










Public Partnerships and Wellbeing Committee - Wednesday 29th January 2020

27 January 2020, 09:30 to 12:30

Conference Room, Innovation & Technology Centre, Tredomen Park, Ystrad Mynach

Agenda



Committee Briefing	90 minutes
PSB Update: Caerphilly	45 minutes Presentation Mererid Bowley
RSP Strategic Partnerships Update: Mental Health & Learning Disabilities Strategic Partnership	45 minutes Presentation Chris O'Connor
1. Preliminary Matters	
1.1 Welcome and Introductions	Verbal Chair
1.2 Apologies for Absence	Verbal Chair
1.3 Declarations of Interest	Verbal Chair
1.4 Draft Minutes of the Committee - 17th October 2019 - For approval	Attachment Chair
 1.4 PPWB Minutes - 17.10.19 (app KD).pdf	(8 pages)
1.5 Action Sheet - 17th October 2019- For approval	Attachment Chair
 1.5 PPWB Action Log - 17.10.19. (app KD) doc.pdf	(2 pages)
2. Items for Assurance	
2.1 Any Items arising from the Committee Briefing	Verbal Chair
2.2 ABUHB's Compliance with the Wellbeing and Future Generations Act	Attachments Eryl Powell
 2.2 (a) Version 0b WBFGA Progress Update 18-19 for Jan 2020 PPWBC._.pdf	(17 pages)

	2.2 (b) Final - Detailed Self reflection tool.pdf	(63 pages)
	2.2 (c) FGCW Feedback to Self Reflection Tool_Aneurin Bevan UHB_FINAL.pdf	(21 pages)
	2.2 (d) FGCW Feedback on self Reflection tool and ABUHB Response V1.pdf	(9 pages)
	2.2 (e) Copy of WBFGA - Embedding Programme and Resource Plan - 20-01-20.pdf	(19 pages)
	2.2 (f) ABUHB WBFGA FINAL audit report.pdf	(24 pages)
	2.2 (g) 1565A2019-20_WFG_ABUHB.pdf	(24 pages)

2.3 Risk Register

Attachments

Will Beer

	2.3 (a) Risk Register Report Cover Sheet Jan 2020 FINAL v1.0.pdf	(5 pages)
	2.3 (b) Copy of FINAL JAN 2020 RR v2.0.pdf	(4 pages)

3. Final Matters

3.1 Items for Future Meetings

Verbal

Chair

3.2 Annual Reports and Committee Evaluation

Verbal

Chair

3.3 Items for Board Consideration - To agree agenda items for Board Consideration and decision

Verbal






Chair

4. Items for Information

4.1 PSB Minutes

Attachments

Chair

	4.1 (a) Blaenau Gwent PSB Notes - 1 July 2019.pdf	(5 pages)
	4.1 (b) Caerphilly PSB meeting notes 7th October approved.pdf	(8 pages)
	4.1 (c) Approved Newport PSB minutes-15-May-2019.pdf	(4 pages)
	4.1 (d) Torfaen PSB minutes for 18th Sept 2019 - Approved (002).pdf	(4 pages)
	4.1 (e) Approved minutes Monmouthshire PSB.pdf	(8 pages)

5. Date of Next Meeting

5.1 Wednesday 1st April 2020 at 09:30am



GIG
CYMRU
NHS
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Public Partnerships and Wellbeing Committee
Wednesday 29th January 2020
Agenda Item: 1.4

Aneurin Bevan University Health Board

Minutes of the Public Partnerships and Wellbeing Committee held on Thursday 17th October 2019 at 9:30am in the Boardroom, Tai Calon Community Housing, Solis One, Griffin Lane, Rising Sun Industrial Estate, Blaina, NP13 3JW

Present

Katija Dew	-	Independent Member (Third Sector), (Chair)
Shelley Bosson	-	Independent Member (Community)
Emrys Elias	-	Vice Chair
Phil Robson	-	Special Board Adviser

In Attendance

Sarah Aitken	-	Executive Director of Public Health
Dr Natasha Collins	-	Gwent LMC
Mererid Bowley	-	Consultant in Public Health
Karen Gully	-	Clinical Director, Primary and Community Care
Eryl Powell	-	Consultant in Public Health
Claire Barry	-	Committee Secretariat

Apologies

Richard Bevan	-	Board Secretary
Prof Dianne Watkins	-	Independent Member (University)
Judith Paget	-	Chief Executive
Sian Millar	-	Divisional Director, Primary and Community Care
Will Beer	-	Consultant in Public Health
Emily Warren	-	Assistant Director of Transformation
Pippa Britton	-	Independent Member (Community)
Claire Birchall	-	Director of Operations
Martin Woodford	-	WAST

PPWB 1710/01 Welcome and Introductions

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

PPWB 1710/02 Apologies for Absence

Apologies for absence were noted.

PPWB 1710/03 Declarations of Interest

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

PPWB 1710/04 Minutes of the Meeting held on 31st July 2019

The Minutes of the meeting held on 31st July were agreed as a true and accurate record of the meeting.

3107/06 A Healthier Wales – Regional Partnerships Board Update

The Committee referred to page 3 of the minutes and asked if all the evaluation bids for the Transformation Programme had been successful and was now underway. It was advised that there were four parts to the Transformation Programme and an evaluation partner had been secured for three parts of the programme. Unfortunately, the Integrated Wellbeing Network Programme application had been unsuccessful in the initial phase, conversations were taking place, and the team remained optimistic that they were going to acquire a good evaluation partner soon.

PPWB 1710/05 Action Sheet

The Committee considered the Action Sheet from the meeting held on 31st July and noted that all actions had been completed or were progressing.

PPWB 3107/05 Living Well Living Longer

Programme – It was advised that the report would be circulated to the Committee.

ACTION: Sarah Aitken/Secretariat

PPWB 3107/06 Integrated Wellbeing Networks – It was advised that a workshop on the Integrated Wellbeing Networks was to be held at the Building a Healthier Gwent Conference scheduled for the 6th November 2019.

PPWB 3107/07 Flu Immunisation Update – The Committee would receive an update on Flu Immunisation at their January meeting. **ACTION: Sarah Aitken**

PPWB 1710/06 Any Items arising from the Committee Briefing

The Chair advised that as part of the new structure going forward, the Public Partnerships and Wellbeing Committee would now be divided into two sections. The first section was a Committee Briefing where partners from the 5 strategic partnerships under the Regional Partnerships Board would be invited to join the Committee to provide

an update on partnership working. It was also advised that in section 2 of the agenda there was to be a standard item under the heading 'Any Items arising from the Committee Briefing'. This would enable the Committee to discuss any issues or concerns arising from the briefing and it could be recorded in the minutes in order to provide assurance to the Committee.

The Committee received two presentations and agreed that they had no issues or concerns and was assured that there were robust mechanisms and action plans in place to support the work that had been undertaken in the following areas:

- PSB Update Blaenau Gwent
- RPB Strategic Partnerships Update

PPWB 1710/07 IMTP Emerging Themes

Sarah Aitken gave an update on the IMTP emerging themes. It was reported that the structure for Service Change Plan 1 (SCP) would be based on the Wellbeing and Future Generations Act in order to address the wellbeing objectives updates. It was highlighted that under the healthy places theme, the Health Board would pick up the sustainable transport principles linking with the Regional Transport planning.

The Committee was asked to note the work that had been undertaken in relation to the Estates Strategy in terms of the Tredegar development, where it was advised that the Health Board had actively thought about the heritage elements. The Committee was also asked to note that Health Board was undertaking an integrated campus approach with the Ringland development and the plan going forward was to look at the map of the Health and Wellbeing Service to see whether or not this should sit under SCP1 or leave it sitting under SCP2 as it does now.

It was highlighted that a business case for Making Every Contact Count (MECC) had been submitted and was waiting on a decision from the Pre Investment Panel (PIP). It was highlighted that good feedback had been received from a range of disciplines in terms of improving the value for money and work had been undertaken on how to extend the MECC Programme to partners.

The Committee was advised that weight management services were also going to be added to the IMTP. It was emphasised Health Board needed to signal what our plans were going to be to help with the delivery of building a healthier Gwent.

The Committee was also advised that for SCP2 a review of the Neighbourhood Care Network (NCN) plans was being undertaken. Additional work was being done looking at the needs of communities and data analysis. It was highlighted that there needed to be a clear idea of the expectation of what the NCNs were delivering as they were going to deliver significant changes to the GP contract that would drive more at a network level. The Committee was asked to note that the NCN plans would be submitted to the Board at their meeting in November 2019.

PPWB 1710/08 Child Immunisation

Mererid Bowley provided the Committee with an update on the uptake of childhood and teenage vaccinations across Aneurin Bevan University Health Board (ABUHB) from April 2018 to March 2019.

It was reported that Welsh Government had set the following two targets relating to childhood immunisation:

- The percentage of children receiving complete course of '6 in 1' vaccines by the age of 1.
- The percentage of children receiving MMR vaccine uptake of a complete two dose course of MMR vaccine by the age of 5.

The report showed that overall, in 2018/19, the uptake of immunisations in young infants remained high and stable in Health Board area, although uptake varied across locality areas. It was advised that the Health Board had achieved an annual uptake of 95.6% for the '6 in 1' vaccine in 2018/19, exceeding the Welsh Government target of 95%, and the Wales average uptake of 95.4%.

The Committee was asked to note that the uptake of two doses of MenB vaccine at the age of 1 was over 95% in Health Board area, and 4 of the 5 local authority areas achieved 95% with the uptake ranging from 94.3% in Newport to 97.2% in Blaenau Gwent. The Rotavirus vaccine uptake of two doses in children reaching their first

birthday had also increased to 93.1%, compared to 92.9% in the previous year.

The Committee was advised that the Health Board's performance for uptake of MMR1 and MMR2 was slightly above the Wales average. The Health Board achieved an annual MMR1 uptake of 94.8% for 2018/19. To reach 95% uptake an additional 12 children would have needed to have been vaccinated within the timeframe. MMR vaccine uptake of a complete two dose course in children by five years of age was 92.3%, ranged by locality from 89.7% (Newport) to 93.8% (Blaenau Gwent). Coverage of one dose of MMR1 in children at five years of age was 96.9%, with all five localities achieving over 95%.

The Committee discussed the report, noting the information provided and supported the actions that had been outlined to maintain and further increase the uptake of childhood and teenage immunisations. The Committee was also asked to note that the Public Health Team had received a DIOLCH award at the Public Health Wales Conference for all the work that they had done on the data cleansing of the child health system.

The Committee received the report.

PPWB 1710/09 Risk Register

The Committee discussed the Risk Register presented by Sarah Aitkin, with the following risks being updated:

- Integrated Well-being Networks – A new risk for this reporting period, Integrated Well-being Networks was leading collaboration for community well-being, including developing a range of ways to improve access to well-being information. Resource to develop and maintain information would need to be identified, beyond current funding. There would also need to be a deliberate focus on the needs of vulnerable groups. Additional risk action was required regarding identifying resource to develop the mental well-being foundation tier pilot and a clear delivery model was to be agreed in October to be piloted in north Caerphilly. Resource to roll out Integrated Well-being Networks across all NCN areas had not yet been identified. Phase 1 of the

programme was currently underway, and evaluation would inform the next steps.

- Referrals to cessation services (Help Me Quit) – All divisions and as many partners as possible needed to encourage, identify, and systematically refer smokers to Help Me Quit, in order to support the Health Board in achieving their Tier 1 target of 5% of smokers making a quit attempt via smoking cessation services. The projected target for 2019/20, based on the current resources/budget allocation for tobacco control was that 3.5% of smokers would make a quit attempt. Divisions and partners needed 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.
- Weight Management Service for Children and Young People – Compared with the last quarter, this had increased to a moderate risk. This service would need to demonstrate that it was effective in supporting children young people and families to lose weight and was targeted at the families that needed it the most.
- Antenatal Weight Management Support in Torfaen – Resource was available to only provide antenatal weight management support in one area of Gwent. Obesity had a major impact on the health of pregnant women and on the lifelong health of the child. The prevalence of obesity was high and continued to rise, particularly in those living in the most deprived areas. More resource was required to ensure all antenatal services could provide support and a business case needed to be developed to make the case for investment in this service.
- Immunisations Co-Ordinator (IC) – The part time IC post had been vacant since June 2019 and no formal deputation arrangements were in place. It had been determined that the IC post would now sit within Primary Care and would be full time, and was

currently out to advert. If the post was not filled, or if there was a delay in commencing in post, it would present a risk to business continuity and to vaccination uptake rates.

- Staff Influenza Immunisation Programme – Health Board's currently had a tier 1 target from Welsh Government to achieve 60% flu immunisation of all front line NHS staff. ABUHB have set a target of 65% uptake and plans for the 2019/20 season have been agreed by the Executive Team and Executive Board, and include a full participation vaccination strategy using financial incentives to encourage divisions to achieve the 65% target.

The Committee discussed the report and agreed that in order to align the risk register to the IMTP and embed Standard 1.1 of the Health and Care standard into divisional plans, it was proposed that future submissions of the risk register follow the format of the Corporate Risk Dashboard ('corporate risk to a page'). This would enable the Committee to ratify the corporate dashboard before its submission to the Health Board.

The Committee received the report.

PPWB 1710/10 Revised Terms of Reference

The Committee discussed the revised terms of reference and the following issues was highlighted:

- Page 2, bullet point 2, Introduction and Purpose – in terms of the reference to 'However, it is recognised that there is a clear link to the work of the Finance and Performance Committee and the Planning and Strategic Committee'. The Committee asked if Audit Committee should also be in the reference. The Committee agreed to discuss this with the Board Secretary for clarification.

ACTION: Chair/Sarah Aitken/Richard Bevan

- Page 2, bullet point 2 – the Committee commented that this section of the revised terms of reference states; 'This will include the consideration of the development and the arrangements from the delivery of sustainable primary care and community services in partnerships with social care and the third sector';

and noted that there was no reference to primary care in any other sections of the revised terms of reference. The Committee agreed that they would like clarification as to whether or not primary care should be referenced throughout the terms of reference to ensure that the Committee was covering off both elements 'primary care and social care'.

ACTION: Chair/Sarah Aitken/Richard Bevan

- Page 4 – Delegated Powers and Authority – The Committee agreed that they required clarification as to whether or not there was any difference to the following - 2.1 paragraph 1 references to 'Board's strategies'; paragraph 2 references to 'Board's corporate strategies'.

ACTION: Chair/Sarah Aitken/Richard Bevan

- Page 5 – Membership – The Committee questioned the inclusion of the Regional Partnership Board Chair as a member. It was agreed that this is only appropriate if they are also an Independent Member of the Aneurin Bevan University Health Board.

ACTION: Chair/Sarah Aitken/Richard Bevan

PPWB 1710/11 Items for Board Consideration

There was no items for Board consideration.

PPWB 1710/12 Items for Information

The Committee received the PSB Minutes and PSB Annual Reports for information.

It was agreed that the link for the Blaenau Gwent Annual Report was to be circulated to the Committee.

ACTION: Secretariat

PPWB 1710/13 Date and Time of Next Meeting

The next meeting is due to take place on Wednesday 29th January 2020 at 9:30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital.

**Public Partnerships and Wellbeing Committee
Action Log – 17th October 2019**

Action Reference	Action Description	Lead	Progress
PPWB 1710/05	Action Sheet PPWB 3107/05 Living Well Living Longer Programme – It was advised that the report would be circulated to the Committee.	Sarah Aitken/ Secretariat	This can be circulated once Welsh Government have reviewed and approved for wider circulation.
PPWB 1710/05	PPWB 3107/07 Flu Immunisation Update It was agreed that an update would be provided at the Committee's January meeting.	Sarah Aitken	A verbal update on the latest data will be provided at the meeting.
PPWB 1710/10	Revised Terms of Reference (TOR) The Committee agreed that they required clarification on the following: Audit Committee – should this be referenced in the TOR?	Chair/ Richard Bevan	Amended to include Audit Committee and Quality and Patient Safety Committee.
	Primary Care – should it be reference throughout the TOR?	Chair/ Richard Bevan	No as this sits with Planning and Strategic Change Committee.
	Is there any difference between 'Board's strategies' and 'Board's corporate strategies'?	Chair/ Richard Bevan	Reference to corporate strategies has been amended.
	If the Regional Partnership Board Chair was not an Independent Member of the Health Board, should they be a member of the Committee?	Chair/ Richard Bevan	Amended to reflect representation from a member only within the Health Board.

PPWB 1710/10	Items for information The link to the Blaenau Gwent Annual Report was to be circulated to the Committee.	Secretariat	Complete. The link has been circulated to the Committee.
All actions to be completed by the next meeting of the Committee unless otherwise stated			



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Aneurin Bevan University Health Board
Public Partnerships and Well-Being Committee
29th January 2020
Agenda Item: 2.2

Aneurin Bevan University Health Board

Well Being of Future Generations Act – Individual Duty Progress Update.

Executive Summary

The purpose of this report is to:

- Provide an update on the project to refresh the Well-being objectives
- Provide an update on the progress towards delivering the Health Board's ten Well-being Objectives for 2018-19
- Provide an update on the Health Board's WBFGA Embedding Programme with a specific focus on its WBFGA Self- Assessment Process
- Share the key messages from Internal and External reviews on the Health Board's approach to embedding the principles of the WBFGA.

