

Risk management is a process to ensure that the Health Board is focusing on and managing risks that might arise in the future. The Public Health Risk Register also assists in resolving situations where there are continuing levels of inherent risk within the organisation in relation to its statutory duty to improve population health and wellbeing.

Active risk management is happening every day across the Health Board. The Health Board's risk management system and reporting seeks to ensure that the Board is aware, engaged and assured about the ways in which risks are being identified, managed and responded to across the organisation.

The strategic risks referenced within this report are structured around the relevant Health and Care Standards and areas for which the Executive Director of Public Health is accountable. The identification and assessment of each risk area is undertaken by a Consultant in Public Health who has responsibility for specific priorities (e.g. immunisation, smoking cessation), localities and links with the Division.

Within the risk register an assessment of short and long term risk is undertaken. The 'consequence' scores have been interpreted through a professional assessment by the relevant Consultant in Public, taking into account the proportion of the population affected, the severity of that effect, and the contribution to the overall burden of poor health in ABUHB population. The risk register highlights the residual risk associated with existing actions/control measures. It also identifies action that would further reduce risk scores if additional action by the Health Board was planned and funded.

### 2. Risks with a high or moderate risk score:

The following risk areas have updates to mitigating actions:

#### **Section 4: We fail to promote healthy lifestyles and healthy choices**

##### *iv) Support for pregnant women to quit smoking*

In order to embed NICE guidance, all maternity services have been provided with equipment to systematically measure Carbon Monoxide levels at booking, so that stop smoking support can be offered. However, as a result of this more accurate data recording, there will be an increase in recorded smoking prevalence amongst pregnant women. The Smoke Free Maternity Support Workers (3.0 WTE) start at the beginning of April supporting women to give up smoking through their pregnancy. Midwives will refer directly to these support workers who will make contact in 48 hours.



***Despite the apparent increase in smoking prevalence, due to more accurate recording of smoking status, the amended risk score has been reduced to Yellow - score 9 (3 x 3) due to a more systematic approach to recording actual smoking prevalence and dedicated smoking cessation support after the initial booking appointment.***

#### **Section 5: We fail to promote healthy and safe workplaces**

##### *iv) ABUHB smoke-free premises policy*

Insight work with patients, visitors and staff at Royal Gwent hospital has been commissioned to start in March 2019. The insight work will assess current behaviour towards the Smoke Free Environment Policy and level of awareness of the Public Health (Wales) Act 2017 legislation changes in 2019 (which will restrict smoking on hospital grounds).

***Preparations are underway for introduction of the smoke free regulations and the short and long term amended risk remains Green – score 3 (2 x 1) at this stage***

#### **Section 6: We fail to have systems and plans to prevent and control communicable disease outbreaks and provide immunisation**

iii) Staff flu immunisation – The staff flu immunisation programme is based on a full participation vaccination strategy, in which the expectation is that all staff should be vaccinated. The most up to date data shows that as of 20/3/19, 60% of all ABUHB staff have been vaccinated against influenza, with 62% of all front line staff being vaccinated against influenza (as of end of December).

***Whilst significant progress has been made to improve staff flu vaccination uptake, the amended risk remains Amber - 12 (3 x 4) as further improvements are required to achieve Welsh Government's ambition for vaccine uptake.***

##### *ix) Increasing uptake of all scheduled vaccination by age four*

- Uptake in school age children from age 4 to 16 years has increased due to the system level work led by the Public Health Team.
- Work is underway to explore what needs to happen on a system level to improve uptake of MMR2 by age 5.
- The immunisation co-ordinator role is being reviewed
- An action plan to reduce waiting times / queues in some GP practices is being implemented to ensure children are offered the vaccination on a timely basis.

***Despite addition action and improvements uptake of scheduled childhood immunisations in both school-age and pre-school children the risk remains Yellow – score 9 (3 x 3) until population ('herd') immunity is reached.***

There is no change to remaining risks with high or moderate scores in this period.

### Assessment & Conclusion

In relation to the changes to the assessed risks since the last report, the following changes have been:

- **Risks with an increased risk score**  
2.1 No risk scores have been increased for this reporting period
- **Risks with a reduced risk score**  
2.2 One risk score has been reduced for this reporting period
- **Risks Withdrawn**  
2.3 No risk scores have been withdrawn for this reporting period
- **Risks Added**  
2.4 No risks have been added for this reporting period

### Recommendation

The Public Partnerships and Well-being Committee is asked to:

- a) note content of the risk register,
- b) note the actions taken to reduce risks in specific areas, and
- c) note the additional actions and control measures being taken by the Health Board to reduce risks that remain moderate or high.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	The Coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
<b>Financial Assessment, including Value for Money</b>	There is no direct financial impact associated with this report.
<b>Quality, Safety and Patient Experience Assessment</b>	Continually addressing the risks contained in the risk register will support the Health Board in maintaining high standards of quality, safety and patient experience
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	There are no specific equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the risks outlined in the register.
<b>Health and Care Standards</b>	Actions outlined in this report would contribute to the good governance elements of the Health and Care Standards for Wales.
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	Actions to reduce the risks identified within the Public Health Risk Register are set out in the IMTP, particularly in SCP1 and SCP2.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	The public health risk register highlights strategic risks that may prevent the Health Board from fulfilling its responsibility for improving population health and reducing health inequalities. This links to the achievement of several well-being objectives, in particular 1, 2, 3, 7, 8, 9 and 10.

	<i>This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.</i>
	<b>Long Term</b> – The public health risk register seeks to identify risks that require a long term or multi-faceted response, and risks that may impact in the longer term, but require action to begin immediately in order to address them successfully.
	<b>Integration</b> – This risk register specifically addresses the Health Board's role as part of the wider public health 'system' and includes mitigating actions to ensure integration is maximised.
	<b>Involvement</b> – Involvement of relevant stakeholders will be considered at an individual programme level. Scrutiny of this risk register is undertaken by members of this Committee.
	<b>Collaboration</b> – Many of the risk mitigation measures involve collaborating with internal and external partners within the public health 'system'.
	<b>Prevention</b> – This risk register seeks to identify and mitigate short, medium and long term risks to population health and inequalities.
<b>Glossary of New Terms</b>	<p><b>Adjuvanted trivalent inactivated vaccine (aTIV)</b> - An injectable flu vaccine that has an adjuvant added to work better in those aged 65 years of age and over. This vaccine is trivalent (contains three strains of flu - 2 A strains and 1 B strain).</p> <p><b>Influenza Vaccine Online Reporting (IVOR)</b> - Public Health Wales monitors influenza immunisation uptake on behalf of Health Boards, and during the influenza season General Practice level immunisation uptake figures are provided through the interactive IVOR web pages</p>
<b>Public Interest</b>	There is no reason why this document cannot be made public

## Public Health and Partnerships Committee Risk Register 9/07/2015

Consequence score	Likelihood score				
	1-rare	2-unlikely	3-possible	4-likely	5-almost certain
5-catastrophic	5	10	15	20	25
4-major	4	8	12	16	20
3-moderate	3	6	9	12	15
2-minor	2	4	6	8	10
1-negligible	1	2	3	4	5

NB 'Consequence' scores have been interpreted through the agreement of intuitive scores by a group of public health specialists, taking into account the proportion of the population affected, the severity of that effect, and the contribution to the overall burden of poor health in ABUHB population.

Abbreviations - risk ownership	
DPH	Director of Public Health
DTh	Director of Therapies
DPI	Director of Planning
DOPs	Director of Operations
DW	Director of Workforce Development
DivPCN	Divisional Director of Primary Care & Networks
DivFT	Divisional Director of Family & Therapies

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk		Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
			short term	long term		short term	long term	
1. We do not have systems in place to identify and act upon significant public health issues	i) We have Board Committees for Public Partnerships and Wellbeing and for Quality and Patient Safety	The remit of the committee is broader than the Public Health and Partnerships Committee, it includes providing assurance against Primary Care and Community Services performance and sustainability as well as ABUHB response to the Social Care and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. This provides a risk that public health priorities might not receive the same level of scrutiny within corporate governance processes for ABUHB.	3x3	1x2	Terms of reference for public partnerships to include the contribution of public health solutions to wellbeing priorities.  Public Partnerships and Wellbeing Risk Register include risks against the failure to deliver on significant public health solutions to wellbeing priorities.  Assurance on <i>Staying Healthy</i> , theme one, of the <i>Health and Care Standards</i> reports organisational assurance through the Quality and Patient Safety processes.	1x3	1x2	July 2016, DPH,  Review: April 2019
	ii) The Director of Public Health has close links to Public Health Wales and regional Health Protection teams. DPH also sits on the Gwent Local Resilience forum and is Vice Chair of the Gwent APB for Substance Misuse.		2x2	1x2		1x2	1x2	Sept 2014, DPH.  Review: April 2019
	iii) The local Public Health Team and Primary Care and Networks Division work closely with community groups, Local Authorities and other Health Board Divisions to support health improvement, health protection and healthcare quality improvement. Consultants in Public Health support all the other Health Board Divisions, each Neighbourhood Care Network and each Local Authority through the PSB wellbeing assessment and planning processes. Consultants in Public Health also lead on specific health improvement topics. <b>TO BE REMOVED FROM THE RISK REGISTER</b>	Welsh Government funded anti-poverty programmes together deliver a number of health programmes with, and on behalf of, the Health Board as well as focussing on those most in need... eg. expert patient programmes for chronic ill health, and community weight management services. These programmes are facing significant change  There has been disinvestment in Communities First from Welsh Government . Communities First have ceased to operate, and legacy funding will cease 2019/20.  The WG focus on community resilience, employment and prosperity for the remainder of the anti poverty programmes poses a risk that they will have less focus on 'healthy' programmes they currently deliver.	2x2	2x2	Further investment required to support community based and longer term programmes. Also, further joint work required with community based partners and other statutory bodies such as social care.  Work on an Integrated Wellbeing Network at NCN level to get highest value from the collaboration between community wellbeing services acting in a coordinated way with the citizen's needs at their core.  Health Board liaison with Local Authorities to understand the impact of the changes to the anti-poverty programmes in Gwent and take action to mitigate risks where possible.  Recognising health and wellbeing as a pre-requisite of community resilience, employment and prosperity, the UHB are working with Public Service Boards to ensure that the response analyse and wellbeing plans contain actions to mitigate against this risk including influencing the use of the Communities First Legacy Fund to be made available by WG.	3x2	2x2	Sept 2014, DPH,  Review: April 2019

## Public Health and Partnerships Committee Risk Register 9/07/2015

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk		Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
			short term	long term		short term	long term	
	iv) ABUHB include key action on health improvement and inequalities in health within the IMTP. There is a risk that the IMTP commitments on improving public health do not track through to Divisional Plans. Health improvement actions are included in all of the Neighbourhood Care Network plans. Public Health and ABUHB input has been provided to all LA-area Wellbeing Assessments and Wellbeing plans. Support will continue to implement the Wellbeing Plans development through 2018/9. A Gwent-wide multiagency group has commissioned work to develop a set of priorities to be progressed at a regional (Gwent) level.	Multiagency Wellbeing Plans became a statutory requirement for the Public Service Boards in 2018 under the Well-being of Future Generations (Wales) Act 2015  We need to ensure a robust framework for the health improvement and reducing inequalities content of these plans and their underpinning implementation plans across Gwent, to ensure that those actions which are vital, outside the powers of the Health Board, but within the power of other public sector organisations, are included within them.  The requirements to consider social, economic and environmental sustainability will also provide a framework for considering health improvement. The Act requires, for the first time, consideration of both short and long term issues. We need to be careful that key health improvement issues do not get lost in the new planning frameworks.  Both resources and a degree of organisational stability are required for effective Well-being Plans to be designed and implemented. The Health Board is also experiencing increasing demands on its resources.  Failure to adopt evidence based actions to improve population health at scale will also fail to reduce the burden of preventable health and social care need.	4x4	3x5	The five PSBs have now begun work on the response analysis and development of their wellbeing plans. ABUHB Executive team has agreed a set of priorities that for Well-being plans, that fit with the 10 well-being objectives developed for the ABUHB individual duty. The Health Board has formally agreed the 5 PSB well-being plans, which reflect the ABUHB priorities for well-being plans.  Population Needs Assessment required for the Social Care and Wellbeing (Wales) Act 2014 has been signed off at ABUHB Public Board and at the statutory Regional Partnership Board.  The Health Board, Local Authorities and other partners will use these processes to carefully consider their respective contributions to population health improvement actions.  There has been action to ensure alignment between the Corporate IMTP and the priorities in the draft Well-being Plans. The Health Board is anticipating a formal response to the IMTP by Welsh Government in June.	4x4	3x5	Sept, 2017 DPH, Review: March 2019
<b>2. We fail to ensure that needs assessment and public health advice informs service planning, policies and practice.</b>	(i) see 1(i) - (iv) above	The local public health team, Primary Care, Networks and Community Services Division and Planning Division have limited capacity to support comprehensive needs assessments and service reviews.	2x3	3x3	We need to ensure the maximum effectiveness of resources through effective prioritisation, service planning, policy and practice development.  We also need to ensure that completed needs assessment work is actually used to develop and adapt services to better meet the needs of the population.  NCN needs assessments and PSB Wellbeing Assessments have support from the public health teams.	2x3	3x3	September 2014, DPH and DPL, Review: March 2019
	(ii) The Health Board is currently undertaking or participating in various needs assessments of vulnerable groups	There may be other vulnerable groups with unmet needs where targeted work is not being undertaken, and there are certainly some where work has been delayed due to other commitments. NB Risks re Prison Health Service provision in Primary Care & Networks Divisional Risk Register. (and possibly other services specifically aimed at vulnerable groups in this and other Divisional Risk Registers). It is unclear who is responsible for prioritisation of such work at present.	2x3	3x3	We need an overview of all locally relevant vulnerable groups and potential/actual service improvement work to try to prioritise support for those in greatest need. We also need to ensure follow through actions once needs assessment has been completed.	2x3	3x3	Sept 2014, DPH and DPL, Review: March 2019
	(iii) Work on Choosing Wisely is ongoing.	This work comes under the 'Quality and Patient Safety' Committee, and relevant risks should be documented in the Risk Register of the respective operational divisions.						Medical Director
	(iv) ABUHB collective and individual duty to the Wellbeing of Future Generations Wales Act is not adequately fulfilled and ABUHB response is not sufficiently robust to meet identified need nor external audit.	PSBs have published their well-being assessments and are now working on their well-being objectives and plans. ABUHB has identified executive and independent representatives for all five PSBs, and Public Health Team and some partnership officers are supporting the planning groups that are part of the PSB structure.  ABUHB has published its well-being statement and objectives as part of the IMTP. A steering group has been established and this is working on a well-being rapid assessment planner tool that will be developed initially with three areas (Finance, Facilities and Workforce and OD).  There is now an urgent need for programme manager support to coordinate the ABUHB WbFGA work. This need/risk is currently being held by the Chair of the ABUHB WbFGA steering group – the Board secretary.	3X5	3X5	This engagement needs to broaden to include support from Primary Care, Networks and Community Division, Planning and other Divisions where appropriate. ABUHB partnership support should have clarity of role and responsibilities as well as a mandate to negotiate organisational action in Partnership.  Action taken by Head of Partnerships within the Planning Directorate to align IMTP with draft well-being plans to meet collective responsibilities as a statutory body on the PSB. Planning Team are formally part of Phase 2 of WbFGA implementation programme which includes a self-assessment of the individual duty.  ABUHB is working with Wales Audit Office as one of the pilot sites for testing the approach to audit, and this will include the SCCC and Clinical Futures programme.  Programme Manager in post to co-ordinate and oversee the ABUHB WbFGA Embedding programme. All ABUHB divisions and functions are now participating in the ABUHB WbFGA Embedding programme.	3X4	3X3	Review: March 2019
	(v) ABUHB holds a joint responsibility with the 5 local authorities to publish a fully consulted on Gwent Regional Area Plan based on the published Population Needs Assessment.	The Population Needs Assessment has been published and the Regional Area Plan now needs to be developed, consulted upon and published by 1st April 2018.  Currently there is no identified UHB lead for developing the Area Plan.	4X5	4X4	Head of Partnerships appointed within the Planning Directorate who will provide the UHB lead for developing the Area Plan with assurance through Regional Partnership Board and Leadership Group. The Committee will receive a standard performance report on progress on the delivery of the Area Plan from May 2018.	4X5	4X3	Review: March 2019

