



**A meeting of the Aneurin Bevan University Health Board
Public Partnerships and Wellbeing Committee
will be held on Tuesday 19th February 2019 at 1:30pm to 4:30pm in the
Board Room, Ground Floor, Main Building, St Cadoc's Hospital**

AGENDA

Preliminary Matters				1:30
1.1	Welcome and Introductions	Verbal	Chair	15 mins
1.2	Apologies for Absence	Verbal	Chair	
1.3	Declarations of Interest	Verbal	Chair	
1.4	Draft Minutes of the Committee – 6th December 2018 - For approval	Attachment	Chair	
1.5	Action Sheet – 6th December 2018 – For approval	Attachment	Chair	
Items for Strategic Discussion				1:45
2.1	Population Wellbeing Strategy Involvement Plan	Attachment	Tracey Deacon	30 mins
2.2	IMTP SCP 1 & SCP 2 Priorities	Attachment	Emily Warren	30 mins
Items for Assurance				2:45
2.3	NCN Plans	Attachment	Sian Millar	25 mins
2.4	Frailty Review	Attachment	Sian Millar	15 mins
2.5	GP OOH Peer Review Report	Attachment	Sian Millar	15 mins
Final Matters				3:40
3.1	Risk Register	Attachment	Will Beer	10 mins
3.2	Work Programme 2019	Verbal	Chair	20 mins
3.3	Items for Board Consideration To agree agenda items for Board consideration and decision	Verbal	Chair	5 mins
Items for Information				
4.1	<ul style="list-style-type: none"> • PSB minutes <ul style="list-style-type: none"> ○ Torfaen – 19 September 2018 ○ Newport – 11 December 2018 ○ Monmouthshire – 17 October 2018 	Attachments	Chair	5 mins

	<ul style="list-style-type: none"> ○ Caerphilly – 4 December 2018 ○ Blaenau Gwent –22 October 2018 • Social Services and Well Being Act Regional Partnership Board Minutes – 8 November 2018 			
Date of Next Meeting				
Thursday 11 th April 2019 at 9:30am in the Executive Meeting Room Headquarters, St Cadoc's Hospital, Caerleon				Chair



Public Partnerships and Wellbeing Committee
Tuesday 19th February 2019
Agenda Item: 1.4

Aneurin Bevan University Health Board

Minutes of the Public Partnerships and Wellbeing Committee held on Thursday 6th December 2018, in the Executive Meeting Room, Aneurin Bevan University Health Board

Present

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

In Attendance

Phil Robson	-	Special Board Adviser
Sarah Aitken	-	Executive Director of Public Health
Sian Millar	-	Divisional Director of Primary Care and Community Services
Will Beer	-	Consultant in Public Health
Emily Warren	-	Head of Planning (Partnerships)
Eryl Powell	-	Consultant in Public Health
Gareth Oelmann	-	LMC
Rob Holcombe	-	Assistant Finance Director
Angela Phillips	-	Senior Nurse for Children and School Health Nursing
Kolade Gamel	-	Service Group Manager
Claire Barry	-	Committee Secretariat

Apologies

Judith Paget	-	Chief Executive
Lorraine Morgan	-	Chair of the Stakeholder Reference Group
Chris Overs	-	Divisional Nurse, Family & Therapies
Dave Street	-	Corporate Director of Social Services
Nick Wood	-	Director of Primary Care, Mental Health and Learning Disabilities and Integration
Martin Woodford	-	Non-Executive Director of Welsh Ambulance
Deb Jackson	-	Head of Midwifery and Associate Director of Nursing
Dianne Watkins	-	Independent Member (University)

PPWB 0612/01 Welcome and Introductions

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

The Chair introduced Emrys Elias as the New Vice Chair of the Health Board and confirmed that he will be chairing the Public Partnership and Wellbeing Committee meetings going forward.

PPWB 0612/02 Declarations of Interest

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

PPWB 0612/03 Minutes of the Meeting held on 20th September 2018

The minutes of the meeting held on 20th September 2018 were agreed as a true and accurate record of the meeting.

PPWB 0612/04 Action Sheet

The Committee considered the Action Sheet from the meeting held on the 20th September 2018 and noted that all actions had been completed or were progressing.

PPWB 2009/04 Integrated Partnerships Board Update (PPWB 0305/07) – It was noted that the papers had now been uploaded to view on the Diligent Resource Area however, not all members of the Committee had access to Diligent. It was agreed for the papers to be circulated to the members of the Committee who did not have access to Diligent.

ACTION: Secretariat

PPWB 0612/05 Draft Population Health Strategy for Gwent

Sarah Aitken gave a presentation on Population Health and Wellbeing Strategy for Gwent 2019-2030. It was noted that the work that had be undertaken was based on a 10 year population health and wellbeing strategy for Gwent.

It was reported that conversations had been under taken with Board members with regard to their leadership role to highlight the ambition that an 18 year gap in healthy life expectancy between areas within the Health Board needed to be addressed in order to narrow the gap. From the learning that was done with Clinical Futures, the Public

Health Team had developed a change ambition and over the next 2 months from December 2018 to January 2019 they would spend time talking to people about ways to make it easier for people in our communities to live healthy and fulfilled lives. The draft document had been completed and finalised it would be submitted to the Board for approval in March 2019.

It was agreed that the draft document would be circulated to Committee members to ask how Committee members would like to be involved in its development before the finalised document goes to Public Board. **ACTION: Sarah Aitken**

The Committee asked what the targeted age groups are over the 10 year period, as it was noted that early intervention is most helpful in healthy aging. Sarah Aitken explained that the age at which healthy aging interventions has not been widely and as such the focus is on what adapting interventions as the population needs and evidence develops.

The Committee agreed that further discussions were needed to see if the timeframe could be extended as it was considered that the 10 years' was not long enough for the development and delivery of a strategy of this scale. The Committee also agreed that the strategy should go to G9/G10 first as more partners including the third sector were needed to be involved with its implementation.

ACTION: Sarah Aitken

PPWB 0612/06 Primary Care Strategic Priorities

Sian Millar provided a report on the Strategic Programme for Primary Care. The purpose of the report was to highlight the key strands of the Programme.

It was noted that 'Our Plan for a Primary Care Service for Wales was up to March 2018' was published by Welsh Government (WG) in February 2015 and had provided the context and framework for the development of Primary and Community Care over the last three years.

It was reported that good progress had been made locally and the investment that had been 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 £40m Primary Care fund that included the Pacesetter Programme designed to pilot new ways of working, which could be evaluated and rolled out across Wales, if successful. From this evaluation an “Emerging Model” had been developed.

The Parliamentary Review of Health and Social Care in Wales was published in January 2018, and in June 2018 WG responded with “A Healthier Wales” which was a plan for Health and Social Care and would support the “Emerging Model” of Primary Care – this had now become the Transformational Model and was to be adopted across Wales. Clusters (or NCNs) continued to be at the heart of this integrated Health and Social Care system.

It was noted what key plans, actions and important components would be required to meet the Primary Care objectives of “A Healthier Wales” within the Health Board. The Division of Primary and Community Care had covered all main work streams within its IMTP and Transformation Programme and these were:

- Prevention and Wellbeing
- 24/7 Model
- Data and Digital Technology
- Workforce and OD
- Communication and Engagement
- Transformation and the Vision for Clusters
- Seamless Working
- Primary Care Contractors
- Delivery Mechanism

It was reported that each of the key work streams had a designated lead and the Director of Primary and Community Care would lead on an All Wales basis. The Director would be “buddied” with an Executive Director from across all Health Boards in Wales and updates were provided at the monthly Directors of Primary and Community Care peer group meetings.

Sarah Aitken commented that the report was incredibly impressive, easy to read and showed a clear indication of what the Health Board is trying to deliver.

The Committee noted the report.

PPWB 0612/07 Shifting Investment or Resources to Out of Hospital Care

Rob Holcombe provided the Committee with an update on the current thinking approach and examples of rebalancing the system of care by developing out of hospital care, whilst considering the impact on acute hospital care.

It was reported that both National and Health Board policy aims had included developing out of hospital care in the Community and within Primary Care to shift the balance of service delivery from hospital based to out of hospital service delivery. The many advantages include:

- Care closer to home
- Improving sustainability of services
- Improving value to citizens
- More prudent approach to delivery
- Better value for money

It was noted by the Committee that the National Primary Care Board requested that all Finance Directors developed a Framework to support resource shifts between Secondary and Primary Care. This framework had now been published by Welsh Government as a Welsh Health Circular.

The framework was explained to the Committee and noted that the Health Board's Out of Hospital expenditure was increased by over 400%, and of the £1.2 billion that is spent £600 million goes into Hospital Based Care, £500 million into Out of Hospital Care and £70 million into Overheads.

It was noted that the key point was to add value to patients utilising the allocative and technical value opportunities of an alternative model of delivery, and key benefit analysis parameters include changes to activity, costs and patient outcomes.

The Committee noted the report

PPWB 0612/08 Gwent Transformation Fund Update

Emily Warren provided an update on the award of the Transformation Fund and gave assurance to the Committee around the next steps as delivery commenced.

A bid of £13.4 million was submitted at the beginning of September by the Regional Partnership Board and was signed off at that time. It was recognised that the funding awarded was for a period of 2 years from the point of award (24 October 2018).

The offer includes a focus on early intervention and prevention services via the Integrated Wellbeing Network, led by the Public Health Team. This would be developed and delivered in tandem with the new Transformational Model of Primary Care. There was also two additional elements, one around the development of the Home First Model which was the Discharge to Assess Service and this became operational in October 2018, and the other was the Child and Adolescent Mental Health Services (CAMHS) Reform.

The Committee was advised of the next steps in order to take this forward and they were:

- A meeting with Welsh Government was scheduled for 13 December 2018 to finalise grant arrangements, and it was proposed that immediate delivery arrangements were aligned with existing government structures.
- To ensure the Gwent Regional Partnership Board (RPB) was effectively placed to deliver on the increasing expectations of Welsh Government. The RPB had commissioned an options paper, which would be presented early in the New Year to consider how to develop leadership and governance arrangements to support the delivery of a refreshed area plan. The refreshed plan would draw together the totality of committed activity and funding, to deliver integration Integrated Care Fund (ICF) and the transformation offer.
- Public Partnerships and Wellbeing Committee would receive ongoing updates regarding the development of the RPB and the delivery of the Transformation Programme.

The Committee noted the report

PPWB 0612/09 School Nursing Strategic Priorities

Angela Phillips gave a brief update on School Nursing and the challenges that were being faced within schools.

It was highlighted that in 2013 the Royal College of Nursing (RCN) suggested that there should be a minimum of one qualified school nurse for each secondary school and its cluster of primary schools, but the actual number varies dependent upon the size and complexity of the school population.

It was reported that Gwent had a small school nursing service with a total of 44.21 whole time equivalent (WTE) and out of this service there are only 22 qualified school nurses who head the teams with a skill mix of:

- 1 Senior Nurse.
- 2 Borough Managers.
- 49 Qualified Nurses (22 Specialist Community Public Health Nurses and 27 Registered Nurses).
- 10 Health Care Support Workers.
- 2 Administration Support Officers.

Out of these teams 11 of the staff work all year round.

A Framework for a School Nursing Service in Wales was published in 2009 by Welsh Government which outlined broad standards for school nursing and there was 2 years funding attached to the Framework. In 2017 a number of consensus conferences were held to look at the delivery of services across Wales and a new refreshed Framework that reflected changes was delivered.

It was reported that school nurses were encouraged to attend all initial and subsequent core groups. Review conferences for Safeguarding in Gwent and in November 2017 a School Nursing Safeguarding audit was undertaken showing that a third of the school nurses time was spent undertaking Safeguarding work. It was highlighted that attendance at all of these conferences had impacted on normal duties. As a result of the audit in 2018 the Practice was reviewed and Christine Overs and Angela Phillips presented the reviewed Practice at the South East Wales Safeguarding Board and a meeting was undertaken around safeguarding needs. From this meeting the Practice was changed and it was decided that School Nurses no longer needed to attend all Safeguarding

meetings when they were not currently or had not previously been involved with the child.

It was noted that ABUHB provides a School Immunisation Service and a total of 48,000 Fluenz vaccinations were offered to primary school children in the autumn term over a 12 week period. It was highlighted to the Committee that there had been a lot of measures put in place for this year in order to increase the uptake of immunisation and it was hoped that this would be reflected by the end of data captured.

In 2016 the Healthy Child Wales Programme (HCWP) 0-7 years was launched which included the child entry focusing on the early intervention and prevention. The school entry review will ensure that more face to face contact with families takes place and support can be offered for those with enhanced and intensive needs.

The Committee was made aware of the following service priorities for 2019:

- Further development of HCWP for 7-16 and 16-25 year olds.
- Increasing Immunisation Agenda (Human Papillomavirus (HPV) for Boys and Fluenz) and further expansion of Immunization Team.
- Implementation of the School Nursing Framework Minimum Standards for Emotional Health and Wellbeing with the aid of additional funding from the Transformational Fund 2019 to prioritise Emotional Health and Wellbeing and supporting mental health of children and young people, and linking with education to achieve a whole school approach.
- Fit for Future Generations – a childhood obesity strategy for Gwent to 2025.
- School Nursing Framework for 'Special Schools' launch December 2018

- Development of the role of School Nursing in the Additional Learning Needs and Education Tribunal Act. (ALN ET).

PPWB 0612/10 ABUHB Staff Seasonal Flu Immunisation Programme Plan

Eryl Powell provided the Committee with an update on the early progress with the implementation of the staff flu immunisation programme for Health Care workers.

It was noted that every season the Health Board reiterates why it is important for the Health Board's staff to take up the offer of their annual free flu vaccination. The nature of the work means staff have a much higher risk of catching the flu, and also that they have a duty of responsibility and care to their patients to protect them from onward infections. It was highlighted to the Committee that last season there were 88 outbreak cases reported in Care Homes and hospitals across Wales.

It was reported that there was a Welsh Government target of 60% for frontline staff to take up the offer of the vaccine. It was noted by the Committee that this is not a mandatory vaccination, but the Health Board's approach is based on a full vaccination strategy, which has a very clear message that our expectation is that staff particularly staff that are patient facing take up the offer of the free flu vaccination. It was explained that there had been a change with the vaccine that was used this year and a new quadrivalent vaccine had been introduced. This vaccine covered the two main B strains and two A flu subtypes and will give staff better coverage and address some of the issues that we have with respect to effectiveness.

It was noted that in order to achieve the 60% target the Executive Team took the decision to provide a financial incentive for all of the Divisions to motivate them towards achieving this target, so the first Division that reaches the 60% target would receive a £30k incentive and for all other Divisions that reach the 60% target by the end of March 2019 they would receive a £20k incentive. The Committee was made aware that this incentive was in line with NICE guidance to help purchase equipment for their service areas. It was reiterated that the incentive payment was for use on delivery of services and not a personal payment to staff.

The Committee asked for clarity as to the source of the funds for the incentive. Sarah Aitken confirmed that the funding was from the Winter Plan Funds.

PPWB 0612/11 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:

- Plans are in place for flu vaccination of pre-school children, primary school children, people of 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 will mean that flu clinics have been staggered into November. This also created difficulties in 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. Attempts are ongoing to mitigate this risk (now primarily in 3 practices) by maximizing the use of the available aTIV supplies through discussions with the vaccine manufacturer, community pharmacies and other practices.
- Smoking cessation performance continued to improve and a plan is in place to achieve incremental improvements with a target of 3.7 per cent by March 2019.

The Committee was made aware that there was no change to remaining risks with high or moderate scores in this period. It was proposed that the Committee takes the decision to withdraw risk 1.3 from the Public Partnerships and Wellbeing Risk Register which is associated with the withdrawal of Communities First Funding, as it was felt that the Health Board had done all it could do to mitigate the risks.

It was reported that no additional risks had been added for this reporting period and 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 noted the report

PPWB 0612/12 Work Programme 2019

The Committee discussed the Forward Work Programme for 2019 and agreed that the national Public Health Wales performance report would feed into the Committee Work Programme and this was work in progress. **ACTION: Sarah Aitken**

PPWB 0612/15 Items for Board Consideration

There were no items for Board consideration.

PPWB 0612/16 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 and the Social Services and Wellbeing Act Regional Partnership Board.

The Committee agreed that it would be helpful to have a bullet point list of the projects that the PSB are working on for the next Committee meeting. **ACTION: Sarah Aitken**

PPWB 0612/17 Date and Time of Next Meeting

The next meeting would be held on Tuesday 19th February 2019 at 1:30pm in the Board Room, Ground Floor, Main Hospital Building St Cadoc's Hospital, Caerleon.



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Public Partnerships and Wellbeing Committee
Tuesday 19th February 2019
Agenda Item: 1.5

Public Partnerships and Wellbeing Committee

Action Log – 6 December 2018


Action Reference	Action Description	Lead	Progress
PPWB 0612/04	Action Sheet Action 2009/04 Integrated Partnerships Board Update It was agreed for the papers to be circulated to the Committee	Secretariat	Completed. Papers have been circulated to the Committee via email.
PPWB 0612/05	Draft Population Health Strategy for Gwent It was agreed that the draft document would be circulated to the Committee.	Sarah Aitken	Completed. The draft was sent out on the 7 th December 2018.
	It was agreed further discussions was needed to see if the timeframe needed to be extended and the Committee agreed that the strategy should go to G9/G10.	Sarah Aitken	This item is on the agenda for the next G10 meeting taking place on the 26 th March 2019.
PPWB 0612/12	Work Programme 2019 The Committee agreed that the national Public Health Wales performance report would feed into the Committee Work Programme.	Sarah Aitken	At the end of each influenza season, an annual report is published summarising uptake of influenza immunisation in eligible groups in Wales. An epidemiological summary of influenza activity throughout the season, the latest seasonal influenza vaccine effectiveness estimates, antiviral susceptibility data and antiviral prescribing rates. It is usually published

Public Partnerships and Wellbeing Committee
 Tuesday 19th February 2019
 Agenda Item: 1.5

Action Reference	Action Description	Lead	Progress
			at the end of May, but the Vaccine Preventable Disease Programme have said this cannot be guaranteed. As soon as the paper becomes available it will be added to the next Committee agenda.
PPWB 0612/16	Public Services Board's and Social Services and Wellbeing Act Regional Partnership Board. The Committee agreed that would like to have a bullet point list of projects that the PSB are working on for the next meeting.	Sarah Aitken	Monmouthshire PSB January Board meeting was cancelled. It was agreed in the October meeting to have particular focus on the following six areas for the next few months: <ul style="list-style-type: none"> • Adverse Childhood Experiences - led by Gwent Police • The Mental Health of Children and Young People - led by ABUHB • 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

Public Partnerships and Wellbeing Committee
 Tuesday 19th February 2019
 Agenda Item: 1.5

Action Reference	Action Description	Lead	Progress
			housing stock - led by Monmouthshire County Council <ul style="list-style-type: none"> • Develop technology-led solutions for improving rural transport – led by Monmouthshire County Council.
All actions to be completed by the next meeting of the Committee unless otherwise stated			

 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Public Partnerships & Wellbeing Committee Tuesday 19 February 2019 Agenda Item: 2.1</p>
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Aneurin Bevan University Health Board

Engagement draft: Framework for action to improve population health and wellbeing across Gwent by 2030

Executive Summary

The Framework for action to improve population health and wellbeing across Gwent by 2030 ('the Framework') outlines a 'change ambition' for improving health and wellbeing across Gwent. It presents a case for changing the way we work in order to prevent the preventable, and ensure we improve the population's health and wellbeing and reduce inequalities, and thus contribute to ensuring services are sustainable for future generations.

The Health Board has a key role in improving wellbeing, but cannot do this alone. Based on the evidence of need and what is known about effective and cost-effective interventions, the Framework outlines the key priorities that should be focused on. It describes the need to work with individuals, communities and organisations in order to address the wider determinants of health and thus make a difference.

The ambition is to create by 2030 a Gwent that makes it easier for the population to live healthy, fulfilled lives with improved physical and mental wellbeing. Specifically, to create environments that are smoke free and that support people to be active, to maintain a healthy weight, to have mental wellbeing, and which support communities to be strong and resilient.

This engagement process presents an opportunity for involving the Health Board, stakeholders and the public in developing the Framework further, to gain commitment to the principles, and ensure the change ambition is attainable, and therefore achieved, by 2030. The engagement draft includes some specific questions to support that involvement. Up until Easter there will be discussions with public sector leaders, and between Easter and July wider engagement will occur, including with the public. Following the involvement phase, the Framework will be revised based on comments and feedback, with the aim of presenting the final document to Public Service Boards and the Regional Partnership Board in the Autumn.

The Committee is asked:

- To provide comments on the engagement draft of the Framework and the involvement questions
- To recommend stakeholders to include in the involvement phase and suggestions on appropriate methods for involvement
- To provide comments on the engagement plan and the timescale for agreement of the final version by the Public Service Boards and Regional Partnership Board in the autumn.

Undertaking the actions in the Framework links directly with SCP1: Improving Population Health and Wellbeing.

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

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

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

Report Author: Tracey Deacon, Principal Public Health Specialist

Report Received consideration and supported by :

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: 8th February 2019

Supplementary Papers Attached: Consultation draft: Framework for action to improve population health and wellbeing across Gwent 2020-2030

Purpose of the Report

The Executive Team are asked to agree the *Engagement Draft: Framework for Action to improve population health and wellbeing* (Appendix A) and the proposed timetable for the involvement stage and final sign-off by the Regional Partnership and Public Service Boards (Appendix B).

Background and Context

Great improvements have been made in the population's health and life expectancy but health inequalities are not reducing. We are still seeing too many preventable conditions, and even rising levels of conditions such as obesity and mental ill-health.

This Framework proposes a 'change ambition' for health and wellbeing across Gwent by 2030. Based on the evidence of need and what we know about effective interventions, it outlines the key priorities we need to focus on locally. It describes how population health and wellbeing is influenced not only by health and social care, but also by the socio-economic and environmental conditions in which we are born, grow up, live, work and age. It presents a case for change to prevent the preventable, improve the population's wellbeing, reduce inequalities, and contribute to ensuring services are sustainable for future generations. It explains how we need to work collaboratively to improve the wider determinants of health, working with individuals, communities and organisations.

The Framework sits within the current strategic/legislative context in Wales, particularly the Wellbeing of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and *A Healthier Wales: Our Plan for Health and Social Care* (2018), with their preventative focus. The document should support Aneurin Bevan University Health Board members who are members of Public Services Boards in Gwent and the Gwent Regional Partnership Board for Health and Social Care, by providing recommended actions for inclusion in delivery plans. Board members will also find the Framework helpful to advocate for actions to address the wider determinants of health, such as the local economy and employment, as well as those that have direct impact on people adopting healthy behaviours.

This Framework will also support the implementation of the 'staying healthy' element of the Clinical Futures Strategy:



Assessment and Conclusion

To make a real difference to the future health and wellbeing of the population of Gwent and reduce inequalities, there needs to be a greater focus on prevention, through a combination of addressing the wider determinants of health and a scaling up of effective interventions. It will require individuals, communities and organisations to all play their part and work collaboratively. This Framework outlines the case for change and the actions required to achieve the ambition for 2030.

The next phase is the involvement phase, firstly with public sector leaders, with wider involvement occurring between Easter and July. The aim is to gain commitment to the principles and ensure the change ambition is attainable, and therefore achieved, by 2030. The Framework will 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.

Recommendation

The Committee is asked:

- To provide comments on the engagement draft of the Framework and the involvement questions
- To recommend stakeholders to include in the involvement phase and suggestions on appropriate methods for involvement
- To provide comments on the engagement plan and timescale for the Framework's approval by the Regional Partnership Board and Public Service Boards.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The actions presented in the Framework are based on evidence of need and effective interventions. The aim of the consultation is to ensure the actions are attainable locally and to gain commitment from stakeholders for delivery. The health and wellbeing of the population of Gwent should improve if the actions are implemented systematically and at scale. If not, there is a risk to the long-term health and wellbeing of the population.
Financial Assessment, including Value for Money	Increased preventative action should help to alleviate cost pressures to both health and other public services in the future. The recommended actions in the Framework have been based on the evidence of what is cost effective and provides best return on investment.