The Wellbeing of Future Generations (Wales) Act 2015 is a key leadership priority for the Health Board and is being used as an enabler to support the achievement of its long term focus on preventing avoidable illness and provide sustainable services into the future. In pursuit of the Health Boards ambition to be "Best in Class" it has established a WBFGA Programme Board with Pan Health Board representation. To ensure the aspirations of the Act, including the five ways of working, are embedded into the Health Board's day to day work, the Programme Board has a detailed Embedding Programme. One of the key works streams within this programme is the WBFGA Self-Assessment Process. Using this Process, it is planned that by the end of 2019 all Divisions/Functions of the Health Board will have defined their long term ambitions in the context of the Act and have articulated a route plan for how these might be achieved.

Over the last year the Health Board has continued to make positive progress towards delivering its Well-Being Objectives. In response to a requirement from the Future Generations Commissioner, in January 2019 the Health Board completed a Self-reflection which highlighted that for all of the Well-being objectives the Health Board was making "simple changes", however for others the Health Board is much further progressed and "owning its ambition".

As an important piece of legislation there has been a significant amount of internal and external scrutiny over how the Health Board is discharging its well-being duty and applying the principles of the Act. The Health Board has welcomed these independent perspectives and their respective recommendations as a way of helping it to prioritise its activities to deliver its well-being objectives.

Recommendations;

The Committee is requested to agree the following recommendations: -

- Note the progress being made on the refresh of the well-being objectives

<ul style="list-style-type: none"> Note the 18-19 progress update on delivering the Health Board's Well-being Objectives Note the update on the various work-streams of the WBFGA Programme Boards' Embedding Programme Note the key messages from the Internal and External Audit and regulation on the Health Board's approach to embedding the Act and proposed responses to address these 			
The Committee is asked to: (please tick as appropriate)			
Approve the Report			N/A
Discuss and Provide Views			Yes
Receive the Report for Assurance/Compliance			Yes
Note the Report for Information Only			N/A
Executive Sponsor: Dr. Sarah Aitken – Executive Director of Public Health and Strategic Partnerships			
Report Author: Eryl Powell - Consultant in Public Health			
Report Received consideration and supported by :			
Executive Team		Committee of the Board	Public Partnership and Well Being Committee
Date of the Report: 22nd January 2020			
Supplementary Papers Attached:			
<ul style="list-style-type: none"> Appendix 1 – Health Boards detailed report on the Future Generations Self-Reflection, the Commissioner's Feedback and the Health Board's Response. Appendix 2 – RAG status report on the WBFGA Internal Self-Assessment Process Appendix 3 – Internal Audit report recommendations and Mgt actions Appendix 4 – WAO Feedback (and the Health Boards Response) on the WBFGA examination review of the new Connect Weight Management service for Children and Families 			

Purpose of the Report
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Provide an update on the project to refresh the Well-being objectives and their respective measures of success Provide an update on the progress that the Health Board has made towards delivering its ten Well-being Objectives in 18-19, including feedback from the Future Generations Commissioner Provide an update on the Health Board's WBFGA Embedding Programme with a specific focus on its WBFGA Self- Assessment Process; Share the key messages from the Internal/External Audit Reviews and regulation on the Health Boards approach to embedding the principles of the WBFGA <p>Included in the Appendix are:</p> <ul style="list-style-type: none"> Appendix 1 – Health Boards detailed report on the Future Generations Self-Reflection, The Commissioner's feedback and the Health Board's response Appendix 2 – RAG status report on the WBFGA Internal Self-Assessment Process Appendix 3 – Internal Audit report recommendations and Mgt actions

- Appendix 4 – WAO Feedback (inc the Health Boards response) on the WBFGA Examination review of the new Connect Weight Management service for Children and Families.

Background and Context

The Well-being of future Generation Act (2015) (WBFGA) places a legislative well-being duty on the Health Board both as an individual body and as a member of the five Public Service Boards on which it is represented. At the heart of the Act is the premise that applying the Sustainable Development Principle and five ways of working to decisions big and small will result in better decisions for both current and future generations. The WBFGA has been a key driver for all subsequent Welsh Government legislation and is central to Welsh Governments "A Healthier Wales". The Health Board have recognised the importance of the WBFGA as a key enabler to delivering the vision of "A Healthier Wales" in this year's IMTP and as a key enabler to delivering its Clinical Futures Ambition.

The WBFGA established 7 pan Wales National Well-being Goals. All 44 of the public bodies impacted by the legislation are required to state how they will contribute towards achieving these national goals through their organisational Well-Being Objectives. To ensure that the Well-being objectives reflect the most current thinking, it is proposed that the Well-being Objectives are reviewed.

The Wellbeing of Future Generations (Wales) Act 2015 is a key leadership priority for the Health Board. In pursuit of the Health Boards ambition to be "Best in Class" it has established a WBFGA Programme Board with Pan Health Board representation. To ensure the aspirations of the Act, including the five ways of working, are embedded into the Health Board's day to day activity, the Programme Board has a detailed Embedding Programme.

Overall the Health Board's continues to make positive progress on delivering against its Well-Being Objectives and on embedding the principles of the Act. However, this positive progress is set in the context of a recognition that this type of transformative change takes time and that there is still more to do to fully embed the Act across the Health Board.

Assessment and Conclusion

1. Update on the Project to refresh of the Heath Board's Well-being Objectives

To ensure the Well Being-objectives remain fit for purpose and fully reflect the ambition of the Health Board in relation to contributing to the delivery of the National Well-being Goals we have begun a process of refreshing the current ten Well-Being Objectives. A key building block for this refresh is to fully embed Welsh Government's WBFGA Guidance on how Well being objectives should be positioned within an organisations corporate framework. It notes that "*public bodies will best demonstrate application of the well-being duty through a single integrated corporate approach*" and that there is an "*opportunity to organisations to bring together existing requirements for plans or well-being objectives as part of the well-being objectives*".

It is proposed that the refreshed Well-being Objectives bring together existing aspects of the Health Board's current strategic landscape such as;

- The existing well-being objectives
- The existing five corporate priorities from the Annual Plan
- The Clinical Futures Change ambition
- Building A Healthier Gwent Change ambition
- The individual Divisional/department ambition narratives developed as part of the WBFGA self-assessment process.

The first stage of this work will be to run a Pan Health Board workshop where there will be opportunity to revisit the existing Well-being Objectives and consider opportunities for refinement. Further stages of this project will also seek to:

- articulate a clear understanding of what success would look like for each of these objectives, and
- Where possible to develop a suite of quantitative metrics (using existing frameworks) to sit alongside qualitative narratives to determine progress over the short medium and longer term.

Following the initial workshop the refreshed/revised Well-Being Objectives will be shared with the Health Board's appropriate governance forums for further comment and refinement.

Once finalised it is intended that the refreshed Well-Being objectives become the primary long term priorities for the Health Board. The current project timescales are for an agreed set of revised/refreshed Well-being objectives to have been these to be formally adopted by Summer 2020.

2. 2018-19 Progress update on the existing ten Well-Being Objectives

In January 2019 the Health Board completed a Self-Reflection for the Future Generation Commissioner which articulated the progress being made against each of the Health Board's ten Well-being Objectives and against the five ways of working. This self- reflection required the Health Board to articulate its progress against five maturity stages of the Commissioner's "Journey Checker". This assessment also included a detailed narrative which presented the evidence to demonstrate the changes/assessment being made against each of these objectives.

The Self-Reflection highlighted that whilst overall the Health Board is making positive progress against its ten Well being objectives there are objectives where the Health Board has made some good progress and others where more work is required if the ambition articulated within them is to be achieved, see summary below. Note that this summary has also been included in the recent 2019-21 IMTP. See Appendix 1 for the detailed self-Reflection report which includes a description of the five stages of the "Journey Checker", the Commissioner's Feedback and the Health Boards response.

Summary of 18-19 Wellbeing objective Progress update for Future Generations Commissioner.

Well-being objectives	Getting started	Making simple changes	Being more adventurous	Owning our ambition	Leading the way
1 – Support every parent expecting a child and give every child in Gwent support to ensure the best start in life			Yes		
2 – Support adults and children in Gwent to live healthily and to age well, so that they can retain independence and enjoy a high quality of life into old age		Yes			
3 – Promote mental well-being as a foundation for health, building personal and community resilience			Yes		
4 – Encourage involvement of people who use our services and those they support, in jointly owned decisions regarding their own health and care plans, and in wider service planning and evaluation so that we, with our partners, deliver the outcomes that matter most to people		Yes			
5 – Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas				Yes	
6 – Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace		Yes			
7 – develop our staff to be the best that they can be with high levels of employee well-being and , as the largest employer in Gwent, promote NHS careers and provide volunteering and			Yes		

work experience opportunities					
8 – Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services including; carbon and waste management, undertaking procurement on a whole life cycle cost basis and support local sourcing, promoting sustainable and active travel and , advocating improvements in environmental health		Yes			
9 – Plan and secure sustainable and accessible healthcare services ranging from prevention through to treatment, rehabilitation and recovery that meet current and future needs and address health inequalities and differing levels of need across our communities				Yes	
10 – Continue to integrate our actions with wider public, independent and voluntary sector partners with the aim of developing streamlined, whole system services for people who use our services and those they support.				Yes	

In August 2019 the Future Generations Commissioner provided detailed feedback on the above self-reflection – please see section 4 on Internal and external scrutiny for details on this feedback and resultant actions and Appendix 1.

3. Progress update on the WBFGA Programme Board’s Embedding Programme

3a. Changes to the WBFGA Programme Board

To ensure that the WBFGA Programme Board continues to be an effective and focused forum for supporting the embedding of the WBFGA throughout the Health Board, the Chair and Deputy Chair recently took the opportunity to streamline the current Programme Board. The key changes were;

- Redefining the WBFGA Programme Board, which will be comprised of current Members and be chaired by either the Director of Partnerships and Public Health or Board Secretary, and will be held once a quarter with a specific focus on discussing key programme decisions and individual progress updates from each of the Divisions/Functions. It is proposed that progress updates from the quarterly Programme Boards will then be shared with the Executive Team and PP&WBC.
- To establish a new group known as the "Community of Practice Group", comprised of current Members and other staff with an interest in the WBFGA, will meet every two months and be focused on sharing best practice from inside and outside of the Health Board.
- Since establishing the Community of Practice, the Programme Board has also set-up a specific Climate Change Network, - structured around a "coalition of the willing" and focused on progressing the Health Boards ambitions around Climate change.

3b. The WBFGA Embedding Programme

The WBFGA Programme Board has oversight of a comprehensive Embedding Programme which is focused on working with the Divisions and functions to fully integrate the principles of the Act into the DNA of the Health Board. The Embedding programme has a number of work streams focused on ensuring that the Act continues to be embedded into its culture including:

- Working with WoD Division to embedding the Act into the Core Skills for Managers Training programme
- Working with the new Children and Young People's Weight Management Service to ensure the five ways of working have been used in the service design
- Working with the Clinical Future Champions and the Value Based Health Care team to embed the principles of the Act into these two strategic programmes
- Developing a WBFGA intranet resource for staff to provide information on the Act and good practice case studies to demonstrate how the Act is being applied and embedded by others
- Working with the Planning and Performance teams to further embed the Act into existing planning and reporting arrangements.

3c. WBFGA - Self Assessment Process (Formerly known as the "Maturity Assessment Tool")

In addition to the above work-streams the primary work-stream within the Embedding Programme is the 'WBFGA Self-Assessment Process'. This is a Pan Health Board initiative engaging senior staff from all Divisions and Functions. This Process has a number of clear objectives these being:

- To work with senior divisional/functional teams to build understanding and knowledge around the Act
- Using the SDP and Five Ways of Working as a frame of reference, working with Divisions/function to articulate their long term ambitions
- Using a number of facilitated exercises working with these team to articulate a route map for how they will achieve these ambitions.
- To reflect on the impact of the implementation of the route map actions/activities.

This process is ongoing and in December last year we also held a Board Development Session to developing a five ways of working ambition narrative for the Health Board as a whole.

For a detailed update on the progress being made by individual Divisions and Function on the Self-Assessment process please see Appendix 2. The overall Self-Assessment Process remains on track (status is Green/Amber) with a target completion date of the end of March 2020.





In the spirit of collaboration and sharing we have updated other Public Bodies on our WBFGA Self-Assessment Process during workshops at the May 2018 joint OFGC and WAO conference.

4. Internal and External Scrutiny

The WBFGA is an important piece of legislation and therefore not surprisingly there has been a significant amount of internal and external scrutiny over how the Health Board is discharging its well-being duty and applying the principles of the Act. The Health Board has welcomed these independent perspectives and their respective recommendations as a way of helping it to prioritise its activities to deliver its well-being objectives. The key areas of scrutiny have included:

4a. Internal Audit WBFGA Review

In early 2019 Internal Audit undertook a review which considered how well the Health Board was embedding the Act. The overall conclusion was that of **Reasonable Assurance**. However, there was a range of ratings for the review's individual objectives, see below:

		No Assurance	Limited Assurance	Reasonable Assurance	Substantial Assurance
	Assurance Summary				
1	The Act features in strategic planning and performance activities.			✓	
2	The Act is taken into account in investment and service development.			✓	
3	A programme is in place to embed the five ways of working.				✓
4	Well-being objectives are monitored.		✓		
5	Arrangements are in place for reporting on outcomes.			✓	

The WBFGA Programme Board has accepted the Audit findings and recommendations and will

use these to further embed the Act into how the Health Board plans and take its decisions. It has also agreed a detailed plan for the actions needed to respond to the report's recommendations.

For the detailed report and management response please see Appendix 3.

4b. Wales Audit Office (WAO) – WBFGA Examinations Review

As part of the WAO regulatory responsibilities under the Act they are required to examine the extent to which the Health Board is applying the Sustainable Development Principle and five ways of working in the setting of the Health Board's Well-being Objectives and in the steps we are taking to achieve them.

The WAO have used a different type of audit methodology to undertake this WBFGA Examinations review, which is intended to reflect the principles of the Act. The area/step that was the subject matter for this review was the "development of a Specialist Weight Management Service for Children and Families – Connect". The Work undertaken by the WAO also considered the Health Boards Corporate Arrangements around the WBFGA. The final feedback on the outcome of this work has been presented at a Response and Feedback workshop where the Health Board has had the opportunity to develop an action plan to address both "Strengths" and the "Learning Points" Highlighted within this report.

The overall reports conclusions and opportunities for improvement were:

"Our examination found that the Health Board is making progress to embed the sustainable development principle in service design and has clearly considered it when developing Connect.

We reached this conclusion because:

- *The Health Board continues to embed the sustainable development principle but arrangements for overseeing and scrutinising the process and delivering the wellbeing objectives are not wholly effective.*
- *The Health Board successfully applied the sustainable development principle when designing Connect and has identified opportunities to build upon this work."*

Opportunities for Improvement

1. When considering business cases for new services, the Health Board should:
 - a) consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing; and
 - b) work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently.
2. The Health Board should identify and report on the contribution of Connect to PSBs' priorities and wellbeing objectives
3. The Health Board should assess the extent to which children and young people are represented when designing health and wellbeing services and how it could support and sustain a Gwent-wide approach to involve them.

The WBFGA Programme Board have welcomed the way in which this review was undertaken and will use the findings to further improve and embed the principles of the Act into the Health Board. As regards the specific Opportunities for Improvement, the Health Board have formally responded to these, detailing how it intends to address them over the next year. See Appendix 4 for the Final WAO Examinations Report, which includes the findings and the Health Board's response.

Future Generations Commissioner's response to the Health Boards WBFGA Self – reflection

In August 2019 the Future Generations Commissioner provided her response to the Health Boards Self-Reflection completed in January 2019 (see section 2 above). Overall the feedback was very positive. In particular the Commissioner made the following observations about the Health Boards approach to the self-assessment process:

- *We welcome your positive approach to the self-reflection tool, as it is evident you have put considerable effort into gathering evidence and providing a fair picture of progress.*
- *You provided comprehensive evidence for each well-being objective, with helpful links.*
- *Your consideration and explanation of how you rated each object was notable, as many other bodies provided ratings with little explanation of the rationale.*
- *Your responses are reflective and honest and, in many cases, we feel you are under-playing your successes and giving yourself relatively low ratings in comparison to how other bodies have rated themselves. However in Section 3 you flag that "as a large complex organisation we have looked to give an average score for the organisation as a whole, whilst recognising that there will be variability in levels of maturity across the Health Board".*

The WBFGA Programme Board have welcomed this feedback and have taken the opportunity to consider the detailed feedback. Whilst the Health Board were not required to produce a detailed response to each of the points of feedback the WBFGA Programme Board have agreed an internal set of actions to ensure that where appropriate it addresses the Commissioner's feedback. (See Appendix 1 for the response to the Commissioner's feedback).