## Public Health and Partnerships Committee Risk Register 9/07/2015

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk		Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
			short term	long term		short term	long term	
<b>3. We fail to support citizens to maintain and improve their health, wellbeing and independence</b>	(i)Local Public Health team and Family and Therapies divisional staff are attempting to support Flying Start and Families First programmes in delivery of targeted health education and promotion programmes.  Local anti poverty initiatives also support health improvement within the most deprived populations.	Lack of sufficient support and programme alignment runs the risk of ineffective activity in these communities and populations in most need of support with health improvement.  Whilst there is significant variation in activity within different localities from the existing anti-poverty programmes (Flying Start, Families First and Communities First), they currently deliver many community health improvement projects. However: all three programmes are currently only funded annually, Families First is scheduled to have a change of focus to community resilience and employment and, Communities First is going to be phased out by March 2018. There is risk of reduction in community provision of health improvement and wellbeing activity, particularly in more disadvantaged areas, and at a time when the NHS is looking to more prudent models of primary and community care to meet increasing demand.  There is increased risk that the outcomes will be seen as a whole and that Communities First (particularly) will reduce healthy lifestyle activity moving towards employment, learning and prosperity.	4x4	4x4	A new cross-government focus to 'replace' Communities First is described with three main aims: helping people into work, giving children the best start in life, and ensuring people's voices are heard in the design of local services. This successor programme is referred to as the 3 'E' - employment, early years and empowerment.  A WG legacy fund of £6 million will be introduced in April 2018, to local authorities, in consultation with communities and public services boards, to maintain some of the most effective interventions or community assets developed by Communities First.  We need to ensure close partnership working through the PSB wellbeing planning process as described AND with LAs as they assess impact and effectiveness of health improvement programmes currently delivered through Communities First and develop bids to the Legacy Fund for local sustainability.  Ensuring a joint approach to planning activity which meets both the evidence base for population health improvement and Welsh Government priorities is needed to align everyone's agendas and maximise population health improvement.  Action to mitigate the impact of withdrawal of Communities First funding is being agreed with the relevant Health Board Divisions and these proposed actions are due to be presented to Execs.	4x5	4x4	Sept 2014, DPH and DQps,  Review: March 2019
	(ii)Community Health Champions Network established, with a limited number of individuals and training programmes currently involved.	Failure to maintain and expand this network may represent a lost opportunity to promote healthier lifestyle and other health messages into communities where information tends to be acquired 'word of mouth' from trusted community members. Such communities often contain the individuals with the worst health and least healthy lifestyles.  Outcome evaluation from this type of activity is extremely difficult, although research suggests that trained volunteers working like this does improve knowledge and lifestyles in fellow community members.  Due to the discontinuation of the Wellbeing Activity Grant funding this programme is at risk.	2x4	3x4	Increasing this programme will require considerable input by and investment in voluntary sector groups, at increased scale and pace to initiate the necessary culture change within the population. This is currently not planned or resourced.  Short-term monies have been identified to support the continuation of the programme, and to allow a sustainability plan to be developed. The Gwent programme however cannot continue after March 2018 without identifying new resources.  Public Health Wales are consulting with Third Sector organisations currently with a view to supporting them with their own improvement agenda.	2x4	3x4	January 2015, DPH,  Review: March 2019
<b>4. We fail to promote healthy lifestyles and healthy choices</b>	(i)Patient education programmes are provided within the Health Board area, but may not be sufficient to ensure population impact. Work is now ongoing within the Primary Care & Networks to review education programmes available to patients, and in particular to increase the availability of diabetes education.	Not all willing individuals with common chronic conditions are receiving comprehensive support and guidance in self management of their condition. This affects a large and increasing proportion of the population. In the short term this avoids the need for additional staff and ensures existing staff time is used for clinical care. However, in the short to medium term, inability to appropriately self manage creates avoidable demand on health services, and wastes resources, including drugs, consumables and equipment as well as time in clinics etc. In the long term insufficient patient education at a population level maintains demand and dependency on health services and creates avoidable ill health. Sectors of the population with impaired literacy levels, physical, sensory or learning disabilities, or from an ethnic minority community may be at particular risk. OA Knee patient education groups implementing prudent care are now operational.	4x4	4x4	We need to map such programmes alongside evidence base, demand and capacity to enable a planned programme of investment to ensure maximum population impact. Plans are in place in the current ABUHB 3 year plan, but resources have not yet been identified.  UHB should map the impact of the changes to Communities First delivery of patient education programmes.	4x4	4x4	Sept 2014, DPH and DQps,  Review: March 2019
	(ii)Work on 'Making Every Contact Count' ongoing with some staff groups, but all staff in direct patient contact need to take this approach in order to ensure population impact. .	Contact with health professionals presents a window of opportunity to enable patients to give serious consideration of the effect of aspects of their lifestyle on their health, and consider or start making changes to that lifestyle. This affects a large proportion of the population - around 2/3 are overweight or obese, and around 1/4 smoke. Around 85% of individuals will have contact with a NHS healthcare professional during the course of any one year.  Failure to have as many staff as possible trained to recognise appropriate opportunities and tackle health-harming behaviours in an effective brief intervention with patients will reduce the potential population impact as well as supporting effective disease management. Not conducting brief intervention will, in the short term, enable staff to see more patients in a given time period. However, in the medium to long term the absence of brief advice on health-harming behaviours will waste opportunities for health improvement, therefore maintain demand and dependency on health services.  Comprehensive staff involvement with MECC will help individual lifestyle change support get to all sectors of the population, including those who normally do not access it.	2x5	3x5	The MECC Strategy has been agreed at Board, with an ambitious target to train and equip 10% of front-line staff year on year in brief intervention/advice.  Meetings with Divisional Directors/Leads have taken place to identify groups/teams that require training this year and to ensure a spread of training across Divisions. Divisional Directors/Leads receive regular updates on the 10% Divisional target and are encouraged to promote amongst their staff.  A project implementation plan has been developed and commissioned training has been planned with a number of professional groups for 2018/19. Open sessions at the main hospital sites have also been planned and promoted to enable and increase access to the training for staff that are unable to train as one team due to service provision e.g.A&E staff.  A E-learning module has been developed and is being promoted across the organisation via Divisional leads and wider to encourage further access to the training programme.  Continued encouragement and promotion of the training by Divisional leads/Team leads will be required to ensure that all the training offer is taken up this year. Those professional groups who have received TIT should also be encouraged and supported to roll out the training within their teams to add to the target for training this year.  Embedding work is underway with a number of professional groups/teams but this will require greater scale and pace of change over a prolonged time to initiate the necessary culture change among staff and patients.  The MECC programme delivery and embedding will need to be robustly evaluated across the organisation in collaboration with an academic partner to demonstrate impact.	2x3	2x2	Sept 2014, DPH and DQps,  Review: October 2017  Review: Jan 2018  Review Sept 2018  Review: March 2019

## Public Health and Partnerships Committee Risk Register 9/07/2015

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk		Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
			short term	long term		short term	long term	
	(iii) Smoking cessation services are being improved and extended to increase throughput to 5% of all smokers, as required by the Welsh Government target  WG Tier 1 Target 5% of smokers make a quit attempt via smoking cessation services, with at least a 40% CO validated quit rate at 4 weeks.  ABUHB IMTP Target 2018/19 Implement action plans to increase uptake of smoking cessation services to reach 5% target Projected Target IMTP 2018/19 (based on current resources/budget allocation for Tobacco Control): 3.7%	This should contribute to a measurable population effect on smoking prevalence in next few years, in line with Welsh Government target to reduce smoking prevalence to 16% by 2020. Smoking remains a serious threat to population health. This activity will need to be monitored to ensure it has the desired effect, and alterations considered if not. Directors of PH are engaged in discussion with Public Health Wales (PHW) and Stop Smoking Wales (SSW) re improvements in Smoking Cessation services through the national tobacco leads representing each Health Board area.  Action plans will be implemented to increase uptake of smoking cessation services to achieve the 5% target.  2018/19 implement action plans to increase uptake of smoking cessation services to reach 3.7% by March 2019.	3x3	4x4	All Divisions, and as many partners as possible need to encourage, identify, and systematically refer smokers to SSW or Pharmacy services to support a quit attempt via referral to the central system Help Me Quit. Divisions and partners need to encourage appropriate staff to undertake 'Making Every Contact Count' training to increase their skills and confidence in talking to smokers about making a quit attempt.  There has been an increase in the numbers of Pharmacies providing Level 3 services, and work is underway to support them to deliver. Pharmacy re-accreditation is due by March 2019, which may impact on the number of Pharmacies providing a Level 3 service.  Monthly data reports on referrals to Smoking Cessation Services have been received since 2017, which has enabled data profiles to be produced for NCNs and presented to NCN leads. Attendance at NCN meetings has supported smoking cessation discussion and has encouraged partners to engage with HMQ service. However, engagement with all NCN area's is not consistent.  The year on year improvement in smoking cessation performance has continued, largely due to the Level 3 Pharmacy service. Smoking cessation services (including Community pharmacy level 3, Stop Smoking Wales, Hospital Smoke Free Support Service) have treated 3.5% (3113) of the adult smoking population between 1st April 2017 and 31st March 2018.  Work with local business is ongoing to raise awareness of HMQ services to their staff and encourage work-places to host 7 week Stop Smoking Wales clinic during working hours for staff to attend.  Regular partnership meetings take place with community pharmacy lead and Stop Smoking Wales to map SSW clinic/L3 provision in AB area and identify gaps in provision to ensure smokers can access services services within local communities.  A successful social marketing programme Help 2 Quit, was running from the AB Gwent public health team which has used social insight to inform strong and relevant messages for important segments of the population pushed through digital, social, radio, pop-up shops and out-of-home advertising channels. Help 2 Quit commenced in January 2016 but transferred to the new national Help Me Quit brand/campaign in 2018, whilst trying to maintain the local presence, and the previous successful local targeting of segments of the local population.  The national campaign 'Help me Quit' has secured additional funding to deliver a segmented target based social/media marketing during 2018/19, through TV adverts, billboards, digital media, social media platforms. The national campaign aims to promote brand awareness of 'Help me Quit' and increase the number of smokers accessing specialist cessation support. Whilst the campaign is expected to increase referrals across Wales, the potential impact at local health board level has not been determined.  Joint working with Stop Smoking Wales and primary care establishments to target patients registered as smokers in selected practices where regular cessation clinics are held. Practices invited all smokers to attend smoking assessment appointments facilitated by Stop Smoking Wales.	3x3	3x2	Sept 2014, DPH and Dops,  Review: April 2019
	(iv) Support for pregnant women to quit smoking is ongoing.	Although the numbers involved are small, smoking in pregnancy represents a considerable risk to the health of the mother and a lifelong health risk to the child. Supporting pregnant women to stop smoking requires skilled support over a considerable time.	3x4	4x4	Partners need to support efforts to support pregnant women in not smoking, and to ensure young women and girls are aware of the risk to babies, and are encouraged to adopt alternative coping strategies where required.  Additional HB investment was provided to increase resources (CO monitors) available for community midwives to implement NICE smoking cessation guidance. There is an increased risk the smoking prevalence in maternal smoking will increase as a result of accurate data recording. All maternity services have been provided with equipment to measure all pregnant women Carbon Monoxide levels at booking to embed NICE guidance.  The maternity service implementation of NICE smoking cessation guidance is currently being audited to establish further support midwives require to embed activity within day-to-day work. A national improvement programme commenced in June 2017 to reduce smoking in pregnancy.  Investment has been secured to recruit 3 x Band 3 WTE fixed term Maternity Smoke-free Health Care worker, which will be managed by the maternity service. The staff will engage with pregnant smokers identified at the first appointment (6-8 weeks of pregnancy) to provide smoking cessation support.  A national task and finish group meets monthly via teleconference and is represented (as delegated by the DPHs) by all 7 HB areas, and the Public Health Wales tobacco lead.	3x3	3x2	Sept 2014, DPH and Dops,  Review: April 2019
	(vi) The adult weight management service is now fully functional, and the last remaining planned staff are in post.	AWMS - Failure to this service to keep up with demand will reduce the enthusiasm of wider NHS staff to initiate discussions around weight and weight management with patients. Failure to maximise the numbers of patients engaging with the service will also fail to reduce potential demand for diabetic, cardiovascular etc health services.	3x4	4x4	Opportunities to enhance the capacity of the AWMS need to be explored including commissioning more capacity at L2 and services at L3 focusing on those who need it most.  Exploration should include the increased use of bariatric surgery for those patients that would benefit.  The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	2x2	2x4	Sept 2014, DPH and DTH,  Review: October 2017  Review: Jan 2018 Review: Sept 2019
		CYP - Service model has been developed and staff recruitment is ongoing. The service is likely to commence in April 2019. However, this service will need to demonstrate that it is effective in supporting children, young people and families to lose weight and is targeted at the families that need it most.	2x5	3x4	CYP service will need clear referral criteria and mechanisms and a sound evaluation framework.  The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	2x3	2x2	Sept 2014, DPH and DTH,  Review: October 2017  Review: Jan 2018 Review: Sept 2019
	(viii) The antenatal weight management service appears to be working well in Torfaen and is being expanded to Monmouthshire.	Part of the Adult Weight Management Service, this service is beneficial to small numbers of women, but is not currently able to impact on the whole population of pregnant women. Obesity has a major impact on the health of pregnant women, and also on the lifelong health of the child. The prevalence of obesity is high and continuing to rise, particularly in those living in the most deprived areas.  Antenatal weight management has been expanded to Monmouthshire but currently no resources identified to be able to impact on the whole population of pregnant women. Obesity has a major impact on the health of pregnant women, and also on the lifelong health of the child. The prevalence of obesity is high and continuing to rise, particularly in those living in the most deprived areas	3x3	3x4	More resource is required to ensure all antenatal services can provide this level of support. Some partners have invested in the service on a short term basis, but this would ideally be a core service within the adult weight management service. Resources not yet identified.  Some resource has been invested from NCNs in Blaenau Gwent to expand obesity services generally and specifically including antenatal weight management and in Monmouthshire.  The Gwent childhood obesity strategy has been agreed at all PSBs and features in all 5 well-being plans. We continue to work closely with the Wellbeing Plan development processes.  The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.  The strategy also highlights the need to evaluate and implement a range of evidence based programmes to support mothers who are overweight or obese within pregnancy.	3x3	3x3	Sept 2014, DPH and DTH,  Review: July 2017  Review: Jan 2018  Review: Sept 2019

## Public Health and Partnerships Committee Risk Register 9/07/2015

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	(ix) ABUHB has a breastfeeding policy and aims to encourage and support all new mothers to breastfeed their babies if possible. Breastfeeding contributes to many aspects of lifelong good health.	ABUHB continues to have low rates of breastfeeding. While Community and Hospital services have recently achieved the Unicef 'Baby Friendly' award, which aims to ensure that all processes are in place to maximise support for breastfeeding.	2x3	2x3	Further work by ABUHB and partners is required to increase breastfeeding rates. Work is now completed to capture breastfeeding rates on Child Health System which is on track with improved rates of recording.	2x4	1x4	January 2015, DivFT, Review: March 2019
	(x) We do not currently have weight management services targeted at any vulnerable groups.	Resources do not currently allow this, but lack of such services is contributing towards inequalities of both health and service provision.  The Adult Weight Management Service currently provides limited service to targeted groups through the maternity weight management service in Torfaen and Monmouthshire and the Diabetes Prevention Programme with Blaenau Gwent. Unfortunately resources do not currently allow this further, but lack of services is contributing towards inequality of both health and service provision.	3x3	3x4	Additional resources would be required for this, not yet identified. Blaenau Gwent NCNs have added to the capacity of the adult weight management service in deprived areas and for specific groups.  The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	3x3	3x2	September 2014, DPH and DTH, Review: September 2017 Reviewed: Jan 2018 Reviewed Sept 2019
	(xi) Public Health Wales, the local Public Health team and Family & Therapies divisional staff support local schools in maintaining membership of the 'Healthy Schools' scheme.	Not all schools and education officers appreciate the benefits of a universal system attempting to ensure the ethos of a school support health education and promotion, particularly in a time of diminishing budgets and a focus on literacy, numeracy and exam results.	3x2	3x1	The Public Health team supports schools via the Healthy Schools Officers on a Gwent wide basis. Board Members and staff can be effective advocates for the added value of the Healthy Schools Scheme in improving the ability of pupils to improve literacy, numeracy and general behaviour.	4x1	4x1	Sept 2014, DPH and Dops, Review: April 2019
	(xii) 'Design to Smile' dental public health initiative is trying to work with Primary schools in deprived areas to encourage uptake of an evidence based programme of fissure sealant / fluoride varnish treatment and supervised tooth brushing.	Not all Primary schools are engaging in the programme. This includes some new schools in the new more targeted focused programme. This reduces the likelihood of children in the more deprived areas acquiring good dental hygiene habits for life. Poor dental health can adversely affect self-confidence and diet, as well as potentially requiring unnecessary risk from general anaesthesia for treatment in children.	3x4	3x5	Schools have reported time constraints as the main barrier to engagement in the programme. Education Authorities and schools need to be encouraged to co-operate with this programme, which will require the support of partners. Healthy School and Pre School Co-ordinators are continuing to support roll out of the programme. D25 are trying to get a slot at Cluster Head Teacher meetings.	3x4	3x5	February 2015, DivFT/DPH, Review: March 2019
	(xiii) Although hazardous alcohol consumption may be reducing, particularly in younger people, the health effects of previous hazardous consumption by a large sector of the population are now starting to become apparent, with increasing rates of alcohol related ill health and hospital admission.	We have no systematic means of identifying individuals at risk and offering support, although several staff groups have been offered alcohol brief intervention training.	4x4	4x4	A clear plan is needed to encompass all aspects of alcohol harm reduction, and resources need to be planned and secured.  Evidence base alcohol treatment pathway developed, business case directed to finance and performance committee for services in RGH, NHH and YF.  The APB has re-commissioned new all-Gwent community drug and alcohol services (GDAS) for adults. Planned service expansion following commissioning process next year.  The UHB fulfils statutory role as Responsible Authority on Licensing applications.  An Alcohol Care Team has been established at the RGH and NHH aims to reduce alcohol related harm by raising awareness among hospital staff of alcohol related ill health, screening for alcohol misuse problems and providing specialist care to patients that are drinking at harmful or dependant levels. The specialist support available to patients includes comprehensive alcohol use assessments, care planning, medically assisted withdrawal (often called 'detox') and psychological support.  <i>Support is being provided from the Value Based Care Team to refresh the initial business case to expand to a 7 day service</i>	4x4	4x4	January 2015, DPH, DOPs and DivPCN, Review: March 2019
5. We fail to promote healthy and safe workplaces	(i) A Workplace Health Group oversees workplace health and wellbeing issues. A very large proportion of the population enter ABUHB premises as either staff, patients or visitors each year, and this is an opportunity for demonstrating exemplar policies and practices promoting health.	ABUHB achieved Gold Corporate Health Standard Award in January 2019. Now that CHS has been achieved a focus on workplace health needs to be maintained and further developed to support a healthy and sustainable workforce for delivery of Clinical Futures.	2x4	3x4	Maintenance of this group and activity.  Employee Wellbeing Service and Public Health Team to work together to develop a comprehensive workplace health programme for ABUHB.  Completion and implementation of the Sustainable (Active) Travel Plan	2x3	2x2	Sept 2014, DPH and DWD, Review: October 2018 Review: Sept 2018 Review: March 2019