Quality, Safety and Patient Experience Assessment	The aim of the Framework is to improve health and reduce health inequalities, based on evidence of best practice.
Equality and Diversity Impact Assessment (including child impact assessment)	The underlying aim of the Framework is to address inequalities in health across the population.
Health and Care Standards	<p>Staying Healthy:</p> <p>Standard 1.1 Health Promotion, Protection and Improvement</p> <p>People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities</p>
Link to Integrated Medium Term Plan/Corporate Objectives	<p>The recommendations in the report link directly with the IMTP, specifically:</p> <p>SCP 1 – Improving Population Health and Well Being</p>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The Framework supports achievement of ABUHB's 10 Well Being Objectives.
	Long Term – the recommended actions will help improve the long-term health and wellbeing of the population.
	Integration – the Framework will inform the delivery plans of Public Service Boards across Gwent.
	Involvement – this consultation is an opportunity for involving individuals, communities and organisations across Gwent in developing the Framework and thus to gain their commitment for implementation.
	Collaboration – the Framework has been developed in recognition of the fact that improving wellbeing requires the wider determinants of health to be addressed, through collaborative action with individuals, communities and organisations.
	Prevention – the aim of the framework and recommended actions is to prevent the preventable, thus improving the health and life expectancy of the population of Gwent.
Glossary of New Terms	There are no new terms used.
Public Interest	There is no reason why this document cannot be made public.

Appendix A

Engagement DRAFT

Framework for Action
to improve
population health and
wellbeing
across Gwent
by 2030

Contents

Key messages 4

 Our approach to implementation..... ~~89~~

Communities ~~1011~~

 Strengthening Community Networks and Resilience ~~1011~~

Educational Settings ~~1415~~

 Pre-school settings ~~1415~~

 Schools ~~1415~~

 Mental well-being ~~1516~~

 Smoking..... ~~1617~~

 Healthy Weight ~~1617~~

 Sexual Health ~~1718~~

Workplaces ~~1920~~

Empowering individuals ~~2122~~

Reorienting services towards prevention..... ~~2324~~

 Integrated Wellbeing Networks ~~2324~~

 Making Every Contact Count..... ~~2425~~

 Stop Smoking Services ~~2425~~

 Supporting Healthy Weight ~~2526~~

 Screening..... ~~2526~~

 Immunisation ~~2627~~

Appendix B – *Framework for Action* Timetable and Involvement ~~2728~~

A change ambition for Gwent by 2030

The places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives. We are starting to see greater equity in the determinants of health. We live in strong and mutually supportive, resilient communities - both real places and virtual spaces.

We are taking concerted action to improve mental well-being because we understand that there is no health without good mental health.

All our children and young people consider not smoking to be the norm and live in smoke free environments. More of our children and young people live in an environment that supports a healthy weight.

We have vibrant, connected communities with people preferring to walk and cycle for local journeys. Families and children are active in our shared open spaces and getting the most out of our abundant, natural environment.

All partners are focussing their collective efforts on the main things that create greater equity. This is at the heart of what we all do.

Questions

1. Are the intentions of the change ambition clear?
2. Do you agree with the change ambition?

Measures of success

To measure success, we will develop a set of indicators based on the Public Health Outcomes Framework.¹ In addition, because of the time it takes to achieve tangible impact with some of these outcomes, to demonstrate progress we will also develop process measures.

Questions

3. How would you measure success?

¹ Public Health Outcomes Framework <http://www.publichealthwalesobservatory.wales.nhs.uk/phof>

Why we need a framework for action

Key messages

Many of the causes of poor health and wellbeing are preventable, particularly through adopting healthy behaviours.

But many people in Gwent adopt unhealthy behaviours. In the adult population:

- 1 in 5 smoke. Smoking is the single largest cause of preventable ill health in Wales, and a significant cause of health inequity.
- 4 in 5 are not eating the recommended 5 portions of fruit or vegetables a day
- 1 in 3 are physically active for less than 30 minutes a week
- 1 in 4 are obese
- Nearly 1 in 5 drink alcohol above guidelines. The more alcohol an individual drinks the greater their risk of getting cancer.

There are significant differences in life expectancy and healthy life expectancy between the most and least deprived areas in Gwent. Over 18 years difference in healthy life expectancy.

Two thirds of smokers start before the age of 18.

The smoking behaviour of parents and peers is a major predictor of a young person taking up smoking.

Up to 80% of obese children and young people remain obese into adulthood.

Detecting cancer early can help people to live longer and improve their quality of life, as treatment is likely to be more effective and less intensive.

Vaccinations provide the best protection against vaccine preventable disease.

Questions

4. Are there any key messages missing?

Our health and wellbeing are our greatest assets, allowing us to grow, learn and participate in society. A healthy and resilient population is essential for a strong and sustainable economy, and will also help to reduce the pressure on the NHS, social care and other public services, freeing services up for those who need them most and are less able to help themselves.

Great improvements have been made in the population's health and life expectancy. However, we are still seeing too many preventable conditions - and even rising levels of, for example, obesity and mental illhealth - exacerbated by an ageing population. Also, the health gains being made are not felt equally across society, influenced not only by health and social care services, but also by the social, economic and environmental conditions around us. A range of 'wider determinants of health,' such as education, employment, housing conditions, community networks, the built environment, help to shape the choices we can - or are able to - make for ourselves and our families that will impact on our health and wellbeing. Inequalities in health and wellbeing are associated with the inequalities in the wider determinants.

In the context of austerity and rising demand, the need for change is with us now. To make a difference we can not continue with 'business as usual.' We must take action now if we are to prevent the preventable, and thereby protect and improve the health and wellbeing of the population, and ensure services are sustainable for future generations.

The change ambition can only be realised if everyone takes responsibility as individuals, communities and organisations. At a population level we will require a collaborative approach that creates system wide change across the wider determinants of health. The challenge is complex, and multiple actions are required at different levels. Some actions are required at a national legislative level, but this Framework sets out those areas for **local** action where implementation at scale should achieve measurable improvements, and reduce inequalities, in the health and wellbeing across the population of Gwent by 2030.

How we achieve the change ambition

Prevention is about reducing the chances of problems arising in the first place, helping people live a healthy, fulfilled and independent life for as long as possible, including supporting them to manage their own health. There is strong evidence that prevention and early intervention represents good value for money and gives good return on investment. Our approach is seeking to primarily address primary and secondary prevention, as defined by the Future Generations Commissioner:

Prevention is working in partnership to co-produce the best outcomes possible, utilising the strengths and assets people and places have to contribute. Breaking down into four levels, each level can reduce demand for the next:

- **Primary prevention** – Building resilience – creating the conditions in which problems don't arise in the future. A universal approach.
- **Secondary prevention** – Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism.
- **Tertiary prevention** – Intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.
- **Acute spending** – Spending, which acts to manage the impact of a strongly negative situation but does little or nothing to prevent problems occurring in the future. A remedial approach.

* **progressive universalism** is a determination to provide support for all, giving everyone and everything a voice and vested interest, but recognises more support will be required by those people or areas with greater needs.

We must rebalance our focus towards prevention, tackling the root causes of poor health and wellbeing, and not just treating the symptoms. There is significant evidence in many areas of what works in preventative interventions, but often actions are not delivered at scale and do not achieve impact across the whole population. This may require re-direction of resources or shaping existing services to ensure they are maximising their preventative impact.

Different strategies will be required. Universal interventions (which apply to all) can have the effect of increasing inequalities, as some people may respond differently. A more targeted approach may therefore be required with some groups of the population, known as 'progressive universalism.' This is where universal services are resourced and delivered at a scale and intensity which enables them to respond according to the level of need. Examples of groups needing additional support include: people in prison, the homeless, people with mental health challenges and older people living alone.

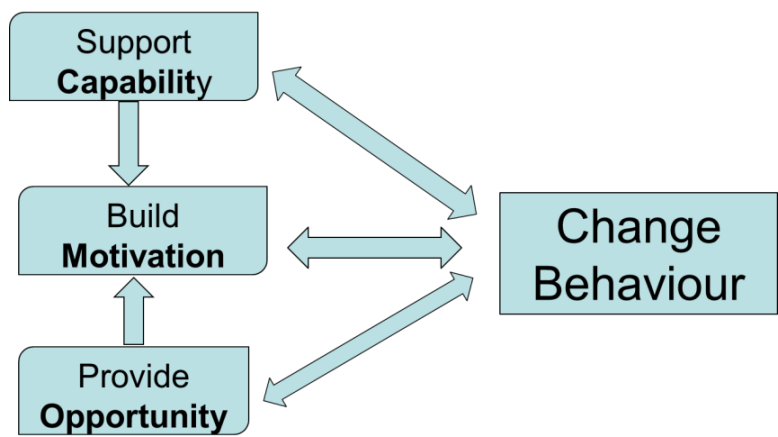
Disadvantage starts before birth and accumulates throughout life. There is therefore a strong case for investing in the early years, as this makes the greatest impact on outcomes. Realigning investment into the early years will not only improve outcomes for the younger generation, but will prevent problems in the future.

Older people, however, make up a significant and growing proportion of the population. There is a significant positive impact to be gained on families, communities, society and the economy made by ensuring a healthy older population.

In developing this Framework we have referred to a range of evidence including the Wellbeing Assessments undertaken by all five Public Services Boards in Gwent, the views of local residents (including those of children and young people), and the existing evidence around what actions and interventions are effective and cost-effective. The priority areas identified for collective action in terms of the largest contributors to poor health and wellbeing, and the most amenable to prevention, are: cardiovascular disease, cancer, chronic respiratory disease, chronic liver disease, neonatal disorders and infant mortality. Mental wellbeing is an underpinning priority as it influences all other health and wellbeing outcomes.

Many of these conditions could be prevented by adopting healthy behaviours, in particular: not smoking, being a healthy weight, being active, eating a healthy diet and drinking alcohol within recommended levels. But our behaviours are influenced by the social, economic and environmental conditions around us, the ‘wider determinants’ of health. Behaviour change models, such as the COM-B (figure 1), recognise the complexity of behaviour change. The ‘capability’ element includes the need for individuals to have the necessary knowledge and skills to make a change, but the model moves beyond a simple information giving approach. ‘Opportunity’ highlights that there are external factors that affect whether it is possible for an individual to have a desired behaviour, such as the environment and social influences.

Figure 1. The COM-B system - a framework for understanding behaviour



The legislative context, particularly the requirements of the Wellbeing of Future Generations (Wales) Act 2015, provides the conditions to support the implementation of this Framework (figure 2). Public bodies across Gwent are required to take a long-term preventative approach, and to work in collaboration with each other and the local population. Priorities identified in Wellbeing Plans will

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

contribute to tackling local social and economic issues that impact on health and drive health inequalities. This Framework provides guidance for the work being progressed by the five Public Services Boards in Gwent to deliver their Wellbeing Plans and achieve the goal of a Healthier Wales.

Figure 2. Wellbeing of Future Generations Wellbeing Goals



Our approach to implementation

In addition to *what* actions are required, to achieve the change ambition, consideration must be given to *how* interventions are to be prioritised, designed and implemented at the local level. It requires the mobilisation of a large collection of individuals, groups and organisations by means of:

- Working on the key priorities that can make a difference
- A shift in power and a more distributed leadership
- Comprehensive and active engagement of stakeholders and involvement of community, with co-produced interventions
- Mutually reinforcing changes in multiple systems, working to align structures, processes and patterns of behaviour.

We must steer change in a world where hierarchical power is diminishing and the power to create change comes through positional authority. Power to change comes from connection and ability to influence through networks. The large scale changes required to meet our and Welsh Government's aspirations cannot be achieved by working within our usual networks and partnerships, but requires working differently, making connections between wider networks creating alignment and exploiting new opportunities.

Wherever possible, people should take responsibility for their own health and wellbeing. It is therefore essential that the community are involved in the development of interventions and enabled to co-produce them where appropriate. We want to

continue a dialogue with our local communities to understand their stories of their own experience of trying to be healthy.

We must be mindful that over the timescale of this Framework there will be change. There must be a strong commitment to using systematic quality improvement methodologies to monitor progress, to maximise benefits and to measure impact. We also have to monitor the changes, plan and respond to emerging matters. Change will also occur, for example, in the causes of poor health and as a result of the impact of things like new legislation, new technologies and innovations, and because of developments in the evidence base around effective interventions. Future known challenges include:

- **Antimicrobial resistance**
A wide array of vaccines and antimicrobial drugs have been developed which have been effective against infections. However, resistance of microorganisms to drugs is increasing and untreatable infection poses a serious risk to public health now and in the future.
- **Climate change**
We need to create a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments.
- **Digital technology**
Technology is continually changing the way people live, interact, learn, play and work, offering new opportunities to change. Potential uses might include tracking the epidemiology of outbreaks, use of social media and smart phone apps to support behaviour change or new ways of gathering information relating to public health outcomes.

We also need to be looking at what is on the horizon. Whilst advances in automation and sensors, 3D printing, robotics, wearables, and technology may still be fringe today but will not be tomorrow, and will extend to include machine learning, augmented reality and artificial intelligence. User needs, data and the latest technology are essential when developing approaches to prevention. Our challenge is to keep abreast of the opportunities created by digital technology and to ensure that the principles of equity and access are maintained.

Specific actions have been categorised according to the where the most effective interventions will take place. The rest of this document is divided into: communities, educational settings, workplaces, empowering individuals and services reorientated towards prevention.

Communities

The communities we live in affects our health and wellbeing, whether they are place-based or communities where people share a common identity or affinity. The built and natural environment can support our physical and mental wellbeing, but so too can our social relationships and community networks.

Physical environment

There is a great deal of evidence around the importance of the physical environment on our physical and mental health and wellbeing, including good quality, secure homes, opportunities for play and active travel, access to green spaces. These issues are beyond the scope of this Framework as they are being addressed in other parts of the system.

Question

An element of our change ambition is to have “vibrant, connected communities with people preferring to walk and cycle for local journeys. Families and children are active in our shared open spaces and getting the most out of our abundant, natural environment.”

- 5. In order to achieve the change ambition, are there actions around the physical environment that need to be strengthened in this Framework as they are not being addressed elsewhere?

Strengthening Community Networks and Resilience

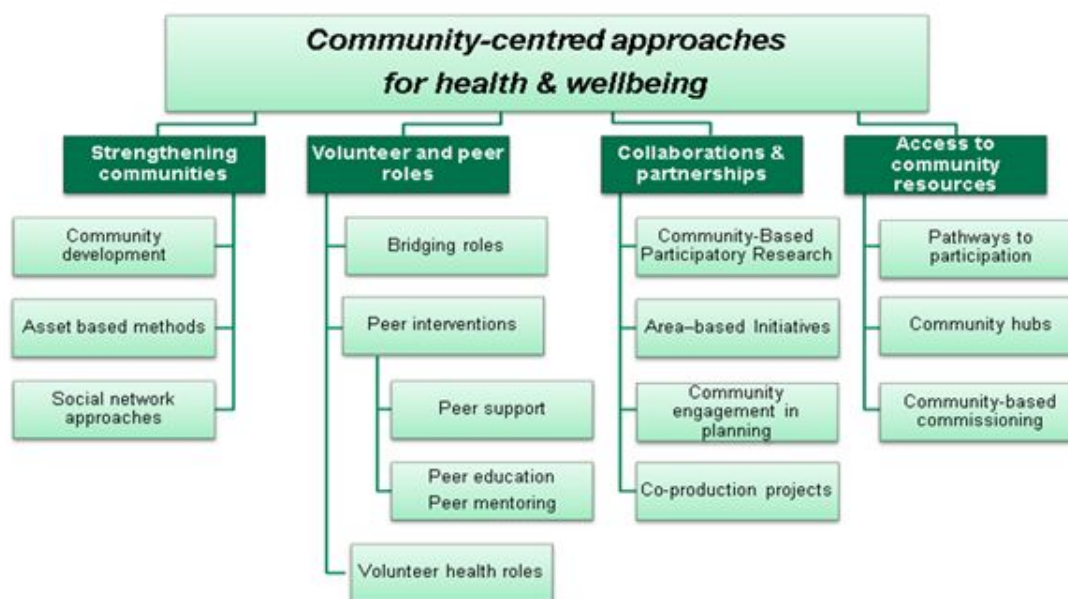
Community assets include such things as: skills and knowledge, social networks, local groups and community organisations. Enriching social connectivity in communities to enable people to feel safe in the community they live will have an impact on health and well-being. It is argued that the risk to health of being lonely or isolated is the same as smoking.

While many individuals already participate and make a contribution, and in many communities there are strong community actions and networks, not everyone feels able to be included, and more could be done to realise the full potential of communities, increase social support and address social exclusion. Community empowerment occurs when people work together to shape the decisions that influence their lives and health.

Everyone has a role to play in building confident and connected communities. Public services can help to create safe and supportive places, fostering resilience and enabling individuals and communities to take more control of their health and lives. Using participatory approaches will directly address powerlessness.

Community-centred approaches seek to mobilise the assets within communities and increase people’s control over their health and lives, and improve health and

wellbeing. The diagram outlines some of the practical, evidence-based approaches that can be used:



Focussed action to ensure that the most vulnerable in our communities have access to social interaction that most of us enjoy is required. For example, minimising social isolation and loneliness for the elderly through activities that engage people across the generations, and ensuring that people with dementia are able to safely go into their communities through building dementia supportive communities. *Ffrind i Mi* (or Friend of Mine) aims to make sure that anyone who feels lonely or isolated are supported to reconnect with their communities. Working with Community Connectors and existing volunteer befriending services, *Ffrind i Mi* works with volunteers to support those who are lonely and/or isolated. The scheme matches the interests of people to volunteers with the same interests e.g. gardening, watching sport, dog walking etc.

It is important to find ways of supporting older people to play important roles in society, engage in paid or unpaid work, share their knowledge and experience and to be valued by others. Promoting volunteering in communities is another way of increasing social connectivity across all ages. Extra support to carers, including young carers should be considered.

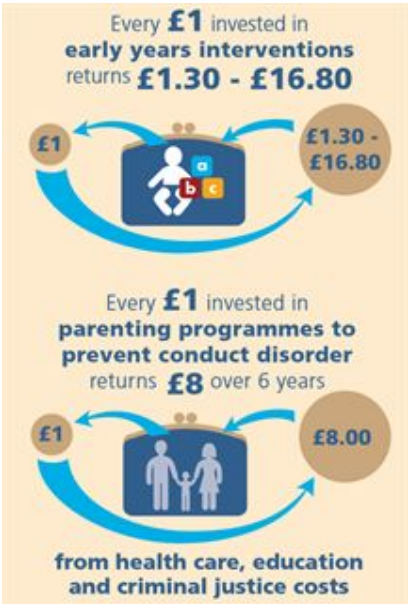
Supporting leisure and sporting activities that bring together families and people isolated in their communities, including older people will have significant health impact.

The mother's health before, during, and after pregnancy, as well as the home and wider environment in which children grow up have a major impact on their physical, social, emotional and cognitive development. Poor early year development has an impact on an individual's health throughout the life course. It also impacts on educational attainment, employment or income and on society as a whole. Living in poverty and deprivation increases the risk of death and poor health, especially obesity. Early child development interventions should go beyond child survival and physical development to encompass

social, emotional and cognitive development. Both universal and targeted follow up interventions later on in a child’s and teenager’s life are important in order to maintain the gain in early years.

The impact of Adverse Childhood Experiences (ACEs) work in Wales emphasises the need to both consider the impact of the formative years on an individual’s life chances, and also to consider sensitivity to how people experience ACEs influences service delivery. Adverse Childhood Experiences (ACEs) including child maltreatment (including physical, sexual and verbal abuse) and wider experiences of household dysfunction (e.g. growing up in a household affected by domestic violence, parental separation, substance misuse, and mental illness or criminal behaviour) are important to the health and well-being of children, but also perpetuate through generations.

Evidence based parenting programmes are one of the most effective ways to improve the health and wellbeing of children and their parents. Investing in early years universal (population wide) interventions along with additional resource proportionate to need for vulnerable children is cost-effective and essential to ensure a healthy and productive Wales. Investing in targeted interventions could help address as much as £72 billion worth of the cost of social problems such as crime, mental ill health, family breakdown, drug abuse and obesity for Wales². All parents will have access to the Healthy Child Wales Programme delivered primarily through the Health Visiting Service, but some parents will need extra help.



Parenting programmes are generally considered to aim to improve the way in which parents interact and provide stimulation for their children. Interventions that focus exclusively on and effectively enhance maternal/caregiver sensitivity towards the child are universally effective.

Parents assessed as being in need of additional support should be offered a series of intensive antenatal and postnatal home visits through an appropriate parenting programme

² Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales Executive Summary, Public Health Wales 2016

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

that includes maternal sensitivity, the mother child relationship, home learning (including speech, language and communication skills and parenting skills and practice) (NICE 2015). Parenting programmes are also needed to focus on behaviour change through evidence based programmes that, include developing peoples skills and increasing their confidence in cooking affordable and healthy meals from scratch. A focus on the first 1000 days and early years to support nutritional requirements for healthy development and growth.

Information about parenting can also be effectively provided through a variety of approaches, including group-based training (Triple P and Incredible Years), video feedback interventions or one-to-one interventions and other home visiting programmes by trained professionals.

Summary of key actions to improve the wellbeing of communities:

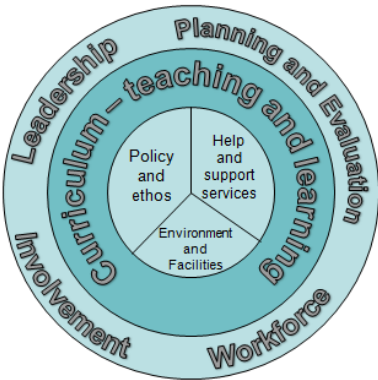
- Creating safe and supportive places, fostering resilience and enabling individuals and communities to take more control of their health and lives
- Enriching social connectivity – minimising isolation and loneliness
- Creating and strengthening Age Friendly Communities and Dementia supportive communities
- Providing support and respite for carers
- Minimising the impact of Adverse Childhood Experiences
- Evidence based parenting programmes are accessible

Questions

6. Do you agree with these key actions to strengthen community networks and resilience? Anything missing?
7. Can you see any barriers to implementation?

Educational Settings

All children and young people access education and these settings have a strong influence on their health and well-being. Children and young people who have good health and well-being will perform better in school and also establish behaviours that they may adopt throughout adult life. A whole educational setting approach to health and well-being includes support for students, teachers and lecturers and support staff (as illustrated in the diagram below). It involves working across the whole system both within the taught curriculum and the wide range of other activities that educational settings engage in. It should involve students, parents, staff and governing bodies all working together as an educational community to support well-being. A whole setting approach acknowledges that the environment and ethos is just as important as the curriculum and policies in supporting the health and well-being of children and young people. It also acknowledges there are some children or populations that require particular attention, for example children and young people excluded from mainstream education or those experiencing ACEs.



Pre-school settings

The Healthy and Sustainable Pre School Scheme was launched in 2011 as an extension of Healthy Schools Scheme and follows the same principles of a whole school approach to health and well-being. This scheme is open to full time Day Care Nurseries, Sessional Childcare, Childminders, Playgroups and Flying Start Child Care Settings. There are currently 181 such settings enrolled in the scheme.

Schools

Over the lifetime of this strategy schools in Wales will be implementing a new curriculum and assessment arrangements that provides an opportunity to strengthen the approach taken to health and well-being in schools. Every school in Gwent participates in the Welsh Network of Healthy Schools Scheme with 27 schools achieving this award by demonstrating progress over a minimum period of nine years. Over the next ten years the ambition is for more schools to achieve this award and equivalent for pre-schools.

Over the next ten years we would like to see pre-schools and schools strengthen their whole school approach to health and well-being with a particular focus on mental well-being, sexual health, smoke free living, obesity and physical activity in the context of these schemes, which may mean pre-schools and schools stretching beyond the requirements of the Healthy Schools Scheme in these specific areas for the benefits of children.

Mental well-being

A whole setting approach to improving mental well-being includes having a strong student voice; having a good understanding of the needs of the educational community and using relevant tools to tackle identified needs. Half of lifetime mental health problems start by the age of 14³ so a primary prevention approach to building resilience in young people and detecting problems early is where educational settings can take an active role. Building an environment which supports the mental well-being of all children and young people, also helps those who have mental health issues. Children and young people who are already experiencing mental health problems will also require more intensive targeted support interventions and pathways into services, including ensuring that schools are ACE aware and able to help and support children experiencing ACEs to minimise their impact.

Eight principles to promoting a whole school and college approach to emotional health and wellbeing.



There are a number of evidenced based programmes that can support the development of a Whole School Approach. They either have good quality or promising evidence of achieving positive changes in social and emotional skills and/or reductions in risks affecting children’s mental health.⁴ There is a growing body of evidence that bullying prevention programmes, which aim to change the ethos of the school.

³ Hagell, A., Coleman, J. and Brooks, F. (2013) *Key Data on Adolescence*. London: Public Health England.