Recommendation

The Committee is requested to agree the following recommendations: -

- *To note the progress being made on the project to refresh the well-being objectives.*
- *Note the 2018-19 progress update on delivering the Health Board's Well-being Objectives.*
- *Note the update on the various work-streams of the WBFGA Programme Boards' Embedding Programme.*
- *Note the key messages from the Internal and External Audit/scrutiny on the Health Board's approach to embedding the Act and proposed responses to address these.*

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)

The Health Board has included the WBFGA as a risk in its Corporate Risk Register.(see below)

RISK: *The Health Board does not meet its statutory duty under the Well-Being of Future Generations (Wales) Act 2015*

IMPACT: *The Health Board does not maximise opportunities to improve services for local people.*

	<p>ACTION: Steering Group (now Programme Board) in place to ensure the duties in the WBFA are applied across the organisation. Each Division has developed and agreed wellbeing objectives which have been signed off by Board and published. Organisational wellbeing objectives and PSB(s) wellbeing objectives reflected within the IMTP and Divisional Plans.</p> <p>OWNER: Executive Director of Public Health and Strategic Partnerships</p> <p>OVERSIGHT: Public Partnerships and Wellbeing Committee</p> <p>Note that the Health Board will be held to account for how it has embedded the Act and the progress it is making on its reported Well-being Objectives by the WAO and Future Generations Commissioner.</p> <p>In addition to this regulatory/compliance risk is the greater risk of the missed opportunities from not embedding the Act into individual and personal decision making, which will take time and need to focus on changing behaviours.</p>
Financial Assessment, including Value for Money	<p>The proposed recommendations can be carried out within existing roles and budgets; therefore, there are no financial implications for this report.</p> <p>The value to be delivered from embedding the principle of the Act within the Health Board will support and enable the Health Board to make more efficient, evidenced based and future focused decisions. The impact of this will be on improved well-being of both staff and patients/citizens and the direct relationship between improved wellbeing and improved patient outcomes and improved staff morale and productivity</p>
Quality, Safety and Patient Experience Assessment	<p>This paper does not have a direct impact on quality, safety and patient experience – however by embedding the Act and delivering the Health Boards well-being objectives it is anticipated that there will be improvements in quality and safety and patient experience.</p>
Equality and Diversity Impact Assessment (including child impact assessment)	<p>Wellbeing objectives and Plans are subject to Equality Impact Assessments. It is expected that as the Divisions and functions develop their own actions to deliver their ambitions around the Act, where relevant, these will be subject to individual equality and diversity impact assessments.</p>
Health and Care Standards	<p>Embedding the principles of the Act into the Health Board's business as usual activities will fully support the principles of the Health Care standards Wales. In particular the adoption and promotion of the Act's "Ways of working" is a complementary enabler to the Health Board Improvement agenda and has a specific focus on prevention and involvement which are at the heart of the improvements proposed around safe care, effective care, dignified care and individual care.</p>

Link to Integrated Medium Term Plan/Corporate Objectives	<p><i>The WBFGA and the Health Board’s Embedding programme are key enablers to the delivery of the IMTP. In particular in the delivery of the Clinical Future Strategy “Caring for you and your Future” and in SCP1 – Improving Population Health and Well-being. The 20-23 IMTP includes a high level summary of progress against the Health Board’s ten well-being.</i></p> <p><i>The work being undertaken to refresh the well-being objectives will also look to ensure that the Health Boards Corporate objectives and the Well-being objectives are fully integrated.</i></p>																																																															
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<p><i>The subject matter for this report is by its nature focused on providing an update on how the health board is embedding the WBFGA and the five ways of working. In Jan 2019 the Health Board undertook a self-reflection on how it is making progress against its well-being objectives – this has been reported in section 2 of this report. A second part of this self-assessment also required the Health Board to score it’s relative maturity of embedding the five ways of working against each of the seven areas of Corporate change identified in the Act’s guidance as important to deliver change. This summary is included below. There are 5 levels of maturity, between a lowest score of 0 and a maximum score of 2)</i></p> <p><u>Seven Areas of Change (average fig used in final column in above table)</u></p> <table><tr><th>WoW</th><th>Financial Planning</th><th>Corporate Planning</th><th>Workforce planning</th><th>Performance Management</th><th>Risk Management</th><th>Asset Management</th><th>Procurement</th><th>Average</th></tr><tr><td>Long-term</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>7/7 = 1</td></tr><tr><td>Prevention</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1.5</td><td>1</td><td>1</td><td>7.5/7=1.1</td></tr><tr><td>Involvement</td><td>0.5</td><td>0.5</td><td>1.5</td><td>1</td><td>0.5</td><td>1</td><td>1</td><td>6/7=0.85 (1)</td></tr><tr><td>Collaboration</td><td>0.5</td><td>1.5</td><td>1.5</td><td>0.5</td><td>0.5</td><td>1</td><td>1</td><td>6.5/7 = 0.92 (1)</td></tr><tr><td>Integration</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>0.5</td><td>1</td><td>6.5/7=0.92 (1)</td></tr><tr><td>Totals (out of 10)</td><td>4</td><td>5</td><td>6</td><td>4.5</td><td>4.5</td><td>4.5</td><td>5</td><td></td></tr></table> <p><i>The WBFGA Embedding Programme is linked to delivering all of the Health Board’s ten well-being objectives in that it is the key mechanism being used by the Health Board to fully embed the Act in its decision making for current and future generations.</i></p> <p><i>One of the key work-steams with the WBFGA Embedding Programme is the WBFGA Self-Assessment Process. The Self-Assessment process has worked with Health Care professionals from each Division/Department to articulate their long term ambitions using the frame of the Act’s Five ways of working:</i></p> <p><i>Long Term, Integration, Involvement, Collaboration and Prevention.</i></p> <p><i>Following the articulation of the Divisional/Departmental ambition narratives the Divisions have developed a route</i></p>	WoW	Financial Planning	Corporate Planning	Workforce planning	Performance Management	Risk Management	Asset Management	Procurement	Average	Long-term	1	1	1	1	1	1	1	7/7 = 1	Prevention	1	1	1	1	1.5	1	1	7.5/7=1.1	Involvement	0.5	0.5	1.5	1	0.5	1	1	6/7=0.85 (1)	Collaboration	0.5	1.5	1.5	0.5	0.5	1	1	6.5/7 = 0.92 (1)	Integration	1	1	1	1	1	0.5	1	6.5/7=0.92 (1)	Totals (out of 10)	4	5	6	4.5	4.5	4.5	5	
WoW	Financial Planning	Corporate Planning	Workforce planning	Performance Management	Risk Management	Asset Management	Procurement	Average																																																								
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Prevention	1	1	1	1	1.5	1	1	7.5/7=1.1																																																								
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Collaboration	0.5	1.5	1.5	0.5	0.5	1	1	6.5/7 = 0.92 (1)																																																								
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Totals (out of 10)	4	5	6	4.5	4.5	4.5	5																																																									

	<p><i>map which builds on current activity and identifies any gaps in activity/action that would make progress towards achieving the agreed ambitions. The Health Board's plan is for all Divisions and Departments to have been through the whole process by the end of March 2020.</i></p> <p><i>The Self-Assessment Process provides key evidence of how the Health Board is seeking to embed the five ways of working across its Division and Departments and how it will achieve its Well-being Objectives. The development of the ambitions has also been used to support the development of the Health Boards refreshed Well-being Objectives.</i></p>
Glossary of New Terms	No new terms
Public Interest	No reasons for restricting public disclosure

Appendix 1 – Health Boards detailed report on the Future Generations Self-Reflection, the Commissioner’s Feedback and the Health Board’s Response.

Health Boards Detailed WBFGA self-reflection response please see the embedded document below.



Final - Detailed Self reflection tool.pdf

Future Generations Feedback on the above self-reflection



FGCW Feedback to Self Reflection Tool_

The Health Board’s Response to the Future Generations Commissioner’s Feedback



FGCW Feedback on self Reflection tool :

Appendix 2 – RAG status report on the WBFGA Self-Assessment Process Project

For the detailed WBFGA Programme Plan (which include the above summary) please see the Excel file below:



WBFGA -
Embedding Program

Appendix 3 – WBFGA Review - Internal Audit report recommendations and Management actions

The Embedded Internal Audit Report includes the key conclusions, detailed findings and the Health Boards management response.

Appendix 4 – WAO WBFGA Examination Report - review of the new Connect Weight Management service for Children and Families

The embedded report includes the detailed findings, the WAO opportunities for improvement and the Health Boards response.



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WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

PROGRESS TOWARDS WELL-BEING OBJECTIVES - SELF-REFLECTION TOOL NOVEMBER 2018

Name of responding organisation	Aneurin Bevan University Health Board
Name and role of lead contact person	Dr.Sarah Aitken – Executive Director Public Health
Telephone number of lead contact person	01633 431759
Email of lead contact person	Sarah.Aitken@wales.nhs.uk
Names and roles of team members undertaking completion of this tool.	<p>Eryl Powell – Consultant in Public Health, Aneurin Bevan Gwent Public Health Team Eryl.Powell@wales.nhs.uk</p> <p>Contributions also provided by Members of the WBFGA Programme Board (please contact Sarah Evans for full list of Programme Board Members) Sarah.Evans21@wales.nhs.uk</p>

WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015 ANNUAL REPORT SELF-REFLECTION TOOL

Introduction and Context

The Future Generations Commissioner for Wales (the Commissioner) has a duty to monitor progress of each of the 44 named bodies in the Well-Being of Future Generations (Wales) Act 2015 (the Act) in delivering against the well-being objectives they have set for themselves. Members of the Commissioner's team have been involving public bodies in understanding how best to fulfil this duty in a proportionate way, that encourages learning and self-reflection, since the Commissioner took up her role in 2016. Meeting every Chief Executive; advising Public Services Boards on well-being assessment and draft objectives; attending network meetings, Boards or Committees; developing the 'Art of the Possible' programme; meeting officers working on the Act in every public body; and collecting people's views to produce the 'Well-being in Wales: the journey so far' report has informed how the Commissioner is advising and monitoring public bodies' implementation of the Act, recognising that we are collectively on an 'expedition' towards sustainability.

Nevertheless, as 2017/18 is the first year that organisations have been required to report on progress, the Commissioner is taking a developmental and exploratory approach to discovering how organisations can respond to the requirement to report annually on progress. As public bodies have requested, this process is designed to achieve a balance between realising change and doing things differently, whilst avoiding unnecessary or burdensome bureaucratic processes. The Commissioner is collaborating with other organisations charged with monitoring progress of the Act to ensure complementary and integrated approaches.

In this first year, the Commissioner has initiated this externally-led project (collaboration) to enable public bodies to self-reflect (involvement) and undertake collaborative learning on their annual reports, how they demonstrate progress towards objectives, highlight any further evidence they have of progress, and consider how reporting processes may need to change in the future to accommodate the requirements of the Act.

The Role of Annual Reports in Self Reflection

The statutory guidance of the Act (['Shared Purpose, Shared Future'](#)) sets out that public bodies should incorporate reporting on progress into their existing corporate processes, primarily through their annual reports, or similar documents, that are used to demonstrate accountability to Welsh Government, regulators and the public. The Commissioner similarly set out her expectations of reporting on progress for public bodies in May 2018, in the ['Well-being in Wales: the journey so far'](#) report. In future, the Commissioner will want to see that public bodies' annual reports are the primary source of evidence in how they are implementing the Act, as a transparent means to demonstrating that well-

being objectives are a central component of the corporate objectives of the organisation, and that they are integrating the Act into all aspects of their business and are using the five ways of working.

However, the Commissioner also recognises that traditional annual reporting requirements are not necessarily designed to meet this purpose, so in this first year the approach taken will enable organisations to demonstrate the progress that has been made against objectives and reflect on how annual reporting processes may need to evolve, to enable full integration of reporting in future years.

The statutory guidance for the 44 statutory bodies states: "public bodies will need to demonstrate that:

- Their well-being objectives are contributing to the achievement of the well-being goals;
- They are taking all reasonable steps to meet their well-being objectives; and
- Their well-being objectives are consistent with the sustainable development principle."

To understand the extent to which public bodies are meeting this guidance, to inform the Commissioner's future advice and assistance, and to understand how far public bodies are following the principles of the Act, we have chosen a self-reflection and collaborative learning methodology, rather than a traditional auditing approach. Listening to those that work in public bodies, we think this approach enables organisations to learn internally, with peers across sectors and with the Commissioner, and enables your organisation to demonstrate yourselves at your best. We also appreciate that the requirements of the Act may yet be fully integrated into corporate processes for annual reports and progress against objectives may not be fully reflected in these documents. We have therefore designed a tool that will enable organisations to fully capture progress, primarily as demonstrated in annual reports, but also through considering evidence that may be contained elsewhere. This will enable organisations to consider with the Commissioner how best this information can be captured in future years.

The Self-Reflection Tool

The main purpose of this self-reflection tool is to assist the Commissioner to assess the extent to which your well-being objectives have been met for the period April 2017 – March 2018 as described primarily through your organisation's published annual report, or through other appropriate evidence. The information captured by you in this tool will also inform the Commissioner's future advice and assistance. The more honest and clear the information provided is, the more useful future advice can be from the Commissioner's team.

It also seeks to be a useful tool, to be used locally, to set a benchmark and capture lessons for improving future reports and help you reflect upon how well you are using the ways of working, and the corporate areas of change highlighted in the statutory guidance. This is to enable your organisations to further consider how you can maximise contribution to the well-being goals and sustainable development principle. The tool has been developed through involving representatives of regulators, public bodies and the Commissioner's office.

In asking you to provide some focus on your latest published annual report, it seeks to evidence the extent to which your organisation's well-being objectives are being met and how that journey is developing. Recognising that each public body has different objectives, the tool is bespoke to your organisation's objectives. As the objectives are contributing to the national well-being goals being realised across Wales, the self-reflection should explain:

- the progress with the steps you have outlined to meet objectives;
- what measures you have that demonstrate progress;
- the factors that are supporting progress; and
- the obstacles that may be getting in the way of moving to the next level.

The tool is presented in three sections:

- Section 1: **Where are we now:** the journey checker. This section focusses on progress against your well-being objectives.
- Section 2: **How are we moving forward:** this section focusses on reflecting on your progress ~~in~~ using the five ways of working.
- Section 3: **Keeping focussed and maintaining momentum:** this section enables you to reflect on what you have learned for moving forward.

This reflection tool will therefore enable you to:

- Reflect on your progress to date against your own stated well-being objectives. We know that for some organisations, objectives have adapted or changed; this should be reflected in the tool by describing the new objectives and the journey you have been on to arrive at them.
- Establish an internal benchmark against which to review next and future years' progress.
- Provide a way of comparing your organisation's progress with other public sector bodies in Wales and identify which organisations you can learn from and provide lessons to.
- Synthesise the strengths and weaknesses and set out the local lessons for change.

Next Steps

The self-reflection tool needs to be completed by Friday, 14th December 2018, and the full document (including completed cover) returned to Kathy Graham by email kathy@kg-strategies.com Please let us know at the earliest opportunity if this is going to be an issue for your organisation.

There are no explicit guidelines as to who should complete the tool but given the breadth of the Act we would suggest that it would be best completed by a small working group representative of a range of functions within the public body.

This tool is the first stage in a wider analysis exercise. Following our receipt of the completed tool, public bodies will be invited to take part in collaborative learning exercises in January and February, to share their self-reflection, and to have direct contact with the appointed consultants. This will seek to:

- Collate summative evidence to provide a summary of progress against objectives across Wales, and by sector.
- Support the Commissioner's office to understand the context of evidence gathered and its relation to pieces of work being taken forward by the Commissioner as part of her priority areas of focus.
- Identify barriers to implementing the Act; assisting the Commissioner to provide advice, assistance and challenge to public bodies.
- Provide sector-specific recommendations towards the different public bodies covered by the Act.
- Provide any raw data and analysis on each public body to the Commissioner for the use of the Commissioner's office.
- Inform work with the Auditor General for Wales and publication of the first Future Generations Report (published in 2020).

This work will be completed by June 2019.

Should you have any queries relating to the Commissioner's role, please contact Heledd Morgan by email at heledd.morgan@futuregenerations.wales; telephone 029 2167 7400 or mobile 07375 060218.

Many thanks for your time and commitment in respect of this exercise.

SECTION 1 – WHERE ARE WE NOW? – THE JOURNEY CHECKER

This first section helps you to consider how you are making progress - your organisation's journey so far towards meeting the well-being objectives that you have set for yourselves. This tool is about focussing on your own objectives, your own progress from your starting point described in your annual report and through your evidence.

If you have changed or adapted your objectives within the period, please reflect on the objectives you set in April 2017 and provide a signpost to an explanation as to why those changes were made. There is an opportunity in Section 3 to provide more information on any new objectives.

In 'Well-being in Wales: the journey so far', the Commissioner sets out that the journey towards maximising contribution to the seven well-being goals and acting in accordance with the sustainable development principle starts in a place of making 'simple changes'. Organisations then need to move on to challenging current practice, stretching themselves and working with others in partnerships to develop new approaches before entering a stage of transformation. In 'leading the way', there will be a whole system approach of achieving the 'Art of the Possible', acting in a manner which ensures that present needs are met without compromising the ability of future generations to meet their own needs. This section asks that you reflect on where you are on this journey in taking steps to meet your objectives. Have you started making simple changes, stretching yourselves or are you leading the way in what your organisation is doing?




Each stage for each objective will be different, given that every objective set is different. Broadly:

- **'Making simple changes'** should be quick and easy to implement. They're often actions that are 'low hanging fruit', that have been tested by others and have a low risk of failure. They mobilise and involve people, aligning the agendas of different departments. The Commissioner recently launched some examples of the 'simple changes' some public bodies are already making in taking steps to meet their well-being objectives and maximise contribution to the national well-being goals: <https://futuregenerations.wales/the-art-of-the-possible/>
- **'Being more adventurous'** involves stepping out of a 'business as usual' mindset and acting to change how things are currently done. Signalling early progress to wider change, this might involve a change in strategy or team approach to doing something and could involve more departments and organisations than a 'simple change'.
- **'Owning our ambition'** can be a similar stage to 'being more adventurous' with initiatives developing and more people becoming involved. The organisation will be taking more well-managed risks, reaching out to other sectors to make progress and collaborating on funding or staffing. The organisation defines its approach as ambitious and staff feel empowered to work across sectors and influence change.
- Those that are **'Leading the way'** may be the first people or organisation to be taking these actions and are a guide for others to follow. This is a systemic, transformational change to how things have always been done and will require reallocating resources, time to put the changes in place and collaboration with other bodies. Actions are innovative, inspirational and collaborative, putting the Act into practice across larger portfolios to achieve the Wales we want. This way of working becomes embedded in the organisation and good practice is shared with others.