## Public Health and Partnerships Committee Risk Register 9/07/2015

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	(ii) ABUHB has been awarded the Platinum level Corporate Health Standard	ABUHB achieved Gold Corporate Health Standard January 2019. Revalidation for Platinum is due June 2019.	3x3	3x4	The Work and Health Group will need to develop a plan for achieving Platinum revalidation and coordinate action towards this in preparation for assessment.	1x1	1x1	Sept 2014, DPH and DWD,  Review: December 2017  Reviewed: Jan 2018  Reviewed Sept 2018  Review: March 2019
	(iii) A staff 'wellbeing through food and physical activity' guidelines have been developed, owned by the Work and Health Group.	The staff 'wellbeing through food and physical activity' guidelines need to be refreshed by January 2019.  Implementing the standards as part of the CHS work has been focused on changes to cooking methods, products purchased, pricing and promotion of products. Promotional materials have been designed and displayed to support and encourage and support staff around healthy eating.  However, ongoing encouragement of small steps leading to wider culture change is going to be important here, and we need to be careful to ensure that over enthusiastic policy does not alienate staff, while keeping a constant degree of movement towards ideals. If we manage to set up a rolling programme of reform and engagement, with a background communications initiative, this should slowly improve the food and physical activity environment for staff and visitors.	5x10	5x3	The Work and Health Group need to update the guidelines and incorporate into a much wider approach to workplace health and not just nutrition and physical activity (links to 5).  If this action happens then this risk could be removed altogether as the focus would be on how the Workplace Well-being Programme is developed and implemented.	2x2	2x3	Sept 2014, DPH and DWD,  Review October 2018  Review: March 2019
	(iv) A 'smoke free premises' policy has been agreed and implemented. Two Smoke Free Enforcement Officers have been employed.	Difficulties remain in fully implementing the 'smoke free' policy at some locations in some ABUHB sites. Failure to render NHS property (and staff at work in uniform) smoke free undermines the wider efforts to reduce smoking in the population. Patients who continue to smoke are often those most at risk of harm and increased need of health services.	2x3	2x4	Insight work with patients, visitors and staff at Royal Gwent hospital has been commissioned to start in March 2019. The insight work will assess current behaviour towards the Smoke Free Environment Policy and level awareness to the Public Health (Wales) Act 2017 legislation changes in 2019.	2x1	2x1	Sept 2014, DPH and Dops, July 2019
	(v) Flu immunisation is offered to all front line staff each autumn.  Develop and implement a staff influenza policy and deliver influenza immunisation programme to improve uptake amongst ABUHB staff to achieve 50% uptake.	Frontline Healthcare workers at increased risk of contracting flu virus than the rest of the population in their work and may potentially transmit flu virus to vulnerable patients. Therefore flu vaccination is offered to staff to protect them and vulnerable patients and is a Health Board Tier 1 Target. The consequences of low uptake levels will depend on the type and level of flu circulating in the community, but raising uptake levels provides the best defence possible against harm to both the population health and health board services. Maximising staff uptake levels promotes staff wellbeing and potentially reduces the risk to business continuity at the Health Board by limiting the harm from flu virus contained (or recently contained) within vaccine. Effects likely to be mainly short term, but can be longer term if previous virus strains re-emerge. In 2016, Welsh Government funding to support the flu vaccination of staff has been discontinued.  Health boards currently have a tier one target from Welsh Government to achieve 60% flu immunisation of all front line NHS staff.  Health Boards are expected to resource this immunisation programme and whilst it is a cost effective, preventative measure, no recurrent resource is identified.	3x4	3x4	The ABUHB Staff Flu Immunisation Working Group oversaw a systematic approach to all elements of the delivery of the staff immunisation programme to achieve the 50% target uptake in 2016/17.  Continued improvement requires an ongoing organisation-wide plan based on learning and best practice across Wales. It also requires Divisional Management Teams to understand the rationale for flu vaccination and to implement processes for coordinating, monitoring and improving vaccination uptake within their Divisions.  56.9% of ABUHB staff were immunised during the 2017/18 season, and 58% of front line staff received a flu vaccination.  Four Divisions exceeded the 60% target uptake (Family and Therapies; Primary and Community Care; Unscheduled Care and Corporate Workforce and Organisational Development).  Plans for the 2018/19 season were agreed by the Strategic Immunisation Group and the Executive Team (27/08/2018) and include a full participation vaccination strategy, the introduction of the Divisional Flu lead role and use of financial incentives to encourage Divisions to achieve the 60% target.	3x4	3x4	Sept 2014, DPH and DWD, Review: April 2017 Review: 23/01/18 Consultant in PH Review: March 2019
	6. We fail to have systems and plans to prevent and control communicable disease outbreaks and provide immunisation	(i) The Director of Public Health has close links with Public Health Wales and a local Health Protection Team is located within the Health Board area. The local HPT team currently maintain good links with both local partners (e.g. LA Environmental Health & Education depts, Gwent Police and the LRF) and colleagues in Cardiff, including the provision of cross cover and sharing some nursing staff.  We currently have a small health protection team based within the ABHB area. PHW is currently considering the re-location of this team to Cardiff, to be co-located with the team serving Cardiff and Vale and Cwm Taf Health Boards. There is concern that relocation outside Gwent will jeopardise vital local links and destabilise the efficient functioning of the team.	2x3	2x2		1x2	1x1	December 2014, DPH,  Review: April 2019

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	(i)The Health Board is aware of National Incident/Outbreak Control plans, and has a multidisciplinary 'Strategic Immunisation Group' which meets bi annually. They are also represented on the multiagency Infectious Diseases subgroup of the Gwent Local Resilience Forum.		3x1	3x1	Continued improvement requires an ongoing organisation-wide plan based on learning and best practice across Wales. It also requires Divisional Management Teams to understand the rationale for flu vaccination and to implement processes for coordinating, monitoring and improving vaccination uptake within their Divisions.	3x1	3x1	Sept 2014, DPH, Review: April 2019
	(iii)The Health Board maintains a Childhood immunisation programme, and an Influenza immunisation programme for staff and specific patients	Transition of provision of routine childhood vaccinations from Health Visiting Service to General Practice has been implemented. Health Visiting continue to provide vaccination to children of 'hard to reach' families who repeatedly fail to attend in Primary Care.	2x3	2x3	The staff flu immunisation programme is based on a full participation vaccination strategy, in which the expectation is that all staff should be vaccinated. This is important to minimise the transmission of influenza and protect staff, their families and patients from catching and spreading influenza. As of 20:03:19, 60% of all ABUHB have been vaccinated against influenza, as of end of December 62% of all front line staff have been vaccinated against influenza.  Work is underway to explore what needs to happen on a system level to improve uptake of MMR2 by aged 5.	1x3	1x3	December 2016, DPH & Div FT & Div PCN, Review: April 2019
	iv) ABUHB currently has a part time Immunisations Co-ordinator employed with Family & Therapies Directorate.	The IC post will become vacant in June. The job description is currently aligned to the National Standard for a full time IC. No formal deputisation arranged for the key parts of the role exist. A part time administrative post is funded to support the IC role. If the post is not filled it presents a real risk to business continuity and to vaccination uptake rates.	3x4	3x4	Plans are underway to progress with backfilling to the IC post	3x4	3x5	February 2015, DPH & Div FT & Div PCN, Review: April 2019
	v) The Child Health System (CHS) is vital to provide timely information in the event of an outbreak of disease preventable by routine childhood vaccinations. It is vital that the system contains up to date information.	Inaccurate data in the CHS means much time is wasted pursuing children who have already had vaccinations, and also potentially adversely affects relationships between NHS staff and families. Time and effort is also wasted in answering questions and explaining possible reasons for a perceived rather than a real problem. More importantly, confusion over data takes staff away from seeking out and vaccinating those children who are not protected.	3x3	3x4	The Director of Families and Therapies and Deputy Director of Public Health are engaging with Directors of Educations to ensure systems are in place to ensure Child Health are informed of Children moving in and out of Gwent. School Health Nursing are working to review their current systems of immunisation delivery to incorporate a cross checking of school lists against CHS list. This will enable Child Health to update the system. MMR data cleansing has been undertaken with GP practices. This has highlighted a number of Practices where existing process do not seem to be followed. The immunisation Co-ordinator is working with these practices and a programme of process awareness raising is planned.  The Service Improvement Manager for Child Health is engaging with neighbouring Health Board Areas and Gloucester to understand and improve process for data sharing between areas.	3x3	3x4	January 2015, DPH, Review: April 2019
	vi) Increase the level of influenza vaccine uptake in all at risk groups at NCN level and reduce the gap across all ABUHB NCNs.		4x4	4x3	Plans are in place for flu vaccination of pre-school children, primary school children, people over 65 years, under 65s in at risk groups and care home staff. However, this year there has been complexity around the phased supply of adjuvanted trivalent influenza vaccine (aTIV) for over 65s, which meant that flu clinics have been staggered later into the season. This has also created problems when comparing vaccination uptake (IVOR data) with the previous flu season. There are some general practices that have not had aTIV orders processed or have insufficient vaccine supplies. Current uptake (as at 5th Feb 19) is above the Wales average for those 65 and over and those under 65 in at risk clinical groups but below the average for 2-3 year olds.	3x3	3x3	Review April 2019
	viii) Flu vaccination for children is being extended by 2 academic years to include all year groups at primary school from Autumn 2018.	Full implementation of this new programme is likely to contribute to the disruption of the spread of flu viruses in the community, but this is going to place a considerable extra burden on the school nursing service, which could jeopardise other important public health functions that they currently perform.	3x3	3x4	Capacity has increased within the School Health Nurse immunisation team to deliver to all primary school aged children	3x2	3x4	June 2015, DPH and Div F&T Review: April 2019
	ix) uptake of all scheduled vaccination by age four continues to fall.	This appears to be an issue with the timeliness of vaccination delivery, which is of concern as it leaves many children unprotected during their first year of full time schooling.  The World Health Organisation has reported a sharp increase in the incidence of Measles cases in the Europe Region in 2017. Larger outbreaks have occurred in areas where immunisation rates fall below the 95%, which give community immunity and prevent the transmission of measles within a population.	3x3	3x4	Additional staffing is being requested by the relevant departments, and the immunisation co-ordinator role is being reconsidered to free up time to support teams and practices. An action plan to reduce waiting times / queues in some GP practices is being implemented to ensure children are offered the vaccination on a timely basis.  Work is underway to explore what needs to happen on a system level to improve uptake of MMR by age 5. Uptake in school age children from age 4 to 16 years has increased due to the system level work led by the Public Health Team.	3x3	3x4	June 2016, DPH, Div F&T, Div PCN Review: April 2019
<b>7. We fail to provide effective programmes to screen and detect disease</b>	(i)The Health Board supports the Public Health Wales national screening programmes for cervical, breast and bowel cancer etc. via various SLAs.	Overall uptake rates in ABUHB are generally meeting or close to meeting targets, with the exception of Bowel Cancer and Aneurysm Screening. Within ABUHB however, there are inequalities with uptake rates being lower in the more deprived areas. It is likely that there are other inequalities by population subgroups - eg ethnic minority - but data are not available.	2x3	2x4		2x3	2x4	DPH Review: October 2018

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	(ii)The 'Living Well Living Longer' programme is offering targeted health checks for cardiovascular disease and risk factors across the most deprived communities of ABUHB. This has the potential to make a significant difference to inequalities in healthy life expectancy in ABUHB.	<p>Over 11,700 citizens have attended a full Health Check with 1,746 sessions held in 57 local community venues across 6 cluster areas and 39 GP practices. All attendees have had the full range of tests, advice and brief interventions offered.</p> <p>The Well Being Advisor Service is a new development, receiving over 400 referrals so far, which supports high risk patients for a period of up to six months, to understand their modifiable risks and to set goals and actions which will help to lower their risks.</p> <p>In terms of clinical intervention, around 30% of patients exceeded NICE threshold requiring a further appointment with their GP Practice in relation to blood pressure, cholesterol and diabetes risk.</p> <p>An initial evaluation of the programme is currently taking place (August 2017).</p> <p>Support is also provided to people to reduce their preventable risk factors for cancer through the Living Well, Living Longer Programme (as set out above). The national screening programmes are promoted through the Health Check.</p> <p>GP practices have carried out their significant event analyses of lung, digestive and ovarian cancers.</p> <p>NCNs have also concluded evaluation of the bowel screening pilots.</p>	2x3	2x4	<p>Complete the roll out of the Living Well Living Longer Programme. The programme is approaching completion in Newport East invite and Newport West NCNs a CPD session for the 5 practices was held on 28/9/17.</p> <p>Implement a sustainable, social model of primary care to support people to reduce their risk of heart disease, stroke, diabetes, cancer, respiratory and liver disease in Blaenau Gwent West, Blaenau Gwent East and Caerphilly North NCNs.</p> <p>Implement a mental wellbeing pathway as part of the Living Well Living Longer programme.</p> <p>Working with community partners through NCNs, implement an Integrated Wellbeing Network as part of the Living Well Living Longer programme.</p> <p>Through NCNs, identify and disseminate the common themes from the 2016/17 GP Practice audit of new cases of cancer.</p>	2x3	2x4	<p>DPH</p> <p>Review: July 2018</p>



## Blaenau Gwent Public Services Board

**To be held:** Monday 22<sup>nd</sup> Oct (2.00pm – 4.00pm)

**Venue:** Executive Room, Civic Centre, Municipal Offices, Ebbw Vale. NP23 6XB

### 1. Apologies (Chair)

#### In attendance:

Michelle Morris (Chair)	Blaenau Gwent County Borough Council
Diana Binding	National Probation Service Wales
Glyn Jones	Aneurin Bevan University Health Board
Jeff Cuthbert	Police and Crime Commissioner
Guy Lacey	Coleg Gwent
Rhodri Asby	Welsh Government
Joe Logan	Tai Calon Community Housing
Sarah Aitken	Public Health Wales
Eryl Powell	Public Health Wales
Jon Goldsworthy	Natural Resources Wales
Fen Turner	Natural Resources Wales
Nick McLain	Gwent Police
Dewi Jones	South Wales Fire Service
Martin Featherstone	Gwent Association of Voluntary Organisations
Bernadette Elias	Blaenau Gwent County Borough Council (PSB Support)
Emma Scherptong	Blaenau Gwent County Borough Council (PSB Support) (Notes)

#### Apologies:

Nigel Daniels	Blaenau Gwent County Borough Council
Judith Pagett	Aneurin Bevan University Health Board
Julian Williams	Gwent Police
Huw Jakeway	South Wales Fire Service
Nicola Davies	National Probation Service in Wales
Heather Nicholls	Wales Community Rehabilitation Company

*The meeting was conducted with Quorum Status and apologies were noted.*

### 2. Notes of previous meeting (Chair) (15 mins) (papers attached)

#### a) PSB meeting 23rd July 2018 notes for accuracy

*The notes were agreed as accurate.*

**b) Action Sheet from 23rd July 2018**

*Action Point 2 – Welsh Language Costs - Gwent Police payment in progress; Public Health Wales requested separate discussion with BE regarding the matter.*

*Action Point 4 – Large Scale Change Evaluation Report to be shared in due course, following internal sign-off.*

*Action Point 6 – Working Together on Universal Credit Delivery Group – invitations made to Wales Community Rehabilitation Company and National Probation Service for Wales.*

*Action Point 8 – Happy Communities Analysis to be shared with the Board when available.*

**c) Recommendations from PSB Strategic Support Group****I. Endorse the Blaenau Gwent Well-being Plan Easy Read Version**

*PSB endorsed the Blaenau Gwent Well-being Plan Easy Read Version.*

**II. Endorse the PSB News Bulletin (First Edition) (attached)**

*PSB endorsed the PSB News Bulletin and proposal to have an annual edition to support the Annual Report.*

**III. Recommendation on Agenda Item 7**

*Noted.*

**3. Director of Public Health Annual Report 2018: A Healthier Future for Gwent – Overview Presentation by SA (10 mins) (report attached)**