⁴ <https://www.mentallyhealthyschools.org.uk/teaching-resources/whole-school-programmes/>

Smoking

Smoking prevalence across Gwent has dramatically reduced in the past ten years, from 25% in 2008 (Welsh Health Survey, 2007/2008) to 19% in 2018 (National Survey for Wales, 2017/18). Whilst this is progress in the right direction, further co-ordinated work is essential in order to achieve the Welsh Government target of a national smoking prevalence across Wales of 16% by 2020. Within Gwent, there are huge variation in smoking prevalence by locality, ranging from 22% in Blaenau Gwent to 13% in Monmouthshire (National Survey for Wales, 2017/18). This highlights that whilst overall smoking prevalence for Gwent has fallen, the gap between smoking among the most deprived compared to the least deprived has not and targeted activity in areas of high deprivation is required to ensure the gap in health inequalities narrows.

Two thirds of smokers start smoking before the age of 18 so there is still a need to help young people stay smoke free. Considerable work has been achieved in the last twenty years to remove tobacco from the environment especially for children and young people. The Public Health Wales Act of 2017 states that smoking in outdoor care settings for children, on school grounds and public playgrounds will now be illegal making it easier to enforce smoke free environments in these settings.

We still need to empower young people to know about the risks of smoking and the benefits of being smoke free, in the context of wider curriculum programmes about drugs and alcohol. Parents and peers also need to reinforce those messages as the smoking behaviour of parents and peers is a major predictor of a young person taking up smoking.

The JustB Smoke Free programme is a peer-led evidence based intervention in schools to reduce uptake of smoking in young people. The programme works with 12 and 13 year old school children, training them to become smoke free ambassadors, able to discuss the risks of smoking and the benefits of being smoke free with their peers. As well as the roll-out of this programme across Gwent, more co-ordinated activity alongside this programme is required to ensure every school-age child in Gwent is aware of the benefits of smoke-free living.

Alongside a strong message on smoking prevention, it is essential to ensure adults who are currently smoking are encouraged to stop and to do so using evidence-based NHS support to assist their quit attempt.

Healthy Weight

We know from the national weight monitoring programme that more than a quarter of year four and five years in reception/year 1 in Wales are an unhealthy weight⁵. The trend in obesity in children is rising and patterns of weight set in childhood are often carried through into adulthood. Up to 80% of obese children and young people

⁵ Definition of unhealthy weight

remain obese into adulthood.⁶ The most effective actions to improve the diets of children and their family's needs to be undertaken at the national level, for example food taxes and restricting the marketing of unhealthy food and drink. There are some actions that can be taken locally that include the way that promoting a healthy weight is included in a whole school approach to health and well-being.

All schools should provide access to and opportunities for 120 minutes of high-quality, comprehensive physical education per week. Similarly, pre-school children (under the age of 5) should be provided with the opportunity to undertake a minimum of three hours activity including outdoor play.

Over 70 primary schools in Gwent are currently taking part in the Daily Mile initiative, where children are encouraged to be physically active - running or walking – in the fresh air for 15 minutes a day. This simple but effective concept helps to improve children's fitness and well-being, but also their learning behaviour.

Ensuring a healthy route to school, college or University is in place is a further example of how schools can increase the opportunities for children, staff and parents to undertake more activity as part of the routine of their school day. A healthy route prioritises walking, cycling and public transport over using the car for the journey.

Sexual Health

The rate of unwanted pregnancy among young people has been falling, however there have been recent increases in the rates of sexually transmitted infections, particularly chlamydia. Schools should train staff for this role to support and complement the role of parents and carers as educators of children and young people.

There has been a review held into the provision of Sex and Relationships Education in schools in Wales and there is currently curriculum reform taking place including the development of the Health & Wellbeing strand at national level. A whole school approach to sex and relationships education reinforces key messages across the curriculum and in different areas of the school and community. Supported by external agencies a whole school approach will be more likely to result in healthy attitudes and behaviour.

Summary of key actions

- Pre-school settings achieve Healthy Pre-school scheme standards
- Schools have a whole school approach to pupil and staff wellbeing, including attaining/maintaining the National Quality Award for Healthy Schools

⁶ Aneurin Bevan Health Board. *Fit for Future Generations. A childhood obesity strategy for Gwent to 2025.* Newport; ABUHB; 2015.

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

2.1

- Schools' environments support mental wellbeing and those with mental health issues
- Schools implement bullying prevention programmes
- Schools comply with smoke free environment legislation
- Schools participate in Just B SmokeFree Programme when invited
- All schools enable children to be physically active every day through a range of measures

Questions

- 9 Do you agree with these key actions to ensure our educational settings promote the health and wellbeing of children and young people? Anything missing?
- 10 Can you see any barriers to implementation?

Workplaces

The organisations represented on the Public Services Board together employ a significant proportion of the workforce in Gwent. This provides us with an opportunity to improve population health and create the conditions to improve population health. It is estimated that employers can make a return on investment of £3 - £5 for every £1 committed to health and wellbeing in the workplace. Improving mental health in the workplace, including prevention and early identification of problems, could produce annual savings of £250,607 for an organisation with 1000 employees.⁷

We would like to see collective focus of all public sector workplaces in Gwent to act as exemplars in workplace health, and encourage the promotion of workplace health with partner employers and through procurement processes.

Healthy Working Wales is a programme that supports employers, individuals and a range of health professionals to help working age people in Wales stay fit and healthy so they can remain in employment, or return to work following a period of ill health. The programme consists of a range of services which help to improve organisational performance and reduce the costs and burden of ill health and absence through one to one support, training events and workshops, and online and telephone information and guidance.

The Healthy Working Wales free workplace health and wellbeing awards are the national quality mark for health and wellbeing in work. The awards support large and small employers across Wales to improve the health and wellbeing of their staff, engage and communicate with employees more effectively, and help to achieve a range of business and organisational outcomes. The award framework helps employers to address issues such as reducing sickness absence costs, improving productivity and staff engagement. Workplace Health Advisors provide support to workplaces throughout the award process to help employers achieve this prestigious award.

Summary of key actions for all public bodies as employers

- Promoting Active Travel to and from work, activities, and flexible working practices, to support physical activity and help reduce carbon emissions
- Introduce effective interventions to prevent stress, depression and anxiety problems
- Provide structured opportunities for people with mental health problems to enter the workforce

⁷ Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales Executive Summary, Public Health Wales 2016

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

2.1

- Provide direct access into services that help people stay in work such as physiotherapy, smoking cessation services and weight loss programmes
- Ensure that all food provided in the workplace includes healthy options, and locally sourced products, including in staff canteens, vending machines and catered events

Questions

- 11 Do you agree with these key actions to ensure workplaces promote the health and wellbeing of the workforce in Gwent? Anything missing?
- 12 Can you see any barriers to implementation?

Empowering individuals

Developing a new relationship with patients as partners/co-producers in preserving, maintaining and improving their own health and well-being is a critical part of achieving a healthy and sustainable communities in Gwent. We will be investing in and strengthening primary, community and social care services to create the capacity to support people to stay healthy and well. The partners in the Regional Partnership Board, established through the Social Care and Well-being Act (Wales) 2014 has a key role in delivering this vision across social care, housing and third sector partners.

The COM-B model (Figure 1) illustrated that to effectively change behaviour, capability, motivation and opportunity need to be considered in designing interventions. Health literacy is one approach to improving knowledge and skills and thus empower individuals.

Health literacy supports the capability of an individual to access, understand, communicate and evaluate both narrative and numeric information to promote, manage and improve their health status throughout their life time. Building health literacy, and understanding the relationship between behaviour, health and wider well-being is also key to supporting motivation.

Although health literacy is reliant on basic literacy skills, people with advanced literacy skills in normal life circumstances (home/work environment for example) may still have insufficient health literacy to effectively navigate the healthcare system. They may be unable to evaluate competently the vast and sometimes conflicting information required to manage or improve their health status.

Although inadequate health literacy levels can affect all segments of our communities, it is more common amongst the most disadvantaged and hard to reach such as the elderly, those with limited education, ethnic minority groups, and those whose first language is not that of the resident country. People with a lower socio-economic status are also at risk of limited health literacy skills.

Summary of key actions to empower individuals

- Services should embrace co-production and support individuals to actively engage with and manage their health and wellbeing
- Enable individuals to access, understand, communicate and evaluate information relevant to their health and wellbeing

Question

An element of our change ambition is to “make it easier for people in our communities to live healthy, fulfilled lives.”

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

2.1

13. In order to achieve the change ambition, are there actions around the helping people to live healthy, fulfilled lives that need to be strengthened in this Framework as they are not being addressed elsewhere?

Reorienting services towards prevention

Locally in Gwent, the Clinical Futures Strategy sets out how we will move to a better balance of care by keeping people well and delivering most care close to home. We are delivering system transformation of health and social care, in which services are only one element to support people to have better health and wellbeing throughout their whole lives. 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.

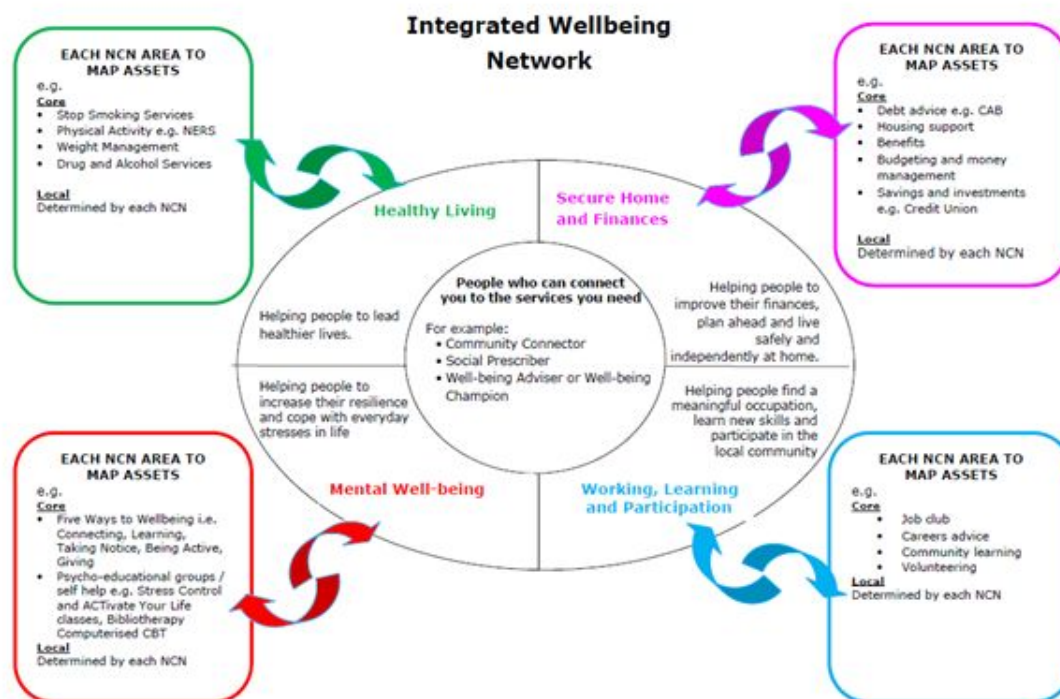
This Framework is designed to support the delivery, with partners, of the outer ‘staying healthy’ ring of the ‘rainbow.’ Because of its emphasis on driving change and improvement, its emphasis on wellbeing, prevention and early intervention, and on using technology to support high quality services, this whole system approach will be more effective, efficient and equitable, so that it is sustainable for future generations⁸ across the health and social care system.



Integrated Wellbeing Networks

To promote well-being, services in Gwent will be working to ensure that an Integrated Well-being Network is in place in every community in Gwent that will ensure that the right services are in place in every community to help individuals stay well, and everyone has access to the services and are signposted to them. IWNs are partnerships across health, social care, housing and the third sector that are able to work across organisational boundaries to ensure that a full range of evidenced based services are provided to all communities in Gwent that support people to maintain their wellbeing. IWNs will need to understand the assets in their communities in four domains that support well-being, maintain these services and consider how they may be built upon in the future.

⁸ A Healthier Wales: our plan for health and social care. Welsh Government 2018



Making Every Contact Count

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

All public services in direct contact with residents of Gwent should think about how during the course of their interactions they may help people make the choices that are of greatest benefit to their health. All services can contribute to making every contact count, understand their role and integrate into core purposes and service delivery. This may require some teams to work through their concerns at providing such advice and undertake training based on effective behavioural change models, with signposting to specialist services such as smoking cessation, physical activity events, weight loss groups and self-help mental wellness techniques. In particular services will need to consider how to assess, advise and support the most vulnerable in their caseloads to achieve sustainable behaviour change.

Stop Smoking Services

During the last few years there has been a continuous increase in the number of smokers accessing support to stop smoking. This has been as a result of local work to improve the access to and choice of free NHS Stop Smoking Services, and improved pathways into those services. Each 25 year old smoker who quits smoking

would save the NHS in Wales £1,592 over the course of their lifetime.^[1] The majority of smokers in Wales tell us that they would like to quit (6 in 10). We still have more to do to understand what additional help smokers need to stop smoking in communities with higher tobacco smoking rates and how we encourage and support them to access the help that is available.

Supporting Healthy Weight

Aneurin Bevan University Health Board is working towards full implementation of the All Wales Obesity Pathway. At Level 1 and 2 this involves working with Public Service Board partners to create the conditions for a healthy weight. At Level 2 and 3 we need to develop sufficient capacity in weight management services to support and enable people to achieve a healthy weight. Primary care brief interventions for physical activity are more cost-effective than prescribing drugs to lower cholesterol levels.

Screening

Detecting disease early can help people to live longer and improve their quality of life, as treatment is likely to be more effective and less intensive⁹ and this is particularly the case with cancer. In Wales there are three national cancer screening programmes, and a screening programme for abdominal aortic aneurysms (AAA). The purpose of breast and bowel cancer screening programmes is to identify cancers at an early stage so individuals can be offered further tests and treatment as appropriate. The aim of cervical screening is to prevent cancer from developing by looking for changes before they become cancer, and also detect early cancers. The aim of AAA screening is to treat them early, before they can rupture which is life threatening.

Across Wales and in Gwent, uptake of bowel screening is consistently lower than uptake of breast and cervical screening. This is of a particular concern as only a third of bowel cancers are diagnosed at an early stage. Residents of Blaenau Gwent, along with Newport and Monmouthshire have particularly low rates identified in Stage 1 (early stage) in comparison to the average for Wales.

Increasing bowel screening uptake will help to increase the number of bowel cancers diagnosed early. A new test will be introduced in 2019 that will mean it is easier for people to take a sample of their poo at home to send for testing. This new test has been shown to be more acceptable to people and has increased uptake elsewhere, so this presents a welcome opportunity to increase rates across Gwent.

More can be done to increase screening uptake. Local partners can have a role in raising awareness about screening, and enhancing the work of the national screening engagement team to help people make an informed choice about participating. Evidence has shown that different methods can help increase uptake,

^[1] Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales Executive Summary, Public Health Wales 2016

⁹ Chapter 5 DPH strategy

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

such as personal reminder letters from a patient's GP. Partners on the Neighbourhood Care Networks in Gwent, which include the third sector, can discuss screening with individuals and help make it normal to take part. We also need to talk to people to have a better understanding of why they do not participate when invited.

Immunisation

The effective prevention and control of communicable diseases in Gwent reflects the good relationships that exist between all of the responsible organisations, but even so we have seen recent local outbreaks of measles, and high levels of seasonal flu. The measles outbreak highlights the need to ensure that children receive their MMR and also highlighted the need for the Health Board and partners to ensure that children's immunisation records are up to date, especially where children have moved between areas.

Flu can have very severe health outcomes in older people, or those who have underlying health conditions. In the 2017-18 flu season Wales experienced the highest numbers of GP consultations, and confirmed flu in hospitals since 2009. History tells us that we can expect at least one highly active flu season in the life of this strategy. It is important that those that are most at risk of complications or spreading the disease receive their annual flu vaccination including frontline health workers.

Summary of key actions to reorientate services towards prevention:

- Integrated Wellbeing Networks are developed in every community
- 'Making Every Contact Count' is embedded within service provision, including signposting to smoking cessation services
- All Wales Obesity pathway is implemented
- Cancer screening uptake is increased
- Immunisation targets are reached.

Questions

14. Do you agree with these key actions to reorientate services towards prevention? Anything missing?
15. Can you see any barriers to implementation?

Appendix B – Framework for Action Timetable and Involvement

Stakeholder involvement

19 th Feb-12 th April	Public Sector Leaders
29 th April – 19 th July	Wider partner organisations and professionals Public

Document revision and approval

July/August	Revise Framework document
August/September	<ul style="list-style-type: none"> Revised document to ABUHB Executives Public Partnerships and Wellbeing Committee Regional Partnership Board
September/October	Final document approval by the Regional Partnership Board and the Public Service Boards

List of consultees

Public Sector Leaders

G10
Health & Social Care Regional Partnership Board
Public Services Boards
Community Health Council
Assembly Members / Members of Parliament
Public Health Wales

Wider partner organisations and professionals


NCNs
Health & Social Care Regional Partnerships: Children & Families; Carers; Health, Social care and Housing; Adults; Mental Health & Learning Disabilities
Area Planning Board for Substance Misuse
Public Services Board Officer/tactical groups
Directors of Education
Planners
Leisure services
Health Professionals Forum
Stakeholder Reference Group

Public using links with:

Clinical Futures Communications and Engagement
ABUHB Engagement Team

FRAMEWORK FOR ACTION TO IMPROVE POPULATION HEALTH AND WELLBEING ACROSS GWENT 2010-2030

PSB Engagement infrastructure
GAVO/TVA

 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board
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Public Partnerships and Wellbeing Committee
Tuesday 20 February 2019
Agenda Item: 2.2

Aneurin Bevan University Health Board

Progress review SCP 1 & 2

Executive Summary

In this paper, an overview of progress towards milestones is provided for SCP 1 and SCP 2. In totality SCP 1 and 2, cover all out of hospital activity, across the four tiers endorsed by the Board in 2017 and which are:

- Keeping People Healthy and Well
- Self-Care
- Primary Care and NCN teams
- NCN Hub with specialist and enhanced services

There has been significant progress with agreed activity, and much development work following the publication of 'A Healthier Wales' in June 2018, to start to develop a seamless system of integrated care across the 5 Local Authorities and Health Board, with a robust emphasis on enhancing our preventative and early intervention approaches.

The Public Partnerships and Wellbeing 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, Executive Director of Public Health

Report Author: Dr Emily Warren, Head of Planning (Partnerships)

Report Received consideration and supported by :

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: February 2019

Supplementary Papers Attached: Yes

Purpose of the Report

The report has been produced to provide an overview of activity towards agreed delivery milestones across SCP 1 and 2.

Overall the picture of progress is largely positive during quarter 3, in what is a fast paced, complex and changing environment as a result of the publication of 'A Healthier Wales'. Significant work has been undertaken to implement the Level 1 assurance board, and develop appropriate partnership structures under the new Gwent Regional Partnership Board, to enable delivery to be planned, managed and assured, in the required partnership environment.

Going forward there will be an emphasis on developing a refreshed Area Plan for Health and Social Care in Gwent, as endorsed by the RPB in February 2019. This will bring together the commitments in SCP 1 and 2 and progress them towards the next stage of delivery, of a seamless system of care and wellbeing, using the NCN footprint to develop a place based approach.

Background and Context

Taken together SCP 1 and 2 are the plans which set out the Health Board's contribution to delivering an integrated system of care closer to home. They draw together activity across the spectrum from prevention, to delivering more out of hospital care in the community. It is an area of significant gain, if we are to transform services, and reduce reliance on the acute care sector, and it forms a large element of 'a Healthier Wales.

Assessment and Conclusion

Good progress has been made against the specific identified programmes. The real challenge will be drawing together our collective approaches into a coherent strategy for transformation, and for this to be underpinned by a new area plan, and in the IMTP 19/20-21/22.

Recommendation

The Committee are asked to note the progress Outlined.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The pace of progress is good, it is a continued challenge working to deliver services within a collaborative environment, but this also brings opportunities and the RPB is providing a maturing space for the development of integrated service planning, commissioning and delivery.
Financial Assessment, including Value for Money	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, smoking cessation etc should deliver longer term savings. In addition the considerable work underway to deliver the new model of primary care demonstrates a focus on financial efficacy.
Quality, Safety and Patient Experience Assessment	Delivering new models of care is designed to enhance patient safety and experience, and improved wellbeing outcomes as required by the WBFGA legislation should be clearly evident as a result of such changes.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality and diversity remain at the heart of delivery, and in the development of both SCPs this can be evidenced.
Health and Care Standards	Compliant with required standards
Link to Integrated Medium Term	The SCPs are derived in their entirety from the IMTP

Plan/Corporate Objectives	
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Both SCPs have been developed against the backdrop of the sustainable development principle, and the five ways of working are clearly evident in the language and in the outcomes achieved. Of particular note is the collaborative endeavour evidenced, alongside a very robust approach to long term planning to improve both service sustainability and patient outcomes.
Glossary of New Terms	None
Public Interest	This report has been written for the public domain.

Key Achievements of Milestones (Quarter 3 2018/19)

Overall the picture of progress is largely positive during quarter 3, in what is a fast paced, complex and changing environment as a result of the publication of 'A Healthier Wales'. Significant work has been undertaken to implement the Level 1 assurance board, and develop appropriate partnership structures under the new Gwent Regional Partnership Board, to enable delivery to be planned, managed and assured, in the required partnership environment.

Going forward there will be an emphasis on developing a refreshed area plan for Health and Social Care in Gwent, as endorsed by the RPB in February 2019. This will bring together the commitments in SCP 1 and 2 and progress them towards the next stage of delivery, of a seamless system of care and wellbeing, using the NCN footprint to develop a place based approach.

Service Change Plan 1- Population Health Improvement

Provide Children & Young People with the best possible start in life

– Assessment of smoking cessation support offered through Maternity Service has taken place. A training plan has consequently been developed and piloted during quarter 3 with selected midwifery teams to trial new approach and further embed NICE guidance for smoking cessation in pregnancy. This will be monitored and evaluated during Quarter 4 to determine next steps; Designed to Smile programme is on track; Mapping of Adverse Childhood Experience (ACE) awareness raising and training in Gwent has commenced and is on track to develop delivery plan during Quarter 4.

Making Every Contact Count (MECC)– The programme is on track to deliver training to 10% of frontline staff and deliver the benefit of increasing competence and confidence of staff to deliver health lifestyle messages to patients. A delivery plan has been developed and implemented during quarter 2 and 3 with the aim to further embed and strengthen smoking cessation elements of MECC training and will be reviewed and evaluated in the next quarter.

Population Immunisation Programmes - There has been a sustained improvement in performance uptake above target of 95% for children who received 3 doses of the revised '6 in 1' vaccine by age 1 with 95.8%. Quarter 2 data reports that current performance of the percentage of children who receive 2 doses of the MMR vaccine by age 5 is 89.7% and is just below the trajectory of 90.5%, however it is measuring just above the Wales average and a robust improvement plan has been developed and implemented in order to improve uptake.

Disease prevention through population scale services to improve health and well-being – to deliver the benefit of citizens being informed and empowered, work has progressed at pace with the development of an offer for Welsh Government Transformation funding to provide additional resource required for the Integrated Wellbeing Network (IWN) implemented. The bid was successful and funding was agreed and secured during quarter 3. To date, an IWN Project Manager has been appointed and recruitment of the Community Development and Engagement CoOrdinator, Communication Officer and Service Development Lead roles is underway. The governance structure for the programme has been developed and will seek approval by Leadership Group during quarter 4. Milestones and measures for the programme are currently has been developed and will be finalised in the next quarter. Further next steps include completion of recruitment to post, establish a Gwent IWN leadership network and commence engagement of partners prior to project improvement implementation in the next financial year.

Service Change Plan 2- Implementing a seamless system of care

Living Well Living Longer - The innovative LWLL programme is delivered in the areas of highest deprivation in the Health Board's area, inviting eligible adults age 40-64 to have a health check, and supports those that attend to set personal goals and access support to reduce their lifestyle risk factors. Since inception of the programme, over 15,500 citizens have completed a full health check in 43 practices. Over 530 citizens have been seen as part of the well-being advisor service. To ensure sustainability, a new sustainable model of delivery has been agreed and a review of the training framework has been completed.

Improve wellbeing of older people - Work progressing to implement the Frailty Action Plan. During quarter 3, learning to date has been reviewed and recommendations determined regarding the future of Frailty Services. During quarter 4, a workshop will take place with all relevant stakeholders and clinical leads to determine next steps; Extension of 'Falls Pilot' in care homes is progressing and engagement with additional homes each quarter has taken place in order to prevent non-injurious falls in care homes with the use of lifting aids and consequently reducing unnecessary admissions to hospital. During quarter 3, a protocol and lifting aid training programme was completed.