To complete this 'Journey Checker', simply record as accurately as possible for each of your objectives (write these in, where indicated) which stage in the journey you have reached with supporting evidence from your annual report, or other similar evidence, and provide (in the free text box below each rating) your reasoning for your judgement. You should include here the evidence supporting your rating (examples, page numbers in the Annual Report, and/or links to other evidence to direct the reader to that source). You can use both web-links and/or attach evidence to the document when you submit your completed tool.

Therefore, you should:

- 1) Populate the table with each one of your objectives (left hand column), copying additional sheets where you have multiple objectives.
- 2) Reflect on your progress and indicate your position on the journey checker by scoring yourself between 1 and 5 (each number corresponding to a stage).
- 3) For each objective, reference with examples, quotes, or direct pointers to supporting material in your annual report or other documents (including page reference) the evidence that describes the steps you have taken that support your assessment of the stage in the journey you have achieved to date. You can extend the box to accommodate all the evidence that you wish to reference.
- 4) Provide a summary statement that highlights whether, on reflection, you are on track to deliver this objective, if you need to change or increase the pace in future years.
- 5) For each objective summarise with a key point the stage achieved and whether the report indicates the direction of travel.

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 1 - Support every parent expecting a child and give every child in Gwent support to ensure the best start in life			Yes		
Evidence/References Including links to the relevant document(s)	<p>Examples of evidence and information ref: IMTP 19-22 – Section 4.3 SCP 1 – Improving Population Health and Well Being</p> <p>ABUHB SLT website http://www.sltgwentabhb.wales.nhs.uk and ABUHB SLT face book and Twitter.</p> <p>All provide families with information that will support them to use evidence based ideas to support early development.</p> <p>First 1000 days- Local Public Health Team developing ‘Learning To Talk’ public health messages/ resources with ABUHB SLT.</p> <p> Parent Insight Study Final rep...</p> <p><i>Early Language acquisition impacts on all aspects of young children’s non-physical development. It contributes to their ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write. Early Intervention Foundation, 2017</i></p> <p>PSB Activity includes underway includes;</p> <ul style="list-style-type: none"> The first 1000 days programme in Blaenau Gwent, Torfaen and Caerphilly and the development of a Gwent wide approach to tackling Adverse Childhood Experiences (ACE’s). 				

	<p>Upgrade of existing Children's Assessment Unit and Maternity ward at Royal Gwent Hospital to enhance patient experience and ensure an improved level of care and better environment for staff.</p> <p>Examples of innovative Research and Development - An ongoing and building portfolio of clinical research that investigates and build evidence for the best care of pregnant women, infants and children. These trials are funded by grant giving bodies and are national and international. Specific projects include:</p> <ul style="list-style-type: none"> • QUIDS and QUIDSII – a trial of a point of care test for women to detect the onset of labour in women too early in their pregnancy to deliver. This study will inform where admission and intervention in pregnancy can be avoided. • AFFIRM – a trial to put in an intervention to prevent stillbirth. This study informed actual care delivery at NHH and RGH. • C Stitch – a trial to determine the effectiveness of cervical sutures in women with uteruses unable to carry a baby to full term. This project will support an intervention to help women have a healthy, full term baby and prevent miscarriage. • Kerralink – a trial of a new intervention in children to prevent blindness. • SeniTa – a trial of Sensory Intervention in children with disability to test its effectiveness. • Blended diet – a study that explores a new method for gastrostomy tube feeding of children in the community. This study will determine whether using blended family food is effective in caring for children with complex needs. • 100,000 genomes projects – a study to explore the genetics of children with complex genetic conditions. This study will help to understand the nature of rare and complex childhood conditions (Wales is only participating in the childhood arm of this study).
<p>Summary – your key points on the stage reached in the journey and future direction of travel</p>	<p>This objectives has been profiled as one of the four Health Board's well-being objectives that have been selected as priorities for PSB Well-being Plans on the basis that they can only be addressed successfully by working with PSB partners.</p> <p>Whilst the Health board has made some good progress around ACE's as seen above and other examples such as Blaenau Gwent becoming a path finder for Welsh Gov's "Early Years" initiative and the detailed plans and funding</p>

for the Health Child Wales Programme, these initiatives have yet to be fully implemented this hence our assessment is that of “Being More Adventurous”.

Examples of areas of focus for future years include:

- Inform partners who work in outdoor care settings for children, schools and public playgrounds that smoking on these grounds will be illegal from July 2019 to ensure they are prepared ahead of implementation and beyond.
- Fully implement the Healthy Child Wales programme with a skill mixed model, in line with approved business case, by March 2021 (see Table 3.1.3 for financial and workforce profile).
- Continue to implement refreshed Designed to Smile programme.
- Provide 6 Adverse Childhood Experiences Awareness training sessions for staff working with children and young people by March 2020.
- Develop a model for Level 2 weight management service for children and families and implement across NCNs March 2021 (subject to business case development and consideration).
- Contribute to the consultation on the All Wales Healthy Weight strategy and agree priority areas for action by March 2021.

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 2 - Support adults and children in Gwent to live healthily and to age well, so that they can retain independence and enjoy a high quality of life into old age		Yes			
Evidence/References <i>Including links to the relevant document(s)</i>	<p>Examples of evidence and information ref: IMTP 19-22 – Section 4.3 SCP 1 – Improving Population Health and Well Being</p> <p>ABUHB SLT website http://www.sltgwentabhb.wales.nhs.uk and ABUHB SLT face book and Twitter. Information that will support individuals to manage their own health and well being</p> <p>Families and Therapies Division</p> <ul style="list-style-type: none"> • We undertake comprehensive holistic assessments for CHC children to ensure relevant and appropriate support / care is in place • We provide support in clinics • We undertake health promotion: noticeboards, school and clinics <p>Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk)</p> <p>This is a project that aims to combat issues relating to Loneliness and Social Isolation. Delivered in partnership, this initiative has created a social movement and actively engages across the generations in the communities supporting initiatives such as:</p> <ul style="list-style-type: none"> • Intergenerational Activities (the twinning of schools, colleges, uniformed cadets and youth groups with care homes and community wards) also providing the opportunity for Intergenerational Learning 				

	<ul style="list-style-type: none"> Volunteering as a befriender, providing people with an opportunity to utilise and share skills they already have or to learn new skills and increase confidence. The role gives people purpose enhances wellbeing, as well as providing much needed support in tackling Loneliness and Social Isolation <p>Care Home As and Talk (CHAaT) Volunteer Service This service consists of retired NHS staff being employed as volunteers who visit older people in care homes to ask them about their care experiences. Feedback is used to both celebrate best practice and put actions into place where things need to change. Feedback has resulted in increased meaningful activity in care homes to improve quality of life. Employing retired NHS staff gives older people an opportunity to continuing 'giving' after paid employment, improving the wellbeing of volunteers. Older people and relatives were actively involved in the designing of this service.</p> <p>OAK (Options, Advice and Knowledge) Knee and Low Back Pain, Patient Education This programme gives patients: Options, Advice and Knowledge which allows them to make choices that will have a positive impact on their long and short term health. Results are demonstrating that attendees are choosing conservative methods of management.</p> <p>Examples of Research and Development initiatives - an ongoing and building portfolio of clinical research that investigates and build evidence for the best care of adults. These trials are funded by grant giving bodies and are national and international. Specific projects include:</p> <ul style="list-style-type: none"> Hospital at Home - A trial to determine the effectiveness of caring for elderly patients at home rather than in hospital. This study will determine which patients are safe to remain at home and which are not. BURN Tool – a trial to prevent and correctly treat children presenting in A&E with burns. Parafricta – a trial to test a new intervention to prevent tissue damage in older patients. This study will help determine whether the intervention prevents tissue damage and keeps older people well for longer. SOSstart – a trial of stroke treatments for inpatients.
<p><i>Summary – your key points on the stage reached in the journey and future direction of travel</i></p>	<p>As for Objective 1 aspects of this objectives have been profiled as another one of the four Health Board's well-being objectives that have been selected as priorities for PSB Well-being Plans on the basis that they can only be addressed successfully by working with PSB partners. (This being: To enable people to age well and for those that need care to receive it in their home or as close to their home as possible.)</p>

Whilst the Health board has some ground breaking initiatives such as the intergenerational ffrindi I mi programme, and the other examples above, we recognised the challenges in the delivering whole life approach to “wellness” is still embryonic and not embedded across the whole of the Health Board and therefore our assessment is that overall we are at the “Simple Changes” stage of the journey.

Examples of future activity include:

- Implement Integrated Wellbeing Network (IWN) programme using Transformation Funding on a phased basis by March 2020.
- Share the learning and implement Integrated Well-being Networks, including systems for linking patients to support that addresses the social causes of poor wellbeing in remaining NCNs by March 2021.
- Work with partners to develop a well-being workforce aligned to IWNs, including competencies in wellbeing & care navigation, health improvement, behaviour change (MECC) and mental well-being, by March 2020.
- Work with partners to ensure implementation of the healthy ageing interventions outlined in the 10 Year Population Health Strategy for Gwent by April 2022. Further develop the Health Board’s Inverse Care Law Programme “Living Well, Living Longer”. Informed by the results of the evaluation of the programme and implement a sustainable service model by March 2020.
- Delivering the Ffrindi i Mi actions developed through the WBFGA Self-Assessment, Route planning process.

Well-being Objectives	Getting started	Making simple changes	Being more adventurous	Owning our ambition	Leading the way
	1	2	3	4	5
Objective 3 - Promote mental well-being as a foundation for health, building personal and community resilience			Yes		
Evidence/References Including links to the relevant document(s)	<p>Examples of evidence and information ref: IMTP 19-22 4.6 SCP 4 - Mental Health and Learning Disabilities (MH/LD)</p> <p>Whole Person, Whole System Crisis Transformation Programme (p15 of MH&LD divisional IMTP)</p> <p>This is an ambitious programme of work to be developed over the next 3-5 years looking at preventative measures to stop individuals experiencing a crisis, options for support at an early stage of a crisis and alternatives to admission and post discharge to aid recovery and prevent further escalations. It is a multi-agency approach, looking at the range of determinants linked to a crisis e.g. work on housing and tenancy support.</p> <p>A Community Embedded intervention programmed aimed at children and their families to support an enhanced quality of family life.</p> <p>Families and Therapies Division</p> <ul style="list-style-type: none"> • Signpost to appropriate links/ referrals • Work in co-production with families • Provide holistic care <p>Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) facilitates:</p> <ul style="list-style-type: none"> • Engagement and awareness raising giving the opportunities for communities to understand and recognise issues relating to Loneliness and Social isolation. People can then access or be signposted to appropriate services/organisations/opportunities. 				

	<ul style="list-style-type: none"> • Having open conversation around Loneliness and Social isolation helps communities and individuals understand that it is a serious issue. Increasing awareness can help reduce the stigma and encourage people to face the issues that may be the root cause of their Health and well-being issues. • Encourages and supports the creation of Compassionate Communities - strengthening communities and supporting individuals in reconnecting with communities. • Makes use of valuable social assets that aim to build community resilience <p>Examples of Research and Development - an ongoing and building portfolio of clinical research that investigates and build evidence for the best care of pregnant women, infants and children. These trials are funded by grant giving bodies and are national and international. Specific projects include:</p> <ul style="list-style-type: none"> • NCMH – a project that examines the genetic and clinical mental health history of patients in a large 9,000 set of people with mental health and learning disability conditions without dementia. Includes children from the age of 4 and all other age groups. This study examines the combination of genetic and clinical history of mental conditions. • AD Genetics - a project that examines the genetic and clinical mental health history of patients with dementia. • 3DMR – a trial to test the effectiveness of a new intervention for patients with post-traumatic stress disorder where all other treatments have failed. They will help inform future treatments for this group of patients with complex problems.
<p>Summary – your key points on the stage reached in the journey and future direction of travel</p>	<p>As for objectives 1 and 2 this aspects of this objective have been profiled as another one of the four Health Board's well-being objectives that have been selected as priorities for PSB Well-being Plans on the basis that they can only be addressed successfully by working with PSB partners. (This being: To improve Community & Personal Resilience, Mental Health and Wellbeing).</p> <p>The Health Board's vision for mental health is underpinned by the national 'Together for Mental Health' Strategy, 'Together for Children and Young People Service Improvement Plans', the MH Measure (Wales) 2010, local integrated strategies developed in partnership with Local Authorities and other statutory legislation and policy drivers. Our IMTP 19-22 SCP 4 section 4.6 identifies our key principles and priorities for this area.</p> <p>We have made some good progress in relations to this objective in particular a number of MH transformational programme including: the redesign of the Older Adult MH model and the Learning Disabilities Residential Services Review, and the Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) are well progressed and have delivered a number of positive impacts. Based on these positive steps and in recognising that the</p>

examples of future activity highlight that there is still more to do our assessment of progress is that of “Being more adventurous”

Examples of future activity/priorities (see IMTP for details)

- Whole Person, Whole System Transformation Programme (MH/LD)
- Individuals with Complex Needs Strategic Transformation Programme (MH/LD).
- Bringing Together Physical and Mental Health (MH/LD & F&T).
- Further work on Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) (F&T)
- Transition Pathway for Young Adults 15-25 (MH/LD & F&T). - Whole pathway scoping and redesign for; early intervention in psychosis, SMI, eating disorders.

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 4 - Encourage involvement of people who use our services and those they support, in jointly owned decisions regarding their own health and care plans, and in wider service planning and evaluation so that we, with our partners, deliver the outcomes that matter most to people		Yes			
Evidence/References <i>Including links to the relevant document(s)</i>	<p>For additional evidence see - Annual Report 17-18 page 43 “Communications, Engagement and Partnerships”</p> <p>The Health Board continues to strengthen its engagement and involvement with citizens of Gwent. Since its establishment in the Autumn of 2015, the Engagement Team has spoken with 16,152 people. More recently, the Health Board’s Engagement Team has supported the sharing of information and tested acceptance in respect of the following:</p> <ul style="list-style-type: none"> • New and emerging models of Primary Care (i.e. multi-disciplinary teams); • The creation of integrated care hubs; and • The introduction of the minor ailments scheme. <p>The Health Board have</p> <ul style="list-style-type: none"> • Established Locality Fora – The Health Board has now held 8 ‘Talk Health’ Community fora which rotate around the five boroughs of Gwent. • Undertaken Formal engagement/consultation on service change – During 2017/18, a number of engagement and consultation events have been undertaken regarding service changes across the Health Board. These have included: 				

- Older adult mental health (consultation)
- Thoracic Surgery (engagement)

Enhanced Recovery after Surgery (ERAS) Project aimed at reducing length of stay (LOS) for laparoscopic procedures, paper due to Board for approval January 2019.

Families and Therapies Division

- Use advocates
- Work in co-production
- Work as part of a MDT
- Use interpreters, PECS, Makaton, and other communication methods
- Established a Children's Rights and Participation Forum with TOR. This is chaired by Divisional Director and is Multi-disciplinary

Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) has:

- Engaged with public and partners to discuss the issues of Loneliness and Social Isolation and held workshops to discuss possible solutions.
- A partnership board comprised of those organisations and services that are related to the combatting of Loneliness and Social Isolation.
- Shared best practice at events such as "Intergenerational Conference" in June 2018 which gave service users, ABUHB and partners an opportunity to share their experiences, ideas and expertise as well as designing future strategies such as the "Intergenerational Strategy".

Advance Care Planning

The Primary and Community Care Division employs a team of nurses who support care homes to actively engage in conversations with their residents about their wishes as their conditions deteriorate. Older people in particular are now more engaged in care decisions and are able to state where they wish to receive care/die. This is enabling more people to receive care closer to home and aims to prevent avoidable admissions.

OAK (Options, Advice and Knowledge) Knee and Low Back Pain, Patient Education

OAK sessions actively encourage and promote shared decision making. Sessions are provided across the localities of the health board giving knowledge and advice about the conditions and also explain the concept and importance of self-management and shared decision making.

To ensure maximum engagement opportunities with patients, web pages and on-line training is also available via the ABUHB Website.

Scheduled Care

Head and Neck

- See on Symptoms SOS (patient with Chronic Ear conditions)
- CHIC clinic (Children's hearing Impaired Clinic) Scheduled Care, Community Paediatrics, Audiology, Physio etc. and family Input for Children with complex needs
- Head and Neck Cancer – Pre and post Treatment clinics with CNS/SALT/Dietetics

Breast

- Breast Reference Group – Stakeholders and patients provide advice for the future provisions of the Breast Service
- Breast Support Groups

Dermatology

- Psoriasis Direct service which enables patients to contact the CNS when they have a flare up and seek appointment at the right time rather than being given a standard follow up appointment from clinic. The service works well because patients are then seen quickly by the CNS or if appropriate the Consultant and seen quickly.
- Telederm – patients attend for images and may be discharged (50%) or sent to LES Extended Skin care (10%) for treatment thus avoiding need to attend clinics in dermatology.