*SA provided an overview of the report and presented a video.*

*JC supports education as a preventative measure for delivering health outcomes.*

*MF said PSB has important role to play as key employers of the area. GAVO will continue to lead on promoting volunteering opportunities, but will also consider how it can support the well-being of staff by considering the introduction of schemes such as 'staff well-being hour'.*

*MF suggested the PSB to acknowledge SA's request and to consider how as organisations they can support.*

*GJ said the report was gratefully received and practical and commends the style of the report for dissemination.*

*DJ agreed addressing obesity is important. South Wales Fire & Rescue provide staff with 45mins per day to undertake physical activity.*

*RA said access to green infrastructure and encourage usage will be key centred on encouraging positive behaviour changes.*

*FT informed the Board that support to map Green Infrastructure across Gwent is being submitted as part of the Enabling Natural Resources and Well-being in Wales Gwent.*

*GL said that smoking levels at the Ebbw Fawr Coleg Campus is high, including the use of e-cigarettes. He would be interested to know the trends between levels of smokers aged 16 and 18 years respectively and more information on the numbers of people who 'vape', the known effects of e-cigarettes and whether purchasing is regulated.*

*JL also asked whether due to the pricing of tobacco, is the use of illegal tobacco an issue in Blaenau Gwent.*

*NM said issues such as organised crime is one of Gwent Police's key priorities and will be a future delivery area.*

*SA said rolling out successful initiatives such as 'Couch to 5km' will support sustainable behaviour change. Also issues schools and colleges are not comfortable with, such as smoking, need to be raised and brought to the attention of the Board.*

*RA said air quality is also important and particularly how high emissions can have a negative impact on health outcomes. Blaenau Gwent has good air quality which needs better social awareness and knowledge about how we reduce car usage.*

*MM requested SA to come back to future meeting to discuss how as employers the Board can support the agenda.*

*Members agreed for there to be a future discussion space.*

**Action:** SA to share promotional posters and pledge cards with the PSB when available.

#### **4. Blaenau Gwent Well-being Delivery Plan Lead Updates (papers attached)**

##### **a) Early Years First 1000 Days Programme (GJ)**

*GJ thanked partners for support and for rich analysis provided through the First 1000 Days Planning Group. GJ gave an overview of the report and highlighted the emerging themes that were some clear identified steps and recommendations for the Boards consideration:*

- *Improving information sharing between agencies and ensuring there is a planned approach for collaboration;*
- *Development of an Early Years First 1000 Days Community of Practice, building on existing partnerships and networks*

*MM outlined that the scale of need for enhanced services across Blaenau Gwent is great. Key will be identifying what the wicked issues are and where we need to build a case with Welsh Government regarding the areas service needs.*

*MM suggested for the PSB to develop a case.*

*SA said that the Healthy Child Wales Programme will be used to support gaps and will be rolled out by 2018/19. The programme has already been piloted in Torfaen which will help us to better understand what an ideal system looks like. Support is also being provided by*

*Centre for Works, who have identified a number of evidence-based interventions that work.*

*Members agreed for the First 1000 Days Planning Group to lead on taking this work forward.*

*MF suggested that a future joint Public Services Board and Strategic Support Group could be held to explore this further.*

*GJ said he would welcome this.*

## **b) Maximising Opportunities for Prosperity (MM) (Copy to follow)**

*MM confirmed a discussion with RA had been held. Blaenau Gwent has a challenged economy, low skills levels and high levels of economic inactivity and key to taking this work will be making connections between the key strategic programmes to improve outcomes for the area.*

*MM gave an overview of the report which recommends that a wider stakeholder event is arranged early in 2019 to raise awareness levels about the strategic regional programmes, explore what resources are currently available and where the gaps are. Information derived from the event will enable the Board to consider what it can do to support this delivery area.*

*Members agreed for event to be held.*

*JC said considering what the Corporate and collective offer is to support prosperity. The PCC has a Policing Graduate Programme which is accessible also to 'hard to reach' communities.*

*JC suggested there is scope for the Board to consider what apprenticeships could be offered across all public services.*

*SA informed members that Public Health Wales run an apprenticeship programme within the social care sector as part of the Regional Partnership Board Academy.*

*JL said he supports all of the recommendations and would be particularly interested in skills shortages in Construction and the Foundational Economy.*

*GL offered to host the event at the Ebbw Fawr college campus and to provide support on the day.*

*JG asked whether it should be a Gwent-wide workshop.*

*MM requested a local approach is taken forward in the first instance so we are really clear on what's Blaenau Gwent's offer and ask.*

*Members agreed.*

**c) Working together on Universal Credit (JL) (Copy to follow)**

*JL gave an overview of the report and outlined that the Delivery Group were currently focusing on the accessibility of information and scoping with the development of an 'App' could be a potential solution. JL pointed out that it is likely addressing information needs is a Wales-wide issue so should Welsh Government, or UK Government be exploring a National solution.*

*JL asked members whether any members had any ICT technical expertise which could support development of an application.*

*JL said that the Delivery Group are also working on the development of a multi-agency Risk Register.*

*SA asked whether Dewis had been considered as an access point for service information.*

*JL included that it was being explored.*

*Chair invited the Board to provide any further comment.*

*RA said Brexit could compound pressures.*

*DJ said there are risks such as fuel theft due to increased fuel poverty.*

**d) Getting Blaenau Gwent Active and Healthy (BE) (Copy to follow)**

*BE gave an overview of the project and progress to date and proposed the PSB could participate in walking the route as part of the launch.*

**e) Carbon Positive Futures presentation (JG & Fen Turner) (paper attached)**

*JG gave a summary of the project.*

*Chair offered for Carbon Positive Futures and Climate Ready Gwent to be considered as a future item for discussion space.*

*Members agreed.*

**f) Discussion Space options at next PSB meeting (5 mins)**

- Gwent Futures (Ash Wales) – Proposal for joint PSB and SSG workshop to be held (13.00pm – 15.00pm); PSB business (15.00pm – 16.00pm)

*Chair proposed opportunity for Special PSB meeting to be held in April and asked for Members approval.*

*Members agreed for a Special PSB Gwent Futures Workshop to be arranged in April, facilitated by Ash Futures.*



## 5. Performance Management (10 mins) For information

### a) Progress update on Strengthening PSB Partnerships and Groups for Delivery (MF)

*MF gave an overview of progress to date and outlined that the key aim of the work was to develop new a Partnership Framework and ensure key communication messages are disseminated to stakeholders regarding the new delivery arrangements.*

*The Chair asked whether the new Partnership Framework arrangements were in place.*

*BE confirmed that they are.*

### b) PSB Scrutiny Forward Work Programme – to agree items to be proposed for 3rd December meeting (BE)

*BE gave an outline of proposed items for scrutiny and asked PSB to feedback any additional items.*

**Action:** Members to feedback any items to include within the PSB Scrutiny Forward Work Programme.

## 6. Partnership Business (Chair) (10 mins)

### a) Future Generations Commissioner & Children's Commissioner Letter to PSBs (proposed response attached)

*Chair asked Members if they had any comments regarding the proposed response.*

*SA made suggested to amend 'Regional Partnership Boards' to 'Regional Partnership Boards Support Teams'.*

*BE confirmed that the change will be made.*

**Action:** Amendment to letter to be made, prior to submission.

### b) Academi Wales PSB Board Development – Option for workshop at Jan PSB meeting (Letter to PSB Chairs attached) (BE)

*Chair asked Members whether they supported the proposal of Academi Wales running a workshop in January.*

*Members supported, but requested for the workshop to arranged for the PSB meeting in April.*

**Action:** BE to make arrangements with Academi Wales for PSB meeting in April

**c) Partner Attendance at Equalities and Human Rights Commission Evening Event – Tuesday 4th December**

**The Chair confirmed attendance at the event and extended the invitation to Members.**

**Action:** Equalities and Human Right Commission Evening Event Invitation to be shared.

- 7. Commissioning (JG) (papers attached) (10 mins)**
  - a) Recommendation for Natural Resources Wales Funding (£5,000) to support delivery of local well-being plans**

*Members agreed recommendations for use of the funds.*

- b) Update paper on Enabling Natural Resources and Well-being in Wales Grant**

*Paper was noted for information.*

*Chair asked for the outcome of the submission to be tabled at a future PSB meeting.*

- 8. Key Information from Regional Working Partnerships and Groups (BE) (10 mins)**  
**For information**
  - a) GSWAG Updates**
    - I. Good Practice Exchange Wales GSWAG Vlogs Collaborative Partnerships and Keeping Data Live**

*BE gave an overview of the Vlogs and encourage Members to watch them.*

- II. Gwent Futures Conference Invitation, 12th November (Invite attached)**

*Noted.*

- 9. Diary Markers for PSB Members (papers attached)**

*Dates noted.*

- 10. Any Other Business (Chair)**

*None.*

- 11. Items for information**

- a) PSB Strategic Support Group Notes - August 2018**
- b) Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Annual Report 2018 (paper attached)**

*Noted.*

*The Chair adjourned the meeting.*

**AGENDA ITEM 1****Caerphilly Public Services Board****Notes of Meeting**Held at 9.00 a.m on Tuesday, 4<sup>th</sup> December 2018

Sirhowy Room, Ty Penallta

5.1

<b>Present:-</b>	
Cllr David Poole (Cllr DP)	Caerphilly County Borough Council (Chair)
Christina Harrhy (CH)	Caerphilly County Borough Council
Jeff Cuthbert (JC)	Gwent Police and Crime Commissioner
Shelley Bosson (SB)	Aneurin Bevan University Health Board
Ali Gough (AG)	Aneurin Bevan University Health Board
Sarah Aitken (SA)	Aneurin Bevan University Health Board
Huw Jakeway (HJ)	South Wales Fire & Rescue Service
Nick McLain (NM)	Gwent Police
Steve Morgan (SM)	Natural Resources Wales
Mererid Bowley (MB)	Public Health Wales
Martin Featherstone (MF)	Gwent Association of Voluntary Organisations
Nigel Stacey (NS)	HM Prison and Probation Service
<b>In attendance:-</b>	
Kathryn Peters (KP)	Corporate Policy Manager, CCBC
Stephen Harris	CCBC
Alison Palmer	GAVO / CCBC
<b>Apologies:-</b>	
CC Julian Williams	Gwent Police
Heather Nicholls	National Probation Service
Diana Binding	Wales Community Rehabilitation Company
Cllr Tudor Davies	South Wales Fire Authority
James Owen	Welsh Government
Judith Paget / Nick Wood	Aneurin Bevan University Health Board

Point	Agenda item	Action
	<b>Welcome:</b> The Chair welcomed all present to the meeting welcoming Steve Morgan to his first meeting, replacing Ceri Davies as the NRW representative.	
<b>1</b>	<b>Previous Notes and Matters Arising:</b>  It was noted that the actions on Page 5 relating to the Natural Environment Action Areas should be changed to JG not MF. With no further changes, the notes of the previous meeting were approved as a correct record.  Page 4 – JC asked for Rachel Allen from the OPCC Office to be included in the ACE's work and MB confirmed she would be include in the group. Page 5 – NM confirmed that discussions regarding Gwent Police leading on the Assets Enabler were ongoing. Page 8 - Noted that the G10 meeting would be taking place on 18 <sup>th</sup> December and the VAWDASV reporting process would be raised at that meeting. Page 9 – MF agreed to re-circulate the links to the Community Voices evaluation.	NM DP MF

Point	Agenda item	Action
2	<p><b><u>Well-being of Future Generations</u></b></p> <p>a. <u>Performance Reporting:</u>  Kathryn Peters, Corporate Policy Manager introduced the Well-being Plan performance report. KP explained that it had been identified at the Academi Wales sessions with the PSB in September that public sector boards can fall into the trap of spending too much time on governance and too little time on improvement. Assistance was provided following the workshop by SB and NM to revise the reporting framework to reduce the information presented to the PSB. In addition Leads and Policy Officers were currently working on amending the action plans to reduce duplication and these would be presented at the March 2019 meeting. KP noted that the performance reports were now much shorter, with mostly narrative; some performance indicators were still being populated hence there were some gaps that are being worked on. NM confirmed it had been a productive meeting and he hoped that everyone was happy with the amended templates which he felt were much easier to digest whilst assuring members that the work was being progressed at an officer level. It had previously been agreed that the performance reports would be presented on a six monthly basis but it had been suggested that the PSB might wish to see half of the reports at each meeting to enable more discussion. CH and Cllr DP acknowledged the quantity of paperwork presented to this meeting and, following discussion, it was AGREED that KP would arrange for 50% of the performance reports would be presented at each meeting and would devise a new reporting schedule to satisfy the needs of the PSB and Partnerships Scrutiny Committee.</p> <p>KP explained that Partnerships Scrutiny were presented with the reports at their meeting but also wanted more in depth reporting from each action area in turn, starting with looking at Resilient Communities in January 2019 and Good Health and Well-being at their July meeting. The Chair noted that there was a need to ensure the reporting process aligned with annual reporting processes for some members of the PSB. SA asked for clarification of whether the Scrutiny report for July was on winter pressures and KP confirmed that the report would be on the Good Health and Well-being Action Area, but the order of reports to the PSB had been changed because of the involvement of the ABUHB leads in winter pressures over the coming months.</p> <p>b. <u>Enablers/Action Areas:</u></p> <p>i. <b>Communications and Engagement.</b> Kathryn Peters reported that an invitation to join the group had been extended to Menter Iaith and the Caerphilly 50+ Forum to improve the engagement of underrepresented groups. She noted the Twitter account was now available #caerphillywewant.</p> <p>AP was currently reviewing the Annual Conference mailing list and had received responses from some PSB members to date. KP asked members to assist with the review to ensure the right people were represented as it was a partnership conference. KP confirmed when questioned that the performance measures had not all been transferred to the report template yet.</p> <p>ii. <b>Procurement and Commissioning.</b> CH referred members to the report noting that the work of the group was progressing well. She noted that quantitative measures still needed to be looked at. Suggestions put forward were the number of contracts awarded to local SMEs, and the number of contracts awarded to third sector organisations. CH noted the action for the PSB to ensure that the officers they had designated to attend on their behalf did so as a number of meetings had been cancelled due to lack of attendance. Noting that NRW, as a national organisation, would not be able to attend a regional group. KP reminded members that this had been a key area identified in the well-being assessment. Cllr DP expressed concern at the lack of attendance given the amount of spend in the county borough by PSB member organisations and the huge benefits that could be brought by working</p>	<p>KP</p> <p>ALL</p>

Point	Agenda item	Action
	<p>together. HJ explained that his organisation had one procurement officer and could not be expected to be involved in that work in nine PSBs. He suggested that perhaps this was an area of work that should be scaled up to a wider area, similarly to GSWAG or G10. KP explained that GSWAG had done some work on those action areas that might need to be elevated to a regional footprint, for example, a suggestion had been made that asset management could be a G10 issue.</p> <p>iii. <b>Asset Management:</b> CH reported that this area was being lead jointly by CCBC with Gwent Police and that there had been good progress across Gwent in areas such as electric vehicles. KP acknowledged there was still some work to do on performance measures and it was also noted that there had been some issues with representation by PSB partners at meetings. PSB members are asked to ensure attendance. Assets will be discussed at the next G10 meeting.</p> <p>iv. <b>Best Start in Life:</b> Mererid Bowley, Public Health Wales, reported that the ACEs work was progressing and they were looking at a whole system approach to changing the way of working. Children First pilots were taking place in Lansbury Park and Fochriw. Meetings with Welsh Government had taken place regarding the integration of early years services. Following pilot work in Cwm Taff, Welsh Government were extending an invitation to the PSB to pilot the First 1000 Days programme extension to include up to age seven in Caerphilly county borough. The Pathfinder project proposal would mean working with WG to look at the current system and map the differences between Flying Start and non-Flying Start areas. MB asked the PSB to consider signing up to the pathfinder programme, and, following discussion, it was AGREED that Caerphilly PSB would support the proposal.</p> <p>v. <b>Volunteering:</b> MF thanked PSB members for their nominations of officers to attend the workshop session in September. The Steering group would be meeting tomorrow (5/12/18) to develop the action plan further. Progress to date included meeting with the Corporate Director of Social Services to look at corporate volunteering/social responsibility including looking at potential barriers. The group will be doing more work on the performance measures and will be looking at the ambition and scale of the approach. A meeting will be scheduled early in the New Year with ABUHB officers supporting the Ffrind I Mi programme, and links had already been made with the Apprenticeships Action Area. The group would be looking to define a vision to aspire to, and MF noted the work being undertaken in Monmouthshire on a similar theme. Members responded positively to the idea of a vision for volunteering. MF responding to questions confirmed that young people were involved through the youth service representation on the group and GAVO Youth Volunteering, but there was a gap in representation from education, and agreed it would be useful to link with Duke of Edinburgh's award scheme and Welsh Baccalaureate.</p> <p>vi. <b>Apprenticeships:</b> CH reported that the main focus had been on what was already happening, in particular the City Deal focus on skills for the future. A number of fact-finding meetings had been held and the draft delivery plan was being developed. CCBC had gone out to advert for 20+ apprentices as part of the workforce development plan. It was recognised apprenticeships was a key regional focus for the public sector. There was a need for the group to work on wider performance measures and to make more links. In response to a question from JC, CH confirmed that one of the ambitions of the action area was to look at an apprenticeships programme across PSB partners but that had not yet been progressed. It would be a focus of the group once the fact-finding was complete and an update would be provided at the next meeting. SA commented that there was a very active apprenticeships programme in ABUHB and she would be interested in looking how it might support back office functions. She also requested a refresh of who had been invited to join the group. The Chair noted that some similar work was being</p>	