Prevent unnecessary admissions to hospital and facilitate early discharge where appropriate – At the beginning of the financial year a summary paper describing the proposed graduated care model was

developed and shared widely with relevant stakeholders. The proposal has been well received and helped to align perceptions of the model. A successful workshop took place during quarter 3 to determine the key pathways and potential ward configurations for consideration. Since the workshop, feedback has been taken into consideration during the construction of a detailed plan to take the model forward. Additionally, the demand for step-up and step-down bed capacity to determine potential bed capacity requirements has been completed and the project is on track to agree the bed plan for community hospitals and operationally deliver 'graduated care' pilots during quarter 4; The Home First Model was implemented during quarter 3 in Nevill Hall Hospital and the Royal Gwent Hospital. The purpose of the model is to turn patients around at the front door of the hospitals, provide advice and new packages of care as well as sign post to community services. Recruitment of staff is progressing at pace, with capacity identified through bank staff and clinical engagement has been aggregated up to priority status to ensure wider buy in, understand and make appropriate use of referrals.

Providing stable, sustainable and accessible primary care services supported by more efficient system - Receptionist care navigation has been commissioned and on track to agreeing 6 pathways of external direction and preparations for training in the new year. This will result in extended roles for receptionists and anticipated benefits include the patient being directed to the most appropriate service with direct access wherever possible; Work has progressed with the submission of an offer for Welsh Government Transformation funding to see the development of the 'Transforming model of Primary Care'. Funding was agreed and secured during quarter 3. The programme set up and is underway with an outline delivery plan in development and workforce elements progressing at pace. During quarter 3, a contract has been awarded to Compassionate Communities, a Programme Manager has been appointed and initial discussions on developing the place based approach has conducted with authorities. Next steps include the commencement of the Compassionate Communities roll out, recruitment of health connectors and to extended roles. The proposed Primary Care model is crucial to address the greatest sustainability challenges and improving access, user satisfaction and reducing demand both in primary and secondary care through appropriate signposting to non-medical support services e.g. compassionate communities.

 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Public Partnerships and Wellbeing Committee Tuesday 19 February 2019 Agenda Item: 2.3</p>
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Aneurin Bevan University Health Board

Neighbourhood Care Network (NCN) Plans for 2019/20

Executive Summary

This report outlines the progress made to date, emerging themes and the approach to implementation over the next 12 months of the 12 Neighbourhood Care Network (NCN) plans.

NCN Plans for 2018/19 are nearing the end of the 12 months and will soon move into the final year of the 3 year planning cycle (2017/18–2020/21). The plans describe the approach to delivering care at a local level which is committed to holistic, person centred care, provided as close to home as possible, focussing on prevention, early intervention and the support people need to manage their long-term conditions. Plans are now adjusted ready for 2019/20 to better reflect the evolving strategic landscape which, in the last 12 months, has seen the release of *A Healthier Wales* and the *Strategic Programme for Primary Care*. NCN Plans are now being aligned more closely than ever before with the Health Board's IMTP.

This report outlines the NCNs progress to date and plans in the future key areas:

- Governance Framework
- Partnership Working
- Sustainability (including recruitment / retention, alternative service provision and estates)
- Pathway Development
- Quality Improvement
- Personal Productivity
- Social Prescribing
- Supported Self-Care
- Public Health Programmes
- Financial Governance

The Committee is asked to note the progress with NCN plans and the ongoing sustainability issues within primary and community care. The Committee is also asked to consider the NCNs response to:

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

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: Sarah Aitken, Executive Director of Public Health & Partnerships		
Report Author: Owain Sweeting, Head of Business & Performance (Primary Care & Community Services), William Beer (NCN Lead, Newport East), Karen Gully (Clinical Director, Primary Care)		
Report Received consideration and supported by :		
Executive Team	Committee of the Board Public Partnership & Wellbeing Committee	✓
Date of the Report: 4 th February 2019		
Supplementary Papers Attached: None		

Purpose of the Report

The purpose of this report is to inform the Committee of progress with the Neighbourhood Care Network (NCN) Plans for 2019, including progress to date, emerging themes and an outline to the approach for implementation.

Background and Context

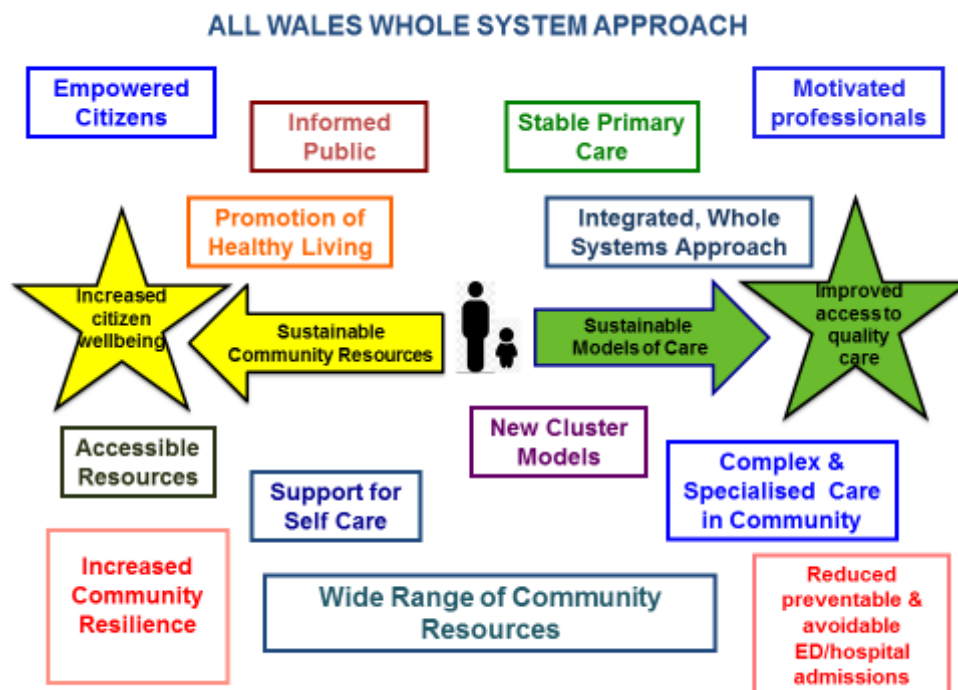
Gwent consists of 12 Neighbourhood Care Networks, each of which is designed to cover a geographical area consisting of a population between 30,000 and 50,000 based on GP practice registration. In line with the Health Board's strategic vision for developing more integrated, place-based teams, as described in *A Healthier Wales*, Gwent's NCNs consist a range of professionals from different service backgrounds. These networks – made up of general practitioners, community nurses, mental health workers, optometrists, pharmacists, dentists, social services and the third sector, among a variety of others – are tasked with both identifying the needs of a local population and delivering targeted activities to improve health and wellbeing.

NCNs were founded on the principles of holistic, person centred care, provided as close to home as possible, focussing on prevention, early intervention and the support people need to manage their long-term conditions. The NCNs are required to develop 3 year plans, the latest of which covers the period 2017 – 2020, which are refreshed on an annual basis. The plans presented alongside this report remain true to the founding principles described above but also recognise that the strategic direction in Wales has continued to evolve with the publication of both *A Healthier Wales* and the *Strategic Programme for Primary Care* in 2018. The latest iteration of the plans, which accompany this report, now describe the activities planned for year 3 of the planning cycle (2019).

Following an intense period of testing new ways of working and sharing learning across Wales, in alignment with the 'emerging vision for primary care and the NHS in Wales', a new model of primary care has now become clearly defined. The key components of this model, which NCNs will have a significant role in delivering, include the following:

- Informed public
- Empowered citizens
- Support for self-care
- Enhanced community services
- First point of contact (e.g. pharmacists, occupational therapists, physiotherapists, mental health workers)

- Access to urgent care
- Direct access services
- People with complex care needs
- Multidisciplinary working



The success of the new model will be particularly reliant on a much greater focus on self-care and healthy living, the use of community assets to support people beyond the traditional medical approach and a diversification of the traditional GP-orientated workforce.

National Transformation Programme

In order to bring together the entirety of the new model, the Health Board submitted and was successful in an 'offer' of over £13m from Welsh Government's National Transformation Programme. The 'offer' was to implement the following service developments, for which work is currently underway with the NCNs to refine the implementation plan within each area.

- Primary Care Skill-Mix Incentive Scheme
- Primary Care Training Academy
- Compassionate Communities
- Integrated Wellbeing Network (Public Health Wales)
- CAMHS Iceberg Model (Family & Therapies)
- Home First – Discharge to Assess (Social Care Services)

Assessment and Conclusion

Governance Framework

A workshop was held on the 11th October 2018 to review the existing NCN Terms of Reference and suggest a Memorandum of Understanding which would clarify the role and responsibilities on NCN members. The new governance structure will require approval internally and with partners through the Regional Partnership Board. The Division is also working with ABCi on a leadership development programme for NCNs which will strengthen their contribution to the Clinical Futures service redesign programme.

Partnership Working

Partnerships and collaborations between GP practices and other providers in the local health and social care system is central to the concept of NCNs. The benefits include improvements in integration, organisation resilience, operational flexibility and efficiency. GP sustainability events were held in previous years have helped to introduce the benefits of more formal collaboration between GP practices. NCN plans include a range of other projects and actions that will support partnership working with other health and social care providers.

Sustainability

Sustainability of primary care services continues to be a significant challenge to both independent contractors, the NCNs and the Health Board. The ageing workforce is a particular risk for the coming years and is exacerbated by challenges to recruit and retain staff to the level required to deliver the traditional GP model.

Sustainability Risk Matrix

Staffing deficits are identified, Practice Development Plans (PDPs) developed and Sustainability Risk Matrices are completed in order to identify pressure points within each NCN area. This allows the NCN and Primary Care & Community Services Division to provide proactive support where possible to alleviate pressures. This may be through resources via the Primary Care Operational Support Team or support to consider alternative ways of working, e.g. collaboration between practices.

Merger Incentive Scheme

A merger incentive scheme has been developed in order to support practices with smaller list sizes to reach the necessary critical mass required to deliver the most effective and sustainable services. Offered in 2018, the scheme is currently supporting a merger between Fairwater and Greenmeadow surgeries in Cwmbran. The scheme will be offered again from April 2019.

Staff Recruitment and Retention Issues

Staff recruitment continues to be an ongoing pressure in primary care, with an estimated shortfall of circa 50 substantive GPs, based on the traditional model of 1wte GP per 1,800 population. The areas with most significant shortfall in GP coverage, based on September 2018 census data, are Blaenau Gwent (East & West), Caerphilly North, Caerphilly East, Newport East and Newport West. Since the last census, Torfaen North has also since reported significant challenges.

Incentivised Skill-Mix

In an effort to facilitate implementation of the new multidisciplinary skill mix in primary care, the Primary Care & Community Services Division were successful in receiving funding from the National Transformation Fund to implement a new incentive scheme. The scheme is initially intended to be offered to Blaenau Gwent, Caerphilly North, Newport East and Torfaen North and will be used to facilitate the appointment of up to 80 new clinical roles within in these areas.

The scheme will enable double-running for a period of time so that the practices can implement and embed a range of new extended roles (e.g. community pharmacists, advanced paramedics, first contact physiotherapists, advanced nurse practitioners, etc.). After a period of time, practices will be expected to reduce utilisation of GP locums in order to fund the extended roles in the longer term.

Training Academies

In order to sustain the gradual change in primary care workforce, it has been recognised that sufficient staff are not currently available or trained in this sector. As a result, a second element of the Transformation Programme will be to implement a Primary Care Training Academy. Funding has been granted for 3 arms to this academy (nursing, pharmacy and therapies), for which cohorts of both nursing and pharmacy trainees have already commenced their programme.

Meanwhile, work is also ongoing with Local Authorities to develop an integrated Health and Social Care Academy in order to develop new integrated roles which better meet the needs of our population in Gwent.

Multidisciplinary Working

With new roles becoming embedded as part of the primary care workforce, processes are beginning to change to reflect the diverse range of skills and expertise available. A small number of practices/NCNs are now holding regular 'virtual ward rounds' featuring a variety of MDT members. This approach is planned to expand over the next 12 months, particularly in the 5 NCNs in scope to adopt the 'compassionate communities' model via the Transformation Programme.

Direct Access Services

A number of direct access services have been established in recent years in order to provide patients with a suitable alternative to accessing a GP.

- **Direct access physiotherapy** is now available in Newport, Torfaen, Caerphilly and Blaenau Gwent. However, the service has been withdrawn from Monmouthshire within the last 12 months due to limited uptake.
- All pharmacies in Gwent, bar one, are now commissioned to provide the **Common Ailments Scheme**. Over 7,500 consultations were conducted between April 2018 and December 2018, for which many are anticipated to have avoided a GP consultation.
- Patients are able to access the **Eye Health Examination Wales (EHEW)** Service in a primary care optometry practice if they have an eye problem they feel needs urgent investigation, rather than attending a GP Practice or Emergency Department.
- **Mental Health Support Services**, including Gwent Mental Health Consortium and the Primary Care Mental Health Support Services are now available for patients to access directly for stress management and mental wellbeing support.

Care Navigation

In order to make the most of the newly developed direct-access services and the MDT workforce in primary care, systematic signposting is being adopted across Gwent using the West Wakefield Care Navigation Model. By the end of 2018/19, it is intended that all reception staff in primary care will have been trained in this approach and the opportunity can then be extended to staff in secondary care where this may be appropriate (e.g. Emergency Departments, Minor Injuries Units, etc.).

A suite of information is currently in development for a number of priority pathways for signposting and will soon be made available on the Health Board's internet pages for both staff and patients to access. This information will detail all directly accessible services within each borough/NCN.

Primary Care Estates

The condition of estates in primary has deteriorated over the years and a 6 facet survey was commissioned in 2018/19 to provide a comprehensive position statement on all buildings. The outcome of this survey is expected in the coming months and will help the Primary Care & Community Services Division to prioritise future improvement grant funding.

It should also be noted however that the current estate in primary care, even those in good condition, presents a constraint to implementing the new model of primary care due simply to physical capacity. Where implemented, the new model is anticipated to mean a reduction in GPs and an increase in extended roles but this could result in a net increase in headcount of between 30% - 50%.

Fortunately, a number of new development are in scope and NCNs are closely engaged in the process:

- Tredegar Health & Wellbeing Centre (Blaenau Gwent)
- Ringland Health & Wellbeing Centre (Newport)
- Aber Valley Health & Wellbeing Hub (Caerphilly)
- Llanbradach Primary Care Facility (Caerphilly)
- Lansbury Development (Caerphilly)

Pathway Development**National Priority Pathway**

During 2018/19 NCNs were required to choose 3 clinical pathway areas from a list of 5 national priorities. These included:

- Dementia
- Liver Disease
- Chronic Obstructive Pulmonary Disease
- Early Intervention Child and Adolescent Mental Health
- Cancer

Early Intervention Child & Adolescent Mental Health

This priority was agreed in Newport East and Newport North and led to a new referral pathway into the Families First multi-agency panel meetings. The Primary Care Mental Health Support Service (PCMHSS) now attend weekly joint allocation meetings, receiving referrals from GPs and schools. An evaluation report has been completed and the process

will now be adopted as part of the new Iceberg CAMHS model funded via the Transformation Programme.

Liver Disease

A new pathway has been adopted across all NCNs and a repeat audit undertaken to assess whether the new pathway improved the pick-up rate of patients with significant fibrosis (i.e. an AST:ALT ratio ≥ 1); feedback is awaited. Awareness of the pathway for the Level 3 Weight Management Service has been ensured and, in Newport, a pilot has been funded to in-reach in hospital for patients with raised ALTs.

INR

The primary care INR service has been spread to over 65 practices in Gwent moving the service from secondary care. The new service has revolutionised the way that people receive the service and the speed at which they get their results. Provided by the use of hand held 'coaguchecks', the results are received within 2 minutes which means that patient's warfarin dose can be changed immediately, if required. Shortly the housebound patients will receive the service through District Nurses in order to ensure an equitable provision across Gwent.

Deep Vein Thrombolysis

DVT services currently sit with secondary care but work is progressing to identify a community focused service across Gwent. A DVT pathway is being developed to ensure that patients are treated at the right place at the right time within the community.

Low Risk Chest Pain

The low risk chest pain pathway for GP referrals into Acute Medicine and WAST will form a crucial element of future plans for pre-hospital streaming and ambulatory care in the lead up to commissioning of the Grange University Hospital (GUH). A task and finish group was established in 2018 with clinical representatives from primary care, acute medicine and WAST. A draft pathway has been produced and further discussions are now planned with Cardiology specialists to progress this work in 2019.

Breathlessness

As part of the task and finish group mentioned above, clinical leads have also been identified (from both Primary Care and the Respiratory Directorate) to progress development of a new pathway for GP referrals into Acute Medicine for breathlessness in 2019.

Quality Improvement

NCN plans follow the structure of GP contractual requirements; this has delivered a consistent approach and ensured that significant issues been considered by all areas (population needs assessment, planned care, urgent care etc.). As NCNs mature there is an increasing desire for flexibility, to allow focus on the most significant local priorities, whilst recognising the National and ABUHB strategic contexts. NCN plans must describe a clear quality improvement strategy, providing the local detail necessary to inform the development of the IMTP. The combined plans articulate the primary and community care contribution to the Clinical Futures programme and that the Board needs a clear analysis of what needs to be done and what progress is being delivered.

NCN budgets enable testing of new approaches and teams must be able to mainstream successful projects when benefits are proven. NCN Plans must increasingly focus on the most effective use of all local resources and collaborative working at a community level, using the NCN budget as an enabler for change.

With an active sustainability programme for general practice now established, NCNs will progress the development of new team models, improved clinical pathways and streamlined/seamless services to ensure high value care, close to home, that meets patients' needs and priorities. There will be continuing work, building upon the Living Well Living Longer programme, to reduce health inequalities through much clearer recognition of local need and a proportionate universalism response.

The NCN leadership group is working to develop 'Plan on a page' for each area, more clearly articulating the shared local vision. This builds upon: -

- Objective data
- Patient and public feedback
- Professional experience and analysis

The NCNs will confirm short, medium and long term priorities to inform the actions to be articulated in the IMTP. This work will be supported through an action learning approach, adapting the Enhanced Leadership and Management Programme to provide the skills and expertise necessary to deliver this significant organisational development agenda. Most of the NCN leads have completed the Confident Leaders Programme and this continuing leadership development support will be personalised to build upon existing skills and experience. This approach will encourage shared learning and enable the dissemination of good practice. The NCN Development Programme will also refine the use of data to more effectively support quality improvement activity and to provide assurance of delivery against the agreed local plans.

New service proposals will be developed, to inform the rebalancing of resources and the shift of care closer to home. This will be supported by the more detailed development of the financial framework described in WHC: Improving Value through Allocative and Technical Efficiency.

Personal Productivity

NCN plans are identifying ways of ensuring that frontline staff work in the most efficient way possible. This includes a greater use of technology, reducing waste in routine processes, streamlining information systems and enhancing skills. The following are examples of these initiatives within NCN plans.

- **My Health Online:** Practices are continually encouraging patients to sign up to MHOL and develop greater use of the system.
- **Mobile working:** Practices are increasingly utilising mobile tablets and applications in order to conduct work away from the surgery. So much so, that the mobile element will be purchased as standard via the new GP System Contract from 2019/20. NCN Leads have also been engaged in requirement gathering to determine the future integration between GP systems and the Welsh Community Care Information System (WCCIS) in the future.

- **Digital dictation software:** NCN funding has been used to purchase digital dictation software and hardware to enhance recording of patient details for notes and letters.
- **GP surgery self-check in:** Funds have been made available to Practices to enable patient self-check-in systems to be installed to reduce pressure on reception staff.
- **Electronic test requesting:** Electronic test requesting is being rolled out among GPs to enable quicker and more reliable test request made to secondary care diagnostic services.

Social prescribing

Around 15-20% of GP consultations are concerned with social problems such as housing, debt management, loneliness and benefits advice. NCNs are exploring ways of linking primary care with non-medical support in the local community. The following 'link worker' schemes are currently being progressed through the NCNs:

- The **Integrated Well-being Network** element of the Transformation programme focusses on strengthening the network on well-being assets in local communities and linking this to place based health and social care teams as part of the Compassionate Communities approach (see below). The programme will bring together community orientated approaches to well-being that are developing under both the RPB and PSBs. It will network the 'hubs' of well-being provision in local communities and make this information available to front line practitioners and the public using a range of methods including *DEWIS Cymru*.
- The **Compassionate Communities** element of the Transformation Programme focuses on implementing a consistent approach to social prescribing, based on the 'Frome model'. This approach requires an estimated 1wte Health Connector for every 10,000 population, who work closely as part of the primary care multidisciplinary team and link with the wider Integrated Well-being Network. Funding for these roles has been secured from Welsh Government and the model will be offered to 5 priority NCNs, along with support from an external consultancy to embed this new way of working.
- The **Newport Older Persons Pathway** aims to create 'Stay Well' at home plans for a targeted group of people who undergo a comprehensive review of their needs and receive personally targeted service provision and support which enable them to manage in their own homes for longer than would otherwise be the case. Practice populations in Newport are risk stratified, with care co-ordinators employed from the third sector to proactively engage with older people identified as at risk of unscheduled hospital admission.
- In addition to these link worker roles, a number of NCNs are exploring the use of **DEWIS Cymru** as source of information, advice and assistance in relation to well-being services. Funding from the Transformation Programme is also intended to explore opportunities to integrate *DEWIS Cymru* with GP systems in order to improve access to information and enable professionals to provide patients with a physical, printed social prescription.

Supported Self Care

NCNs are creating opportunities to support people to play a greater role in their own health and managing their long term conditions. This includes new approaches to patient activation which encourage people to take a greater role in managing their condition

through, for example, self-management courses or rehabilitation programme. The following are examples of NCN projects and new initiatives that are being to be integrated within the current out-of-hospital care system.

- NCN Leads are working closely with **NHS 111** team members to ensure close links between emerging Primary Care Models of Delivery and the new 111 Programme.
- The **Expert Patient Programme** initiative is supported by NCNs to enable patients to better understand and manage their medical conditions.
- The Chepstow **Pulmonary Rehabilitation Programme** has been acknowledged as an excellent example of partnership working between the NCN and Monmouthshire County Council's National Exercise Referral Scheme, and endorsed as such following a nomination at the Staff Recognition Awards in 2016/17.
- NCNs are supporting work that is already underway to provide a pilot **Education Programme** for residents with lower back pain, which will be delivered through the OAK Service.

Public Health Programmes

There is significant variation across NCNs and between GP practices in the uptake of preventative programmes. NCNs have role in sharing examples of best practice where there is a high uptake to preventative programme. A number of NCN plans have specific actions in these area.

- Work is currently underway with all NCNs to ensure the **Flu Campaign** for 2018/19 is well publicised and patients encouraged to take up the opportunity for immunisation.
- NCNs are fully engaged in referring patients for **Smoking Cessation** to Stop Smoking Wales and Community Pharmacy based services, respectively, across Gwent.
- The **Living Well Living Longer** (LWLL) risk assessment (health check) and behaviour change support service for chronic conditions in adults in the most deprived parts of Gwent. LWLL has been rolled out to NCNs in Blaenau Gwent, Caerphilly North, Torfaen North and Newport East and Newport West.
- NCNs have fully supported the screening campaigns for **Bowel Screening** in conjunction with the Public Health Wales Screening Team.

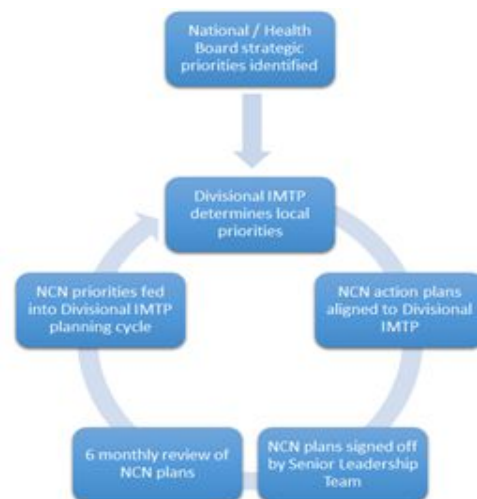
Financial Governance

Finance and Audit processes are developing constantly as the NCNs mature. Regular meetings with Finance colleagues are scheduled in to NCN Team calendars and budgets are discussed with NCN Leads on a monthly basis, as a minimum.