Ophthalmology

- ECLO (Eye Care Liaison Officer) service available at clinic appointments to support independent living.
- Lifestyle advice/choices discussed at appointments, Eg smoking cessation, dietary advice

Trauma and Orthopaedics

- Work with Cardiff University on a lower back pain decision which will be utilised alongside the OAK backs education sessions to help patients discuss what management options are appropriate to them regarding their lower back pain to support any conversation they may have with a healthcare professional to help them make an informed decision concerning their treatment.

The Health Board has signed up to the Principles of "Participation Cymru" and in the process of developing its engagement strategy which will see these further embedded throughout the Health Boards divisions and functions.

As part of its approach to "Prudence and Value Based Healthcare" the health Board has focused on Improving two way communication with patients Integral to the success of a Value Based approach is the Digital Health and Social Care Strategy

	<p>for Wales (2015), the programme is clearly aligned within one of the strategic enablers 'Information for you'. This stream enables:</p> <ul style="list-style-type: none"> • The use of text and email to communicate with patients, enabling the ability to amend/re-book by selecting appropriate slots (Self-service booking). • Educational resource for people to understand more about their condition by providing appropriate education and material and signposting to other appropriate information. • Remote monitoring (Self-service reporting) providing the opportunity for people to report and manage aspects of their health and well-being.
<p>Summary – your key points on the stage reached in the journey and future direction of travel</p>	<p>The Health Board has demonstrated consistently through the IMTP the importance of effective citizen and community engagement. A substantive programme of patient, citizen and community engagement has been constructed, led by our bespoke engagement team. The team, have constructed a programme of engagement alongside Clinical Futures, to ensure that engaging citizens, enables us to improve the planning and delivery of services, and better help the public to understand the positive impact to their health and wellbeing, on the new models of care, that are planned.</p> <p>Using the design principles of 'A Healthier Wales' and the citizen centred approach prescribed in the SSWB Act, the 'what matters approach' is now a core part of daily business. During 2019/20 there will be a sustained engagement campaign to communicate across Gwent the changes that are being made to primary and community care services and other changes resulting from the building of the Grange University Hospital.</p> <p>In addition to the engagement work being undertaken by individual Divisions the Health Board has identified the importance of involvement within one of its ten strategic priorities for 19-22 this being: <i>"An enhanced focus on our patient's experience and working across the system to improve services based on feedback and active involvement from patients to better understand what matters to the people that use our services"</i>.</p> <p>Whilst there are some great examples of where we are making changes around how we engage and involve patients and citizens the work undertaken with Divisions in establishing their Ambition Narratives around the five ways of working (Self-Assessment process) highlighted that a much more consistent approach is needed if this objective is to be achieved. Therefore we would consider ourselves to be at the stage of "Making Simple Changes"</p> <p>Examples of future activities include:</p>

	<ul style="list-style-type: none"> • Develop a programme to educate the public in the new ways of working and the new services available, using digital media • Deliver the Integrated Wellbeing Networks model linked to DEWIS to enhance availability of information to support improved wellbeing • Develop a new proposal to extend patient education platforms and support groups • Promote the use of 'My Health Online' and develop other new opportunities to use digital technology to support delivery of new models of care • Develop the capabilities of WCCIS to enhance self-care, with a particular emphasis on utilising it across frailty services. • Technology enabled care will be used to develop new on line learning platforms that patients, families and carers can access in their own homes, including an OAK on line learning platform for those patients who cannot attend a community group.
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Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 5 - Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas				Yes	
Evidence/References <i>Including links to the relevant document(s)</i>	<p>For additional Evidence please see IMTP 19-22 section 4.2 Prudence and Value Based Healthcare</p> <p>In 2018/19 the Health Board drafted a Strategic brief which sets out its plan to embed and scale up its commitment to Prudent and Value Based Healthcare as the methodology so support change internally and externally across the organisation.</p>				

All healthcare systems want to be sure the services they provide deliver the best possible experience and outcomes they can for their patients. In order to measure effectiveness, and what is good as well as bad is not easy to set out for any organisation, and the Health Board prides itself on taking the bold step to want to compare itself not only within Wales and the United Kingdom but on a broader international stage.

The Health Board's approach considers a Value Based Health Care system across the population of Gwent evidencing Value by collecting experience and outcome measures, combined with costs and other relevant data. Its sheer scale is ambitious, and unique and demonstrates the ability to work within a restrictive environment in an operational legacy system. Our programme supports a number of key National policies and priorities not least, Prudent Healthcare, the Wellbeing of Future Generations Act and A Healthier Wales: our Plan for Health and Social Care.

The Health Board defines Value as 'achieving the experience and outcomes that matter to people whilst being good stewards of the finite financial resources available, working together to do the right thing across the whole system, improving Value for the population of Gwent'. The Health Board have created a unique approach to its implementation of Value Based Health Care aligning to both the Digital Health and improvement agendas', using an Implementation Framework and functionality Enabled.

Families and Therapies Division

- Undertake audits
- Have a standardisation process ongoing within the CCN service within schools currently
- Provide in house training
- Offer away days

OAK (Options, Advice and Knowledge) Knee and Low Back Pain, Patient Education

OAK sessions are supporting primary care colleagues as it recognises the constraints which currently exist during the GP consultation. Patient education should increase patient knowledge and activation in their self-management. Thus ultimately increasing conservative methods of management and appropriate referral as recommended in the NICE guidance and supporting the principles of prudent health. OAK is monitored through patient feedback, postal survey and clinical audit.

ABCi Improvement Collaboratives:

All three key collaboratives (Unscheduled Care, Outpatient, Pressure Ulcer), are now well-established and – bolstered and given impetus by the influx of trained Improvement Coaches and Measurement Leads – are delivering Quality Improvement for their respective areas.

A good example of Improvement Collaborative success – detailed in the IMTP – stems from the Pressure Ulcer Collaborative. In Sep 2018, the six original participant wards (RGH ED, MAU, ITU, both T&O wards and Gastroenterology ward) reached their goal to reduce Health Acquired Pressure Ulcers (HAPUs) by 50%, or 89 HAPUs averted (12 significant), equating to an estimated annual saving of 445 bed days and £561k costs averted.

R&D - an ongoing and building portfolio of clinical research that investigates and build evidence for the best care of adults. These trials are funded by grant giving bodies and are national and international. Specific projects include:

- PROMS and PREMS – a trial of interventions to determine the value of patient reported outcomes in stroke and neurological conditions.
- COMPOSED – the next phase to the above trial exploring barriers to effective stroke car.
- Mobile phones as fomites – a study that investigates the level and variety of contamination of staffs' mobile phones brought into the workplace. This study will inform whether extra measures could be introduced by understanding the level of contamination

Planning - The Health Board has established a comprehensive performance management system to ensure optimal service delivery, effectiveness and outcomes against agreed IMTP objectives. This includes monitoring delivery against Divisional plans / targets through monthly assurance reviews and using service change plans to set out benefits and milestones for service transformation and modernisation. The latter are monitored and performance managed through a series of dedicated programme boards, chaired by a lead Executive Director. The work of the Divisions is further supported by a range of initiatives to measure and improve health outcomes and experiences from an individual's perspective. This includes the creation of a value based healthcare philosophy and using technology to collect patient-reported outcome measures e.g. via the Doctor-Doctor digital platform. This programme is being extended at pace, with the aim of ensuring the highest possible service quality at the lowest possible cost and informing future service redesign. This work feeds into Finance and Performance Committee to ensure our approach to performance and benefits management can be scrutinised by independent members.

Scheduled Care
Urology

	<ul style="list-style-type: none"> • SCD use trackers in special measures meetings to monitor performance against finance in line with demand capacity modelling. One stop PSA clinic (MRI & Biopsy on same day), multi parametric MRI for patients with suspected prostate cancer (referrals with raised PSA) <p>Trauma and Orthopaedics</p> <ul style="list-style-type: none"> • Extended scope practitioner roles (ESP) to fulfil spinal injections instead of a consultant. • Centralising inpatient booking team, to improve efficiency, utilisation and increased cross cover with project savings of £34k • Improved demand and capacity (D&C) planning to identify D&C gaps so plans can be put in place to ensure we meet our RTT commitments
<p><i>Summary – your key points on the stage reached in the journey and future direction of travel</i></p>	<p>In 17/18 the Health Board once again delivered services within its allocated resources in 2017/18. Delivery of the Health Board's statutory financial duties has been a challenging task. Achieving a significant savings programme together with sound financial management in the organisation has helped underpin the achievement of targets. Achieving this position through the use of innovative and leading initiatives give the Health Board confident that it is "owning its ambition" for this objective. However, in recognising this good progress the Health Board is not complacent about the significant future resource challenges ahead.</p> <p>The Health Board strives to continually improve its efficiency and productivity. As part of our internal IMTP process, targeted improvements in performance against a number of indicators in urgent and emergency and elective access are being actively pursued. -Whilst the Health Board continued to improve performance on a range of measures and plans in 2018/19, there are a number of key lessons and challenges that have been considered in developing this IMTP and will provide a future focus for the Health Board over the next few years:</p> <ul style="list-style-type: none"> • The scale of ambition versus what is realistically achievable over a 12 month period, in particular urgent and emergency care. • Continued workforce pressure due to the national recruitment issues and additional costs that has resulted from over reliance on agency staff for medical and nursing staff in a number of specialties. • Ability to deliver Clinical Future models and transition plans that are consistent with public consultation and expectation of the Health Board and Gwent residents. • Need to deliver Regional change at pace across key services.

- Need to improve the pace of achieving efficiency and productivity improvements in support of financial sustainability.
- Need to align the service plans with available or realistic workforce assumptions.

Well-being Objectives	Getting started	Making simple changes	Being more adventurous	Owning our ambition	Leading the way
	1	2	3	4	5
Objective 6 - Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace		Yes			
Evidence/References Including links to the relevant document(s)	<p>For additional Evidence please see IMTP 19-22 Section 5.1 Workforce and Appendix 4 Annual Report 17/18 Page 48 Welsh language</p> <p>We continue to maintain our commitment to providing and developing our Welsh language services. Welsh speakers live in all areas of the community we serve and we recognise the importance of meeting Welsh language need to ensure positive patient experience and outcomes. We take every opportunity to promote the active offer and to discuss the various opportunities for staff to learn Welsh. Useful resources are made available and staff are encouraged to wear the Iaith Gwaith/Working Welsh pin badges and/or lanyards. However, the Board noted that the scores from the 2018 Staff Survey regarding provision of Welsh language services and meeting the language needs of services users were both significantly below the NHS Wales average.</p> <p>Family and Therapies Division</p> <ul style="list-style-type: none"> • Adhere to the values and behaviours of the organisation • Comply with the Equality training • Raise staff awareness of diversity and cultural issues at staff training days • Offer additional training • Change the workplace environment such as Children's OPD to celebrate events such as Diwali, Christmas etc. <p>Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) and CHAaT provide:</p>				

	<ul style="list-style-type: none"> • Welsh Language Awareness Training for all volunteers to raise awareness and understanding of the Active Offer. This includes discussion around both the Welsh Language and also Welsh Culture. • The opportunity for Volunteers to attend a Welsh Taster session and access an on-line 10 hour Welsh at Work Course. We encourage all volunteers to promote the Active Offer and we will support any clients who require Welsh literature or information. • Opportunities for people to access experiences through the language of their choice - an example of which is the Bilingual Scrabble Club held weekly in Abergavenny and recently commenced in Torfaen. • All information for the service bilingually.
<i>Summary – your key points on the stage reached in the journey and future direction of travel</i>	<p>Whilst there have been some good initiatives and projects around the use of Welsh Language, the recent staff survey clearly identified that there is much more to do in this area. Therefore our assessment is that we are still making simple changes in relation to this specific objective.</p> <p>Future focus/activities</p> <p>For specific details of actions/activities to promote the Welsh Language see IMTP 19-22 Appendix 4.</p>

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 7 - develop our staff to be the best that they can be with high levels of employee well-being and , as the largest employer in Gwent, promote NHS careers and provide volunteering and work experience opportunities			Yes		
Evidence/References <i>Including links to the relevant document(s)</i>	<p>Additional Evidence – IMTP 19-22 Section 5.1 Workforce and Appendix 4 Annual Report 17/18 Page 48 Welsh language</p> <p>In 2018/19 IMTP the Health Board described a three year programme that was based around three themes, namely:-</p> <ul style="list-style-type: none"> • Productive and Efficient Workforce • Engaging and Developed Workforce • Sustainable Service Now and for the Future <p>This was designed to simplify a complex range of activities and describe these in a way that can be readily understood and supported by colleagues across the Health Board. Our first People Plan was launched in 2018 and is an ambitious programme of improvement that ensures activities are fully aligned to the needs of the organisation now and during the transition to the opening of the Grange University Hospital in 2021/22.</p> <p>Our Staff Survey undertaken in 2018 highlighted the following improvements</p> <ul style="list-style-type: none"> • The Health Board’s overall staff engagement index increased to 3.82 across all 3 themes. 				

- 70% of staff said that they would recommend their Health Board as a place to work, which was 4% above the NHS Wales average and 7% higher than in 2016.
- 76% of staff said that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Health Board. This was a 7% improvement and was significantly above the NHS Wales average and was 7% higher than in 2016.
- 75% of staff said they were proud to tell people they worked for their Health Board and this was significantly higher than in 2016.

Family and Therapies Division

- Undertake individual assessments
- Offer training opportunities
- Encourage staff to develop by offering learning opportunities
- Support staff with specialist degrees through funding and study leave
- Encourage Band 3 staff to undertake their Level 4 training
- Refer to Care First and occupational health

Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) has been:

- Working with Job Centre Wales to promote the work experience and volunteering opportunities within the Health Board, with a view to increasing the potential for future employment.
- Providing training opportunities to volunteers, such as Welsh language training and British Sign Language training as well as the mandatory training which will support those hoping to improve their future employment opportunities and also increase their confidence.
- Working with partners to produce literature for children to promote working within Health and Social Care, an example of which is the recent launch of "Billy the Superhero"
- Encouraging Intergenerational Activity including twinning between care-homes, sheltered accommodation and community wards with schools, colleges, uniformed cadets and youth groups. As well as other benefits this has provided young people with an opportunity to have a window in to the careers and jobs available within these settings. It has also proved motivation and inspiration from witnessing the impact of these services.

College Career Consortium

	<p>The Primary and Community Care Division are working in partnership with the Local Authorities and Coleg Gwent to drive forward opportunities for college students to pursue a career in Health and Social Care. Discussions have led to a partnership work plan to ensure there are increased opportunities for students to have work placements across the health and social care sector. More recent discussions to pilot the Social Care 'We Care' national campaign which aims to attract people into health and social care have been positively received and a dedicated 'Communications and Marketing' sub group has been established. Additionally the partnership have made links with the MoD employment officers to consider how we could attract veterans into employment. An initial meeting proved productive and there are plans to develop a specific work stream in partnership with Workforce and Organisational Leads to escalate the potential.</p> <p>Staff Leadership Training: - ABCi continues to deliver and evolve the Enhanced Leadership and Management (ELMP) and Leading People (LP) Programmes. At the time of writing, approximately 200 staff have been trained in ELMP & LP Programmes, enhancing the leadership capabilities of our managers, with benefits both for them and the staff and services that they manage.</p> <p>R&D - an ongoing and building portfolio of clinical research that investigates and build evidence for the best care of pregnant women, infants and children. These trials are funded by grant giving bodies and are national and international. Specific projects include:</p> <ul style="list-style-type: none"> • Wellbeing – a study to put in an intervention to improve the physical environment of the outside space at YYF and explore the impact on staff wellbeing. This project will inform the design of outside spaces for health care staff. It also includes staff as volunteers modifying the environment and bee keeping. • GPs in ED – a study to explore the wellbeing and effectiveness of providing GP services in Emergency Departments. • EMPORER – a study that explores staffs' ownership of infection control and prevention strategies. <p>The health and well-being of employees can have a big impact on how well a workplace functions, including the quality of care that can be provided to patients in healthcare settings. Organisations that recognise this, and that actively support staff health and well-being have been shown to perform better, and provide better, safer services with less staff turnover and absenteeism. As one of the largest employers in the area, Aneurin Bevan University Health Board has an opportunity to impact on population health by improving the health of the workforce, with a large proportion (over 80%) of staff living and working in the Gwent area. The Health Board has demonstrated its commitment to staff well-being by achieving revalidation for the Gold Corporate Health Standard, and will continue work towards revalidation for the Platinum award.</p>
<p>Summary – your key points on the stage reached in the</p>	<p>The Health Board has made good progress in implementing a number of initiatives that have enabled it to make positive progress against this objective – In particular the Detailed "People Plan" provides a clear framework and innovative projects</p>

<p><i>journey and future direction of travel</i></p>	<p>to ensure that staff can be the best that they can be. Based on this evidence we have therefore assessed ourselves as being “More Adventurous”.</p> <p>Examples off some future activities</p> <p>A refreshed Health and Social Care Area Plan for Gwent, will be developed and agreed by the Gwent RPB in early 2019. The refreshed plan will set out a plan to deliver system transformation rather than a collection of specific programmes. It will reflect the increased pace and scope of partnership working across a wide range of activity, including plans to address workforce challenges through the development of a Gwent Workforce Academy a substantive step towards a sustainable and appropriately skilled, wellbeing workforce.</p> <p>Enabling our people to work productively and efficiently</p> <ul style="list-style-type: none"> • Reduce sickness absence to >5% through well-being strategies and improved engagement. • Promote the new Managing Attendance at Work Policy with a changed emphasis on managing attendance as opposed to absence. • Invest in and improve access to Occupational Health & Well-being Services to support staff • Develop new ways of working and better use of technology through involving staff in the design of services and identification of informatics solutions. • Think “Digital First” solution to reduce unnecessary waste through travel costs and time (including Skype and tele-health) <p>Engaging And Developing Our Staff</p> <ul style="list-style-type: none"> • Review PADR processes in line with the all Wales Pay Progression policy • Continue Culture Change programme of work embedding the Health Boards’ Values and Behaviours Framework. • Empower Clinical Futures Champions to support transformational change Promote and help deliver the Clinical Futures Programme. Implement the new People Management core skills programme for new and aspiring managers with enhanced modules to support transformational change
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Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 8 - Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services including; carbon and waste management, undertaking procurement on a whole life cycle cost basis and support local sourcing, promoting sustainable and active travel and , advocating improvements in environmental health		Yes			
Evidence/References <i>Including links to the relevant document(s)</i>	<p>Further Evidence – IMTP 19-22 Section 5.5 Capital and Estates: Draft Estates Strategy 18-28 (see Board papers 23rd Jan 2019) Draft Energy Strategy 2018-23 - The Health Board Energy Policy commits to matching or exceeding the Welsh Governments 3% per annum carbon reduction target from 2014/2015.</p> <p>Sustainable reuse of Blue plastic theatre waste - The project is to introduce new and innovative technology called Sterimelt. It is patented technology and the first of its kind for healthcare recycling applications. It addresses single use plastic waste created from Clinical Sterilisation Wrap (spun woven polypropylene sheets) used in hospital operating theatre's. This is currently being sent for Heat Treatment as hazardous waste. The waste 'wrap' is predominantly non hazardous, as it is only</p>				

used for sterile protection of the clinical operating instruments. Traditionally the non hazardous wrap is being co-mingled with hazardous orange bag infectious waste, which is costly to dispose of. The results of our trial will produce a solid block of polypropylene, from heat densifying the material and therefore creating a manageable sanitised block that will have commercial value. The process will produce a sustainable solution and revenue for the Aneurin Bevan University Health Board (ABUHB). When ABUHB reach the expected 4 tonnes per month, the annual cost avoidance will be in excess of £25,000. The payback term, for Capital purchase works out at approx. 2.4 years.