Point	Agenda item	Action
	<p>undertaken in Manchester but many barriers had been encountered, noting that Caerphilly benefited from the strength in local relationships. HJ suggested that Academi Wales would be interested and it was noted that an Academi Wales graduate was currently working in the Resilient Communities Action Area. JC commented that policing was becoming a graduate profession and the specifications for Wales could include an understanding of partners. The OPCC would want to be involved in this action area.</p> <p>vii. <b>Good Health and Well-being:</b> AG reported on the work over the past few months to align the Neighbourhood Care Network (NCN) plans to the five ways of working and the seven goals, themed around the priorities for Caerphilly county borough. The good working relationship with partners and colleagues e.g. from the third sector and police was noted and AG highlighted the recent pan-Caerphilly NCN workshop in collaboration with the third sector that saw 150 people in attendance. The session had identified gaps in support for sexual health and obesity. They were currently looking at the outcomes from the session. ABUHB were currently supporting a media campaign advertising “choose the pharmacy” and flu immunisation. The Care Navigation training for all GP reception staff was on its third session with the aim to go live in January. This would enable reception staff to redirect to more appropriate services. AG noted that the workshop session in November had introduced 35 third sector organisations/services GPs were unaware of, providing more referral options. AG reported on the £13.8m investment in services, with a priority of the north of the borough, and agreed to provide updates.</p> <p>HJ referred to the Making Every Contact Count training in the report and the involvement of the SWF&amp;R Service in initiatives in Bridgend and Newport which he hoped to roll out. He suggested that as a single public sector there was a need to look at the collective benefit of early intervention and prevention to have an impact. CH suggested that this was an area of work that the PSB might wish to focus on. SA suggested that the training package could be provided for PSB member organisation's staff and MB offered to discuss the initiative further. CH suggested that this could link with the integrated hub in Rhymney and focussed partnership working in Bargoed, with the authority looking to use buildings more effectively.</p> <p>viii. <b>Safer Communities:</b> NM reported on the appointment of a new Anti-Social Behaviour Coordinator to be based in Ty Penallta as part of a multi-agency hub with Community Safety Staff and Gwent Police. There would be fortnightly partnership tasking meetings starting in January to identify areas of demand and vulnerability, particularly around ASB and organised crime, working in partnership across the whole of Gwent. JC added that with the focus of the Police and Crime Plan being the prevention of crime his new community fund, using the proceeds of crime, would focus on larger projects in areas of deprivation working with local policing, e.g. supporting organisations providing distraction activities for young people. CH reported that Community Safety Wardens had been put forward as a proposed saving in the current budget consultation. A number of responses valuing the service had been received and a review of the service was currently being undertaken seeking to retain it in a different form. Discussions with the Deputy Chief Constable were taking place to look at how resources were used.</p> <p>ix. <b>Resilient Communities:</b> CH reminded members of the deep place study undertaken previously and the agreement by the PSB to take a one public service approach to Lansbury Park, looking at the services and resources being put into the area. Work was progressing well and leads had been identified for each of the actions. The Academi Wales graduate was currently mapping services. CH noted that the WHQS physical works were nearing completion and environmental works were ongoing. The group now needed to focus on social issues.</p>	



Point	Agenda item	Action
	<p>x. <b>Natural Environment:</b> SM in taking over the area from Ceri Davies had discussed progress with Jon Goldsworthy and Helen Fletcher but was yet to have a handover from Ceri Davies. He noted the comments on the performance measures and reported that the Green Spaces Group was now in place and would be meeting the following week. The key pieces of work included work with Public Health Wales and active travel and he would provide a further update at the next meeting. The community engagement work was continuing, targeting communities across Gwent and following on from the “Come Outside” work some years ago, with the aim of developing outdoor activities. He reported that NRW were looking to carry out engineering work at Cwmcarn with the aim of re-opening the Forest Drive. The area had also been identified as a discovery gateway site.</p> <p>The Chair thanked members for their reports. Noting that some of the work reported would not come together for six months or more he challenged members to consider how the PSB could demonstrate what it had achieved in the first six months. KP added that they would also need to consider the content of the Annual Report which would need to be published in July 2019, using the reporting templates to build the annual report with additional information. Members discussed the need for balance between quantitative and qualitative information but all agreed it was important to be able to demonstrate the work of the PSB and its achievements. It was recognised that the first six months would not necessarily show many achievements and also noted that some work would be ongoing. Members suggested that there may be some actions that could be highlighted and CH challenged members to suggest how best to demonstrate the work of the PSB. The Chair reminded members that the PSB also needed to consider strategic work and the need to discuss and resolve barriers.</p> <p>SA commented that the reporting template was a good way of looking at the work, suggesting that each Champion take away their template to consider what they are really trying to change. It was AGREED that the content and promotion of the Annual Report should be discussed further.</p>	
3.	<p><b>Safer Caerphilly Future Delivery Report</b> Kathryn Peters, Corporate Policy Manager</p> <p>KP noted that NM had referred to the need to streamline governance in his Safer Communities report, explaining that WG had elevated a number of issues to the PSB level, being part of the reason for the requirement to have criminal justice partners on the PSB. He had also referred to the establishment of the Safer Caerphilly Community Safety Hub at Ty Penallta. Referring PSB members to the covering report KP explained the statutory duties required of community safety partners and the changes to delivery that have seen some duties being discharged at a regional level through the Safer Gwent Group. KP asked members to consider the proposal to disband the current Safer Caerphilly Delivery Group, passing the responsibilities for local delivery and reporting to the newly formed Safer Communities Action Area working group. KP referred members to the table identifying the proposed responsibility for statutory duties noting the separate arrangements for VAWDASV and CHANNEL/PREVENT. SB queried the lack of a health board representative on the group, asking if members were confident that where they needed to be involved in community safety that would be picked up? KP/NM explained that the health board had previously had representation but they along with others had dropped away over time and that there hadn't been representation for some while. A number of members felt that health representation was important, particularly with the need for joint working on area such as mental health. It was AGREED that representation be discussed by the Chair and the Health Board to ensure appropriate representation. HJ also requested that the wording regarding the role of the Fire and Rescue Authority be strengthened. With the commitment to look at the representation from the Health Board the recommendations were AGREED.</p>	KP/N M

Point	Agenda item	Action
4.	<p><b>Welsh Language Strategy</b> Kathryn Peters, Corporate Policy Manager</p> <p>KP presented the report on the development of the 5-year Welsh Language Strategy by CCBC. She referred members to the request by the Welsh Language Commissioner for PSBs to support a “thriving Welsh Language” and the advice from the FG Commissioner that culture and language had received less attention in well-being plans than other national goals. Her framework for project development expected groups to consider bilingualism. Members had provided their Welsh Language strategies and it was noticed that some were required by the standards and others not. Members were asked to consider whether the PSB needed to develop a separate Welsh Language Strategy for the borough or if they would be prepared to endorse the aims of the Welsh Language Strategy developed by CCBC. Members considered the report and AGREED to endorse the CCBC Welsh Language Strategy.</p>	
5.	<p><b>PSB Terms of Reference</b> Alison Palmer, Community Planning Coordinator</p> <p>AP presented the report, outlining the amendments to the Terms of Reference as agreed at the previous meeting. Specific changes had been made to:</p> <p>Clause 17 – the inclusion of the Chair of the Partnership Scrutiny committee as an observer on the PSB          Clause 23 – amendment to the terms of office of the Chair and Vice Chair to two years          Clause 38 – amendment to the role of sub groups to reflect the change in delivery structure, and          Clause 43 – amendment to the reference to bi-annual Standing Conferences to a PSB Annual Conference.</p> <p>The report and amended terms of reference were noted.</p> <p>KP reported that representations had been made to the Chair regarding the role and representation of town and community councils on the PSB. Cllr DP reported that he had attended the Town and Community Council Liaison Committee where the request was discussed. It was explained that town and community councils do not have full coverage across the county borough and whilst some were strong, others were very small and none of them met the FG Act criteria of a turnover of £200k p.a. for a ‘competent council’. Competent Councils are bound by the Act in the same way as other public sector bodies. KP noted that town and community councils had been engaged throughout the Well-being Assessment and the development of the Well-being Plan. It was suggested that the due to the inconsistent coverage for the county borough communities, and the fact the PSB was not yet mature enough to involve a wider membership at this time, that engagement should continue at a lower level. Members AGREED not to extend membership to town and community councils at this time but that they wished to maintain the ongoing dialogue.</p>	
6.	<p><b>Vice Chair Role</b> Kathryn Peters, Corporate Policy Manager</p> <p>KP reported that Bronagh Scott, previously the representative of ABUHB and Vice Chair of the PSB, would be leaving ABUHB and would be replaced on the PSB by Nick Wood, Executive Director of Primary, Community &amp; Mental Health Services. ABUHB had indicated they would be prepared to continue to hold the Vice Chair role. Cllr DP noted that his term of office would come to an end with the March 2019 PSB meeting and generally the Vice Chair would take up the role. It was AGREED to discuss this further at the next meeting.</p>	
7.	<p><b>Questions from the Public</b></p>	



Point	Agenda item	Action
	KP reported that the meeting and agenda had been publicised on the PSB website and through various media channels with the invitation to ask questions about the work of the PSB. There were no questions from the public on this occasion.	
8.	<p><b><u>Date of Next Meeting</u></b></p> <p>The next meeting of the PSB would take place on Tuesday 5<sup>th</sup> March 2019 in the Sirhowy Room, Ty Penallta, commencing at 9.30 a.m. Members were reminded that the Gwent Futures development session would take place in the Ebbw Room after a short break. There being no further business the Chair closed the meeting with thanks for members' attendance and compliments of the season.</p>	

DRAFT

**Public Service Board**  
**Wednesday 17<sup>th</sup> October 2018 at County Hall, Usk**

**Minutes**

**Attendees:**

Huw Jakeway	South Wales Fire and Rescue Service
Sharran Lloyd	Monmouthshire County Council
Paul Matthews (chair)	Monmouthshire County Council
David Barnes (minutes)	Monmouthshire County Council
David Letellier	Natural Resources Wales
Martin Featherstone	GAVO
Adrian Huckin (for Paula Kennedy)	Melin Homes
Matthew Gatehouse	Monmouthshire County Council
Sian Curley	Office of Police & Crime Commissioner
Peter Fox	Monmouthshire County Council
Hazel Clatworthy	Monmouthshire County Council
Peter Carr	Aneurin Bevan University Health Board
John Keegan	Monmouthshire Housing Association
Ian Roberts (for Julian Williams)	Gwent Police
Arif Mahmood (for Sarah Aitken)	Public Health Wales
Val Smith	Monmouthshire County Council

**Apologies:**

Julian Williams	Gwent Police
Diane Watkins	Aneurin Bevan University Health Board
Sarah Aitken	Public Health Wales
Paula Kennedy	Melin Homes

### 1. Welcome and apologies

PM welcomed all to the meeting.

### 2. Minutes of the last meeting (17<sup>th</sup> July 2018) & Matters Arising

The minutes were accepted as a true and accurate record.

### 3. North Abergavenny Local Letting Plan

JK provided a presentation to the group on the ongoing work being done in Mardy. The Local Letting Plan (LLP) was introduced in 2015 to tackle issues such as higher levels of ASB, lack of demand and the increased management and void costs.

Since the introduction of the LLP, many positive outcomes have been seen. Such as the substantial change to the socio-economic profile of the area and the increased average number of bids for homes. Although there is recognition for further improvement therefore the LLP will continue into next year.

IR asked how engaged Gwent Police are in the project, with JK replying that there is a real good relationship with good sharing of information.

PC mentioned a programme of work (Widening Access) that the health sector have to work with people to get into careers in health and that it would be great to figure out a way of working with the Plan.

### 4. Wellbeing Plan – Update on wellbeing steps progress

MG presented his paper and gave a summary of the work to date around the wellbeing steps, that it was recognised all 19 steps can't run concurrently and there was a need to prioritise.

The paper recommends 6 fields of work to be prioritised, namely:

- Adverse Childhood Experiences – led by Gwent Police
- The mental health of children and young people – led by ABUHB
- Improving the resilience of ecosystems – led by NRW
- Promoting active citizenship – led by GAVO
- Re-addressing the supply and mix of housing stock – led by MCC
- Developing technology-led solutions for improving rural transport – led by MCC

The measures included are mostly part of the 46 Future Generations Act indicators, and we will look to develop further measures over time, where they will become more precise and explicit.

PM explained that each step has an organisation linked to it, and will be held to account – primarily to ourselves but also accountable to other organisations and the select committee. Everyone will be travelling with the authority of the PSB, and it needs to be reported back if we are not getting what we need.

IR agreed, that it's not about a single agenda, but about lining up agencies and working together. Adding that little gains can be made over the course of the next 6 months that will make a lot of difference.

PM stated that the LA have committed to resetting its LDP (Local Development Plan) as there is a hypothesis that the current LDP is not fit for purpose. The LDP is about adjusting communities that will allow people to stay in the county and driving the average age down – for which there is a role for everyone here. PM also commented on rural transport and the research into alternative models and approaches.

DL noted he was happy with the proposal and NRW are committed to the process. Adding it was going to be a team effort and it was expected that NRW would be involved in many of the other steps also.

PC welcomed the proposals, and said it was encouraging that there is a relationship between them all and it's going to be all of us in partnership working on this.

MF commented that the partnership team is appreciated and valued, having had meetings to discuss the action plan. Also mentioned was the representation that would need to be present for operational discussions for each step and how we would go about that. PM responded that it will be us learning through action, and that anyone can freely use the resource of MCC.

HJ echoed the sentiments of PM, although the fire service are not leading on any steps he would expect them to be involved and pledged his organisations support.

IR also pledged the support of Gwent Police.

PC asked about the timeframe in terms of finessing the vision for each step. PM asked that comments are returned by the 5<sup>th</sup> November.

## **5. ACEs action plan**

SL gave the group an update on the ACEs step, noting that Chief Inspector Richard Blakemore is the Programme Board lead for the step.

Following an invite to a systems thinking workshop on ACEs run by Cymru Well Wales and the Future Generations Commissioners Office, it was recognised that we wanted to apply the way of thinking in Monmouthshire and therefore invited Cymru Well Wales to run the same session for us – to which all partners were invited as we worked through our challenge and tried to define what the problem is.

From the workshop, it was felt that there could be a danger of trying to do far too much and end up doing nothing. A draft action plan has been developed, with consideration given to policy proofing, adapting/amending what is done and whether there is any new activity required.

IR resonated with the systems thinking approach, and that as ACEs is such a big issue to tackle we need to break it down and look for the small incremental gains as well as the big picture. IR committed to give an update of progress at the next meeting, and will sit down with Mike Richards as mentioned by SC.

## **6. VAWDASV Annual Report**

SL presented the Annual Report and asked if anybody had any challenges or questions that could be taken back to the VAWDASV board.

No comments were received.

## 7. Domestic Homicide Review

SL commented that the pilot has been running for around 2 months, and is making good progress. Cardiff University are evaluating the pilot and are hoping to have a draft report for the PSB in the new year. A learning event for staff in relation to DHR is also due to be scheduled, which will take them through the chronology and how future incidents can be prevented.

## 8. AOB

HJ asked how others see the PSB working in terms of scrutinising and holding other to account, and in turn the frequency of meetings. PM commented that the PSB start 2019 in a different role and will give some reflection on the points raised

The discussion ensued around the future role of the PSB moving forward, with recognition given that it's a new environment and there will be a lot of learning to be done. MF stated that he saw the role of the meetings as getting assurance of progress, but to also challenge the cross cutting nature of the steps.

PM suggested that the Terms of Reference could be re-honed to make relevant to 2019.

PM commented on Monmouthshire's involvement with River Simple, who have developed the first fuel celled hydrogen powered vehicles. In the pilot there will be 20 vehicles driving around the county and is a programme that is starting to get some real interest. Some leaflets will be circulated now and again to keep partners informed.