NCN Support Teams have their operating systems scrutinised and audited - they regularly peer review their processes and decisions at 1:1 and Team meetings to ensure prudence, probity and transparency.

Alignment between NCN Plans and the IMTP

The NCN'S are a pivotal part of providing more care closer to home and must be supported by a robust action planning process that aligns with the Health Board's IMTP and the Gwent Area Plan. This year, new approaches will be developed to provide a seamless approach to planning between NCNs and the Health Board. The IMTP will be used to inform the structure and guide the content of NCN action plans, generating a cycle of six monthly review and sign off by the Primary Care & Community Services Division. This new approach is designed to provide a more robust framework to the local planning process, and ensure a strategic join up from intent to delivery, supported by oversight from Senior Leaders within the Division.



Recommendation


The Committee is asked to:

- Note the ongoing sustainability issues within primary and community care
- Note and discuss the NCN response to:
 - meeting future workforce and service sustainability challenges
 - driving improvement in the quality, access and integration of care

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<p>The greatest risk is not optimising and improving engagement with GP practices and key partners in the NCN.</p> <p>Notwithstanding this, additional risks identified are:</p> <ul style="list-style-type: none"> • Sustainability of primary care services • Release of NCN funds (currently committed) to allow for re-allocation in support of demonstrator projects and innovation • Delivery of Care Closer to Home
Financial Assessment, including Value for Money	Funding is provided from Welsh Government, with £1.88 million allocated in 2017/18 for cluster development.
Quality, Safety and Patient Experience Assessment	<p>This programme of work will support practices and key partners in responding to the challenges of increased demand for primary and community based care, ensuring the services we provide are integrated across the health and care system, being responsive to patient needs and improve overall patient experience.</p> <p>The Care Closer to Home Strategy, which will be delivered through the NCNs will address local health needs by focusing on delivering integrated care, closer to home in order to promote independent living and deliver high quality, safe care and improve patient experience and outcomes.</p>

Equality and Diversity Impact Assessment (including child impact assessment)	This section should provide an assessment or indication that one will take place of the equality impact of the proposals on individuals and groups. Advice can be obtained from the Workforce and OD Directorate.
Health and Care Standards	<p>The NCN plans have broad alignment to all Health and Care Standards, albeit with greater focus on specific areas such as:</p> <ul style="list-style-type: none"> • health promotion, protection and improvement • medicines management • safe and clinically effective care • quality improvement, research & innovation • dignified care • timely access • planning care to promote independence • listening and learning from feedback • workforce
Link to Integrated Medium Term Plan/Corporate Objectives	<p>The development of NCNs is a key component of the Division's IMTP and SCP 2 (Care Closer to Home), through which both national and local objectives will be delivered. This includes improving the access and sustainability of out of hospital services; supporting patients to stay well and independent at home; integrating services to provide more effective support for patients with complex needs; and shifting demand out of hospital services to be delivered locally.</p> <p>The NCNs also have a significant role in defining local needs and challenges and designing solutions aimed at reducing inequalities and improving the general health of the population.</p>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	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.
	Long Term – The NCN Plans following a 3 year cycle but are focused on long term impact from service developments designed to improve population health and a create a health system that is fit and sustainable for the future.
	Integration – NCN Plans are developed in partnership with a range of service providers to reflect local priorities.
	Involvement – NCN Plans are designed to target service developments based on a local needs analysis, including the views of the local population.
	Collaboration – All NCNs are collaborative networks, featuring a range of service providers and disciplines.
	Prevention – A significant proportion of the NCN work plan is focused on activities which prevent ill-health and improve wellbeing, with close alignment to the Public Health agenda.
Glossary of New Terms	This section should provide a definition of any new terms contained within the report
Public Interest	There is no reason that this report cannot be made public.

 GIG CYMRU NHS WALES	Public Partnership and Wellbeing Committee Tuesday 19 February 2019 Agenda Item: 2.4
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Aneurin Bevan University Health Board

Frailty Review

Executive Summary

The Gwent Frailty Programme has been operational since 2011, delivered through a pooled budget arrangement between the Health Board and the five Local Authorities. This paper provides an update on progress with an internal review of this service to ensure alignment with Gwent's Care Closer to Home Strategy for Integrated Working and more latterly the Welsh Government's plan for health and social care - 'A Healthier Wales'.

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, Director of Primary, Community and Mental Health.

Report Author: Sian Millar, Divisional Director, Primary Care & Community

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

Executive Team		Committee of the Board [Committee Name]	Public Partnership & Wellbeing Committee
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Date of the Report:

Supplementary Papers Attached: None

Purpose of the Report

The purpose of this report is to provide an update to the Public Partnerships and Well-Being Committee on progress with an internal, Divisional review of Gwent's Frailty Programme.

Background and Context

The Gwent Frailty programme has been operational since 2011, delivered by the Health Board and the five Local Authorities, enabled by a pooled budget arrangement within a Section 33 framework. The programme provides health and social care aiming to support frail adults across Gwent to remain at home or close to home, promoting independence and dignity. The programme has been evaluated and reviewed a number of times since its inception and in 2017, the Regional Partnership Board approved a proposal to conduct

a further review in response to the increasing numbers of frail individuals in the population and the continuing pressures across all parts of the health and social care system. In addition, the Primary and Community Care Division, with Local Authority partners, proposed a review to ensure alignment with the Care Closer To Home Strategy for Integrated Working in Gwent (ABUHB and Gwent's Five LAs, 2017) and more latterly A Healthier Wales (Welsh Government 2018). The aim of the service is to sustain individuals within their own homes or as close to home as possible – to prevent unnecessary hospital admission and to facilitate early discharge if needs be.

The programme has four main delivery elements:

- A rapid medical service, with community based COTE consultants and junior staff, assisted by nurses. The service conducts virtual wards and has access to rapid diagnostic tests. The service operates hot clinics and clinician to clinician telephone advice.
- A rapid nursing service which responds flexibly and immediately to prevent unnecessary hospital provision and can provide services such as IV Anti-biotics at home and catheter care.
- A reablement service with a range of therapists and therapy aides to intervene early and manage a person's triggers for frailty, providing preventative services in addition to facilitating discharge.
- A Falls service providing more specialist falls advice and offering falls clinics to help maintain people at home and to manage the causes of falls.

The programme was set up to provide:

- Prevention initiatives
- Crisis responses
- Reablement
- Longer term programmes of care across the sectors.
- One point of contact
- One contact person
- 24/7 availability and timely responses
- Preservation of Independence.

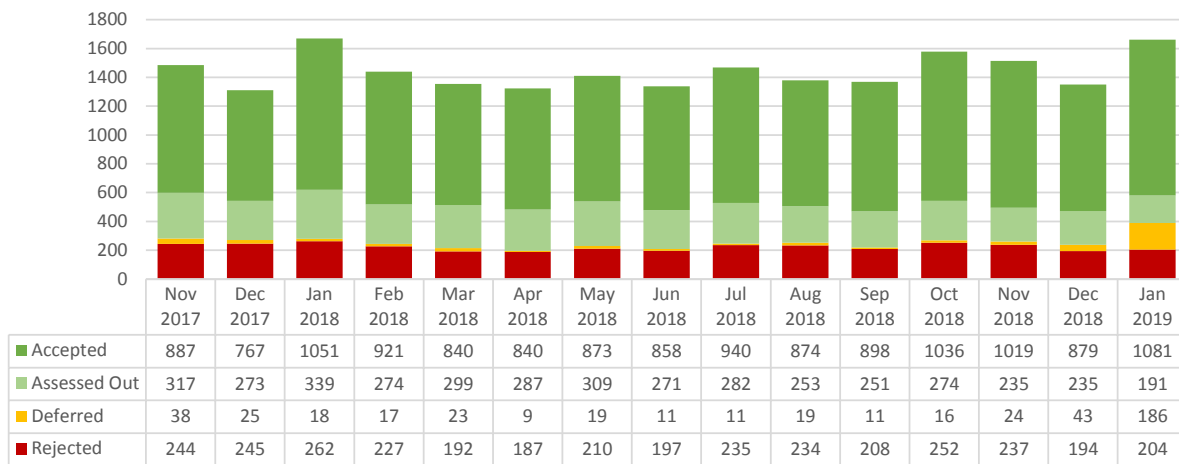
(ref. Happily Independent, Strategic Outline Case for the Gwent Frailty Programme).

The Programme was intended to be phased – Happily Independent noted that the crisis response and reablement was the first phase and that the second phase would look to include District Nursing, CHC, Chronic Conditions Management, Palliative Care, longer term social care, housing and the continued involvement of Primary Care.

Assessment and Conclusion

The following provides the Committee with high level data to give an indication of the performance of the service:

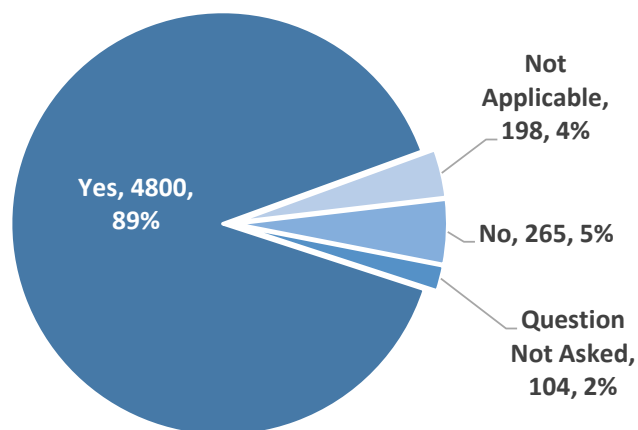
Frailty Referrals and Outcome



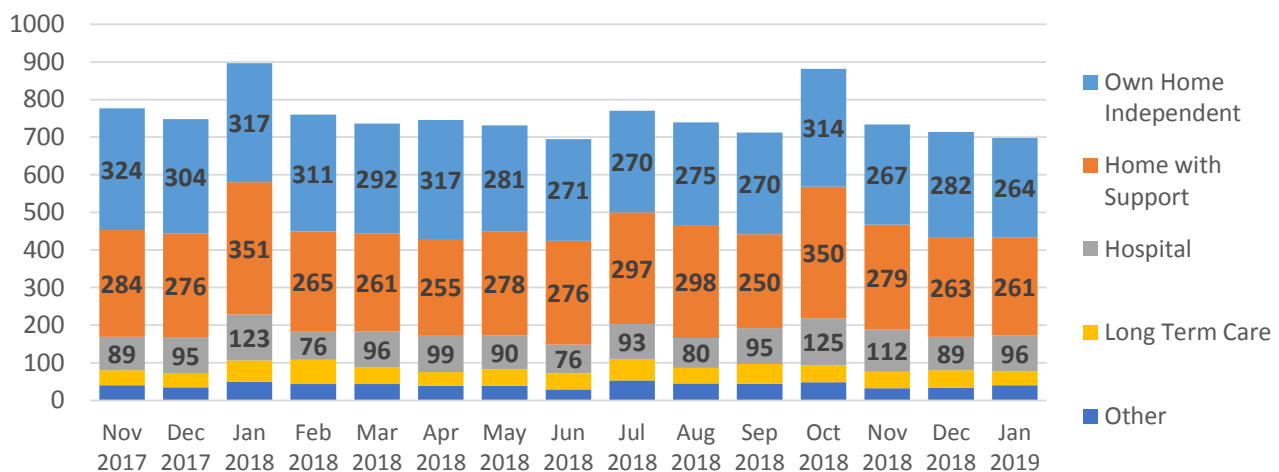
Avoided Admissions

GP asked at SPA if the referral is stopping an admission. Data captured since April 2016

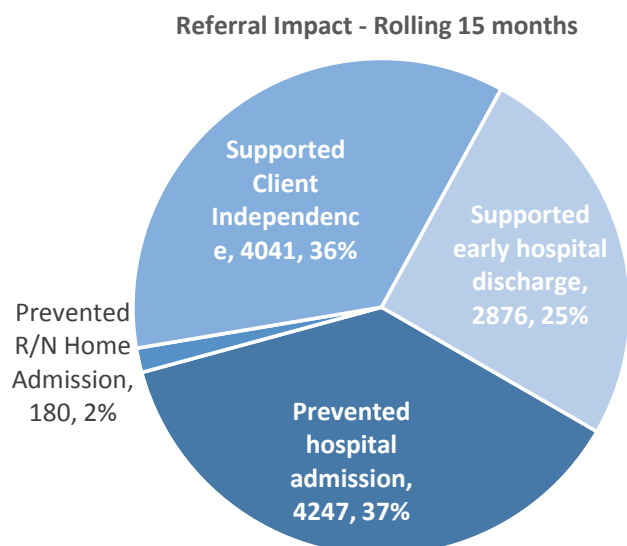
Apr 16 to Dec 18 - Admissions Avoided



Location on Discharge from Frailty Service



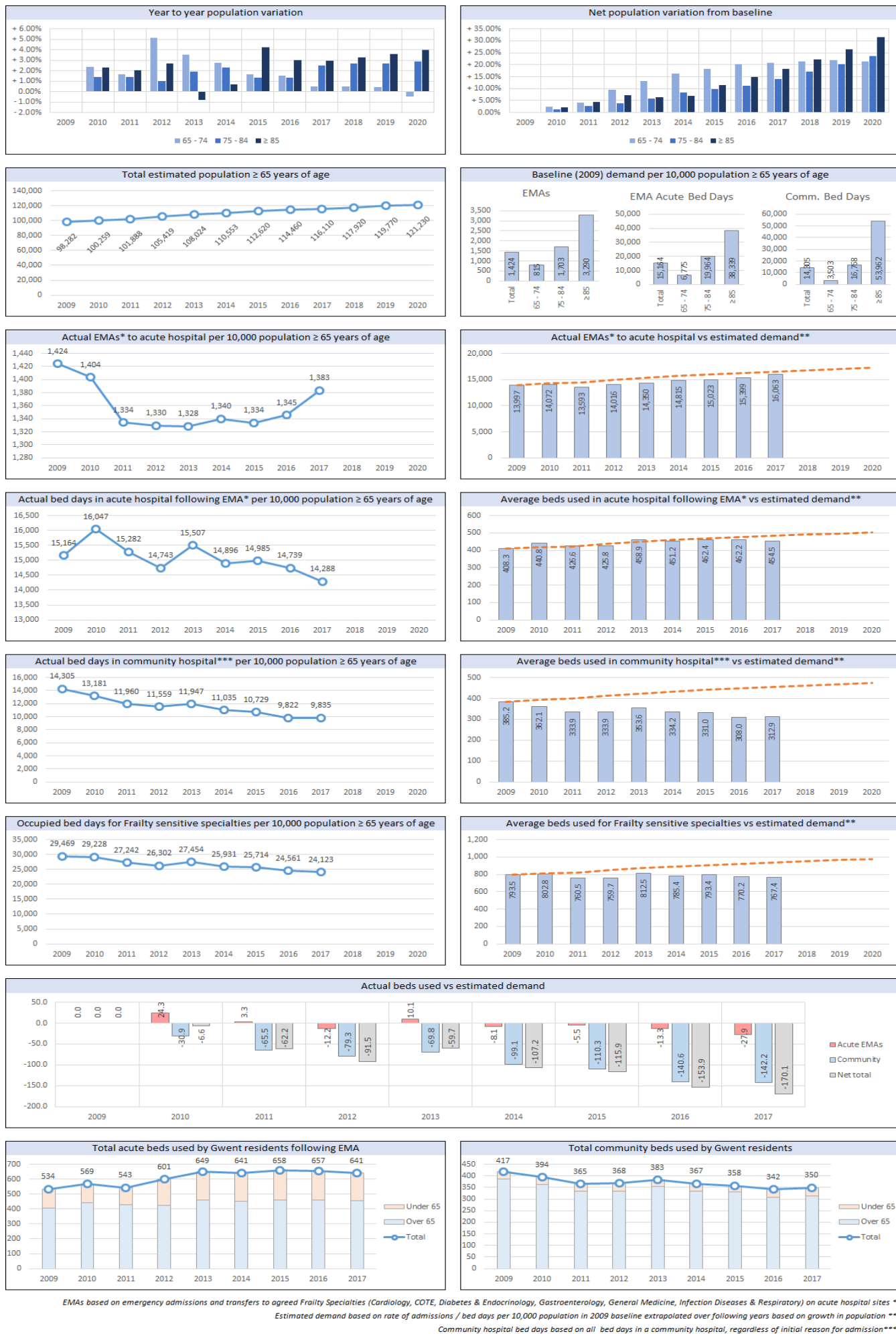
Referral Impact



Emergency medical admissions over 65 years of age for 'Frailty' sensitive specialties

An analysis of EMAs associated with Frailty specific specialties (e.g. care of the elderly, cardiology, gastroenterology, etc.) demonstrates that despite a growing number of EMAs over recent year, following the introduction of Frailty Services in 2011 there was a clear and sustained reduction in the ratio of admissions per 10,000 population over 65 years of age. However, in 2017 this ratio increased significantly towards pre-Frailty levels.

Despite this increase, the number of associated bed days (inclusive of both acute and community hospital settings) has continued to reduce, indicating that patients are spending shorter periods in hospital. In particular, this is largely related to the reduction in bed occupancy in community hospitals. Further analysis follows.



From this – and an analysis of the National Audit of Intermediate Care, 2018 – it can be noted that:

- 1) There is a high % of patients referred to the Crisis Response services in Gwent who were likely hospital admissions without the intervention.
- 2) Discharge to home is 73% in Wales compared to 58% in England.
- 3) Admission to the acute sector in Wales is 14% and 22% in England.
- 4) Discharge to bed based longer term care is 56% in Wales and 63% in England.
- 5) Impact in Gwent on admission to hospital for those with a chronic condition has been positive – despite an increase in the elderly population (not comprehensively planned for at the Programme's inception).

The Frailty service has developed – the establishment of Community Ambulatory Care Units, hot clinics, advice lines, frailty beds are all indications of continued development. But the review was considered necessary because the programme has not moved on as originally planned and the strategic direction, arising from Care Closer to Home and A Healthier Wales, was to establish place based integrated teams – and the Frailty services needed to be aligned with that. There was a recognition that the Clinical Futures Plan would require yet more of a focussed approach to prevent hospital admission and to facilitate discharge and the Directors across Health and Social Care acknowledged that the Frailty Programme had become over complex and there needed to be a sense check against the founding principles.

The Gwent Joint Frailty Board (its functions now subsumed by the Gwent Regional Partnership Board) accepted that:

- There was inconsistencies between the services offered by each Borough.
- That the Frailty Programme had become a "brand" into which frail people were referred and there was too much segregated working between the elements of the Frailty Programme and other Community and Primary Care services.
- The staffing skill mix needed reviewing and the specialist: generalist ratio needed to be looked at as the original Programme was set up to aspire to a 20:80 split.
- The Single Point of Access had seemingly constructed an administrative layer which caused delays, frustrations and inhibited clinician to clinician conversations – in short the service was not easy enough to access.
- Certain governance rules and processes had "grown" over the years and needed reviewing.
- The hours of operation needed to expand to fully meet the needs of the population and allow flexible and seamless service delivery.
- The Social Services and Well Being Act had introduced Information, Advice and Assistance services which offered opportunities for any future plan for the Single Point of Access.
- General perceptions (though not much evidence) that the service could achieve more.
- The demographic data indicates growing numbers of older people and evidence shows that frailty, though not purely confined to the older people, is more prevalent in the older population. It was likely that the community service would need to be expanded – but by how much? There was a need to ensure efficiencies in the current services before accurate predictions of any developments.

Therefore an internal review was established (without any additional resource to conduct the review) and work has been completed as follows:

- 1) There has been process mapping completed to understand the differences across Gwent and to plan to remove unnecessary complexity and barriers to care. The aim is to considerably remove "hand-offs" and the need for formal referrals – to be achieved through the plans to establish place based teams.
- 2) A review of all roles and competencies – initial findings indicate there is more of a 50:50 ratio than 80:20.
- 3) A review of the SPA.
- 4) A review of the Rapid Medical services with an action plan developed.
- 5) Best Practice literature review.
- 6) A demand/capacity simulation model based on Newport Rapid Response Service.

The next stage is to review all the findings with the teams on 11th February when Prof. Keith Moultrie will facilitate a workshop to agree the next stages of the plan and to link it with the Transformation funded Compassionate Communities approach which has commenced. Through the workshop it is aimed to agree a governance framework which combines the work streams and clarifies the specific pieces of work required to enable the Frailty Programme transformation.

Recommendation

The Public Partnerships and Well-Being Committee is requested to note the report and to agree to a further update following the forthcoming workshop.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	N/A
Financial Assessment, including Value for Money	Any further expansion of the service will need business case development.
Quality, Safety and Patient Experience Assessment	The review will ensure that this is sustained.
Equality and Diversity Impact Assessment (including child impact assessment)	N/A
Health and Care Standards	2.1 Managing risk and Promoting Health and Safety 2.3 Falls Prevention 2.6 Medicines Management 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.1 Safe and Clinically Effective Communicating Effectively 3.3 Quality Improvement, Research and innovation 4.1 dignified Care 5.1 Timely Access 6.1 Planning Care to Promote Independence 6.2 People's Rights

Link to Integrated Medium Term Plan/Corporate Objectives	Part of Divisional IMTP & the GASP work programme
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	N/A
Glossary of New Terms	
Public Interest	Report was written for the public domain.

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Public Partnerships and Wellbeing Committee Tuesday 19 February 2019 Agenda Item: 2.5</p>
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Aneurin Bevan University Health Board

Welsh Government Peer Review of ABUHB Urgent Primary Care Service

Executive Summary

All Out of Hours Primary Care Services in Wales were peer reviewed between September and December 2018. ABUHB underwent review between 6th and 7th November. The Review Panel wrote to the Health Board with their findings and points for action on 6th December. This report is to provide the Public Partnership & Wellbeing Committee with an overview of the peer review findings and the progress to date on the recommended actions.

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, Director of Primary, Community and Mental Health.

Report Author: Richard Pryce, Directorate Manager, Urgent Primary Care Service.

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

Executive Team		Committee of the Board [Committee Name]	Public Partnership & Wellbeing Committee
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Date of the Report: 14th January 2019

**Supplementary Papers Attached:
Peer Review Action Plan.**

Purpose of the Report

The purpose of this report is to give the Public Partnership & Wellbeing Committee feedback on the peer review and assurances around the progress with the actions identified for the service.

Background and Context

A national review of out of hour's primary care was commissioned by Welsh Government in 2018 and took place between September and December. The review panel was led by Dr CDV Jones, Chair of Health Education and Improvement Wales (HEIW) and consisted of a multi-disciplinary panel of primary care experts from across Wales. The purpose of the visit was to act as a 'critical friend' and to provide some direct support /advice for

the local OOH team ahead of the challenges collectively faced across Wales this Winter and in the medium term.

The panel visited a number of locations in ABUHB on the evening of 6th November and held engagement meetings with a range of frontline clinical and non-clinical staff. The panel was convened on 7th November to review the service data requested and challenge senior leaders around the current service provision and future plans for development.

The panel gave senior leaders initial verbal feedback on the review findings on 7th November. The panel chair formally wrote to the Chief Executive of ABUHB on 6th December to summarise the findings and identify areas for development within the Urgent Primary Care service.

Assessment and Conclusion

The panel chair was impressed by the ongoing, dedication and commitment that was demonstrated by staff and their continued focus on delivering high quality care to patients within out-of-hours. It was evident that there was passion to deliver long-term sustainable change (24/7) and the proposed service vision aligns with the wider 111 transformation agenda. The organisation also recognised that when the urgent primary care (OOH) service was working well it has significant benefits for the wider unscheduled care system.

The panel gave positive feedback on a number of points:

- Effective engagement with clinical staff was evident via the monthly Clinical Reference Group (CRG). This was felt to be an exemplar that all HB's should aim to implement.
- Executive leadership and senior support was also clearly evident from the Medical Director, Director of Public Health, Director of Nursing, Director of Primary and Community Care and Deputy Medical Director. There was clear evidence that issues being raised by the service have a real focus and the importance of the service is recognised at both divisional and executive level.
- ABUHB has been a leader in the development of the nursing role within OOHs as part of the wider 5 year strategy. These roles have been developed to provide direct clinical lead capacity during the week and supports PCC base capacity.
- The home-grown approach of developing nursing staff has been welcomed and the service has developed some exceptional and highly skilled nursing staff. It was however felt that there was a need to review the 5 year plan to ensure that it continues to be fit for purpose alongside the introduction of 111, Clinical Futures and the wider MDT approach to OOH services.
- The introduction of the Clinical Hub model (linked to 111 roll-out), has developed the role of the Clinical Lead and introduced the support of Pharmacists to work alongside other clinical staff to create additional triage capacity and oversee the management of appropriate cases.
- The recent introduction of Mental Health Practitioners within the hub provide specialist triage, signposting and advice capacity which would otherwise have occupied a GP for a considerable period of time. ABUHB has been advised to consider what other roles should be incorporated to directly support urgent primary care e.g. paediatrics or palliative care. This is a strategic opportunity for the LHB given its service change agenda as part of Clinical Futures.
- ABUHB has significantly invested in providing district nursing provision 24 /7, which enables the support to a number of pathways which other OOHs teams

would otherwise end up managing directly. The Peer Review Panel recognised the benefits of this approach but particularly commended the philosophy and model adopted for the Verification of Death and last rights for patients, and the wider support the district nursing teams offers to families of the deceased. There was evidence that individuals go '*above and beyond*' what a normal service would offer and is exemplary practice which should be viewed as the blue print for NHS Wales to adopt.