The (draft) **Estate Strategy** sets out how the estate will be developed to meet the needs of the Health Board's Clinical Futures Strategy and its vision for the estate which is:

"A sustainable future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

The Estate Strategy is centered around several key principles:

- Future Focused
- Sustainability & WBFG Act Principles
- Fit for Purpose
- Motivating & Enabling
- Supportive of Service Delivery
- Enabling Partnership Working
- Financially Viable

During 17/18 the Health Board reduced its carbon emissions by 5.1%, exceeding our 3% annual reduction target. This year to date electricity consumption is down 2% and gas consumption down 9% due to continued investment in LED lighting and ongoing initiatives to improve the way our buildings are controlled for heating, lighting and ventilation. Completion of the **Energy Strategy** is due during Q4 18/19 and will identify objectives and targets for improving energy efficiency over the next 3-5 year period.

In conjunction with Public Health Wales the Health Board have been working towards a **Sustainable Travel Strategy** which will identify and promote alternative methods of travel to and between sites. Individual Travel Plans have been developed for RGH, NHH and GUH. The aim of this is reduce single use car journeys, thus reducing congestion/parking

	<p>issues on sites and carbon impact whilst improving the health and wellbeing of staff. The travel plan will be completed during 2018/19.</p> <p>The Health Board continues to demonstrate best practice by being certified to the international ISO14001 Environmental Management Standard. The environmental management system has developed to become the focal point for driving forward continual environmental improvement. It provides a joined up approach for the management of waste minimisation initiatives, recycling, energy and carbon management, sustainable procurement and green travel initiatives. The Health Board is audited twice annually to ensure compliance and progress.</p> <p>Contract awarded for the supply of Bio-degradable catering consumables across Health Board sites, thus eliminating the use of single use plastics.</p> <p>Family and Therapies Division</p> <ul style="list-style-type: none"> • Capital bid submitted for the development of ICT at Maindiff Court • Car share encouraged • Staff allocated to base near home • Care closer to home service being developed • Recycling at bases
<p><i>Summary – your key points on the stage reached in the journey and future direction of travel</i></p>	<p>There are a number of initiatives that have enabled the Health Board to start to make some “simple changes” against this objective. This assessment of where we are against the journey checker is based on that fact that many of the initiatives within the draft Estates and Energy Strategies are still embryonic and therefore their impact is still yet to be fully realised. This assessment is also a recognition that a number of the initiative around energy efficiency etc will crystallise with the new Grange Hospital becoming operational in 2021.</p> <p>Examples of Future Direction/activities.</p> <ul style="list-style-type: none"> • For details of actions to develop innovative and progressive sustainable procurement practice please see the Procurement route planning map developed as part of the WBFGA – Self Assessment process • For details of Estate related future activities please see the draft Estate Strategy 18-28

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
Objective 9 – Plan and secure sustainable and accessible healthcare services ranging from prevention through to treatment, rehabilitation and recovery that meet current and future needs and address health inequalities and differing levels of need across our communities				Yes	
Evidence/References <i>Including links to the relevant document(s)</i>	<p>Additional Evidence – IMTP 19-22 Section 4.4 SCP 2 – Delivering a Seamless System of Health, Care and Wellbeing</p> <p>IMTP 19-22 Section 3. DELIVERING THE CLINICAL FUTURES STRATEGY</p> <p>Clinical Futures Programme – The rationale for the programme is to create a sustainable whole system model for health care in Gwent. This programme is unprecedented in its ambition and scale and sees the Health Board investing significant revenue to resource (circa 22 staff with a pure programme focus) as well as channelling almost £350 million of capital money into the build of the Grange University Hospital as Gwent specialist and critical care centre.</p> <p>The Health Board is moving at pace to transform primary and community services in order to provide more care closer to home. A ‘place based approach’ is starting to be implemented to improve coordination across organisational boundaries. The Health Board has had some early success with implementing the new model of primary care utilising a new, multi-disciplinary workforce. Care navigation training has been provided for all practices and a range of community and health connectors are working with practices across Gwent. Using</p>				

Pacesetter and Transformation Fund monies, the model is being tested in Brynmawr, Tredegar and other locations, bringing together primary care, social care and wider wellbeing services around a place based approach to service delivery and breaking down health and social care boundaries to provide a more seamless system of care. The Health Board has well developed plans to build on these early successes to develop sustainable primary and community services delivering accessible, integrated services to people living in communities across Gwent

Programme Principles – Our principles support Future generations and this objective by ensuring all models being redesigned are done so in accordance with good practice. The Challenge & Support process (a gateway forum) ensures these principles are being adhered to. 54 Service models have no passed through this level of scrutiny.

1. **Patient centred**, concentrating on safety, quality and experience.
2. **Home to home**: integrated services in the community to prevent illness and improve wellbeing, and providing care closer to home where appropriate
3. **Data and evidence driven**, patient **outcome** focussed.
4. **Innovative** and transformative, considering new ways of organising and delivering care around the patient and their carers.
5. **Standardised, best practice** processes and care pathways.
6. **Sustainable** with efficient use of resources.
7. **Prudent** by design, following NHS Wales prudent healthcare principles.

The (draft) **Estate Strategy** sets out how the estate will be developed to meet the needs of the Health Board's Clinical Futures Strategy and its vision for the estate which is:

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- Motivating & Enabling
- Supportive of Service Delivery
- Enabling Partnership Working
- Financially Viable

Family and Therapies Division

- Care closer to home being developed
- Standardisation of CCN service across 3 Boroughs

Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) have been working to develop sustainable and appropriate services including:

- “Pimp my Zimmer” – the promotion of coloured walking frames to support people living with dementia. This will be included in the Falls Project.
- “Digital Companions” which is a project working with Digital communities wales to support those people who are not currently on line to ‘get connected’ so that it may benefit their Health and Well-being.

Falls Prevention

The Primary and Community Care Division are leading on an initiative that supports care homes to manage non-injurious falls. The Division has developed in partnership with care homes and local authorities a falls management protocol and has purchased Mangar lifting aids for the home. The home staff are trained to use the lifting aid and to date, the results are indicating better falls management, a significant reduction in hospital conveyances and significant reduction in 999 call outs. This model has informed the direction of the falls prevention agenda across Wales with all health boards being asked to replicate this work. Additionally, ICF funding has been secured to pilot the use of coloured walking frames making them more recognisable for people living with dementia.

OAK (Options, Advice and Knowledge) Knee and Low Back Pain, Patient Education

Giving patients more knowledge to self-manage and be equally involved in shared decision making should impact on the use of all our services – meaning that people access or are referred when the time is right for them – The intention is not to prevent access to secondary care services but to make it more efficient as cited in the Bevan report: ‘right care for right patient at right time in right place by right professional’.

R&D - an ongoing and building portfolio of clinical research that investigates and build evidence for the best care of adults. These trials are funded by grant giving bodies and are national and international. Specific projects include:

- DementiaCare – a study that explores the patient experience of acute hospital admission when they dementia who are also incontinent and are unable to cooperate and participate in planning and receiving care. It also explores the staffs' experiences.

Scheduled Care

Head and Neck

- National and Local Oral Health Plan – supported by Secondary Care, Community Dentistry, General services, Public Health Wales
- Future plans for Telederm in Oral and Maxillofacial surgery to assist with diagnosis and Treatment planning for patients.
- WG – ENT Planned Care Board supporting provision of Sustainable services in collaboration with GP's Primary Care, Voluntary sectors and Specialist Care
- Provision of Audiology Services in Primary Care to provide local assessment , advice and support for patients and sign post to most appropriate services

Ophthalmology

- Rapid Access Clinics for patients with suspected Wet AMD
- Telelid service – to identify conditions ranging from patients with suspected cancer to inappropriate referrals entering the service
- Glaucoma ODTG for both new and follow up patients – 6 practices throughout the boroughs to provide care closer to home
- Access to Emergency Eye Clinics for urgent patients with sight threatening conditions

Urology

- IMTP: work in progress - Self-management of stable patients who require PSA modelling – work underway in ABUHB in collaboration with primary care and value based health care. WUB also pursuing approach.
- Triage of patients with LUTS work underway with Value based healthcare – demand management as this is an area with high referrals- triaging patients prior to referral will enable the team to determine who requires an OPA.

	<ul style="list-style-type: none"> • Further demand management include GP advice email, patients advice email, DrDr, implementation of NICE guidance for the management of patients with asymptomatic non-visible haematuria and patients on surveillance (haematuria patients). • Implementation of NICE guidance for PSA referrals. <p>Division</p> <ul style="list-style-type: none"> • Demand and capacity planning – demand management and service modernisation (utilisation of ODT services, adherence to NICE Guidance) <p>Trauma and Orthopaedics</p> <ul style="list-style-type: none"> • Service sustainability plans include a continuation of the OAK project including lower back pain, see on symptoms follow up pathways, spinal MDT triage with an arthroplasty, hips and shoulders triage being delivered in Q1, Q2 and Q3 2019-2020 respectively. • Decoupling of elective and trauma sites - dedicated site for Trauma at the Grange • From Day 1 all elective surgery to be carried out at RGH with need for additional laminar flow theatre to support this activity • Eventual plans for an orthopaedic centre to be established for all elective work to be carried out under 1 site
<p>Summary – your key points on the stage reached in the journey and future direction of travel</p>	<p>This objectives is at the centre of delivering our “Clinical Futures Strategy”. This transformational approach to transforming primary and community services in order to provide more care closer to home. A ‘place based approach’ is starting to be implemented to improve coordination across organisational boundaries. The Health Board’s Clinical Future Strategy mirrors the aspirations outlined by Welsh Government in its ambitions within A Healthier Wales. Whilst the Health Board recognises that the full positive impact of this strategy will be measure in future years, the details within this bold and ambitious programme would confirm that our stage on the journey checker in relations to this objective is that we “are owning our ambition.</p> <p>Examples of Future Activities and focus:</p>

For full details of the “Clinical futures” future work streams see IMTP 19-22 - 3.3 Clinical Futures Programme - 3 year plan Transition.

Some examples of the future activities in the new models for Primary Care include:

- Implement six Integrated Wellbeing Networks over the next 12 months, in alignment with the delivery of the ‘Compassionate Communities’ (See SCP 1) model and consider extension of the Older Persons Pathway across the same 5 NCN areas through the recruitment of 24 health connectors by March 2020.
- Commence construction of two new Health & Wellbeing Hubs in Tredegar and Ringland and determine the next priority developments to enable the new social model of primary care is a prominent feature of planning. Typically, these hubs will contain the following services:
 - Independent contractors: General Medical Services, General Dental Services, Optometry Services and Community Pharmacy Services.
 - Integrated Service Teams: Integration of local nursing and community resource teams in the first instance, with opportunities to incorporate local mental health and complex care resources in the future.
 - Social Care Services: Including social work, housing & debt advice services as a core, with the option to include wider services
 - Facilities for provision of care: Including direct-access therapies and patient education groups as a core with the option to include wider services in the future
- Implement an incentive scheme to encourage uptake of the new skill mix model in primary care in the 5 NCN areas of Gwent with the greatest GMS sustainability challenges which are Blaenau Gwent East and West, Caerphilly North, Newport East and Torfaen North. This is expected to result in an uplift of 74 new extended roles by March 2020.

Well-being Objectives	Getting started	Making simple changes	Being more adventurous	Owning our ambition	Leading the way
	1	2	3	4	5
Objective 10 - Continue to integrate our actions with wider public, independent and voluntary sector partners with the aim of developing streamlined, whole system services for people who use our services and those they support.				Yes	
Evidence/References Including links to the relevant document(s)	<p>Additional information/Evidence see :</p> <ul style="list-style-type: none"> • IMTP 19-22 section 4.4 SCP 2 – Delivering a Seamless System of Health, Care and Wellbeing. • IMTP 19-22 section 2.3 - Gwent Regional Partnership Board • Annual Report 17-18 – pages 43-46 - Communications, Engagement and Partnerships <p>The Gwent Regional Partnership Board (the Gwent RPB) has secured additional funding provided by the 'A Healthier Wales: National Transformation Fund' to fund the Gwent RPB transformation programme. With this funding, the Health Board is working in partnership with social services, housing and third sector partners across Gwent to deliver a transformational improvement programme which will start to build the sustainable foundations required to achieve a system shift to a seamless system of care and wellbeing, with more care provided closer to home. The improvement programme focuses on supporting people to stay healthy and well, to self-care and to access a wider range of integrated services in primary and community care.</p>				

The Health Board published its Well-being Statement with 10 Well-being Objectives in the Integrated Medium Term Plan (2017/18- 2019/20). The Health Board is able to influence overall population health, health inequalities and the associated impact on treatment services of preventable conditions. This is possible through both collective action and through system leadership at Public Service Board (PSB) level. Four of the Health Board's Well-being Objectives have been selected as priorities for PSB Well-being.

Working with the Third Sector: Well established mechanisms with the third sector exist in our area, particularly through the Gwent Association of Voluntary Organisations and the Torfaen Voluntary Alliance. These groups play an invaluable part in supporting our engagement agenda and play an active role in the Health Board Stakeholder Reference Group. The Health Board delivers a range of projects in partnership with the third sector and volunteers. Some examples include:

- Age Cymru Gwent Red Robins Befriending Service at St Woolos (SWH) and the Royal Gwent Hospitals (RGH), Newport.
- C.H.A.a.T. (Care Home Ask and Talk) - Volunteers are members of the Gwent NHS Retirement Fellowship.
- Dementia Support Workers - in partnership with the Alzheimer's Society, 6 Dementia Support Workers (DSWs) have been appointed to work across NCN areas.

Clinical Futures Programme - Within the programme we are constantly engaging with a variety of internal and external groups to ensure not only that we are keeping people informed of developments but also that we're asking for feedback and testing with our population.

Attached shows the level of engagement we have done and plan to do in the near future as evidence of this.



Joint Commissioning between ABUHB and Local Authorities in South East Wales to deliver mental health services (for example Advocacy Services) across the region.

Family and Therapies Division

- Actively participate in the Children's rights group to ensure the child's voice is heard
- Participate in UNHCR training
- Attend NCN meetings to disseminate the CCN service as a resource
- Link in with ISCAN

Ffrind i Mi/Friend of Mine® (www.ffrindimi.co.uk) recognise that there are a wealth of organisations and services available to support individuals but knowledge of the services is 'patchy' – increasing awareness, understanding of individuals and the services available; collaborative working; a strong partnership board; networking; sharing through literature and engagement events have all helped ensure people have access to the most suitable service at the most suitable time.

R&D - as a University Health Board we have strong and well established links with our university partners in and outside of Wales. These partnership relationships exist for mutual benefit and include the development of research projects and applications for funding that address issues pertinent to our patients, staff, carers and public. These university departments include health departments but also mathematics, sociology and business departments. In addition, we also are funded directly and indirectly by charitable and voluntary organisations.

Planning - As part of the delivery of the Gwent Area plan, a social value forum has been established to ensure that third sector, social enterprise, cooperatives and providers are actively involved in planning and delivery of services. This complements our already well established Gwent Citizens panel. Specifically within the Clinical Futures programme a dedicated engagement and communications work strand has been developed predicated on co-production with the public, and ensuring that 'what matters' conversations with our public helps drive sustainable change.