-END-

Action	Responsible



# Minutes

## Newport Public Services Board

5.1

**Date:** 11 December 2018:

**Time:** 10.00 am, Coleg Gwent, City of Newport Campus

**Present:**

**Statutory Partners:**

**Newport City Council:** Councillor D Wilcox (in the Chair), W Godfrey (Chief Executive)

**Aneurin Bevan University Health Board (ABUHB):** S Aitken

**South Wales Fire and Rescue Service:** S Jenkins

**Natural Resources Wales:** S Morgan

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**Invited Partners:**

**Welsh Government:** A John

**Office of the Police and Crime Commissioner:** E Thomas

**Heddlu Gwent Police:** I Roberts

**Probation Service:** D Jones

**Coleg Gwent:** Gary Handley

**Gwent Association of Voluntary Organisations:** M Featherstone

**Newport Third Sector Partnership:** C Lane

**Newport Live:** S Ward

**Officers:**

T McKim (NCC Partnerships Manager), N Dance (PSB Co-ordinator), Dr Emily Warren (ABUHB), R Haycock (VAWDASV)



## A John



5	<p><b>Local Well-being Plan Delivery – Feedback from Intervention Leads</b></p> <p>The Board considered update reports from intervention leads on progress in delivering the Local Well-being Plan.</p> <p>The Chair emphasised the importance of making progress on delivery and noted that the interventions were at different stages of development. This was reflected in the different reporting styles.</p> <p>Sustainable Travel: Funding considerations associated with infrastructure developments were noted.</p> <p>Green and Safe Spaces: It was noted that the Intervention Board is also looking at grey space in the city. The board was seeking strategic PSB ambassadors for green, safe space: it was agreed that the space location would determine who would be best placed to be an ambassador.</p> <p>Right Skills: Meetings had been held with key stakeholder groups including Newport Economic Network Digital Group. The action plan would be in place early in the new year.</p> <p>Newport Offer: The leads noted the city promotion work being taken forward by the business-led Destination Management Group of Newport Economic Network. Newport Offer activity would need to wrap around this existing work and was therefore unlikely to be driven forward in the same way as the other interventions. Leads were coalescing views on how this could best come together, noting that the PSB focus is on Newport citizens and long term well-being.</p> <p>Strong Resilient Communities: It was noted that a workshop would be held in January to map out the work of partners and organisations in the Ringland community. C Lane requested that the workshop also considers the importance of tackling poverty and building financial capability across Newport more generally.</p> <p>Progress update reports will be considered by the Performance Scrutiny Committee – Partnerships on 9<sup>th</sup> January and a lead for each intervention should attend.</p> <p><b>Agreed</b> – To note the progress update reports.</p>	<p><b>C Davies / CFO H Jakeway</b></p> <p><b>Supt I Roberts / N Prygodzicz</b></p> <p><b>Intervention Leads</b></p>
6	<p><b>Minutes of Strategy and Performance Board – 28<sup>th</sup> November 2018</b></p> <p>The minutes of the Strategy and Performance Board (S&amp;PB) were submitted for information.</p> <p>Will Godfrey, Chair of S&amp;PB, requested consistent representation at the meetings, which was important for monitoring delivery of the Well-being Plan.</p>	<p><b>Members of Strategy &amp; Performance Board and intervention</b></p>

	<b>Agreed</b> – To receive the minutes.	<b>leads</b>
<b>7</b>	<p><b>Annual Report arrangements</b></p> <p>The Board received a report on the requirement for a Well-being Plan Annual Report to be published by 3<sup>rd</sup> July 2019.</p> <p>Members considered the best format in view of the stage of implementation for each of the interventions within the Plan.</p> <p>It was agreed to include photography and narrative to enable the Report to be used as a communications tool.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>I. Note the set of requirements for the annual report;</li> <li>II. Note the timetable for developing, agreeing and publishing the annual report.</li> </ul>	<b>Intervention Leads</b>
<b>8</b>	<p><b>GAVO Community Voice Engage Report</b></p> <p>The Board received a presentation and report from M Featherstone on the work of the Big Lottery funded Community Voices engagement and participation project.</p> <p>Members noted the positive benefits of this work and questioned how it could be sustained following the cessation of lottery funding support.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>I. Receive the Community Voices reports and note the work undertaken to increase the involvement of specific groups and community organisations in the design and delivery of services.</li> <li>II. Acknowledge the success of the projects in increasing the capacity and confidence of their members to engage with the statutory sector.</li> <li>III. Intervention leads to include third sector representation in delivering the Well-being Plan and consider the role the third sector can play in engaging with and involving local communities.</li> <li>IV. The Third Sector Partnership to consider how the projects can be taken forward following the cessation of BL funding.</li> </ul>	<p><b>Intervention leads</b></p> <p><b>M Featherstone / C Lane</b></p>
<b>9</b>	<p><b>VAWDASV Annual Report</b></p> <p>R Haycock presented the VAWDASV Annual Report</p> <p>The five Gwent PSBs discharged statutory responsibilities under the VAWDASV (Wales) Act 2015 through the Gwent VAWDASV Partnership Board. The Partnership Board's annual report was provided to the PSBs following agreed governance and reporting in 2017.</p>	

	<b>Agreed</b> – To note the VAWDASV Annual Report	
<b>10</b>	<p><b>Welsh Government Affordable Housing Review (summary of responses)</b></p> <p>The Board received an update on the progress of the Welsh Government review into affordable housing supply and the contribution being made by the local authority and its partners.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>I. Note the summary of NCC and CHC responses to Welsh Government's affordable housing review.</li> <li>II. Consider housing matters in Newport at a future meeting.</li> </ul>	
<b>11</b>	<p><b>Forward Work Programme</b></p> <p>The Forward work programme was submitted for information.</p> <p>The Chair reminded partners that they have the opportunity to submit items for the agenda.</p>	<b>All</b>
<b>12</b>	<p><b>Meeting dates</b></p> <ul style="list-style-type: none"> <li>• 10 am 12 March 2019 (Raglan Barracks)</li> <li>• 1.30 pm 20 March 2019: Board development training with Academi Wales</li> <li>• 10 am 11 June 2019 (University of South Wales, City Campus)</li> <li>• 10 am 2 October 2019</li> <li>• 10 am 10 December 2019 (The Friars, Royal Gwent Hospital)</li> </ul>	<b>All to note</b>



**Wednesday 12<sup>th</sup> December 2018 - 14:00 to 17:00**  
**Pontypool Active Living Centre, Pontypool, NP4 8AT**

**Draft Minutes**

<b>Present:</b>		
Anthony Hunt (Cllr)	Chair	Leader, Torfaen CBC
Bill Purvis – Vice Chair	BP	Planning Manager for South Wales, Natural Resources Wales
Alan Brunt	AB	CEO, Bron Afon Community Housing
Angharad Collins	AC	CEO, Torfaen Leisure Trust
Geraint Evans	GE	Executive Director of Workforce and Organisation Development, Aneurin Bevan University Health Board
Justin Wigmore representing Paula Kennedy	JM	Director of Housing, Melin Homes
Leeanne Plechowicz	CV	Acting Assist. Chief Executive & Head of Gwent Region of HM Prisons & Probation Service
Lynn Tanner	LT	Chair, Torfaen Voluntary Alliance
Michael Evans representing Huw Jakeway	ME	Station Commander, S Wales Fire & Rescue Service
Nick McLain representing Julian Williams	NM	Chief Inspector, Heddlu Gwent Police
Nigel Brown	NB	Welsh Government Representative
Pippa Britton	PB	Non-executive Board Member, Aneurin Bevan University Health Board
Dr Sarah Aitken	SA	Director for Public Health, Aneurin Bevan University Health Board
Stephen Brookes	SB	Representative of Town & Community Councils
<b>Guest Speakers</b>		
Clare Lewis	CL	Governance & Board Leadership Delivery Manager, Academi Wales
David Congreve	DC	Assistant CEO Strategy, Torfaen CBC
Dr Liesbeth Beeckman	LB	PSB Graduate
Paul Schanzer	PS	Head of Governance & Board leadership, Academi Wales
<b>Support Officers from PSSU, Torfaen CBC:</b>		
Lyndon Puddy	LP	Head of Public Services Support Unit, Torfaen CBC
Sue Browne	SBr	Partnerships and Policy Manager, Torfaen CBC
<b>Apologies:</b>		
Alison Ward	AW	Chief Executive, Torfaen CBC
Diana Binding	DB	Deputy CEO, Wales Community Rehabilitation Company
Huw Jakeway	HJ	Chief Fire Officer, South Wales Fire and Rescue Service
Jeff Cuthbert	JC	Gwent Police and Crime Commissioner
Julian Williams	JW	Chief Constable, Heddlu Gwent Police
Paula Kennedy	PK	Melin Homes

Item	Minutes
1.	<b>Welcome and Apologies:</b>
1.1	The Chair welcomed all to the meeting.
1.2	Apologies were noted as above.
2.	<b>Minutes from last PSB meeting on 19<sup>th</sup> September 2018</b>
2.1	The minutes were agreed as accurate.
2.2	<b>Matters arising:</b> Item 5 Scrutiny – LP updated the Board that scrutiny members will observe PSB meetings as part of their scrutiny function but, due to the development nature of today's meeting, this was deferred to future sessions.
<b>MAIN BUSINESS</b>	
3.	<b>Place- based working:</b>
3.1	The Officer Support Group (OSG) had expressed concern that place-based could be interpreted in different ways and has the potential to cause confusion at a planning and operational level. As the OSG lead for a place-based approach DC made a presentation to the Board, see Appendix 1.
3.2	DC pointed out that things he had heard were about better coordination, experimenting, taking a strengths-based approach, reciprocal relationships & joining up services around the <b>person</b> , <i>not</i> the organisation. He had not heard things such as governance or to treat an area as a financial priority.
3.3	DC had spoken with the lead officer for the Caerphilly place-based approach at Lansbury Park and, whilst there are things to learn from that work, it is a traditional approach whereas Torfaen PSB had indicated moving from incremental changes to being really innovative.
3.4	Other points include: <ul style="list-style-type: none"> <li>▪ A need to aggregate everyone's contributions to improving health</li> <li>▪ A need to add value to the Regional Partnership Board – not duplicate</li> <li>▪ DC is meeting with Keith Rutherford in January to discuss this</li> <li>▪ Look at existing layers of place based services in north Torfaen and thread/mesh at a Blaenavon level</li> <li>▪ NCNs have populations of 30-50k but what does this look like at lower population / town level?</li> <li>▪ Blaenavon Town Council (BTC) will be in a position from April 2019 to contribute funding (towards a local <b>Community Centred Health Intervention post</b>)</li> <li>▪ Opportunity for OSG to take smart living apps &amp; transport and make 'better than usual'</li> <li>▪ DC meeting Head of Torfaen Revenue, Benefits &amp; Customer Care to discuss additional value / getting ahead of the curve in prospecting for people in need of early financial advice &amp; support</li> <li>▪ Can do more through the Blaenavon campus / Resource Centre</li> <li>▪ BTC keen to be involved – over last 3 years have invested £70k of their funds and realised £300k additional funding into the town</li> <li>▪ Challenge over sustainability of some models that are short-term funded</li> <li>▪ Challenge on how to move funding / resource collectively to an area that needs support.</li> </ul>
3.5	<b>DC posed three questions</b> and Board comments are shown below: <ol style="list-style-type: none"> <li><b>1. What are the general observations?</b> <ul style="list-style-type: none"> <li>▪ <b>Is it sustainability of place or services?</b> DC thinks place but asked for time to speak to RPB colleagues and come back to the March meeting.</li> <li>▪ <b>Do we know what the people of Blaenavon want?</b> DC said specific issues have been asked and thrown up different issues. Miller Research currently working with 4 or 5 people across the population on 'lived experiences' to delve into deeper thoughts / gain a wider picture.</li> <li>▪ <b>TVA offered to support BTC / DC</b> in reaching out to people as Blaenavon has a unique culture.</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>▪ <b>Good to get top three issues, work at those, learn and move onto the next three, etc.</b> DC to feed this into his work and bring back to the Board in March, as part of the overall approach.</li> <li>▪ <b>Must be clear before engaging</b> with people on the vision, a strong plan, not to raise unrealistic expectations.</li> <li>▪ <b>Must be clear on what people want</b> &amp; how this will be measured.</li> <li>▪ <b>Must be clear on what the PSB see as success.</b></li> <li>▪ <b>Layers</b> must be about what can current services do differently, not new services.</li> <li>▪ <b>Can do</b> top three things in 12 months and get small things layered up to help the bigger picture – some will be strategic, some tactical/operational.</li> <li>▪ Is the <b>Board seeking the ‘what?’</b> whilst the <b>presentation has been about the ‘how?’</b> e.g. the Board may not be able to cure transport issues but could do other things to help people better manage the problem.</li> <li>▪ <b>The Board needs to articulate ‘the Blaenavon we want’</b> by using information on the demography, issues, etc.</li> </ul> <p><b>2. Does the Board agree with the approach set out in the last slide?</b></p> <ul style="list-style-type: none"> <li>▪ The Board did agree, stating the importance of involving Blaenavon TC and the community.</li> </ul> <p><b>3. What else / what instead?</b></p> <ul style="list-style-type: none"> <li>▪ The Board asked for a workshop in Blaenavon with the Town Council and residents / people representative of the community.</li> </ul>
3.6	<p><b>Actions:</b></p> <p><b>DC will work with the OSG to articulate the Board’s direction in plain language / present tense, using the five ways of working. DC will advance an inclusive way for each organisation (including BTC) to see where can help the core purpose.</b></p> <p><b>TVA to support engagement work with DC, Miller Research &amp; BTC</b></p> <p><b>DC/LP to look at an additional workshop session for early 2019</b></p> <p><b>DC will bring back to the March meeting.</b></p>
3.7	<p><b>PSB behaviours &amp; potential for change:</b></p> <p>LP introduced LB by clarifying that the Board had supported hosting a PSB Graduate and part of the role is to be a critical friend. LB has done a lot of work in the past three months and has come up with some strong observations that will help to shape her work programme to the benefit of the PSB in going forward.</p>
3.8	<p>LB had produced a full presentation to the Board but, as the previous discussion had taken longer than anticipated, asked the Board to use the slides – see Appendix 2 – as background reading and forgive that would now jump to the model and decision-making.</p> <ul style="list-style-type: none"> <li>▪ LB has no prior agenda</li> <li>▪ Has met with Board members and OSG on a 1-2-1 basis</li> <li>▪ Looked at the PSB vision and Well-being Plan</li> <li>▪ This indicates a joint vision and desire for a joint workforce</li> <li>▪ Desire to align resources and energy</li> <li>▪ Board behaviours and language does not marry with this</li> <li>▪ PSB has vertical structures</li> <li>▪ Is resource heavy</li> </ul>
3.9	<p>LB has:</p> <ul style="list-style-type: none"> <li>▪ Researched a model to better support the PSB vision and available resources</li> <li>▪ The model is built around two teams: an innovation team and an improvement team</li> <li>▪ These two teams will be supported by a third, enabling team</li> <li>▪ The innovation team is about step change, finding solutions for wicked issues, transforming and future proofing services</li> <li>▪ The improvement team is about incremental improvement, removing barriers for operational teams and facilitating partnership working</li> <li>▪ The enabling team looks into the seven areas of change required by the statutory guidance of the Well-being Act</li> </ul>

	<ul style="list-style-type: none"> <li>▪ The prototype will test this model at small scale for 12 months</li> <li>▪ Board can nominate members of their organisation but only a small number of people required and important to get a spread across partners</li> <li>▪ The teams will meet every Monday morning and go through monthly experimental cycles</li> <li>▪ A panel with national experts and observers from WAO and FGC will be formed to support the research &amp; development phase of the model</li> <li>▪ Expert panel will support development of the three teams, through workshops with structured discussion, training, instruction, advice, mentoring, coaching ...</li> <li>▪ Learning and development will build and the aim is for the teams to be proficient when the expert panel step back after 12 months to be able to coach and mentor another small group of people</li> <li>▪ Expert panel will also evaluate the prototype and help build a generic model that can be replicated across Wales</li> <li>▪ Identified a funding source at Welsh Gov/Academi Wales for the evaluation</li> <li>▪ An early application is required</li> </ul>
3.10	<p>Comments from the Board included:</p> <ul style="list-style-type: none"> <li>▪ <b>Strong evidence</b> that this model is needed to support the Board's aims</li> <li>▪ <b>All PSBs should feel uncomfortable &amp; this will provide the challenge Torfaen PSB needs</b></li> <li>▪ This will be about <b>using current resources more effectively</b></li> <li>▪ Good to have the <b>short-term help of an expert panel</b></li> <li>▪ How do we <b>ensure delivery?</b> LB explained it is the <b>'Ant Farm' model, creating conditions for people to deliver</b> – the Innovation Team will be a think tank &amp; grow expert knowledge; the Improvement Team will create the right conditions to make change</li> <li>▪ Clarity sought on the <b>scope of people to work in these teams</b> – a) can organisations release people for half day a week? b) who will those people be? LB looking for 5-6 people for each team and Board members can nominate staff</li> <li>▪ <b>Roles will be clearer</b> when the application develops</li> <li>▪ The <b>experiment will run for 12 months</b>. Will learn along the way and report each quarter to the Board</li> <li>▪ LB has <b>secured expressions of support</b> from BP, AB, AC, GE, NB, HJ and PK</li> </ul>
3.11	<p><b>LB seeking:</b></p> <ol style="list-style-type: none"> <li><b>1.Permission to bid for the funding</b></li> <li><b>2.That the Board further supports the business case &amp; prototype during the 12 months</b></li> <li><b>3.That a member of the Board sponsors the work and acts as the contact person between meetings</b></li> </ol>
3.12	<p>Chair put these questions to the Board :</p> <ul style="list-style-type: none"> <li>▪ Broad support shown and Liesbeth to go ahead with the funding application - LP &amp; nominated sponsor to support</li> <li>▪ Agreed to support the business case &amp; prototype</li> <li>▪ AC volunteered to act as sponsor and all agreed</li> </ul>
3.13	<p>LP thanked LB and the Board – 18 months ago the Board chose to look at behaviours and this will be a fantastic opportunity to do that.</p>
3.14	<p><b>Actions:</b></p> <p><b>GE &amp; LB will set out the thinking behind the model so members can take to their own organisations and gain interest / agreement / momentum.</b></p> <p><b>LB will meet with AC to draft the application and clarify if a further meeting is required in January.</b></p> <p><b>LB will meet further with Board members on a one to one basis to provide detail and answer any early questions or queries.</b></p> <p><b>LB will bring back to the Board in March.</b></p>
4 / 5	<p>Due to time constraints items 4 &amp; 5 were not taken</p>