- Across the service both clinical and corporate risk is being managed on a daily basis, this is supported by the senior management team and Clinical Reference Group.
- There have been recent appointments to the service in September 2018 of a new Clinical Director and Directorate Manager. There was evidence that the service is beginning to be transformed and the overall morale is improving but continues to require focus.
- The management team are attracting clinicians into the service with innovative and leading models and there were some excellent examples cited where the use of GP taster sessions are leading to a new cohort of staff joining the rota. New initiatives including use of GP Leads overnight and CPD are also being developed but will require the support by the Senior Management to ensure sustainability long term.

The Panel identified some areas for further development within the service. In summary the panel advised that:

- Home visiting rates in ABUHB are currently around 18%. This is higher than the rest of Wales and the UK Average of 14%. It is predicted that the implementation of 111 in April 2019 will help to reduce this rate. Analysis of the impact of 111 will be closely monitored by the Directorate with weekly reporting to the Division.
- Realign the Nursing workforce 5 year plan to incorporate the implementation of 111.
- Review operational processes in place to manage triage of calls. The service has built up some excellent nurse triage skills /capacity however there can be a lack of co-ordination between teams and bases which is most pronounced at times of peak pressure. ABUHB also have a differential model of triage during the week days compared to weekends. It is timely that this should now be reviewed with the planned 111 roll-out in April.
- Review policies and protocols across the OOH service in particular: care navigation, patient flow, managing aggressive patients, paediatric admissions and transportation of drugs.
- Review of incidents and near-miss reporting to ensure that all are entered onto Datix for management reporting.
- Review clinical governance and patient safety process reporting to ensure they are robust and effective and learning applied.
- Review Outreach model opportunities against role and functions already provided within DN service and home visiting rates to identify any duplication in roles.
- Review current clinical practice and pathways between MIU /OOHs at YYF.
- Enable staff within the existing service Urgent Primary Care/OOHs to access bespoke CPD and training for all OOH staff to build confidence and create an environment supporting education, training and development across the MDT.
- Implement and review training, leadership and mentoring within the Urgent Primary
- Maximise the attractiveness of the Urgent Primary Care/OOHs service with a workforce blue print that encourages and enables career progression.

The action plan is attached to this report with details of timescales and responsible person.

Recommendation

It is requested that the Public Partnership & Wellbeing Committee note the contents of the paper. The service accepts the areas for development noted in the peer review letter. The Public Partnership & Wellbeing Committee is asked to take assurance from the attached documents that the Directorate and Division have a plan in place to further develop the ABUHB Out of Hours Primary Care Service and align this development to the implementation of 111 in April 2019.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Sustainability Out of Hours Primary Care is listed as one of the top three concerns on the PC & Community Divisional risk register. The current risk score is 15 (out of 25).
Financial Assessment, including Value for Money	Areas of opportunities for improved efficiency and value for money are identified throughout the action plan. The recommendations seek to deliver the maximum value for money against an increasing demand for out of hours services across Gwent.
Quality, Safety and Patient Experience Assessment	Quality, Patient Safety and Experience underpins the terms of reference of the peer review and the resulting recommendations.
Equality and Diversity Impact Assessment (including child impact assessment)	The action plan provides information on how the service will develop to reduce variation and maintain equitable access to service provision for citizens outside of 'in hours' primary care practice.
Health and Care Standards	Contributes to compliance with the Health and Care Standards: safe care, effective care, dignified care, timely care and staff and resources
Link to Integrated Medium Term Plan/Corporate Objectives	The implementation of 111 and the sustainability of Urgent Primary Care in Gwent is identified as a key priority in the Divisional and Organisational IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p>Long Term – Workforce and service planning to meet population need as part of Clinical Futures.</p> <p>Integration – Multi disciplinary team approach to implementation of the peer review recommendations.</p> <p>Involvement – Involving staff and wider stakeholders in consultation of how the service will change to incorporate 111 in 2019.</p> <p>Collaboration – Multi disciplinary team and cross organisational approach to delivering urgent primary care beyond April 2019.</p> <p>Prevention – A robustly supported urgent primary care service will facilitate better availability of out of hours services thus supporting prevention, improved local care and the avoidance of acute hospital care.</p>
Glossary of New Terms	PCC – Primary Care Centre UPC – Urgent Primary Care
Public Interest	Report can be made public.

Aneurin Bevan University Health Board
Out of Hours Peer Review Action Plan: 6th November 2018

Present:		
Panel	Aneurin Bevan University Health Board	
Dr Chris Jones (Chair of Peer Review Panel) Dr Andrew Havers – Welsh Government Dr Roger Diggle – Deputy Medical Director, HDUHB Dr Chris Stockport, Director of Primary and Community Care Richard Bowen – 111 Team Cath Quarrell – 111 Team Sarah Bradley – Head of Primary Care, CTUHB Charlette Middlemiss – Health Education and Improvement Wales (HEIW) Heather Giles - Welsh Government Paul Mason – 111 Team Ceri Davies – Welsh Government (Observer)	Dr Alice Groves – Clinical Director Sian Millar – Director of Primary and Community Care, ABUHB Dr Paul Buss – Medical Director Dr Liam Taylor – Deputy Medical Director Shikala Mansfield – Senior W&OD Business Partner Ann Poyner - Operational Services Manager Richard Pryce - Directorate Manager Chris Commins - Business Partner Accountant Lynne Walbeoff – Project Manager Robyn Miller – Senior Nurse Karen Berger - ASOC Barbara Spicer - Call Handler Matthew Davies – Call Coordinator	Jennifer Giles – Admin Support Steven Groves – Data Analyst Pamela Addy - ASOC/ Reception Lead Dan Davies - Admin Support Sian Jenkins – Finance Bronagh Scott – Director of Nursing Sarah Aitkin – Director of Public Health Tracey Morgan – Divisional Manager, Primary Care

	Key Issues to Address	Actions:	Lead	Timeframe	Progress
	Strategic Planning	Develop an overarching OOH /urgent care plan to achieve a consistent and sustainable service – maximise the opportunities that present from 111 roll-out. Existing plans should be reviewed	Clinical Director and Operations Team	March 2019	Nursing workshop held on 21 st Dec 2018 to look at the future role of nurses in the UPC service.

Current Service Model	to include the range of actions noted within the peer review.			Overnight Community Nurses running a workshop in January to remodel community nursing post 111. Aim to produce a division endorsed plan by March 2019
	Corporate support required to support a wider 'enabling culture' as a priority	Workforce and OD support	March 2019	Proposed management restructure taken to Divisional Leadership Group in January 2019 for approval. WBP has been supporting the process and will support the approval of the finalised structure to be in place by March 2019.
	Review the existing 5-year plan to ensure its fit for purpose as part of the wider Clinical Futures, 111 and wider MDT approach to OOH services.	MD/ DPCC / Clinical Director	January 2019	Review being carried out in conjunction with Division in January 2019 to include 111 and development of MDT roles.
	Ensure access to wider corporate teams and offer critical support urgently, especially in terms of: <ul style="list-style-type: none"> • work force planning • Education and training 	DoPCC/Head of WOD	February 2019	Care Aims course booked for all MDT staff. DM attending workforce planning training January 2019.

Version 4

		Review triage capacity and co-ordination of activity during peak pressure periods across the MDT and the differential model during week days / weekends	Clinical Director /Ops Team	April 2019	Plan to embed 111 into ABUHB and then review demands of the new model to match to capacity.
		Review current clinical practice and pathways between MIU /OOHs at YYF	CD /Ops Teams	December 2018	CD has engaged with USC to discuss peer review findings re MIU/OOH pathways. Ongoing monitoring and escalation of issues identified to YYF site Manager agreed should they happen.
	The Clinical Hub	Triage rates should now be tracked against the milestone of combined service at 50% with the introduction of the Clinical Hub.	DM	January 2019	Triage rates out of the service are monitored via OOH performance dashboard.
		Review the potential to expand the scope of Regional working with priority focus on: <ul style="list-style-type: none"> • Mental Health • Dental • EOL /palliative care • MDT Training 	CD /Operations Team	2019 onwards	Regional working is a priority of the WG, until the South East Wales area is integrated into 111 this cannot be addressed.
	Home Visits	Review the Home Visiting call volume for appropriateness and identify areas for improvement linked utilising local data analysis /policies	Clinical Director	June 2019	HV rates are expected to reduce from April 2019 post 111 implementation. The

Version 4

		Review Outreach model opportunities against role and functions already provided within DN service and home visiting rates more generally	Clinical Director /Senior Nurse /DM	June 2019	<p>actual rate is monitored weekly.</p> <p>The impact of 111 will be closely monitored. From April '19 onwards, 111 quarterly reviews will be held in the service and presented to staff / CRG.</p> <p>Plan to review the HV demand as above – clinical analysis of case to determine the most prudent responses. Use qualitative data analysis.</p>
	Clinical Pathways	<p>Exemplar practice on Verification of Death and last right to patients – this needs to be adopted and lessons learnt by other LHBs.</p> <p>Convey message of appreciation to the DN team.</p> <p>Operational issues relating to base equipment /drugs at weekend.</p>	<p>Peer Review to take forward</p> <p>Clinical Director</p> <p>DM</p>	<p>November 2018</p> <p>November 2018</p>	<p>All teams have received messages of appreciation for their participation in the review from the Management Team.</p> <p>Issues raised around equipment and medication availability</p>


Version 4

					were rectified immediately after the peer review.
	Wider Clinical and Corporate Governance	<p>Review of incidents and near-misses reporting to ensure that all are entered onto Datix for management reporting</p> <p>Review clinical governance and patient safety process reporting to ensure they are robust and effective and learning applied</p> <p>Review policies and protocols across the OOH service in particular:</p> <ul style="list-style-type: none"> • care navigation and patient flow • aggressive patients • paediatric admissions • transportation of drugs 	<p>Clinical Director/DM</p> <p>Exec Lead</p> <p>DPCC</p>	ember 2018	<p>CD has had Datix training. Importance of reporting has been communicated cross the team. Regular communication meetings have been arranged between UPC and QPS to monitor going forward.</p>
	The Urgent Primary Care (OOH) Management Team	Enable staff within the existing service Urgent Primary Care/OOHs to access bespoke CPD and training for all OOH staff to build confidence and create an environment supporting education, training and development across the MDT.	Clinical Director/DM	February 2019	<p>Care Aims course scheduled for Feb 2019 for all staff to attend. All management staff to be assigned to a CPD course during the 2019/20 FY. This will</p>

		Implement and review training, leadership and mentoring for staff within the Urgent Primary Care/OOHs team with the aim of improving recruitment and retention of staff.	Clinical Director /DM	February 2019	<p>reflect the current level of experience and responsibility and future aspirations. ABCi will be used as the primary provider with external resources used if required.</p> <p>CPD for staff in leadership roles to be linked to the need for mentorship in the service.</p> <p>New clinical staff will be assigned clinical mentors on induction. Non clinical staff will have the same.</p> <p>PADR compliance target of 85% in Jan 2019. Current compliance is 67% with plans demonstrated to reach 85% against a validated list of staffing establishment by week 3 of January 2019.</p>
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Version 4

				<p>All staff to be offered CPD for their personal development.</p> <p>CPD thematic lead to be appointed in February 2019 pending approval of JD.</p> <p>Work ongoing. CD working with HEIW to develop an Urgent Primary Care Fellowship.</p>
	<p>Maximise the attractiveness of the Urgent Primary Care/OOHs service with a workforce blue print that encourages and enables career progression</p>	<p>Clinical Director</p>	<p>Ongoing – CD in regular engagement with HEIW and All Wales GPOOH Forum.</p>	

 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board
Public Partnerships and Wellbeing Committee Tuesday 19 February 2019 Agenda Item: 3.1	

Aneurin Bevan University Health Board

Public Health Risk Register – February 2019

Executive Summary

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 keys risks to the Health Board's meeting its statutory duties and successfully achieving its strategic objectives within the IMTP.

The Public Partnerships and Wellbeing 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: Sarah Aitken, Executive Director of Public Health

Report Author: Gemma Burrows, Principal Public Health Practitioner

Report Received consideration and supported by :

Executive Team	Committee of the Board	Public Partnerships and Wellbeing
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Date of the Report: 8 February 2019

Supplementary Papers Attached: Public Health Risk Register

Purpose of the Report

To provide the Committee with an overview of the Public Health Risk Register. This report is provided for assurance purposes to highlight to the Committee the keys risks to the Health Board's 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. Nevertheless, the Health Board's risk management system and reporting also 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 and our areas of responsibility.

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.

Assessment and Conclusion

Key risks and issues are considered at each Committee meeting.

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

2. Risks with a high or moderate risk score:

2.1 The following risk areas have updates to mitigating actions:

- Community flu vaccination - 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. There are some general practices that have not had aTIV orders processed or have insufficient vaccine supplies, and work has been ongoing to mitigate this risk. Current uptake (as at 5th Feb 2019) 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.
- Smoking Cessation - Work is continuing to ensure we achieve the target to increase uptake of smoking cessation services. This includes 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 have been appointed to provide smoking cessation support to pregnant smokers.
- Workplace Health - ABUHB achieved the Gold Corporate Health Standard (CHS) Award in January 2019, and re-validation for Platinum Award will take place in June 2019. Now that the CHS has been achieved, a focus on workplace health needs to be maintained and further developed, and plans have been made to progress this.

- **Workplace Health** – The staff 'Well-being Through Food and Physical Activity' guidelines need to be refreshed. 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.
- **Staff flu immunisation programme** - 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 end of January, 58% of all ABUHB staff have been vaccinated against influenza, as of end of December 58% of all front line staff have been vaccinated against influenza. Three out of six operational divisions have exceeded 60% uptake with CHC reaching 67%, Family & Therapies reaching 66% and Scheduled Care reaching 63% all of which have predominately front line staff.

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

- **Risks with a reduced risk score:**

2.2 No risk scores have been reduced for this reporting period

- **Risks Withdrawn:**

2.3 No risk scores have been reduced 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

Risk Assessment (including links to Risk Register)	The Coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
Financial Assessment, including Value for Money	There is no direct financial impact associated with this report.

Quality, Safety and Patient Experience Assessment	Continually addressing the risks contained in the risk register will support the Health Board in maintaining high standards of quality, safety and patient experience
Equality and Diversity Impact Assessment (including child impact assessment)	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.
Health and Care Standards	Actions outlined in this report would contribute to the good governance elements of the Health and Care Standards for Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	Actions to reduce the risks identified within the Public Health Risk Register are set out in the IMTP, particularly in SCP1 and SCP2.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	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>
	Long Term – 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.
	Integration – 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.
	Involvement – Involvement of relevant stakeholders will be considered at an individual programme level. Scrutiny of this risk register is undertaken by members of this Committee.
	Collaboration – Many of the risk mitigation measures involve collaborating with internal and external partners within the public health 'system'.
	Prevention – This risk register seeks to identify and mitigate short, medium and long term risks to population health and inequalities.
Glossary of New Terms	Adjuvanted trivalent inactivated vaccine (aTIV) - An injectable flu vaccine that has an adjuvant added to work better in those aged 65 years of age and over. This vaccine

	<p>is trivalent (contains three strains of flu - 2 A strains and 1 B strain).</p> <p>Influenza Vaccine Online Reporting (IVOR) - 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>
Public Interest	There is no reason why this document cannot be made public

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.

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Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			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
	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.		1x2	1x2

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	
			short term	long term
	<p>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. TO BE REMOVED FROM THE RISK REGISTER</p>	<p>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</p> <p>There has been disinvestment in Communities First from Welsh Government . Communities First have ceased to operate, and legacy funding will cease 2019/20.</p> <p>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 'health' programmes they currently deliver.</p>	2x2	2x2

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	
			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.	<p>Multiagency Wellbeing Plans became a statutory requirement for the Public Service Boards in 2018 under the Well-being of Future Generations (Wales) Act 2015</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	4x4	3x5
2. We fail to ensure that needs assessment and public health advice informs service planning, policies and practice.	(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
	(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
	(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.		

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	
			short term	long term
	(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
	(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
3. We fail to support citizens to maintain and improve their health, wellbeing and independence	(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

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	
			short term	long term
	(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
4. We fail to promote healthy lifestyles and healthy choices	(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
	(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

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	
			short term	long term
	<p>(iii) Smoking cessation services are being improved and extended to increase throughput to 5% of all smokers, as required by the Welsh Government target</p> <p>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.</p> <p>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%</p>	<p>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.</p> <p>Action plans will be implemented to increase uptake of smoking cessation services to achieve the 5% target.</p> <p>2018/19 implement action plans to increase uptake of smoking cessation services to reach 3.7% by March 2019.</p>	4x3	4x4
	<p>(iv) Support for pregnant women to quit smoking is ongoing.</p>	<p>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.</p>	3x4	4x4

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	
			short term	long term
	(vii) 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
		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
	(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
	(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

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	
			short term	long term
	(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
	(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
	(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
	(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

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	
			short term	long term
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
	(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
	(iii) A staff 'wellbeing through food and physical activity' guidelines have been developed, owned by the Work and Health Group.	<p>The staff 'wellbeing through food and physical activity' guidelines need to be refreshed by January 2019.</p> <p>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.</p> <p>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.</p>	2x4	3x4

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	
			short term	long term
	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
	(iv)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
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

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	
			short term	long term
	(ii) 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
	(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
	iv) ABUHB currently has a part time Immunisations Co-ordinator employed with Family & Therapies Directorate.	The IC remains on a 30 week contract, with a job description 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. However, there remains limited resource to support ongoing immunisation across the Health Board, which presents a real risk to business continuity and to vaccination uptake rates.	3x4	3x4
	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
	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
	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

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	
			short term	long term
	ix) uptake of all scheduled vaccination by age four continues to fall.	<p>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.</p> <p>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.</p>	3x3	3x4
7. We fail to provide effective programmes to screen and detect disease	(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
	(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

Deviations - risk ownership	
	Director of Public Health
	Director of Therapies
	Director of Planning
s	Director of Operations
	Director of Workforce Development
CN	Divisional Director of Primary Care & Networks
T	Divisional Director of Family & Therapies

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
Terms of reference for public partnerships to include the contribution of public health solutions to wellbeing priorities.	1x3	1x2	July 2016, DPH,
Public Partnerships and Wellbeing Risk Register include risks against the failure to deliver on significant public health solutions to wellbeing priorities.			Review: April 2019
Assurance on <i>Staying Healthy, theme one</i> , of the <i>Health and Care Standards</i> reports organisational assurance through the Quality and Patient Safety processes.			
	1x2	1x2	Sept 2014, DPH.
			Review: April 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
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.	3x2	2x2	Sept 2014, DPH,
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.			Review: April 2019
Health Board liaise 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.			

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
<p>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.</p> <p>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.</p> <p>The Health Board, Local Authorities and other partners will use these processes to carefully consider their respective contributions to population health improvement actions.</p> <p>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.</p>	4x4	3x5	Sept,2017 DPH, Review: March 2019
<p>We need to ensure the maximum effectiveness of resources through effective prioritisation, service planning, policy and practice development.</p> <p>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.</p> <p>NCN needs assessments and PSB Wellbeing Assessments have support from the public health teams.</p>	2x3	3x3	September 2014, DPH and DPI, Review: March 2019
<p>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.</p>	2x3	3x3	Sept 2014, DPH and DPI, Review: March 2019
			Medical Director

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	3x4	3x3	Review: March 2019
<p>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.</p>	4x5	4x3	Review: March 2019
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	4x5	4x4	Sept 2014, DPH and DOPs, Review: March 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
<p>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.</p> <p>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.</p> <p>Public Health Wales are consulting with Third Sector organisations currently with a view to supporting them with their own improvement agenda.</p>	2x4	3x4	<p>January 2015, DPH,</p> <p>Review: March 2019</p>
<p>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.</p> <p>UHB should map the impact of the changes to Communities First delivery of patient education programmes.</p>	4x4	4x4	<p>Sept 2014, DPH and DOPs,</p> <p>Review: March 2019</p>
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 TtT should also be encouraged and supported to roll out the training within their teams to add to the target for training this year.</p> <p>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.</p> <p>The MECC programme delivery and embedding will need to be robustly evaluated across the organisation in collaboration with an academic partner to demonstrate impact.</p>	2x3	2x2	<p>Sept 2014, DPH and DOPs,</p> <p>Review: October 2017</p> <p>Review: Jan 2018</p> <p>Review Sept 2018</p> <p>Review: March 2019</p>

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	3x3	3x2	Sept 2014, DPH and DOPs, Review: April 2019
<p>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.</p> <p>Additional HB investment was provided to increase resources (CO monitors) available for community midwives to implement NICE smoking cessation guidance.</p> <p>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.</p> <p>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.</p> <p>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.</p>	3x3	3x2	Sept 2014, DPH and DOPs, Review: April 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
<p>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.</p> <p>Exploration should include the increased use of bariatric surgery for those patients that would benefit.</p>	2x2	2x4	<p>Sept 2014, DPH and DTh,</p> <p>Review: October 2017</p> <p>Review: Jan 2018</p> <p>Review: Sept 2019</p>
<p>CYP service will need clear referral criteria and mechanisms and a sound evaluation framework.</p>	2x3	2x2	<p>Sept 2014, DPH and DTh,</p> <p>Review: October 2017</p> <p>Review: Jan 2018</p> <p>Review: Sept 2019</p>
<p>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.</p> <p>Some resource has been invested from NCNs in Blaenau Gwent to expand obesity services generally and specifically including antenatal weight management and in Monmouthshire.</p> <p>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.</p>	3x3	3x3	<p>Sept 2014, DPH and DTh,</p> <p>Review: July 2017</p> <p>Review: Jan 2018</p> <p>Review: Sept 2019</p>
<p>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.</p>	2x4	1x4	<p>January 2015, DivFT,</p> <p>Review: March 2019</p>

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
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.	3x3	3x2	September 2014, DPH and DTH, Review: September 2017 Reviewed: Jan 2018 Reviewed Sept 2019
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
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. DZS are trying to get a slot at Cluster Head Teacher meetings.	3x4	3x5	February 2015, DivFT/DPH, Review: March 2019
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 YYF. 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. <u>Support is being provided from the Value Based Care Team to refresh the initial business case to expand to a 7 day service.</u>	4x4	4x4	January 2015, DPH, DOPs and DivPCN, Review: March 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
<p>Maintenance of this group and activity.</p> <p>Employee Wellbeing Service and Public Health Team to work together to develop a comprehensive workplace health programme for ABUHB.</p> <p>Completion and implementation of the Sustainable (Active) Travel Plan</p>	2x3	2x2	<p>Sept 2014, DPH and DWD,</p> <p>Review: October 2018</p> <p>Review: Sept 2018</p> <p>Review: March 2019</p>
<p>The Work and Health Group will need to develop a plan for achieving Platinum revalidation and coordinate action towards this in preparation for assessment .</p>	1x1	1x1	<p>Sept 2014, DPH and DWD,</p> <p>Review: December 2017</p> <p>Reviewed: Jan 2018</p> <p>Reviewed Sept 2018</p> <p>Review: March 2019</p>
<p>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 5i).</p>	2x2	2x3	<p>Sept 2014, DPH and DWD,</p> <p>Review October 2018</p> <p>Review: March 2019</p>