Scheduled Care

Head and Neck

- Audiology Services – Linked to Volunteer Scheme. Training provided by Audiology Services to enable basic duties and support across Hospital and Community sites

	<p>Division</p> <ul style="list-style-type: none"> • Cancer Nurse Specialists posts across the organisation funded for 3 years by Macmillan • Speakers from partner agencies e.g. Tenovous Macmillan and Velindre Cancer Care have spoken at Health & Wellbeing Events held in each locality within Gwent • Tenovous have supplied ABUHB Cancer Outpatients Clinics with fully trained benefits advisors • Tenovous plan to train further volunteer benefits advisors to ensure that all MDTs have access to this service on all sites • Volunteers provide support to a variety of inpatient wards • Support dogs visit the wards <p>Urology</p> <ul style="list-style-type: none"> • PCP WUB Collaborated Care Group meets bi monthly to discuss planned service changes, updates from WUB and discuss any innovations/changes in primary care also. Member include primary and secondary care representation and a patient rep. CHC were invited to the meetings and attended initially but have dropped out due to work commitments. MacMillan also invited to the meetings but have not attended any. <p>Ophthalmology</p> <ul style="list-style-type: none"> • Further development of the ODTC's with the implementation of an Electronic Patient Record – optometrist decision making and prescribing • Wet AMD non-medical injectors to progress from nurse only to orthops and optometrists. <p>Trauma and Orthopaedics</p> <ul style="list-style-type: none"> • Part of wider planned care programme looking at adopting prudent health care principles as well as Value based health care principles. Planned care board work will include patient representatives. Continued use of message bird to allow us to text patients to improve PROMS.
<p>Summary – your key points on the stage reached in the</p>	<p>In considering the above evidence, whilst recognising that there is still more to do the Health Boards has a well-developed approach to working with partners through the RPB and PSB's. The examples above also highlight our proactive initiatives of working with the third and voluntary sectors. Notwithstanding that the detail PSB well-being plans and Area Plan have many</p>

<p><i>journey and future direction of travel</i></p>	<p>actions which are still to be fully implemented the approach taken by the Health Board is such that we consider that we are owning the ambition for this objective.</p> <p>Examples of Future activities and direction of Travel</p> <p>The new/updated Area Plan will be developed and delivered through the established RPB governance model, with population focused Strategic Partnerships setting the strategic direction and local Integrated Partnership Boards acting as the engine room for delivery in each local authority area. The continued maturation of Neighbourhood Care Networks will enable the potential for integration at an NCN level to be realised, as new services, pathways and models of care are established. The unique Neighbourhood Care Network (NCN) model in Gwent provides a delivery mechanism across Gwent for a new place based approach at locality level, with local Integrated Partnership Boards (IPB) providing leadership, governance and accountability at a local authority level and the RPB providing strategic direction and oversight at the Gwent level.</p>
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SECTION 2 – HOW ARE WE MOVING FORWARD?

To carry out her duty to promote the sustainable development principle (which includes monitoring and assessing the extent to which well-being objectives set by public bodies are being met) the Commissioner would like to understand how much the five ways of working are an integral part of meeting your objectives. This will inform the Commissioner's future advice and assistance in helping you implement the Act.

In this section, you may also wish to consider the seven corporate areas of change here to help reflect on the progress you are making and to follow the statutory guidance. These areas are:

- Corporate Planning
- Financial Planning
- Workforce Planning
- Procurement
- Assets
- Risk Management
- Performance Management

This is so that you can benchmark your own progress on some of the longer term and complex changes to practice that are required to implement the Act and for you to meet your objectives. This tool may then be used as a frame of reference for future annual reports, as it will illustrate current strengths and areas for increased attention, and it will also enable the Commissioner to observe, at a high level (by looking across all the reflections), where to develop further support mechanisms for areas where there is less progress. The scoring system also provides a simple way of quantifying progress.

Seven Areas of Change (average fig used in final column in above table)

WoW	Financial Planning	Corporate Planning	Workforce planning	Performance Management	Risk Management	Asset Management	Procurement	Average
Long-term	1	1	1	1	1	1	1	$7/7 = 1$
Prevention	1	1	1	1	1.5	1	1	$7.5/7=1.1$
Involvement	0.5	0.5	1.5	1	0.5	1	1	$6/7=0.85$ (1)
Collaboration	0.5	1.5	1.5	0.5	0.5	1	1	$6.5/7 = 0.92$ (1)
Integration	1	1	1	1	1	0.5	1	$6.5/7=0.92$ (1)
Totals (out of 10)	4	5	6	4.5	4.5	4.5	5	

The Auditor General for Wales has a duty to “carry out examinations of public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when a) setting well-being objectives, and b) taking steps to meet those objectives.” The Commissioner’s team are working closely with the Wales Audit Office as they carry out these examinations for the first time. The Commissioner’s team have been accompanying Wales Audit Office staff to a selection of interviews and workshops with public bodies to assess progress in meeting well-being objectives and provide the Commissioner with information that will help to shape her advice or assistance to public bodies. Although the duties are different, the Auditor General for Wales and the Commissioner are working closely together to share relevant information and minimise the burden on your organisations.

In this second table you will:

- 1) Reflect on how your evidence tells the story of the way in which you have made progress towards each of your objectives with the help of the five ways of working. In the column for corporate areas for change, provide an average score across the seven areas for change. There is opportunity in Section 3 to reflect on this. This assessment will produce a baseline score out of 10 for each of the objectives, for the organisation’s corporate areas of change and an aggregate score (out of 10) will be calculated for each of the ways of working.
- 2) Consider each box in this matrix and reflect on the totality of the evidence you have given in Section 1 and provide a score. You should consider how strongly there is evidence that supports your score and that you are developing your approach to the five ways of working as you progress both your objectives and seven areas of corporate change. Through this reflective process you may wish to add further evidence to Section 1 at this stage.
- 3) Add additional columns if you have more than four objectives, and reflect on each objective before turning your attention to the corporate areas of change.
- 4) Examples are provided in Annex 1 to the scoring of the evidence, and you should consider these as a guide only, to help you think about how to interpret the matrix and score your organisation.
- 5) The total scores per way of working may then be used locally as indicators for both strengths and areas requiring further attention in the future. This will also help you consider how to present progress in annual reports in future years.

Ensure that you place a score in each of the 25 boxes: 0=no evidence; 0.5=some evidence but much to do; 1.0=good evidence but with development needs; 1.5 good evidence and embedded practice; 2.0 evidence of being an exemplar for others in this regard. See Annex 1 for further guidance.

	Well-Being Objectives											
Ways of Working	1	2	3	4	5	6	7	8	9	10	Corporate areas of change (Average)	Total (FORMULA: add scores from each column; divide by no. of columns; multiply by 5)
Long term	1	0.5	1	1	1.5	0.5	1	0.5	1.5	1	1	4.7
Prevention	1	0.5	1	1	1.5	0.5	1	1	1.5	1.5	1	5.2
Involvement	0.5	1	1	0.5	0.5	0.5	1	1	1	1	1	4.1
Collaboration	1	1	1.5	1.5	1	1	1.5	1	1.5	1.5	1	6.1

Integration	1	1	1	1	1	1	1	0.5	1	1	1	4.7
Totals (out of 10)	4.5	4	5.5	5	5.5	3.5	5.5	4	6.5	6	5	

Annex 1

In completing the table above, you may also wish to refer to the Commissioner's Future Generations Frameworks
(https://futuregenerations.wales/resources_posts/)

Ways of Working	Scoring information	Score of 0	Score of 0.5	Score of 1	Score of 1.5	Score of 2	Total
	Long term	<p>A score of 0 or 0.5 here would indicate that only lessons from the past have informed the shape of the desired future outlined by the objectives.</p> <p>A score of 0 or 0.5 is indicative of the absence of consideration of future trends.</p> <p>A score of 0 or 0.5 is indicative that the objectives and steps are only focussed on current need and pressures.</p> <p>A score of 0 or 0.5 suggests there is no road map to the end ambition or long-term vision.</p>	<p>You have considered some future trends, including the Welsh Government 'future trends report' and the well-being assessments, in your work.</p> <p>A definition of long-term with the inability to evidence that this is being kept under review will attract a score of 1 or less.</p> <p>A score of 1 or less will indicate that old actions have simply been rebranded.</p>	<p>A mid-point score will show recognition that although there may be constraints, consideration is given that short term actions are not detrimental to potential long-term need.</p>	<p>A score of 1.5 or 2.0 could be allocated for evidence of using future trend analysis to guide decisions.</p> <p>A score of 1.5 or 2 will be justified by techniques that are new, bold, and innovative to achieve the long-term and the objectives and steps under review.</p> <p>You have used realistic future trends, back casting, fore-sighting and horizon scanning to determine next steps.</p>	<p>A score of 2.0 here would indicate evidence that balances, in its narrative, short term needs and demands with long-term priorities and projections of future need. This may be expressed in terms of ambition of change in 5, 10, 15, 25 years and beyond.</p> <p>Your work will improve economic, social, environmental and cultural well-being in the long-term.</p> <p>A score of 2.0 indicates you have full considered how your work will affect what the area looks and</p>	<p>Use the formula of: add scores from each column; divide by no. of columns; multiply by 5</p>

						feels like in 2040 and beyond, including how to get there, who is needed to be on board and sustainable management of resources is discussed.	
	Prevention	<p>If there is no information or evidence of how the organisation is considering preventative measures, apply a score of 0 to 0.5.</p> <p>If the focus is on day-to-day crises rather than seeking to understand root causes.</p>	<p>A score 0 to 0.5 here means there has been little or no identification of the issues the organisation is trying to prevent – be they local or global.</p> <p>A score of 0 or 0.5 will be evidenced by actions that may be new but are considered pilot or on a small scale that will not have an impact at population level.</p>	<p>A higher score can be attributed if there is evidence that current action will impact on the long-term well-being of Wales and there is application of the definition of prevention and preventative action.</p> <p>You have considered how your work is trying to break negative cycles and intergenerational challenges.</p> <p>If it is understood whether you are trying to prevent something from occurring, prevent something from getting worse or alleviate a situation.</p>	<p>A score of 1.5 or 2 will be justified by strategies that demonstrate a clear understanding of prevention and associated strategies across the whole organisation.</p> <p>A score of 1.5 or 2.0 in this section would be justified if prevention is being looked at across the whole system.</p> <p>Your work has identified and minimised its own negative impact.</p>	<p>A score of 2.0 in this section would be justified if the report demonstrated how funds and resources have been redirected or allocated for providing services in a preventative way.</p> <p>You know that what you are trying to prevent is local, national and global problems.</p> <p>Your work has removed its own negative impacts. Research and evaluation results revealing learning points as well as success and improvement is described, and prevention actions are measured and recorded will justify a score of 2.</p>	

	Involvement	<p>A score of 0 or 0.5 should be awarded if engagement and involvement is not given priority within the organisation.</p> <p>There is little evidence of an understanding of who needs to be involved and why. There is a focus on the 'usual suspects', with little or no effort to seek views from non-traditional sources.</p>	<p>There is evidence that demonstrates well-being objectives and steps are clearly set out, so others (staff, stakeholders and the public) understand them.</p> <p>A score of 0.5 to 1 would suggest you have used existing information, including the well-being assessments, to inform work.</p> <p>Some standardised approaches to involvement are undertaken with little reflection on whether this is accessible to all affected by the objective or steps.</p>	<p>There is evidence that involvement has informed the progress made and people have influenced the substance and content of your work.</p> <p>There is reflection on how to work better with the community; the scoring does not necessarily relate to success stories, as the self-reflection may be on the practical difficulties being encountered in engaging with communities.</p>	<p>A score of 1.5 will be justified if relevant people are involved in the compiling, writing and presenting objectives, review of objectives, and performance monitoring.</p> <p>People involved represent the diversity of the area you represent.</p> <p>Correspondence, complaints and comments have informed the work.</p> <p>There is a feedback loop where the conversation is continued with people and learning is gathered to feed into next steps.</p>	<p>Evidence of co-production, innovative approaches and people's needs, lived experiences inform your work.</p> <p>People are involved in identifying problems and coming up with solutions.</p> <p>You proactively communicate results with those involved.</p> <p>A score of 2 here will reflect an organisation that has a mature, transparent and trusting relationship with others, accepts and fully communicates feedback from external sources; reviews and shares best practice with others; and, adopts new ways to demonstrate and communicate progress.</p>	

	Collaboration	<p>A score of 0 or 0.5 will be attracted where the organisation is not breaking through traditional or silo working.</p> <p>There is a lack of trust and conflicting priorities between organisations, you do not share information or experience, leading to confusion and duplication of effort.</p>	<p>A score of 0.5 will relate to evidence of some stakeholder analysis, and some accounts of new ways of working with usual partners.</p> <p>There is little or no evidence that you have considered who you need to work with to contribute to economic, environmental, cultural and social well-being.</p>	<p>You have undertaken full stakeholder mapping. You know the partners you should be working with along with a rationale for how these partners are chosen.</p> <p>There is evidence you have contacted more 'unusual' partners to contribute to economic, environmental, cultural and social well-being.</p> <p>There will also be evidence of how working in partnership has been of benefit to each of the partners and an understanding of the risks of not working together.</p>	<p>There is reflection that the right partners have been included and you are taking collaborative actions. Or that these have been amended upon reflection.</p> <p>There is evidence of working with different stakeholders in innovative ways to achieve a tangible stretch, i.e. how you together have gone beyond usual practice of working across organisations.</p>	<p>The higher score of 2.0 will reflect maturity and trust within and between organisations. There is evidence of well-established partnerships.</p> <p>There is evidence of co-production, shared budgets, innovative joint commissioning and delivery of projects.</p> <p>There is evidence of lessons learned and the impact of new ways of working, and this has been formally considered by partner organisations.</p>	

	Integration	<p>A 0 or 0.5 score will reflect that there is little or no articulation on how the sustainable development duty fits with other legislative duties of the organisation.</p> <p>There is a culture of silo working within the organisation where information is not shared, making it difficult to identify impacts and dependencies.</p> <p>Your work is not considered in the conception of most new projects or services.</p>	<p>Some internal processes have been critically examined but little changes have been made or they are in the initial stages of implementation.</p> <p>A score of 0 or 0.5 will indicate that lessons are not being captured or shared and that there is little or no evidence of how well-being objectives are delivering on the organisational indicators and milestones.</p> <p>There is insufficient evidence on how the organisation is considering its contribution to the seven national well-being goals.</p>	<p>A score of 1.0 to 1.5 would indicate that the narratives integrate the duties of the Act with other statutory requirements. There is consideration of how other duties are impacted – positively or negatively.</p> <p>A score of 1.0 to 1.5 here reflects that the organisation is working differently since the implementation of the Act, and the changes are being evidenced.</p> <p>It is clearly evidenced how objectives maximise contribution to the seven well-being goals.</p>	<p>A score of 1.5 or 2 would reflect that corporate processes, performance monitoring systems and policies have been changed and applied because of reflection on the Act.</p> <p>A score of 1.5 or 2 will be justified when teams, departments and organisations have worked together in innovative ways to maximise contribution to the goals and there is adoption of new ways to demonstrate progress.</p> <p>There is evidence that objectives and steps are not undermining other objectives (internally and externally), taking great care to not impact them negatively. They have been reviewed to ensure they are still relevant.</p>	<p>A score of 2 will be justified when teams and resources are being stretched beyond traditional boundaries to create new ways of working.</p> <p>The Act frames the entire narrative of the organisation.</p> <p>Evidence that delivery of objectives contributes to and reinforce other objectives (internally and externally) to generate co-benefits and contribute to each of the well-being goals.</p>	
	Totals (out of 10)						

SECTION 3 – KEEPING FOCUSED AND MAINTAINING THE MOMENTUM

This third section provides you with more space to reflect upon how your organisation captures the local activity and impact of the Act within, and alongside, your other duties and expectations placed on your organisation. You should expand each of these boxes as required.

- 1) Did your well-being objectives change during 2017-18? If so, please describe why you changed your objectives and the journey you went through to change them or point us to this explanation elsewhere.

Following consideration by both our WBFGA Programme Board and Public Partnerships & Well-Being Committee (PP&WBC) in April and May 2018, a decision was taken that our ten Well Being Objectives, established in March 2017, should remain unchanged. The rationale for this decision was based on the fact that a rigorous process that was undertaken with the Divisions to develop the original objectives and that they are aligned to the current (five) PSB well-being objectives and therefore they are still relevant and appropriate. However, it is our intention to revisiting these during 2019 to ensure they remain fit for purpose.

- 2) To what degree are you content with the pace of change you have achieved in making progress with your objectives in the first year. Are you where you expected to be? What more might you need to do to accelerate change? Are you progressing equally against all objectives in this first year?

Whilst we recognise that that the Health Board is on a journey in relation to how it is Embedding the Act. Our self-reflection on progress undertaken in April/May 2018 and reported to the May 2017 PP&WBC included the following summary:
"In overall terms the Health Board is making positive progress in delivering its ten Well-being objectives. There are many examples of steps/activities that have been undertaken across the Divisions and enabling functions that demonstrate this positive progress." The progress report to the committee provide significant detail on where the Health Board is making progress, with very specific examples and case studies that demonstrate how.
[Report on WBFGA Progress Update - PP&WBC May 2018](#)

Our underpinning approach to responding to embedding the Act has been to ensure that it becomes part of the behaviours and culture of the organisation. To this end we have established a WBFGA Programme Board which has representation from across the Health Board, an Executive Board lead (Dr. Sarah Aitken) and ultimately reports into the PP&WBC). This Board has oversight of a comprehensive Embedding Programme which is focused on working with the Divisions and functions to fully integrate the principles of the Act into the DNA of the Health Board. One of the key projects within the programme is our 'Self-Assessment Process' with staff from all of our respective Divisions and Functions working to clearly articulate their ambition in the context of the five ways of working and how they will achieve these. This process is ongoing and indeed on 18th December we dedicated part of our

Board Development session to developing a five ways of working ambition narrative for the Health Board as a whole. By the end of 2019, we will have a comprehensive view of ambitions based around the five ways of working ambitions across all Divisions and functions of the Health Board.