ACADEMI WALES WORKSHOP	
<b>6.</b>	<b>Healthy Boards:</b>
6.1	Paul Schanzer & Clare Lewis were welcomed. Paul set the context in that Welsh Government had asked Academi Wales to provide some support to PSBs in their early stages of development, to take stock of what is going well or not so well. Paul worked with Welsh Gov colleagues to adapt an existing programme on board cultures & behaviour, acknowledging that partnership boards are the most difficult. Paul & Clare are working with all 19 PSBs in Wales and are now about half way through.
6.2	The full workshop is 3 hours but, this has been adapted to fit the 1½ hours timeframe available. Eleven out of seventeen members in attendance (with some deputies), and Paul offered to either run another session for those board members unable to attend today or, to ask other local boards who have yet to run their sessions if Torfaen members can join them. Paul to liaise with SB for dates & details to pass on.
6.3	Paul ran through the presentation – see Appendix 3 - posing questions to the Board and getting interactive dialogue with members. Paul then asked Board members to complete a self-assessment (being honest in their personal and collective reflections) which he will collate and provide analysis / summary back to the Board through LP & SB.
6.4	Board members not present are asked to complete the self assessment at Appendix 4 and return to Paul (email below).
6.5	<p>Main points for the Board to consider include:</p> <ul style="list-style-type: none"> <li>▪ Do not move to solutions too soon</li> <li>▪ Discuss, reflect &amp; build up building blocks of relationships – take &amp; make time</li> <li>▪ Having different members / deputies attend makes this difficult – setting rules help</li> <li>▪ PSBs have unique challenges</li> <li>▪ Behaviours/personalities/egos can get in the way and increase the challenge</li> <li>▪ Avoid the tendency to revert to type</li> <li>▪ Take up conversations with Welsh Gov &amp; the Future Generations Commissioner on issues of finance, where feel undue pressure is brought to bear</li> <li>▪ Create the space to talk and make real progress</li> <li>▪ It is a complex picture</li> <li>▪ Empathy &amp; rapport are two essential traits for leaders &amp; managers</li> <li>▪ Board learns how to collaborate first</li> <li>▪ Then OSG/others are brought into the mix, with Board setting clear expectations of officer behaviours</li> <li>▪ Be prepared to try, go back &amp; change, try again</li> <li>▪ Accept some failure and use to learn &amp; improve</li> <li>▪ Academi Wales holding an event in March 2019 on collaboration &amp; how to apply, with skills workshops to follow to help boards to change – details will be sent to LP/SB to pass on to the Board</li> <li>▪ Five areas to a healthy board – mandate, governance, behaviours, connections &amp; renewal</li> <li>▪ Paul can come back and spend more time with the Board if they would find this useful</li> <li>▪ If members have ideas to help shape support sessions &amp; topics going forward, please email to LP/SB</li> </ul>
6.6	<p>Recommended reading:</p> <p>Leadership Plain &amp; Simple by Steve Radcliffe</p> <p>Other People's Shoes by Ken Jarrold</p> <p>Sowing Seeds – High Performing Organisations, Academi Wales booklet available in link below</p> <p><a href="https://academiwales.gov.wales/search?query=high%20performing%20organisations&amp;strict=true&amp;popupUri=%2FResource%2F6354511b-30cf-416d-9180-105b414b1fe6">https://academiwales.gov.wales/search?query=high%20performing%20organisations&amp;strict=true&amp;popupUri=%2FResource%2F6354511b-30cf-416d-9180-105b414b1fe6</a></p>



6.7	Chair commented all busy with operational matters but important the Board finds time & space to build partnership collaboration and then to do this for officers.
6.8	GE feels skills workshops on specific issues could breathe life into the Board.
6.9	Paul concluded by thanking the Board for their participation, encouraged people to make comment on todays session on the Academi Wales Twitter feed - @academiwales or to email him direct – see below for email address.
6.10	<p><b>Actions:</b></p> <p><b>Absent Board members to complete self assessment and email to <a href="mailto:Paul.schanzer@gov.wales">Paul.schanzer@gov.wales</a></b></p> <p><b>Board members to consider the content of the workshop and discussions and look to become a healthier board</b></p> <p><b>Board to consider additional meetings and workshops to build relationships as well as build skills</b></p>
6.11	The Chair thanked Paul and Clare and closed the meeting.
<b>Next planned PSB meeting is 13<sup>TH</sup> March 2019</b>	

### Appendices:

Appendix 1 – Early thoughts on place based working presentation

Appendix 2 – PSB behaviours & potential for change presentation

Appendix 3 – Academi Wales presentation

Appendix 4 – Academi Wales self assessment

### Sue Browne

Partnerships and Policy Manager  
PSSU, TCBC  
(December 2018)



 <p><b>GIG Cymru NHS Wales</b> Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Aneurin Bevan University Health Board Public Partnership &amp; Well-Being Committee 11 April 2019 Agenda Item: 5.2</p>
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<b>Aneurin Bevan University Health Board</b>
<b>GOLD CORPORATE HEALTH STANDARD</b>

5.2

<b>Executive Summary</b>	
<p>The purpose of this paper is to share the report for the Health Board's recent successful reaccreditation of the Gold Corporate Health Standard following a full two day assessment process.</p> <p>The Public Partnership &amp; Well-Being Committee is asked to:</p> <ul style="list-style-type: none"> <li>Note the work undertaken by the Health and Work Group that led to the successful re-assessment for the Gold Corporate Health Standard.</li> <li>Receive a copy of the Assessment Report seen in <b>Appendix 1</b>.</li> </ul>	
<b>The Board is asked to:</b> (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓
<b>Executive Sponsor:</b> Geraint Evans, Director of Workforce & Organisational Development	
<b>Report Author:</b> Sue Ball, Assistant Director of Workforce & OD	
<b>Report Received consideration and supported by :</b>	
<b>Executive Team</b>	<b>Committee of the Board</b> [Committee Name]
<b>Date of the Report:</b>	
<b>Supplementary Papers Attached:</b>	
Appendix 1 – Healthy Working Wales; Assessment Report Aneurin Bevan University Health Board January 2019	

<b>Purpose of the Report</b>
<p>The purpose of this paper is to share the report for the Health Board's recent successful reaccreditation of the Gold Corporate Health Standard following a full two day assessment process.</p>

## Background and Context

The Corporate Health Standard is a continuous journey of good practice and improvement, and it can be used as a tool to support the development of policies that promote the health and well-being of employees. Taking an organisational development approach, which is the most effective way of promoting sustainable health improvement, the Standard promotes good practice and supports businesses/organisations in taking active steps to promote the health and well-being of their staff.

The framework begins at Bronze with a foundation of legislation, organisational support and policies and interventions which address the key workplace risks to employee health and well-being. It builds to Platinum which is the beacon for exemplar employers who demonstrate sustainable business practices and take full account of their corporate social responsibilities.

The Corporate Health Standard is divided into two sections: organisational support and specific health issues, which are essential for sustainable health and well-being improvement in the workplace.

**Organisational support** – This outlines how sustainable employee health and well-being is influenced through the ethos and culture of the business/organisation and its leadership process. This section reflects that organisational support is fundamental to improving health and wellbeing in the workplace. It is made up of five topic areas:

- Senior level commitment
- Employee engagement
- Managing for health and safety
- Health, work and well-being
- Monitoring, evaluation and review.

**Specific health issues** – This outlines the management of the key preventable ill-health issues in the workplace.

- Tobacco
- Mental health and well-being
- Musculoskeletal disorders
- Alcohol, drugs and other substance use
- Food, health and well-being
- Physical activity

The work to support the maintenance of the Corporate Health Standard is led and monitored by the Health and Work Group.

## Assessment and Conclusion

The Corporate Health Standard Awards are designed to promote good practice and support organisations to promote the health and wellbeing of staff. The Gold award is the highest award when looking at internal processes for supporting staff. The health Board has continuously held the Gold Award status since it came together as an organisation in 2009.

The Health Board is also proud to hold the Platinum Corporate Health Award. This differs from the Gold Award in that it focusses on the role the Health Board takes in promoting health and wellbeing with strategic partners and the wider community.

In their report, **Appendix 1** following the recent reassessment the Healthy Working Wales assessors stated that:

*"The overall culture of the organisation appeared to be open, transparent and highly supportive, especially in the area of wellbeing, both of staff and patients. This culture is led by the Chief Executive, Judith Paget, who ensures the values of wellbeing, engagement and genuine care are at the core of the way the Health Board is run. When talking to members of staff during the site visits, the assessors noted their enthusiasm for the excellent working environment, appreciation of the policies and procedures in place, and for the management support for staff health and wellbeing".*

## Recommendation

The Public Partnership & Well-Being Committee is asked to:

- Note the work undertaken by the Health and Work Group that led to the successful re assessment for the Gold Corporate Health Standard.
- Receive a copy of the Assessment Report.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	Failure to ensure the Health and Work Group are connected to the wider work of the organisation through the IMTP could have a negative impact on employee engagement and well-being.
<b>Financial Assessment, including Value for Money</b>	There are no financial implication within this paper.
<b>Quality, Safety and Patient Experience Assessment</b>	The Health Board have a clear objective in ensuring the effective delivery of high quality health services to patients.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	An equality impact assessment screening has been undertaken with no negative impacts identified.
<b>Health and Care Standards</b>	This report contributes to the good governance elements of the Standards with particular reference to the workforce standard.

<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	The IMPT priority for Employee Engagement and Well-being is supported by the Corporate Health Standard.
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	Effective partnership working with employees is linked to the Health Boards Wellbeing Objective 7. Specifically, developing our staff to be the best that they can be with high levels of employee well-being.
	<b>Long Term</b> – The work of the Health and Work Group supports and drives effective policy development and wellbeing of staff which contributes to a positive impact on patient care and the wider population.
	<b>Integration</b> –The Health and Work Group recognise the important role they play in ensuring the wellbeing of the Workforce and their ability where appropriate to support the wellbeing goals of partners.
	<b>Involvement</b> – The work of the Health and Work Group take account of the diversity of employees and population we serve to ensure policy and service change is equitable.
	<b>Collaboration</b> – The Health and Work Group work in collaboration with other relevant stakeholders as appropriate to the areas it is working on.
	<b>Prevention</b> – The Health and Work Group recognise the role they play in the wellbeing of the workforce through partnership working to ensure effective engagement, policy and service change.
<b>Glossary of New Terms</b>	No new terms.
<b>Public Interest</b>	There is no sensitive data contained within this report and it therefore can be made public.

## **Appendix 1 – Healthy Working Wales; Assessment Report Aneurin Bevan University Health Board January 2019**



5.2

### **The Assessment Report Aneurin Bevan University Health Board January 2019**

**Assessors:** Emma George  
Christine Edmondson  
Julie James

**Public Health Wales represented by:** Bev Warburton

**Overall level of Award:** GOLD  
**Level of Award – Core Components:** Gold  
**Level of Award – Health Topics:** Gold

5.2

**This report**

<b>Submitted to:</b>	<b>Submitted by:</b>
Sue Ball - Assistant Director, Workforce & Organisational Development	Emma George A2 Consulting
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### Assessment Summary

Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board. The Health Board was established on the 1st October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. Aneurin Bevan University Health Board is responsible for improving the health of and providing healthcare to a population of 629,000 people across South East Wales (21% of the population of Wales). Every week ABUHB will receive 600-700 ambulances, treat over 3,000 patients in the emergency departments and conduct over 1,000 planned (e.g. surgery) procedures.

With an annual budget of approximately £1.1 billion the Health Board employs over 13,500 staff in over 300 different job roles. Two thirds of the staff are involved in direct patient care including just over 250 consultants, 1,000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers. The Health Board is led by the Chair (Ann Lloyd), Independent Members, the Chief Executive (Judith Paget) and other executive directors. The Board is supported by the Senior Management Team.

Aneurin Bevan University Health Board has sought to embed and achieve the highest standards of staff health and wellbeing within its workforce. The Health Board has embraced the Corporate Health Standard (CHS) as an obvious mechanism for the development and coordination of its health and wellbeing agenda, and it successfully achieved a Gold Award under the scheme's previous criteria.

Having held the CHS award for over 6 years, this was the second time that the Health Board has undergone the process of assessment. During this assessment, the assessors were able to examine the evidence and meet the Health and Work group for enjoyable and lively discussion on the first day, with the second day spent visiting some of the divisions at the Royal Gwent Hospital and Nevill Hall Hospital to meet and talk to staff in their own workplaces.

The overall culture of the organisation appeared to be open, transparent and highly supportive, especially in the area of wellbeing, both of staff and patients. This culture is led by the Chief Executive, Judith Paget, who ensures the values of wellbeing, engagement and genuine care are at the core of the way the Health Board is run. When talking to members of staff during the site visits, the assessors noted their enthusiasm for the excellent working environment, appreciation of the policies and procedures in place, and for the management support for staff health and wellbeing.

The assessors would like to thank everyone involved in making the assessment visit such an enjoyable and interesting experience. The engaged and knowledgeable Health and Work

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group reflected the enthusiasm and commitment to health and wellbeing that we observed throughout our visit. Assessors really appreciated the efforts made to ensure the assessment went well and for their comfort and enjoyment – particularly the flowers in the assessment room and the gluten free vegan brownies!

We would especially like to thank the members of staff we encountered during our visits to the different Health Board sites and premises. Every person we spoke with was open, informative and positive. The assessors gleaned an impression of an organisation which is developing purposefully towards improved wellbeing for all, that benefits from strong role modelling and leadership, and is committed to the welfare and health and wellbeing of its staff.

These conversations together with the wealth of evidence presented, the meeting with the Chief Executive, together with the excellent time spent with the Health and Work group led to the assessors unanimously agreeing that Aneurin Bevan University Health Board is fully deserving of the Gold Corporate Health Standard Award.

While verbal feedback given at the end of the assessment noted a few areas for further attention, the observations and development points noted below in this report will help ABUHB to continue to promote the notable wellbeing culture.

## Section I –Organisational Support

### I. Senior level commitment

#### The strengths:

- Whilst responsibility for staff wellbeing sits within the Organisational Development Team, from the start of the assessment visit to its conclusion the very real and tangible support for health and wellbeing initiatives from the Chief Executive, the Board and managers was evidently clear. Organisational values have been changed from 'Patient First' to 'People First' to reflect the focus on staff and the current IMTP shows the first priority area as staff engagement and wellbeing.
- The Health and Work group meets quarterly to take forward work relating to employee wellbeing. This group reports to the Public Health and Partnerships Committee which is a sub-committee of the board.
- Divisional Ambition Narratives that embed the 5 Ways of Working outlined by the Wellbeing of Future Generations Act have been developed. These assess the organisation against the principles that underpin sustainability.
- The health and wellbeing agenda is supported by the newly developed Employee Experience Framework which positions wellbeing as a clear organisational priority and serves to draw together key areas of activity on staff health and wellbeing. The Framework captures the UHB's aims for the wellbeing of its staff in a meaningful and action-orientated way. The framework will be accessible to all staff via smartphones.
- Wellbeing financially provided for via a number of budgets – the Employee Wellbeing Service, Organisational Development, and Public Health workstreams. The Chief Executive has also funded the excellent 'Chill out in the Chapel' service.

#### The areas for development:

- Maintain this excellent approach.
- Consideration should be given to further awareness raising among the workforce of the work of the Health and Work group. You may also wish to appoint health champions in all areas / Health Board sites as this would assist the group to become

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better known and facilitate the sharing of information between it and staff. In addition widening the membership of the group to include clinical representation and domestic staff would further increase the impact of the excellent work being undertaken. This would have the added benefit of complementing the work on-going on engaging clinical leads in the wellbeing agenda.

## 2. Employee engagement

The strengths:

- The newly devised "Employee Experience Framework", which is soon to be launched, is an innovative, exciting approach to provision of information to staff. Assessors were impressed with the huge range of information available via the Framework.
- Excellent weekly newsletter – Nye's News – which is packed with interesting and engaging information.
- "Ask the Chief Exec" page whereby any member of staff can ask the CEO a question about anything and be sure of getting an answer. This is clearly appreciated and well used.
- Staff commented that the CEO was always visible and approachable – her attendance at every workplace is clearly appreciated. The Executive 'walkabouts' demonstrate the desire to meet and engage with staff and to ensure the senior team are visible to the different divisions and departments.
- The Making Every Contact Count" (MECC) national initiative has given most managers access to training for the programme. This has been useful for their interactions with staff as well as with patients and staff spoken to all reported that they felt more cared about and felt more positively about their work experience.
- Both staff and managers reported that there is now more structure to staff involvement as well as more thorough consultation.
- The intranet has regularly updated health and wellbeing information on a dedicated site including the Occupational Health and Employee Wellbeing services. These have specific sections on health and wellbeing issues e.g. MSD, nutrition, alcohol, with signposting to services, guidelines and policies as well as links to external resources.