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
	2x1	2x1	Sept 2014, DPH and DOPs, July 2019
<p>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.</p> <p>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.</p> <p>56.9% of ABUHB staff were immunised during the 2017/18 season, and 58% of front line staff received a flu vaccination.</p> <p>Four Divisions exceeded the 60% target uptake (Family and Therapies; Primary and Community Care; Unscheduled Care and Corporate Workforce and Organisational Development.</p> <p>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.</p>	3x4	3x4	Sept 2014, DPH and DWD, Review: April 2017 Review: 23/01/18 Consultant in PH Review: march 2019
	1x2	1x1	December 2014, DPH, Review: April 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
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
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 end of January, 58% of all ABUHB have been vaccinated against influenza, as of end of December 58% of all front line staff have been vaccinated against influenza. 3/6 operational divisions have exceeded 60% uptake with CHC reaching 67%, Family & Therapies reaching 66% and Scheduled Care reaching 63% all of which have predominately front line staff in their division.	1x3	1x3	December 2016, DPH & Div FT & Div PCN, Review: Review: April 2019
	3x4	3x5	February 2015, DPH & Div FT & Div PCN, Review: April 2019
Child Health 2000 has been replaced by a new database system called CYPriS as of July 2018. The new system does allow some limited interaction with WDS and alerts the user to when a child has moved practice. 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
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
Plans are currently underway with a business case to increase capacity of the School Health Nurse immunisation team to ensure service capacity to deliver to all primary school aged children	3x2	3x4	June 2015, DPH and Div F&T Review: April 2019

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added owner Review date
	short term	long term	
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 is being implemented to ensure children are offered the vaccination on a timely basis.	3x3	3x4	June 2016, DPH, Div F&T, Div PCN Review: April 2019
	2x3	2x4	DPH Review: October 2018
<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	DPH Review: July 2018



Wednesday 19th September 2018 - 14:00 to 17:00
Bron Afon HQ, William Brown Close, Llantarnam, Cwmbran, NP44 3AB

(Approved 12th December 2018)

4.1

Present:		
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
Alison Ward	AW	Chief Executive, Torfaen CBC
Angharad Collins	AC	CEO, Torfaen Leisure Trust
Claire Vernon representing LEEANNE PLECHOWICZ	CV	Team Manager, HM Prisons & Probation Service
Diana Binding	DB	Deputy CEO, Wales Community Rehabilitation Company
Geraint Evans	GE	Executive Director of Workforce and Organisation Development, Aneurin Bevan University Health Board
Dewi Jones representing Huw Jakeway	DJ	GM Operations Torfaen & Blaenau Gwent, S Wales Fire & Rescue Service
Jeff Cuthbert	JC	Gwent Police and Crime Commissioner
Nick McLain representing Julian Williams	NM	Chief Inspector, Heddlu Gwent Police
Nigel Brown	NB	Welsh Government Representative
Paula Kennedy	PK	Melin Homes
Pippa Britton	PB	Non-executive Board Member, Aneurin Bevan University Health Board
Stephen Brookes	SB	Chair of Torfaen Voluntary Alliance and, Representative of Town & Community Councils
Guest Speakers		
Gareth Jones	GJ	Wales Audit Office
Sian Davies	SD	Wales Audit Office
Supporting Officers from Officer Support Group (OSG):		
Andrew Osbourne	AO	Group Leader, Economy, Environment & Culture, Torfaen CBC
David Collins	DCo	Clerk, Cwmbran Community Council
David Congreve	DC	Assistant Chief Executive (Strategy), Torfaen CBC
Dermot McChrystal	DMc	Chief Officer, Education & Lead Director for Children and Young People, Education, Torfaen CBC
Fen Turner	FT	Senior Natural Resources Planning Manager, Natural Resources Wales
Jess Gabriel	JG	Planning and Commissioning Manager (CYPIB), Torfaen CBC
Keith Rutherford	KR	Chief Officer, Social Care & Housing, Torfaen CBC
Liz Evans	LE	Head of Community Housing, Bron Afon
Mezz Bowley	MB	Consultant, Public Health Wales

Michael Evans	ME	Station Manager, South Wales Fire and Rescue Service
Rachael O'Shaughnessy	ROS	Environmental and Sustainability Manager, Torfaen CBC
Support Officers from PSSU, Torfaen CBC:		
Lyndon Puddy	LP	Head of Public Services Support Unit, Torfaen CBC
Steven Honeywill	SHo	Partnerships and Policy Officer, Torfaen CBC
Sue Browne	SBr	Partnerships and Policy Manager, Torfaen CBC
Apologies:		
Huw Jakeway	HJ	Chief Fire Officer, South Wales Fire and Rescue Service
Julian Williams	JW	Chief Constable, Heddlu Gwent Police
Leeanne Plechowicz	LPI	Acting Assist. Chief Executive & Head of Gwent Region of HM Prisons & Probation Service
Sarah Aitken	SA	Director for Public Health, Aneurin Bevan University Health Board

Item	Minutes	Responsible Officer(s)
PART 1 - BUSINESS		
1.	Welcome and Apologies	
1.1	The Chair welcomed all to the meeting.	
1.2	Apologies were noted as above.	
2.	Minutes and matters arising from last PSB meeting on 22nd March 2018	
	The minutes were agreed and there were no matters arising.	
3.	WAO Pilot: final remarks - Sian Davies, and Gareth Jones, Wales Audit Office - presentation appended to these minutes.	
3.1	WAO has no role in auditing PSBs themselves, but audits 44 public bodies and has sought to develop new audit methods around the 5 Ways of Working. Torfaen PSB agreed in Nov '17 to be part of a pilot to support this work. Now updating on the work completed.	
3.2	WAO sought to answer: 'To what extent have Torfaen CBC and SWFRA acted in accordance with the sustainable development principle when setting their well-being objectives?'	
3.3	Slides covered: <ul style="list-style-type: none"> • Behaviours for effective collaboration • Audit methods • Torfaen PSB observations Please see full presentation appended to these minutes.	
3.4	Chair provided an opportunity to ask questions but none were forthcoming.	
3.5	GJ explained that we are now in an examination period following the pilot and that he is examining on behalf of Adrian Crompton, the new Auditor General: <ul style="list-style-type: none"> • Local audit team will have conversations with each organisation during this financial year. • Report to Assembly due in 2020. • Taking well managed risks is encouraged. 	
3.6	GJ reiterated SD's comments that lots was learnt from Torfaen's cooperation and thanked the PSB.	
3.7	JC asked GJ if they have taken any view yet on the issue of regional	

	<p>collaboration between PSBs and sharing knowledge. GJ stated that this would be worthwhile but hasn't happened yet. Suggested a further discussion outside the meeting. AW asked about best practice and lessons learnt across Wales. GJ referred to a best practice exchange, that some people have engaged with, and a best practice group. GJ said he recognised the importance and would note the query and take it back for further consideration.</p>	GJ
4.	Graduate: Confirm the work programme - Lyndon Puddy	
4.1	LP gave an update to inform the board that the graduate recruited through the Academi Wales All Wales Public Service Graduate Programme has now started in post.	
4.2	This was a collaborative bid funded by ABUHB, Melin Homes, TCBC & NRW. These 4 organisations will share 50% of the funding over 2 years and WG will make up the other 50%.	
4.3	Dr. Liesbeth Beeckman was the successful candidate. Qualified as an anaesthetist, with experience in intensive care, she has now accessed the Academi Wales programme and will work with us for two years whilst working towards a Masters qualification in public service leadership (MSc in Leadership and Governance from the University of South Wales). It was collectively agreed that over the course of the two years, she will deliver a project looking to assess – and challenge where necessary – established ways of working; ensuring barriers relating to the 5 Ways of Working are tackled. As a shared resource she will connect to work across the objectives and PSB partners. Liesbeth will spend the first 6 months based with the PSSU at TCBC and is contactable via Liesbeth.beeckman@torfaen.gov.uk	
5.	Scrutiny: Gain PSB view on learning opportunities and future arrangements – Lyndon Puddy	
5.1	Scrutiny will take place in November, looking at: <ul style="list-style-type: none"> Action Plans and Work Plans. How we will deliver 'Ways of Working' in a partnership way 	
5.2	The Exec. board are subject to scrutiny, not the OSG, although the objective leads will mainly attend to support the process. PSB Board members should please note that they may be required to attend.	ALL
5.3	It would be good if Scrutiny members are invited to observe some of the OSG activities, giving officers an opportunity to provide background information. Chair asked for agreement – <i>agreed</i> by PSB board members.	LP/OSG
5.4	BP asked for clarification on the dates. LP to provide as soon as known. March date yet to be confirmed.	LP
PART 2 – PLENARY DISCUSSION		
6.	Action plans, progress of Well Being Objectives and PSB decisions	
6.1	LP outlined a proposed process for reporting back to PSB, based on a 5 Point Briefing model, as used in Caerphilly. Following longer presentations on Objectives 3 & 4, this was trialled in the meeting to inform the board of progress relating to Objectives 1, 2, 5&6 (now grouped) and 7.	
6.2	Objective 3 – Dermot McChrystal provided a presentation (appended to	

6.3	<p>these minutes) on progress around Objective 3.</p> <p>DMc demonstrated the Wellbeing Offer tool that is being developed to map, at ward level, all activities/services for children and young people, including how these are funded. Potential to use this as a commissioning tool.</p> <p>MB talked about the First 1000 Days and research showing importance of this in terms of life chances.</p> <p>Proposed a research & development project to co-produce and assess the feasibility and acceptability of an intervention to build resilience and stronger trusted adult-child relationships during the first 1000 days, to mitigate the effects of potential childhood adversities. PSB were asked if they are willing to agree to this idea; for conversations with partners to be progressed and funding to be sought – <i>Agreed</i>.</p> <p>AW asked how we will make sure, as partners, that the findings are not just read but converted into practice.</p> <p>MB and DMc responded that it is expected to generate broader messages for all services, that the EYDCP would be a useful vehicle to ensure the messages get out and that we can also use Flying Start and other existing programmes.</p> <p>DMc explained the meeting cycles of the Children and Young People Improvement Board (CYPIB) and Children and Young People Performance Review Group and how this will be scheduled to allow feedback to PSB Executive Group via these meetings. DMc asked if this arrangement was satisfactory and if there was anything else the PSB felt they should be looking at.</p> <p>Chair asked if PSB were happy with direction of travel - <i>Agreed</i>.</p> <p>Objective 4 – Dave Congreve provided a presentation (appended to these minutes) on progress around Objective 4.</p> <p>BP introduced this section by reflecting on how interesting the work is proving to be and pointing out that feedback on DC's presentation will be greatly appreciated.</p> <p>DC explained that his current role is to sort out how we plan more strategically and work in a more integrated way. PSB is a useful vehicle for this.</p> <p>DC suggested that the RPB remit provides well for people who already have a recognised need, but proposed that there is room for the PSB to compliment this by aligning more to community centred health approaches, stimulating demand for health improvement. We will look to invest in and make a case for a community centred health development programme. This thinking is supported by Miller Research findings; the gap isn't in services, but coordination and linking.</p> <p>'Place based approach' is tricky. How do we become more strategic?</p> <p>Considering:</p> <ul style="list-style-type: none"> • Resource allocation • How to empower people to take more control at a strategic level • How do we do 'place based' at a level higher than operational level? <p>DC acknowledged the welcome attendance of RPB representatives in the room.</p> <p>AC offered to meet DC to discuss existing Torfaen Leisure Trust</p>	DMc / MB
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	activities that could be parachuted in to Blaenavon. The National Exercise Referral programme has a strong impact.	
	JC asked if the Deep Place study into Tredegar has been considered. DC responded that he had found a study in Scotland to be perhaps the most useful, as it offered 27 different models to examine. One of the things that consistently came through as important was the need for a single point of contact. The PSB were asked:	
	<ul style="list-style-type: none"> • Do we have your agreement to the general approach? - Agreed • Do the “boundaries” with RPB feel about right, for now? - Agreed • Do we want to co-invest in a Community Health programme/Co-ordinator and a “Rapid Risers” Invest / Innovate to Save proposal? TCBC will put up 50% (£18k pa and £10k one off, respectively) from EIP funds – AW confirmed TCBC’s offer and looked to the room for financial support to meet the required funding. AC and GE agreed in principle to contributing, pending discussion of details. • Agreement to trying out the widening operational coordination mechanism with the Town Council, to take coordination forwards? – Agreed <p>Following the two presentations, the other Objective Leads delivered shorter updates, utilising the new 5 Point Briefing system: Objective 1 - update provided by Dewi Jones. Objective Reporting - 5 Point Briefing appended to these minutes.</p> <p>DJ explained that by preparing a common PSB green infrastructure strategy we will improve the resilience and quality of our ecosystems for multiple benefits (biodiversity, healthy active lifestyles, encouraging volunteering, climate change mitigation, tackling landscape crime and supporting economic development). The approach will reduce fragmentation in the way green space is managed across the partner organisations. The PSB was requested to consider and comment on the following area:</p> <ul style="list-style-type: none"> • Commitment from staff within their organisation to be involved in the preparation of the GI Strategy and to embrace its recommendations, both strategic and operational. <p>All schools in Blaenavon to become eco-schools.</p> <p>In June/July almost £500,000 was spent on helicopter flights to tackle grass fires on the Cwmbran side of Twmbarlwm and other areas. Blaenavon in contrast had no grass fires, so if we can build on this and learn from it, there is potential to save much more money than we invest.</p>	AC / GE / AW / Others?
6.4	The work on Objective 1 has been focussing on:	
	Objective 2 - verbal update provided by Fen Turner and Rachael O’Shaughnessy Objective Reporting – 5 Point Briefing appended to these minutes. The work on Objective 2 has been focussing on:	
6.5	activities that could be parachuted in to Blaenavon. The National Exercise Referral programme has a strong impact. JC asked if the Deep Place study into Tredegar has been considered. DC responded that he had found a study in Scotland to be perhaps the most useful, as it offered 27 different models to examine. One of the things that consistently came through as important was the need for a single point of contact. The PSB were asked: <ul style="list-style-type: none"> • Do we have your agreement to the general approach? - Agreed • Do the “boundaries” with RPB feel about right, for now? - Agreed • Do we want to co-invest in a Community Health programme/Coordinator and a “Rapid Risers” Invest / Innovate to Save proposal? TCBC will put up 50% (£18k pa and £10k one off, respectively) from EIP funds – AW confirmed TCBC’s offer and looked to the room for financial support to meet the required funding. AC and GE agreed in principle to contributing, pending discussion of details. • Agreement to trying out the widening operational coordination mechanism with the Town Council, to take coordination forwards? – Agreed <p>Following the two presentations, the other Objective Leads delivered shorter updates, utilising the new 5 Point Briefing system: Objective 1 - update provided by Dewi Jones. Objective Reporting - 5 Point Briefing appended to these minutes.</p> <p>DJ explained that by preparing a common PSB green infrastructure strategy we will improve the resilience and quality of our ecosystems for multiple benefits (biodiversity, healthy active lifestyles, encouraging volunteering, climate change mitigation, tackling landscape crime and supporting economic development). The approach will reduce fragmentation in the way green space is managed across the partner organisations. The PSB was requested to consider and comment on the following area:</p> <ul style="list-style-type: none"> • Commitment from staff within their organisation to be involved in the preparation of the GI Strategy and to embrace its recommendations, both strategic and operational. <p>All schools in Blaenavon to become eco-schools.</p> <p>In June/July almost £500,000 was spent on helicopter flights to tackle grass fires on the Cwmbran side of Twmbarlwm and other areas. Blaenavon in contrast had no grass fires, so if we can build on this and learn from it, there is potential to save much more money than we invest.</p>	ALL

6.6	<ul style="list-style-type: none"> • PSB members' carbon emissions – initial benchmarking. • Feasibility of electric vehicle infrastructure. • Residents' lived experiences relating to climate change. <p>Close links to GSWAG are ensuring coordinated local action at a Gwent level.</p> <p>Identifying key policies that need to change or adapt.</p> <p>The PSB was requested to consider and comment on the following areas:</p> <ul style="list-style-type: none"> • Agreement on regional collaboration as a step towards local resilience. • How each individual PSB lead can further the aims of the demonstrator projects in their own sectors. • The changes being made in their own organisations which will enable activity on the outputs from each of the demonstrator projects to change practices. <p>AW declared that, as the Objective's sponsor, she was excited by her recent meeting with FT and ROS. The idea that Torfaen could have all services within 12 miles of an electric vehicle charging point means we could potentially be very aspirational, with all Council/PSB vehicles going all electric.</p> <p>Objectives 5 & 6 – update provided by Liz Evans. Objective Reporting – 5 Point Briefing appended to these minutes.</p> <p>LE gave Adrian Huckin's apologies.</p> <p>Officers have taken a collaborative approach to developing the Action Plan. The third of three scheduled workshops to be held tomorrow (20/09/18).</p> <p>A key challenge is the current inability to share data across organisations with different IT systems. Social Care looking at this.</p> <p>It was suggested that the Torfaen Welfare Reform Group be repurposed, to broaden out its remit.</p> <p>Chair said that this suggestion sounds like a good idea and there were no objections.</p> <p>DB asked if we know where the skills shortages in Torfaen are likely to be, as a result of Brexit. DMc pointed out that the people in the room are by far the largest employers in Torfaen, although care homes and engineering are two other main sectors likely to be affected. However, further exploration is probably necessary.</p> <p>JC suggested it could be time to start offering shared apprenticeships, so staff develop a good understanding of the work all members do. Melin Homes have a similar apprenticeship project around the construction industry, offering broad experiences in this manner. The construction industry has a good approach to this and we could learn from it. There were no objections to the idea.</p>	<p>LE</p> <p>LE</p>
6.7	<p>Objective 7 - update provided by Jason White. Objective Reporting – 5 Point Briefing appended to these minutes.</p> <p>JW highlighted the Community Safety Hub operating at Pontypool Police Station as a model of good practice. It has been agreed to take the same approach in Caerphilly.</p>	

	<p>We have developed a good relationship with Blaenavon Town Council, who tell us the community feels isolated.</p> <p>There is a lack of a collective approach to engagement.</p> <p>DC commented that the Torfaen Community Safety Hub is a good way of working and that this multi-agency approach can be transferred to other issues. LP added that there is an open standing invitation to all partners to attend the Community Safety Hub meetings, which happen fortnightly on a Wednesday morning.</p> <p>It was proposed that the Police and Crime Commissioner's office arrange a guest speaker to attend PSB to further explain serious organised crime. JC said that he is commissioning a rewrite of the serious organised crime section of his Police and Crime Plan; serious organised crime is changing, for example with the expansion of 'County Lines' approaches. Young people need to be educated about how these gangs operate so they can avoid being recruited and trapped, and this will require a team effort from PSB members.</p> <p>Chair agreed that this is worthwhile for a future agenda.</p>	SBr / JC
8.	Any other business	
8.1	LP - Academi Wales have been delivering a project about 'Healthy Boards' and have offered Torfaen PSB a couple of dates for a session. SBr said this can be tailored to a two hour session. JC attended one of these sessions elsewhere and felt he learnt from it. It was agreed that this should be arranged for the December PSB meeting.	SBr
8.2	DC – Gwent Area Planning Board For awareness, report will be circulated with the minutes.	SHo
8.3	Chair thanked everyone for their contributions to a productive meeting and closed the session.	
	Next PSB meeting is 12th December 2018 – to include an Academi Wales Healthy Boards workshop.	

Appendices:

- Appendix 1 – Torfaen PSB WAO pilot feedback FINAL
- Appendix 2 – Objective 3 presentation for PSB Sept 18
- Appendix 3 – Objective 4 presentation for PSB Sept 18
- Appendix 4 – Torfaen PSB 5 Point Briefing – Obj 1 Sept 18
- Appendix 5 – Torfaen PSB 5 Point Briefing – Obj 2 Sept 18
- Appendix 6 – Torfaen PSB 5 Point Briefing – Obj 5 & 6 Sept 18
- Appendix 7 – Torfaen PSB 5 Point Briefing – Obj 7 Sept 18
- Appendix 8 – Objective 2 Carbon Positive Briefing Note Sept 18 (to forward to relevant staff within your organisation please)
- Appendix 9 – Objective 2 Climate Risk Briefing Note Sept 18 (to forward to relevant staff within your organisation please)
- Appendix 10 – APB report to PSB – for information only

Steven Honeywill

Partnerships and Policy Officer
PSSU, TCBC
(September 2018)

Torfaen PSB executive sponsors and officer leads

Objective	PSB sponsor	Officer leads
1: Develop a functional, connected network of natural areas that support the current and future well-being needs of local populations	Huw Jakeway, S Wales Fire & Rescue Service	Andrew Osborne, Torfaen CBC Dewi Jones, S Wales Fire & Rescue Service
2: Develop mitigation & adaptation responses to the impacts of climate change	Alison Ward, Torfaen CBC	Fen Turner, Natural Resources Wales Rachael O'Shaughnessy, Torfaen CBC
3: Provide children & young people with the best start in life	Sarah Aitken, ABUHB / Public Health Wales	Dermot McChrystal, Torfaen CBC Mererid Bowley, Public Health Wales
4: Support healthy lifestyles and enable people to age well	Bill Purvis, Natural Resources Wales	David Congreve, Torfaen CBC with Sian Millar, ABUHB and Keith Rutherford, Torfaen CBC
5: Tackle the intergenerational patterns of poverty and develop economic resilience	Paula Kennedy, Melin Homes	Liz Evans, Bron Afon Community Housing
6: Improve local skills through work-force planning, training, apprenticeships and volunteering opportunities	Alan Brunt, Bron Afon Community Housing	Adrian Huckin, Melin Homes
7: Create safe, confident communities and promote community cohesion	Julian Williams, Heddllu Gwent Police	Michael Evans, S Wales Fire & Rescue Service Jason White, Heddllu Gwent Police

This work will be supported and tested out through activity around the enabling programmes, largely as part of the Blaenavon place-based priority. Whilst **Geraint Evans from ABUHB** will be the executive sponsor for Functional Support element and work closely with Bill Purvis and David Congreve, the other areas will be worked through as part of the overall priority programme.

Neil Jones (Head of Communications at Torfaen CBC) will continue to lead the Strategic Engagement Group and take instruction from / work with, the Officer Support Group to involve people and communities.

Daniel Madge (ABUHB) will be part of the OSG and be the lead connection with the Graduate programme.



Minutes

Newport Public Services Board

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

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)

4.1

N Dance

A John

5	<p>Local Well-being Plan Delivery – Feedback from Intervention Leads</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 9th January and a lead for each intervention should attend.</p> <p>Agreed – To note the progress update reports.</p>	<p>C Davies / CFO H Jakeway</p> <p>Supt I Roberts / N Prygodzicz</p> <p>Intervention Leads</p>
6	<p>Minutes of Strategy and Performance Board – 28th November 2018</p> <p>The minutes of the Strategy and Performance Board (S&PB) were submitted for information.</p> <p>Will Godfrey, Chair of S&PB, requested consistent representation at the meetings, which was important for monitoring delivery of the Well-being Plan.</p>	<p>Members of Strategy & Performance Board and intervention</p>

	Agreed – To receive the minutes.	leads
7	<p>Annual Report arrangements</p> <p>The Board received a report on the requirement for a Well-being Plan Annual Report to be published by 3rd 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>Agreed:</p> <ul style="list-style-type: none"> I. Note the set of requirements for the annual report; II. Note the timetable for developing, agreeing and publishing the annual report. 	Intervention Leads
8	<p>GAVO Community Voice Engage Report</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>Agreed:</p> <ul style="list-style-type: none"> 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. II. Acknowledge the success of the projects in increasing the capacity and confidence of their members to engage with the statutory sector. 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. IV. The Third Sector Partnership to consider how the projects can be taken forward following the cessation of BL funding. 	<p>Intervention leads</p> <p>M Featherstone / C Lane</p>
9	<p>VAWDASV Annual Report</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>	

	Agreed – To note the VAWDASV Annual Report	
10	<p>Welsh Government Affordable Housing Review (summary of responses)</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>Agreed:</p> <ul style="list-style-type: none"> I. Note the summary of NCC and CHC responses to Welsh Government's affordable housing review. II. Consider housing matters in Newport at a future meeting. 	
11	<p>Forward Work Programme</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>	All
12	<p>Meeting dates</p> <ul style="list-style-type: none"> • 10 am 12 March 2019 (Raglan Barracks) • 1.30 pm 20 March 2019: Board development training with Academi Wales • 10 am 11 June 2019 (University of South Wales, City Campus) • 10 am 2 October 2019 • 10 am 10 December 2019 (The Friars, Royal Gwent Hospital) 	All to note

Public Service Board
Wednesday 17th 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 (17th 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 really positive 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 the PSB Board but also accountable to other organisations and the PSB select committee. Everyone will be acting 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 significant 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 support 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 5th 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 this way of thinking in Monmouthshire and therefore invited Cymru Well Wales to run the 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 work with Mike Richards (Gwent Police lead for ACEs) 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 help identify how future incidents could 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
Drive forward progress of the six wellbeing steps and report back to PSB on delivery/action	Step leads for each step with support of the Community & Partnership Team
Review PSB Terms of Reference	MCC Policy & Performance Team & Community & Partnership Team

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

Sirhowy Room, Ty Penallta

4.1

Present:-	
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
In attendance:-	
Kathryn Peters (KP)	Corporate Policy Manager, CCBC
Stephen Harris	CCBC
Alison Palmer	GAVO / CCBC
Apologies:-	
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
	Welcome: The Chair welcomed all present to the meeting welcoming Steve Morgan to his first meeting, replacing Ceri Davies as the NRW representative.	
1	Previous Notes and Matters Arising: 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 th 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><u>Well-being of Future Generations</u></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/Acton Areas:</u></p> <p>i. Communications and Engagement. 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. Procurement and Commissioning. 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. Asset Management: 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. Best Start in Life: 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. Volunteering: 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. Apprenticeships: 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>	
vii.	<p>Good Health and Well-being: 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&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>	
viii.	<p>Safer Communities: 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>	
ix.	<p>Resilient Communities: 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. Natural Environment: 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>Safer Caerphilly Future Delivery Report 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>Welsh Language Strategy 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>PSB Terms of Reference 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>Vice Chair Role 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 & 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>Questions from the Public</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><u>Date of Next Meeting</u></p> <p>The next meeting of the PSB would take place on Tuesday 5th 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



Blaenau Gwent Public Services Board

To be held: Monday 22nd 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.



Paper 9

Gwent Regional Partnership Board – Thursday 8th November 2018
Rhymney Room, Ty Penalta, Ystrad Mynach, Hengoed CF82 7PG

Present: Phil Robson (Chair, ABUHB), Judith Paget (ABUHB), Sarah Aitken (ABUHB), Katija Dew (ABUHB), Emily Warren (ABUHB), Ann Lloyd (ABUHB), Tracy Morgan (ABUHB), Mel Laidler (ABUHB), Sian Jenkins (ABUHB), Cllr John Mason (Blaenau Gwent CBC), Damien McCann (Blaenau Gwent CBC), Cllr Carl Cuss (Caerphilly CBC), Dave Street (Caerphilly CBC), Cllr Paul Cockeram (Newport CBC), James Harris (Newport CBC), Cllr Penny Jones (Monmouthshire CC), Julie Boothroyd (Monmouthshire CC), Keith Rutherford, (Torfaen CBC), Chris Hodson (Citizen's Panel Rep), Chris Kemp Philp (Deputy Citizen's Panel rep), Melanie Minty (Regional Provider Forum Rep/Care Forum Wales), Andrew Belcher (Regional Provider Forum Rep/Mirus), Martin Featherstone (GAVO), Edward Watts (GAVO), Lynn Tanner (TVA)

Apologies: Cllr Richard Clark (Vice-Chair, Torfaen CBC), Nick Wood (ABUHB), Richard Bevan (ABUHB), Lorraine Morgan (Citizen's Panel Rep)

Presenting: Chris O'Connor (ABUHB), Helen Dodoo (ABUHB), David Wilson (WAO), Nathan Couch (WAO)

In attendance: David Williams, (Regional Team), Claire Selmer (Regional Team)

1. Introductions

Chair welcomed all to the meeting; he welcomed Lynn Tanner's (LT) to her first meeting and Chris Kemp-Philp as Citizen's Panel rep (on behalf of Lorraine Morgan).

There was a moment of reflection on the contribution Mike Nicholson (ex-Newport Director) made to Regional Partnership Board (RPB), and a sympathy card was passed around for people to sign for Mike's family.

2. MH&LD Partnership update

Chris O'Connor (CO) and Helen Dodoo (HD) gave an overview of the past 12 months:

- * The LD Regional Strategy has been through the partnerships, and they would like this RPB to endorse this. HD noted role to ensure delivery of the strategy.
- * Welsh Government (WG) have asked for two carers and two service users to be involved in the Partnership, but they have been struggling to ensure more open and meaningful engagement; this is still in progress.

A workshop was held to agree key priorities, and these were as follows:

National: Together for Mental Health/Learning Disabilities Improving Lives Programme/Parliamentary Review/Mental Health Crisis Care Concordat/Talk to Me 2 (suicide prevention support)/ASD Strategic Action Plan/SSWBA/WBFGA

Regional: Gwent Learning Disabilities Strategy/Gwent Mental Health Strategy/LD Charter/Gwent Area Plan

The Partnership are also looking at Host Families (similar to Shared Lives) which helps to support people in their own homes, and at remodelling in-patients services.

A review of residential services is planned, to support people to move on and lead more fulfilling lives; deciding the best environment for them to live in. We also need to consider what future services should like, and do this collaboratively.

Meetings are planned around housing, to look at some of the issues faced and to consider what housing can offer. It was noted a Head of Housing Strategy now sits on the MH&LD Partnership.

An MH&LD Delivery Group has been created, as feedback noted it is great to have a strategy, but it is about making a difference. The group will develop an action plan.

Sixteen ICF bids have been taken forward, and five are led by the third sector. ICF has enabled us to try working in a different way, to look at what did and didn't work well, and to scale up e.g. My Mates initiative. However, CO raised concern as to what will happen with funding as we move forward.

WG require all areas to have an Integrated Autism Service, and this has been running in Gwent just over 12 months. The service will present to an RPB meeting in 2019.

'Safe' supports men with a learning disability to be aware of personal safety and to have healthy relationships.

Mental Health practitioners have now been introduced into the Police Control Room, and this has provided significant alternatives for individuals in crisis.

There are now twenty peer mentors supporting people across the region. There are also two Gwent Ambassadors, who are accessing various groups and are the voice of people with a learning disability

Although there is a lot of enthusiasm, there are issues maintaining momentum; this needs some discussion, as we need to work together to provide support to individuals.

Melanie Minty (MM) queried what the links are to the strategy and more complex cases in residential care e.g. forensic clients, and what support is available. CO advised they are looking at how they support people with more complex needs, and there is an initiative to provide wrapped around support to stay in their own communities.

Judith Paget (JP) noted we need to ensure better health outcomes and better opportunities, and consider how we are measuring this. She queried whether we have strategically looked at resource spending across the strategic partnerships, and also at benchmarks and whether we are getting best value and meeting required outcomes. She noted this was a good presentation, and realised the impact this work is having on people's lives.

CO made reference to the National Poorer Health Outcomes, and in Gwent 3-4 years ago the Health Board Liaison Service had been successful and were experts in supporting people with a learning disability when they access hospital and when adjustments need to be made to support. There is an ICF pilot around access to primary care, as uptake for annual health checks is not as good as we would like.

Cllr Paul Cockeram (PC) noted this is a good presentation and sets out what we need to do. However, he raised concern regarding the number of people who are borderline. People are concerned about children and not letting go, there needs to be a relationship with the family and early intervention; including supporting older people before their parents pass away, so they don't end up in residential care. CO noted they are looking at the continuum of support, secondary mental health are to support with this. Primary care is for mild to moderate support and will be done in a GP setting. Mental health prevention and wellbeing is key for the population, and it is also about

links to Integrated Wellbeing Networks. PC noted the link between Community Connectors and families is also interesting.

CO noted the mental health needs of children and young people; Children and Families Partnership are openly acknowledging the transition, and this is a key priority. Anne Lloyd (AL) noted work being done, but queried what is being done in relation to the transition from Children's to Adult's services and where do we think the areas for most important action should be. CO noted the key priorities are a long list, and there is much they want to take forward, but a need to focus on some to do well.

Andrew Belcher (AB) has experienced an excellent example of implementation of the strategy through People First. He attended an MH&LD Alliance event recently, but noted people seemed to feel there was more of a mental health focus. He asked for clarity that both were being supported. HD confirmed this. The Chair will also be going out to speak to organisations and can address any concerns regarding this. AB agreed the provider reps need some synergy with the Chair, and that Health and Social Care work jointly on this.

MM noted the transition will look at younger adults as they become older, and what environment they should be in. CO noted there are initiatives for people with Dementia, and there is a pathway in place as people with Down Syndrome may develop symptoms sooner.

Martin Featherstone (MF) asked about the commissioning and review of services and whether there has been some thought around the process. CO noted that delivery is a priority, as is involvement of the third sector, and this will be the next phase. HD advised there is an engagement event next month where there will be dialogue and discussion with interested providers regarding the way forward.

Chair raised concern regarding how we create momentum. CO noted this is a challenge as people are busy across various agencies, and there is need to think, plan, reach agreement and change the system together. It is also about step change e.g. around aligning resources. Chair agreed capacity is an issue, as well as ensuring resource and making sure we are going in the right direction. CO agreed and noted it is also about delivery, and all have this pressure. Chair asked for a paper to be brought to the next meeting around issues and what RPB can do to support with these, so we can help to find a way through. **CO/HD**

The next steps are as follows:

- 1) RPB endorsement of integrated LD and MH strategies. Detailed delivery plans to be developed, implemented and monitored. **Agreed**
- 2) Agencies within RPB to act as role models in providing opportunities for supported employment. **Agreed – to take this back to corporate teams for consideration.**
- 3) Ensure the MH&LD Strategic Partnership continues to be a key part of work focused on Place Based Working, Prevention and Early Intervention. **Agreed**

Actions:

- 1) A report on issues and how RPB can support to be brought to next meeting. **CO/HD**
- 2) Report recommendations were agreed by RPB. **Agreed**

3. Frailty (Standing Item)

Review Update

Keith Rutherford (KR) advised that a workshop is planned to look at identified issues e.g. service alignment; we are all doing good work and this needs to be aligned. KR noted Frailty have not asked for additional money as yet, but may need to in the future.

The SPA needs to be revised as the five local authorities have found this cumbersome, and calls are now being diverted to CRTs rather than a call handler. Rapid advice lines have also been developed.

Frailty opening hours have been extended; which is causing problems as there are limited staff, and work with Out of Hours is required.

Cedar Ward has been adapted, and KR noted an individual was able to have a transfusion recently, rather than be admitted into Royal Gwent Hospital. Heads of Service have agreed we need to mainstream and keep people out of hospital.

PC raised concern this was discussed 4-5 years ago in Monmouthshire, about a computer system and Out of Hours, and the concept was generally agreed and signed up to. He noted disappointment this is only just being addressed. KR advised he and Sian Millar have been asked to do the review, to take forward from current position.

Chair advised need for written report to RPB. We need a strategic document which shows the way forward, illustrates how we are spending money and how it can be spent differently (as the allocation is £20m).

Sarah Aitken (SA) attended the NHS Awards event where the RCT model was showcased, and noted they have joined Home First with Frailty there. She suggested we may need more than a package of care for some people. KR noted they have employed additional staff, and there will be that linkage.

Work is being done on communication internally, as people don't understand what Frailty can do, and this needs to be addressed.

Julie Boothroyd (JB) suggested a name change as 'Frailty' is not appropriate and is unhelpful. She also suggested rebadging the system approach, as one way may not necessarily be appropriate for all, it should be a set of principles that guide an approach. There are area differences, and we need to get to a position where we can move forward together. KR agreed and noted rebranding is already being looked at.

Chair asked for a detailed analysis of the variation needed. He noted admissions are random and we need to tease out the real issues, and consider whether we need to do things once or six times. He noted he is in favour of a Gwent regional model.

JP noted the variation of what we will and won't find acceptable e.g. initial contact etc. We need to have the same level of opportunity available to all in Gwent. Chair noted that as we roll this out Gwent-wide, the complexities are growing. ML noted this has already been acknowledged and there are steps to ensure Home First links to Frailty.

4. WAO Feedback on ICF

A review of ICF across Wales was undertaken, and WAO attended today to give feedback. The same approach has been used across RPBs in Wales, and tailored to each. It was emphasised there are no judgements and inconsistency does not necessarily mean there are issues.

Formal output will be a national report in January 2019; this will be from a WG perspective, and there will be a level of detail.

WAO noted they looked at ICF, and not at the RPB. David Wilson (DWi) hoped the audit has given people the opportunity to engage and contribute to the journey.

It is recognised Gwent is on a journey with ICF, and WAO are aware there have been issues along the way. However, ICF has driven partnership working and helped it develop; this has also been seen in other areas. It was noted there are more partners around the table in Gwent, and therefore greater differences.

The following points were noted:

- * Results of RPB survey were generally positive about partnership working.
- * RPB Membership and attendance is good, and some RPBs don't have the same support. It was noted a housing rep may be present soon.
- * Conversation has taken place outside RPB (informal meetings), and some therefore don't benefit from the conversations; this needs to be weighed up, but it was noted this happens in all regions. DW noted this is not a problem, we just need to recognise it takes place.
- * There were not thought to be full links to PSBs, however there are some links e.g. Area Plan and PNA. We will be doing this more in the future, as the Transformation Fund will allow more connections.
- * Regarding structures, the RPB generally endorses what happens at Regional Leadership Group (RLG). We need to think about independence to structures and set goals and plans, as not all have project plans to support. Mel Laidler (ML) noted we are looking to address this, and Roxanne Green (RG) has been working through them, as some projects are from 5-6 years ago; this is more IT focused now.
- * There is inhibited engagement with service users, and risk management is not always complied consistently. ML noted this is being looked at.
- * The response is mixed in relation to timelines and clarity. It was noted guidance and allocation has made it difficult to engage in time, especially with the third sector.
- * We don't split funding, but we do top-slice for coordination and project work, which is not unusual. We do not ring fence for the third sector, but we know and recognise there is an issue regarding third sector involvement, noting £20,000 has since been ring fenced for the sector.
- * The results of the survey were positive for fairness and robustness, but there is no evidence of a scoring mechanism. ML noted we do this now, and it has been rolled out.
- * Gwent funded more schemes than All Wales, and there are links to corporate priorities and use of core and other funds where necessary.
- * We have been less positive about focus on outcomes than All Wales. There are limited examples of mainstreaming, however this is part of ICF and there are a lack of examples nationally. Although, we are good at demonstrating success in managing demand and improved services.
- * Good practice is shared, but we struggle to share learning in and of the region. DWi noted the ICF Showcase Event on 22nd November 2018 should help with this. ML noted there is also a Good Practice Event on 14th November 2018.

Katija Dew (KJ) advised she understands about fairer access for the third sector and about top-slicing, but queried what the contract value is. She suggested we think about engagement with the third sector as an equal partner. DWi noted £20,000 has been put aside for the third sector, but we need to think about how we ensure engagement in the future. Other RPBs vary, but consistently the third sector find it more difficult. JP agreed this has been recognised and, while we have corrected this and ring-fenced monies, there need to be a better process in the future. Mel Minty (MM) noted this is an historical problem, but Gwent have a better structure than some, and ML has been to Regional Provider Forum meetings to support with bids.

The framework tends to have a commissioning approach to funding rather than openly seeking bids. DWi suggested this is probably due to timing. AL asked what we want to achieve. DWi noted they are not criticising, and this is about the time we have available. AL noted this is positive, and suggested if we want a more consistent solution to a problem, we need a more structured framework for bids.

There has been an issue with the roll out of capital as this was not always used strategically, and there is the lack of an exit strategy. ML noted there have been significant in-roads made with capital since the audit, and this has moved on. She advised capital has also been problematic and it is now on a three year programme. PC noted late timing with funding has also been a problem. Sian Jenkins (SJ) agreed and noted we still don't have a plan from WG.

Slippage is inevitable, and last year this went to GWICES.

DWi advised although there is adequate monitoring, we have struggled to meet reporting deadlines. ML noted we need to bring this group in line with deadlines, as we have been trying to ensure total transparency before sending information to WG. David Williams (DW) and RG have worked on aligning deadlines for 2019 meetings.

ML advised we provide WG with a significant amount of information, and are perhaps overzealous. DWi noted WG have advised them they have been overwhelmed by the level of detail received.

James Harris (JH) noted the whole system needs to change, as this involves a significant amount of money. He felt that the idea of mainstreaming the traditional approach is archaic, and they need to reconsider. If this is to evolve, we should not need to provide the amount of information we do. ML agreed and noted she has fed this back to WG on several occasions.

Emily Warren (EW) agreed this is an insightful message, but that a lot has changed in the last 12-18 months and felt it would be helpful to clarify the time period. We continue to struggle with work streams and capacity to meet short deadlines. DWi confirmed the time period was March/April 2018, as they wanted to see the transition from the previous financial year into the current one

Damien McCann (DM) queried whether this presentation has been given to WG yet. DWi advised they have been feeding back, and have had their own internal challenge meeting. A letter has been sent to WG to share some of the early headline messages, as the Transformation Fund was at a critical stage; they fed back in relation to retention and what we need to think about.

Dave Street (DS) asked whether recommendations will be included in the national report. DWi advised there are usually recommendations for various bodies, and we might see some for the strategic partnerships etc. DS noted determining the way

forward is key. DWi advised the reflection for the Gwent region is some of this work has already started or we are dealing with it; he emphasised we have been given frank feedback today, and we might want to consider this before the national report is issued.

Lynn Tanner (LT) queried whether the national report will include examples of good practice in other regions. DWi noted we need to decide how we liaise with other regions. However, he suggested if a project is ground-breaking, we should share this.

Chair noted the issues raised, but on the whole the feedback is positive.

Action: 1) WAO presentation to be circulated to all with the minutes. **Regional Team**

5. Healthier Wales

a) Transformation Fund and Ministerial Visit

Chair advised that the visit went well and was very positive. He noted monies have been agreed, but we need a structure for this, as we are moving on at pace; he suggested RLG should start to consider this at the next meeting. **RLG**

Sarah Aitken (SA) queried the timescale for the money. Chair noted this is two years from receipt of the money, which is available when we are ready for it. EW has been nominated to coordinate this.

Cllr Carl Cuss (CC) asked for updates in terms of projects at a future meeting.

Action: 1) Start to consider the structure for Transformation Fund monies. **RLG**

b) Budget Announcement

There is to be a further £30m available for RPBs, a large amount of which is aimed at Children's Services. The Loneliness and Social Isolation agenda will also need to be considered as part of this.

c) RPB Chair meeting Minister

Chairs met with the Minister regarding Pooled Budget, and he asked if he can attend an RPB meeting in the New Year. He is embracing the concept of risk sharing, and this looks to be a large strategy. JP agreed and she is looking at this further with DS.

6. ICF update

a) Financial Position

The Quarter 2 returns have now been done; £4.2m has been spent of the just over £9m allocated, and we need timescales for the rest of the funding.

Slippage is currently forecast as £321,000 and RG is doing a piece of ongoing work with the strategic partnerships as to how we commit slippage.

The two schemes discussed at the September 2018 RPB (Newport LD Transition Pilot and Torfaen Community Connector funding) have now been included.

It was agreed previously that for 2017/18 we would meet the cost of pay awards:

£61,000 – Across the Local Authorities

£19,000 – Health Board

In October 2018 clarity was needed; this was not a straight forward process as it depends what band people are on, and this is generally just over 2%.

The assessment for Home First costs in October/November 2018 comes to £132,000 and if Transformation Fund monies don't start until December 2018, we may need to use the ICF pot. JP noted WG are aware we went ahead at risk, and supported this.

WG have confirmed the Dementia allocation and they are in support. The Capital details have also been confirmed, and are to go to the Minister for approval.

There is ongoing work with current schemes, as there is expectation these schemes will move to core funding.

Sian Jenkins (SJ) asked for support for the £20,000 for priority items; this was agreed.

The following recommendations were made:

- 1) Note the slippage in respect of revenue investment plan. **Agreed**
- 2) Note the slippage reported against the 2018/19 ICF revenue plan, total £321k. In line with the agreed governance framework and agreement from RLG, support the re-set of spend plans to enable slippage to be committed against partnership priorities. **Agreed**
- 3) Note and support the estimate of existing commitments against the slippage funding available, total £204k. **Agreed**
- 4) Note the updates in relation to Dementia and Capital programmes. **Agreed**
- 5) Note the timetable outlined in relation to preparing for 2019/20. **Agreed**

Action: 1) Finance recommendations were agreed. **Agreed**

b) ICF Capital Scheme update

The following recommendations were made in the circulated report:

- 1) Note the contents of this report. **Agreed**
- 2) Approve the ICF revenue quarterly return. **Agreed**
- 3) Approve the development of a revised planning cycle. **Agreed**
- 4) Approve the revised Written Agreement. **Agreed**

Action: 1) Capital Scheme recommendations were agreed. **Agreed**

7. WCCIS Implementation Plan

The previous meeting was cancelled, as this clashed with a national event. DS noted we are progressing at a local level, but there is frustration at a national level; there is a meeting to discuss issues and how we pull this work together. DS met with Julie Boothroyd (JB) recently to discuss the barriers in Monmouthshire, and noted we are in a strong place regionally compared to most.

8. Home to Home survey

Tracy Morgan (TM) met with Heads of Service to look at recommendations and how we connect for a whole system approach.

There was commitment from Health and Social Care staff, and the audit took place over 4 days (Friday, Saturday, Sunday and Monday). TM noted Health staff buddied up with someone from Social Care, and conversations took place with both patients (to look at why they were there and to look at their journey) and staff (looking at the system and any barriers/frustrations).

The report set out principles and methodology, emerging themes are:

- 1) Communication – people were having to repeat their stories to different staff.
- 2) Information – capabilities and balancing risk in a secondary care setting (there needs to be knowledge of what is available).

- 3) Process – there are numerous referrals and hand offs which make things harder.
- 4) Risk assessment – there is a fear factor and also concerns regarding accountability.
- 5) Fixed Not Broken – need to listen to the person and help them resolve their issue, rather than trying to fix everything.
- 6) One System fits all – this approach prevents citizen choice.
- 7) Transport – lack of availability and not meeting expectation.

TM advised that one of the patients she spoke to attended A&E for mental health reasons, and after a general conversation it was noted she felt lonely and was lost in the system. She has since started volunteering with Ffrind I Mi, and this interaction seems to be improving her general wellbeing.

Thirty six people gave their consent to be contacted afterwards (eighteen in the North of the region and eighteen in the South).

The findings from Home to Home also link to Home First and Frailty. The task and finish group, with Heads of Service, will look at these schemes and how we work together, and a report will be brought back to RPB new year.

PC noted in Newport there are many OTs in Social Services, and this is working well. He suggested it would be interesting if we repeat the survey in 6 months now that Home First is in place. TM agreed and noted the In Reach model should also help to build up confidence in the system.

Action: 1) RPB agreed follow up on cases with consent given. **Agreed**

9. Minutes of last meeting and matters arising (September 2018)

The minutes were agreed to be a fair and accurate reflection of the previous meeting.

JP noted Cllr Cockeram's query regarding the number of nursing beds; there are 130 empty beds in Gwent and only 70 can be used, due to safeguarding issues. There was discussion at RLG regarding slippage to commission beds, and it was proposed this should be part of the Winter Plan.

10. Social Care Wales Report and Letter

This information was circulated and noted.

11. Forward meetings and Development Sessions

These dates and topics were noted.

12. Winter Planning – sign off of Action Plan

This set out a final integrated winter plan, developed since June across ABUHB, WAST, local authorities and third sector.

Colleagues noted there is a workshop on 23rd November 2018 to communicate the final plan. A small amount of partnership funding will be sought through the proper mechanisms to support some of the integrated Care Closer to Home delivery in the Winter Plan.

Action: 1) The Winter Plan was signed off by RPB. **Agreed**

13. AOB

a) Home First

DM noted this has been very positive.

JP advised Home First are picking up on operational issues. Although still early days, there have been a large number of assessments completed and a number of discharges. JB noted it is interesting that over the weekend there were nine discharges, and feedback was given that it is easier to discharge at a weekend.

Chair queried what is happening in relation to the Powys issue. JP advised they have met and offered a solution, and Powys have gone away to consider this. SJ noted an indicative figure has been given, but this needs to be tested.

b) Safeguarding Hubs

PC made reference to how these can have an impact across the region; Police and Education are there, and it is hoped Health will eventually link in.

It was proposed that RLG consider next steps and report to RPB. **Agreed**

Action: 1) RLG to agree next steps and report to RPB. **Agreed**

c) Loneliness and Social Isolation consultation

David Williams (DW) asked whether it would be helpful to have a regional response. Chair noted PSBs have also asked if it would be useful to do a joint response; this was agreed. **Agreed**

Action: 1) A joint regional response with PSBs needed. **Agreed**

d) Development Session Action

It was agreed at the previous session we would create a document, to illustrate the way forward, at the end of 2018. Chair asked RLG to start looking at this. **RLG**

He also noted the Minister has been asking about development funding, so we need to ensure this work is done.

Action: 1) Develop a report about the way forward at next meeting. **RLG**

14. Next Meeting

Thursday 24th January 2019 – 2pm

Abraham Darby Room, General Offices, Steelworks Road, Ebbw Vale NP23 6AA