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- The annual staff awards are an opportunity to celebrate and recognise individuals and teams who go the extra mile at work and include a number of distinct categories including wellbeing.

#### The areas for development:

- Launch the "Employee Experience Framework", including early implementation of the linked staff surveys.
- Continue to work closely with Trades Union officers; it was extremely pleasing to see and hear about such a positive working relationship.
- Continue to make sure there is engagement with all staff and take into special consideration staff who are in the 'hard to reach' groups, e.g. Estates, Catering etc. Test the processes to ensure that employees in outlying areas and those who do not have electronic access are receiving wellbeing information.
- Consider extending membership of the Health and Work group, possibly including an Independent Board member and more clinical representation to widen perspective and influence.
- Consider improving the sharing of information on activities and initiatives - staff really appreciate hearing about activities in different departments. Celebrate your successes across the Health Board. There's a lot going on that not everyone will know about!
- A network of champions across the Health Board could be highly beneficial to further embedding the wellbeing agenda and reaching out to groups that are typically less-engaged.

### 3. Managing for Health and Safety

Whilst the criteria for 'Managing for Health and Safety' do not directly feature at the Gold level of the award, the assessment team took the opportunity during their visit to meet with Scott Taylor, Health and Safety Manager, over lunch who demonstrated an extensive understanding of health and safety within an NHS environment, having worked for ABUHB for 25 years and recently been promoted into the position. His department is well resourced with 20 staff and he reports to the Director of Therapies and Health Sciences. It was pleasing to note that there have been no enforcement notices issued since the last Gold assessment.

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**The strengths:**

- The revised H&S Policy reflects recent management changes
- There is a comprehensive range of risk assessments linking with the Datix system

**The areas for development:**

- Whilst a recent internal audit gave limited assurance for health and safety the department has drawn up a priority action plan covering 17 priorities and is working hard to action these in by the deadlines and are encouraged to maintain focus on this work.
- Continue with the “do things differently” approach to health and safety
- Endeavour to link health campaigns to health and safety messages.

**4. Health, work and wellbeing**

The Occupational Health department employs 15 FTE staff and operates from 3 sites. It offers weekly clinics and aims to offer appointments within 15 working days.

**The strengths:**

- The OH annual report depicted a very positive picture of OH performance which is benchmarked as part of the NHS Health at Work network twice a year. Staff on the visits spoke very highly of the service.
- Excellent work is being progressed on addressing the aging workforce. Collaborative work led by Corporate Nursing includes consideration being given to breaking up 12 hour shifts into sets of 4 hours.
- Raising menopause awareness has been rolled out with 20-30 staff attending each session and a menopause clinic takes place every month.
- There is a specific return to work policy in place which forms part of the All Wales Managing Attendance at Work Policy.

**The areas for development:**

- Consider capturing a patient story from someone who has benefitted from the menopause initiatives, and share this to a wider audience via your communication channels.
- Consider renaming the return to work form as the “Welcome back to work form”.

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- Continue to encourage retiring staff to consider returning on reduced hours as part of the workstream work on retention and developing an Alumni scheme.
- Consider reviewing the evidence on health conditions most prevalent in certain age groups and tailoring the health and wellbeing offering accordingly – the Public Health Observatory has recently published data on this topic. Continue to reflect on the ways that current programmes and initiatives meet the needs of the working population which are predominantly female, and in the older age bracket.

## 5. Monitoring, evaluation and review

### The strengths:

- The Employee Experience Framework clearly makes the links between being engaged in work, and performance, morale, the quality of care, and less incidence of stress and burnout. The UHB have an excellent opportunity with the framework to gather evidence of the links between wellbeing and performance (both individual and organisational).
- Divisional Tracking Metrics enable Divisional Profile Reports which are published monthly and include number of staff in post, sickness absence figures, and number of completed Personal Appraisal and Development Reviews (for the UHB as a whole and for each division).
- The UHB is in discussion with Cardiff University to develop a longitudinal study that will seek to measure the link between staff wellbeing and patient outcomes, and how to best use best practice across the organisation. This is another area of excellence for the UHB.
- The popular and well-used Employee Wellbeing Service collect weekly monitoring data that depicts number of referrals, current wait time, and number of employees seen. Staff spoke highly of this service, and the number of individuals using this service continues to rise.
- Prevention of ill health and the promotion of good health feature as a theme across all the Health Board's delivery plans, most notably the Medium Term Plans. This ensures that wellbeing is subject to regular review and monitoring by the leadership team.
- Managers have been trained to manage absence and refer individuals for support as appropriate in line with the new All-Wales Managing Attendance at Work policy.

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Managers that staff met spoke confidently about the new policy and how to use it.

- Understanding and evaluating the sickness absence process is a key area of activity for the UHB presently. A questionnaire has been developed that will be issued to those employees that have had sickness absence in the last 12 months. The questionnaire will measure their awareness of support services, and ask how staff can be better supported whilst absent from work due to sickness.
- The Health Board takes part in the regular NHS All Wales Staff Survey. More regular, but briefer surveys are being considered in order to increase response rates and get a more current picture of staff issues.
- All staff are required to complete Personal Development Reviews. The quality of a random sample of these reviews are audited by the Strategic PADR group who also ensure that there is wide uptake and coverage of PADR's (current completion rate is 78%). PADR forms include questions on health and wellbeing in order to encourage more direct conversations at a local level.

#### The areas for development:

- Consider how statistics relating to use of the health and wellbeing intranet / internet site can be used to inform and enhance wellbeing activities within the organisation, e.g. by better targeting employees with information that is meaningful to them.
- Consider monitoring the impact of the inclusion of wellbeing into the PADRs. For example, what impact has it made to conduct, grievances, bullying / inappropriate behaviour, absence etc. It will be interesting to assess any differences in the coming years.
- Enhance line manager job description to incorporate values, behaviours, and objective linked to the Staff Experience Framework, in particular the wellbeing of their teams.
- As organisations become more sophisticated in terms of their health and wellbeing approach, the assessors ask them to consider what they might be doing in order to demonstrate the 'business case' for health and wellbeing in what continues to be a challenging operating environment. The CIPD published a report in January 2016 reviewing the developing health and wellbeing agenda in UK organisations. This report contains a useful model for evaluating the impact of investments in employee wellbeing based around 3 key areas – organisational measures (e.g. retention levels,

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absence rates); employee satisfaction measures (e.g. job satisfaction, positive working relationships), and health measures (e.g. return-to-work time, lowered body mass etc.). This model is a useful way of bringing together a diverse range of measures all of which indicate the success and value of wellbeing spend. It may be beneficial in the future to look at collating the measures currently used at the Health Board to begin to form a clear picture of the exact value that the investment in wellbeing is bringing to the organisation and how to best target the funding in the future.

## Section 2 Specific Health Issues

5.2

### I. Tobacco

#### The strengths:

- The newly revised Smoke Free Policy covers e-cigarettes and vaping, which is subject to the same restrictions as smoking tobacco.
- Great efforts are made to ensure that every site is smoke free, though sensitivity is important and judgment is used in these cases.
- Smoke Free Environment Officers are permanently in place at two major sites.
- Most people seem to be aware of the requirement not to smoke on NHS premises.
- Staff receive encouragement and support to stop smoking via the Help me Quit programme and managers are supported and encouraged to provide every assistance to staff wishing to give up smoking.

#### The areas for development:

- Continue to promote the health benefits of stopping smoking, perhaps with the assistance of the Smoke Free Environment Officers and hold contact information on 'Help me Quit' (formerly Stop Smoking Wales) and other agencies on permanent display e.g. notice boards, intranet home pages, etc.
- Monitor the uptake of cessation services by staff and review over time to identify trends.
- Consider a question regarding smokers in the next internal staff survey – it would be

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useful for you to know how many of your staff are smokers and to be able to monitor the impact of action taken to support staff to quit.

- Attempt to quantify the number of staff who smoke e.g. via surveys, induction of new staff, etc. Similarly capture success stories regarding staff who have stopped smoking or are undergoing treatments such as via pharmacy products.
- You might wish to utilise the staff newsletter and the intranet to publish case studies about staff who have successfully given up smoking.

## 2a. Mental health and wellbeing

### The strengths:

- The Employee Experience Framework aims to promote mental and emotional wellbeing of all staff by ensuring that staff feel their work has a purpose, they have control over their work, feel cared for, feel they belong, are valued, and fairly treated. The framework describes actions to be taken by individuals, by managers, and by the health board as a whole. Every 12 months an Employee Experience Survey will be undertaken with all staff to monitor how they are feeling about work. Managers will be encouraged to run the survey with staff at any time as necessary.
- There are a range of initiatives and programmes in place for staff e.g. laughing yoga, mindfulness sessions, referral to the community based 'Road to Wellbeing' course, telephone counselling, and a 'wellbeing hour' for staff is being considered. During site visits, one assessor visit the highly impressive Chill Out in the Chapel, which aims to give staff a quiet space to unwind whilst receiving a hands-on treatment such as massage.
- There is excellent recognition of the need for agile working that respects work-life balance - a range of family friendly policies are in place to enable staff to achieve the best possible work life / balance, and a 4 hour shift pattern is currently being considered.
- The UHB has achieved Mindful Employer status and is a signatory of the Time to Change pledge.
- Core training for managers includes stress and how to undertake stress risk assessments. The section of the OH manager referral form relating to emotional wellbeing and mental health conditions is based on the HSE stress management standards. OH reports always advocate managers undertaking a stress risk

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assessment if relevant to the referral/consultation.

- A confidential contact service is operational that provides a listening service to any staff that feel they are subject to workplace bullying. Formal supervision is provided to those providing the service.
- A small working group has been set up to look at fatigue among clinicians, and the impact on wellbeing.

#### The areas for development:

- Select one or two national campaigns annually to support and co-ordinate a UHB wide campaign to promote them e.g. Mental Health Awareness Day.
- Consider displaying Mental Health First Aid posters adjacent to the 'green' first aid posters that are displayed across the UHB. This would give a strong statement that physical health and mental health have equal status.
- Consider building on the success of the Time to Change and Mindful Employer campaigns by registering interest for the Mind Workplace Wellbeing Index programme. You might also consider establishing a network of resilience champions across the organisation, that could be linked / synonymous with to a network of wellbeing champions.
- The challenges of efficiencies and service delivery are acutely recognised by all staff. However, it is important to ensure the excellent range of initiatives on offer are accessible by all staff, and workloads are managed in a way that staff feel able to attend training.

### 2b. Mental ill health

#### The strengths:

- The Health Board has significantly invested in supporting the mental and emotional wellbeing of staff through the highly regarded Employee Wellbeing Service. This service employs a clinical psychologist and counsellors to help employees with mild-moderate symptoms of emotional distress. Employees and teams can self-refer to the service and receive a range of psychological therapies and forms of support. The service evaluates itself by measuring both client satisfaction and clinical effectiveness, and consistently demonstrates positive outcomes that are higher than UK averages.
- The UHB is taking a highly commendable approach to tackling domestic abuse. A

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comprehensive Domestic Abuse Policy is in place, and is being increasingly promoted across the UHB. This is complemented by a training programme, which 65% of employees have undertaken (either face-to-face training or online). Dedicated sessions on how best to handle disclosures and developing a safety plan have been run for managers. 'Ask and Act' training has been delivered in-house by 5 employees who are accredited trainers.

- The All Wales Managing Attendance at Work Policy is in place. Systems to support a staged return to work are firmly established and where appropriate mutually agreed adjustments to job descriptions and work roles, together with flexible working, redeployment, and home working are made.

#### The areas for development:

- Maintain this approach, ensuring that:
  - Whilst appropriate and comprehensive procedures are in place to support employees back into work following a stress or mental health problem, it is important to raise manager's awareness of the systems and processes that are in place to support them and, through them, the members of their team.
  - Consider how staff who do not have access to the intranet as part of their daily work are best able to receive information about referral pathways for counselling, training, and programmes such as Road to Wellbeing.
- Explore ways to extend through further investment in the excellent employee wellbeing service, as currently, demand far outstrips availability by 30% each year.

### 3. Musculoskeletal disorders

The Assessor met with Kath Underwood who heads the corporate manual handling team who are registered practitioners (3 nurses and 1 therapist) that provide a training and advisory service for patient handlers. The service is supplemented by 4 Health and Safety coordinators who provide training, and advice for inanimate load handling.

#### The strengths:

- Training is in line with the All Wales Manual Handling Passport Standards.
- The newly developed Safer Handling Policy is commended and this is due to be approved shortly
- In addition to the 4 case studies provided, it was evident that the manual handling

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team are very proactive and their help and advice is positively received and was commented on by several staff at the site visit to Nevill Hall Hospital.

- The Flexible Working Policy, All Wales Managing Attendance at Work Policy and involvement of the Occupational Health and Wellbeing team assist in supporting staff on a return to work after absence.

The areas for development:

- Maintain current good practice.

#### **4. Alcohol and substance misuse**

The strengths:

- Whilst the current policy is dated 2013 and somewhat out of date, it was noted that a revised Policy is due to be approved in February 2019 and it was pleasing to note the stronger wording at the beginning of the Policy, making it clearer that alcohol is not permitted during the working day, paid or unpaid breaks and when on call or stand-by. In addition reference to illegal drugs and psychoactive substances is included. The new Policy is much clearer and, when approved, will be widely publicised to staff and an update included in Induction and Manager training.
- Staff experiencing addiction are fast tracked through OH and a weekly substance misuse clinic is held. There is a clearly defined pathway for staff with alcohol and drug issues.
- Induction covers values, behaviours and code of conduct
- Campaigns such as Dry January, Drink Awareness and Love your Liver have been held.

The areas for development:

- The new guidelines on units of alcohol for men and women should be updated and a link provided in the new Policy.
- You may wish to consider including managing substance misuse in mandatory / core training for managers in the future.

#### **5. Food, health and wellbeing**

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**The strengths:**

- The food offer has been improved considerably during 2018 and sales have increased – many changes have been made to ensure that healthier choices are widely available and attractively presented; assessors saw a good range of healthy options and an exemplary salad bar in Nevill Hall Hospital.
- Vending machines offer at least 75% healthier options, possibly more.
- Sales of salad and fruit have increased since the 2018 changes.
- Catering staff are led by informed and enthusiastic managers who are excited by the challenge of providing healthy, appealing food to a budget.
- A wide range of promotional events are held including Halloween, Italian week, Pink week, Valentine's day and more.
- The programme "Small Change, Big Difference" includes links to information around a range of lifestyle changes from diet through sleep, hygiene to exercise and is easily accessible to all staff. It includes an excellent set of Food and Fitness guidelines which is also available in hard copy.
- Links with lifestyle screening and health are made and employees are encouraged to maintain a healthy weight and lifestyle.

**The areas for development:**

- Continue the excellent work focusing on how to maintain and increase healthy products and choices at all UHB sites and how to make the healthier choice the easier choice for everyone.
- Continue to work on food waste disposal issues to achieve improvements prior to Platinum assessment.
- Ensure the links to Healthy Recipes on the "Small Change, Big Difference" pages are working, and encourage staff to contribute healthy recipes and ideas.

**6. Physical activity****The strengths:**

- The production of the booklet 'Guidelines to support staff wellbeing through food and physical activity' is to be particularly commended. The Guidelines make clear the context and rationale for focussing on the health and wellbeing of employees and set out the responsibilities of the health board, employees, occupational health, and

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the workforce team.

- There are lots of local activity groups being arranged by staff at various sites e.g. interdepartmental cricket, Park Run groups, dog walking groups, netball teams and many more.
- There is a corporate signup from ABUHB to the Cardiff half marathon, and the CEO leads by example, running in half marathon and other events herself. A member of staff recently undertook 31 marathons in 31 days!
- Sustainable travel plans are in place for every ABUHB site including a revised plan in draft for the new Critical Care Centre at the Llanfrecfha site.
- Excellent walking and cycling maps are available for every site; these are the best the assessors have seen.
- Staff receive real encouragement to walk and /or cycle to work, and cycling mileage (0.20p per mile) is paid. Staff have access to the Cycle to Work Scheme to purchase a bicycle for commuting or work based travel.
- A wide range of physical activities are promoted, encouraged and celebrated, and discounts for gym memberships are available to staff in every local authority area served by the board. The pedometer challenge was very popular and competitive.
- A wealth of information regarding the benefits of physical activity is available to staff via the intranet. The 'Small Change – Big Difference' intranet page offers staff a huge variety of activities to become involved in and lots of advice on improving lifestyles by introducing small amounts of activity.
- The 'Love Activity, Hate Exercise' initiative from the Chartered Society of Physiotherapy is promoted throughout the Board.
- Outdoor Gyms are provided at several sites for use by both staff and patients.

#### The areas for development:

- The stairs at Nevill Hall Hospital are very difficult to find; ensure all stairs at all sites are well signposted, with notices by the lifts suggesting that patients and staff use the stairs if possible.
- Reboot the pedometer challenge, perhaps rebranding as "Beat the Porters" – as the assessors learned that the porters walk an average of 1600 miles each per year.....!
- Consider the issues around patient transport as part of the sustainable travel plan – support for cost and assistance in using public transport, possibly from volunteers.
- Further raise staff awareness of what is available to them e.g. walking meetings, cycle mileage, discounted membership of leisure centres etc. Particular focus might be given to using non-electronic forms of communication in order to reach those staff

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groups who are less likely to regularly access the intranet and emails.