Our Public Partnerships and Well-being Committee, the Board sub-committee that oversees our duties under the Act, has already taken the opportunity to reflect on the many positive steps and activities that we are taking to deliver our Well-being Objectives and maximise our contribution to all of the Well-being Goals. In undertaking this reflection we recognised that there was more to do to ensure that the Well-being Objectives and progress against them become better integrated within current planning and performance arrangements. Therefore, we have been undertaking work to ensure that our Well-being Objectives are fully embedded into our Integrated Medium Term Plan (IMTP) when it is signed off at our January Board meeting.

The Journey Checker completed in Section one of this self-reflection highlights where we are in relation to progress against individual objectives. However, it is worth noting that;

- Our progress score/journey, reflect the status quo rather than take account of initiatives/projects/activities that are embryonic and not fully embedded.
- Given the scale of transformation activity currently underway within the Health Board we would expect to see many of the current and planned initiatives/projects start to have impact over the next few years and therefore we would anticipate our maturity score to improve
- As a large complex organisation we have looked to give an average score for the organisation as a whole, whilst recognising that there will be variability in levels of respective WBFGA maturity across the Health Board

As for where we will need to do more: We are still working through how best to embed our well-being objectives within current planning and performance arrangements and continuing to work through our Self-Assessment Process which should both raise the profile of the Act and enable us to have a very clear picture of what needs to be undertaken to achieve the ambition of the Health Board in the context of the Act.

3) What do you believe are your organisation's main strengths and successes in relation to the Act? What has helped you achieve these? Are these reported in your annual report?

Some examples of our key strengths and successes in relation to the Act would be:

- **Long-term** - Our ongoing Clinical Futures Transformation Programme which has the principles of the Act embedded within its own design principles and clearly articulates the aspirations for Welsh Governments A healthier Wales.
- **Collaboration**: - Individual Programmes which have had a pan Wales impact such as FFrind I Mi (www.ffrindimi.co.uk) and our collaborative work with the Regional Partnerships Board and Public Service Boards.

- **Involving:** Our Community Engagement and Better2gether programmes - A small team within the Health Board was established in late 2016, to ensure an active presence across our in communities for at least one full day a week and working with partner organisations and alongside internal services to affect change as a result of what they learn and hear.
- **Integration:** Our Integrated Wellbeing Network - Across Gwent the Health Board has promoted the use of the 'Integrated Wellbeing Network', as a new planning framework. From 2018 it is being formally adopted across PSBs, the Gwent Regional Partnership Board and internally within the Health Board.
- **Prevention:** Making Every Contact Count (MECC) 10% of ABUHB staff are trained in MECC every year.
- Also some good examples of innovation and research such as NCMH – a project that examines the genetic and clinical mental health history of patients in a large 9,000 set of people with mental health and learning disability conditions without dementia.

A key mechanism for us achieving those aspects highlighted above is the embedding the ambitions of the Wellbeing of Future Generations (Wales) Act into our core business and this being seen as a leadership priority for the Health Board. This positive tone from the top has enabled the importance of the Act to be recognised and ensured that its remains an ongoing focus for staff throughout the Health Board.

To support this strategic positioning the Health Board have established a robust governance framework around the Act and has an ongoing communication strategy around the Act which has been spearheaded by the development of short Video's of the Chief executives speaking about the Act and its importance to the Health Board. This will be complemented by the launch of Internal Web pages in Feb 2019 which will provide best practice and capacity building support to further embed the Act.

Many of these examples have been sighted in our 2018 Annual Report and 19-22 IMTP.

- 4) What are the main challenges to making progress to the next stage in meeting your well-being objectives? What is required to help overcome them? Are these reported in your annual report?

Our Annual Progress update to the May 2018 PP&WBC highlight that whilst good progress has been made on the well being objectives there is still more to do. As noted above the WBFGA Programme Board has a detailed Embedding Programme which articulates the activities and focus for embedding the Act throughout the Health Board. The May 2018 PP&WBC report highlights a number of key actions that will enable ongoing progress to be made against the well-being objectives namely:

- The development of WBFGA best/notable practice resource that will support staff to both understand what good looks like but also how they might interpret the Act into professional practice.
- A project to look at how we might embed the Act into other corporate processes such as risk management and corporate governance and Corporate planning and performance

- Continuing to embedding the Act into the Clinical Futures Programme through the Challenge and Support project gates and into the Service redesign programme through pilot services such as the new Children and Young people's Weight Management Service.

5) The Commissioner has chosen six priority areas for future work: housing stock, planning, transport, skills for the future, alternative models to health and well-being, and Adverse Childhood Experiences. Do any of your objectives reflect these priority areas? Are there specific case studies that you would like to highlight in relation to these priorities not included in Section 1?

Four of the Commissioners priority areas are reflected within our well-being objectives. These being; Transport, skills for the future, alternative models to health and well-being, and Adverse Childhood Experiences. See below example case studies which provide practical examples of activity to progress these priority areas:

Transport – Draft Sustainable Travel Strategy and Travel Plan for the new Hospital at Llanfrechfa Grange

Skills for the future - The Culture Change Programme is undertaking a wide range of activities designed to promote greater involvement including a Cultural Survey completed by over 1,100 staff to initiate an organisation wide discussion on what culture we have, the culture we want and how we support the changes we need to make

Alternative models to health and well-being – Integrated Neighbourhood Care Networks (NCN's)

Adverse Childhood Experiences – roll-out across Gwent.

6) *Thinking in more detail about your corporate functions.*

- a) Recognising that well-being objectives may be different from your corporate priorities, is this the case in your organisation? How are you working to integrate well-being objectives and corporate priorities?
- b) Looking at the seven corporate areas of change, which you have scored in Section 2, has progress been uniform across each area or have you focussed more on one / several of them? Will the focus change in the coming years?

A) The IMPT 2018-21 and our 2018 Annual report highlight the Health-Board's five strategic priorities and our ten well-being objectives. There is a clear relationship between these aspects with the Well-being objectives providing further clarity and detail. However, we have recognised in our Annual Report and progress report to the PP&WBC that there was more to do to ensure that the Well-being Objectives and progress against them become better integrated within current planning and performance arrangements. Therefore, we have been undertaking work to ensure that our Well-being Objectives are fully embedded into our Integrated Medium Term Plan (IMTP) when it is signed off at our January Board meeting. In addition to this we are undertaking a piece of work which should conclude by the end of 2019 to review the relationship and alignment between the various strategic drivers within the Health Board.

- B) We have included a detailed analysis of our scores for each of the Seven Corporate areas in Section 2 of this self-reflection: This highlights where we think we have made the most progress and where we feel we need to focus. Whilst will continue to undertake activity across all of the seven areas of change the key areas of focus for us over the next few years will be in :
- a. Corporate and performance Planning - work ongoing to embed the WBFGA into the IMTP process and the strategic alignment project
 - b. Risk Management – A pan Health Board landscape review which will consider how the Act is shaping the risk landscape
 - c. Asset Management – finalisation of our Estates Strategy

- 7) If your organisation covers a broad geographical area:
- How do you recognise and reflect geographical differences across the region or across Wales in delivering your objectives?
 - Are there specific comments you would like to make about differences across Wales and are there particular case studies you would like to put forward; or, barriers you have identified?
 - Are you looking to similar organisations to yours, other sectors or jurisdictions for best practice?

Geographical differences

- The Health Board was proactively contributed to the Well Being Assessments for all five PSB's within the Gwent Region – enabling regional data to be used to shape local well-being plans
- ABUHB four key well-being priorities have been reflected in all five PSB's well-being plans - for example Best start in life which is driven by socio economic factors focusing on areas with high levels of deprivation.
- The Health Board are a strategic partner in the RPB which has been informed by the Population Needs assessment across Gwent enabling priorities to be exercised
- Neighbourhood Care networks

Best Practice

Many of the Health Board's Divisions and Functions will be involved in Benchmarking and sharing of Best Practice with other HB for example on procurement , finance, IT and on clinical areas through PHW. The Health Boards improvement and research functions also collaborate with academia and international organisations to learn and embed improvements throughout the Health Board. (see detailed evidence in Section 1 for examples).

- 8) *Capturing the most important lessons.* Annual reports and other corporate reporting processes can often focus on success rather than on the rich learning that can come from challenges and things that did not work out quite so well:
- Does your reporting highlight key challenges or barriers that need to be raised or addressed internally or more widely?
 - Have lessons from any failures or difficulties been captured in a way that others may learn from?

Our reports have provided a focus on the many positive activities and actions that are being undertaken in pursuit of our well-being objectives. However, we have been self-reflective in our progress report to the May 2018 PP&WBC there is still much more to do and articulated where this effort should be focused.

In addition to this we are a learning organisation with lesson learned gates built into many of our projects and programme. A good example of this is our WBFGA Self-Assessment project, which has changed, developed and improved through direct feedback and engagement with Divisions and functions that have been through the process. We have already shared some of this learning with our public bodies in Wales and would be happy to continue to do this if required.

- 9) *Sharing best practice.* Are there examples of best practice, or new insights, or case studies that you would like to share wider across other organisations embracing the Act that you haven't already referenced above?

There are many examples of Practice that we have included through Sections 1 and 3 and would be happy to share more information on these with other organisations should this be required.

In particular we have already shared the progress we have been making using our WBFGA Self-Assessment process during workshops at the May 2018 joint OFGC and WAO conference.

- 10) Are there any further observations that you would like to make about reflecting on your progress that do not fit into other sections of this tool?

No

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Self-Reflection Feedback for Aneurin Bevan University Health Board

Progress towards
Well-being Objectives: self-reflection tool 2017-18

August 2019



Sector specific findings: *health*



Across the Health Sector

Variation in how health bodies apply the Act

- There is variation in how health bodies have applied the Well-being of Future Generations (Wales) Act in their annual reporting and this was reflected in how the majority of health bodies approached this self-reflection exercise. For many, the requirements of the Act appears to remain a 'side-line' to the real business of the organisation and is often seen as an issue for the Public Health teams to deal with, rather than a matter of strategic leadership. There is limited evidence that health bodies are considering the Act in relation to their core corporate functions, including the seven corporate areas outlined in the statutory guidance for the Act.

Welsh Government processes and targets as a challenge and barrier

- The prominence and priority of the key elements of the Well-being of Future Generations Act in Management Board discussions is a barrier to change across Health Boards and the broader system, and the focus from Welsh Government on performance and finance is a key element of what needs to change.
- Those engaged in implementing the Act identified that health bodies are viewing the Act as separate to what they do, partly due to Welsh Government creating confusion. Use of slightly different language in guidance and policy, providing funding streams that only pay lip-service to the well-being goals and placing targets on health that drive them away from the sustainable development principle and five ways of working distract Boards and senior leaders.
- An example is the perception that the delivery of the Social Services and Well-being (Wales) Act has been far better resourced than the WFG Act by Government, despite both Acts demanding transformational change and the fact that the majority of broader health determinants lie outside of the health and social care interface. This has meant attention is often diverted from the work of Public Service Boards to Regional Partnership Boards, where the scope of improving well-being is more limited.
- The Health sector raise a major challenge contributing to the above factors; the performance management framework set by Welsh Government needs to evolve rapidly to reward and recognise the delivery of well-being outcomes, not focus on outputs, quantitative information and processes.
- The current approach, facilitated by the Integrated Medium Term Planning (IMTP) and annual reporting framework is a significant barrier to incentivise health bodies to adequately implement the Act. We expect to see far better demonstration by leaders in health bodies that the Act is creating change and Government removing the constraints of this happening currently.



Across the Health Sector (cont.)

Health bodies should consider setting broader well-being objectives and ensure that the steps they are taking to meet their objectives are clear

- Health bodies have largely focused on health and social well-being. There is little evidence in annual reporting of how the health sector is responding to environmental, cultural and economic well-being. Public bodies must set objectives that maximise contribution to each of the national goals, not just those that relate most to their remit.
- However some more recent examples show some are making progress. For example, Swansea Bay Health Board are seeking to improve environmental and social well-being by working with the Public Services Boards and partners, to promote health through access to nature; Cardiff and Vale Health Board have been a key part of delivering the Cardiff Public Services Board Healthy Travel Charter and have a focus on the benefits of arts and culture to health; Aneurin Bevan Health Board has introduced preventative and collaborative schemes such as '[Ffrind i Mi](#)' (an intergenerational and volunteering project); and Hywel Dda Health Board have adopted a 20 year strategy.
- According to the Commissioner's expectations in '[Well-being in Wales: the journey so far](#)', public bodies should be clearly setting out objectives and steps, how they intend to maximise contribution to each goal and how they have used the five ways of working in setting and meeting them. Some health bodies have not adequately met their duty in this respect, and we expect to see this integrated with corporate reporting i.e. Integrated Medium Term Plans (IMTPs).

Lack of use of the Welsh Government definition of prevention

- Overall, prevention was scored relatively highly across the health sector in the self-reflection tool. However, there is little evidence in the narrative that bodies have considered the type of prevention they are investing in (primary, secondary, tertiary), the outcomes they want this investment to achieve and how they should shift investment to primary and secondary prevention. Preventative activities still primarily relate to medical interventions rather than considering prevention more widely

Ability to look long-term

- Whilst we welcome the fact that some health bodies have 10-year or 20-year strategies in place, the IMPTP process only requires a 3 year plan. There is a need for greater consideration of long-term thinking across their work. We understand that this lack of focus is partly due to pressures but also due to understanding of trends, futures-thinking, potential disruptions and the impact on localities. Although the Welsh Government's Future Trends report is a source of evidence, the Government response to futures needs more funding. We are building capacity and we would encourage you to use regional funding (as the Gwent PSBs have done) to support long-term planning.



What you told us



What you told us

- You had ten well-being objectives for 2017-18, they have not been updated for 2018-19. We note your intention to review your objectives in 2019-20 to ensure they are fit for purpose.
- You said you are 'making simple changes' on four of your objectives, 'being more adventurous' on three of your objectives, and 'owning your ambition' on three objectives.
- You recognise that you are on a journey in relation to embedding the Act, and you say that 'in overall terms the Health Board is making positive progress in delivering its ten well-being objectives'
- You have established a programme board to ensure your response to the WFG Act becomes part of the behaviours and culture of the organisation.
- You set out an insightful overview of progress in Section 3 of the self-reflection tool, including next steps for your programme board.
- You scored your progress towards your well-being objectives as set out in the slides below:



Progress towards well-being objectives: section 1 of the self-reflection tool

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
1. Support every parent expecting a child and give every child in Gwent support to ensure the best start in life			X		
2. Support adults and children in Gwent to live healthily and to age well, so that they can retain independence and enjoy a high quality of life into old age		X			
3. Promote mental well-being as a foundation for health, building personal and community resilience			X		
4. Encourage involvement of people who use our services and those they support, in jointly owned decisions regarding their own health and care plans, and in wider service planning and evaluation so that we, with our partners, deliver the outcomes that matter most to people		X			
5. Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas				X	
6. Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace		X			



Progress towards well-being objectives: section 1 of the self-reflection tool

Well-being Objectives	<i>Getting started</i>	<i>Making simple changes</i>	<i>Being more adventurous</i>	<i>Owning our ambition</i>	<i>Leading the way</i>
	1	2	3	4	5
7. Develop our staff to be the best that they can be with high levels of employee well-being and, as the largest employer in Gwent, promote NHS careers and provide volunteering and work experience opportunities			X		
8. Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services including; carbon and waste management, undertaking procurement on a whole life cycle cost basis and support local sourcing, promoting sustainable and active travel and , advocating improvements in environmental health		X			
9. Plan and secure sustainable and accessible healthcare services ranging from prevention through to treatment, rehabilitation and recovery that meet current and future needs and address health inequalities and differing levels of need across our communities				X	
10. Continue to integrate our actions with wider public, independent and voluntary sector partners with the aim of developing streamlined, whole system services for people who use our services and those they support				X	

Your approach to self-reflection



Your approach to self-reflection

- Your Public Health team completed the self-reflection exercise, with contributions provided by members of the WFG Programme Board.
- We welcome your positive approach to the self-reflection tool, as it is evident you have put considerable effort into gathering evidence and providing a fair picture of progress.
- You provided comprehensive evidence for each well-being objective, with helpful links.
- Your consideration and explanation of how you rated each object was notable, as many other bodies provided ratings with little explanation of the rationale.
- Your responses are reflective and honest and, in many cases, we feel you are under-playing your successes and giving yourself relatively low ratings in comparison to how other bodies have rated themselves. However in Section 3 you flag that *"as a large complex organisation we have looked to give an average score for the organisation as a whole, whilst recognising that there will be variability in levels of maturity across the Health Board"*.



Assessment of general progress



Assessment of general progress

We appreciate these comments are based on objectives set in 2017/18 and things will have developed since then for your organisation. We hope this advice is helpful as a feed-forward for the work you're currently doing to meet your objectives and for future reporting.

- Your ten well-being objectives are relatively broad-ranging in comparison with many other health bodies which is to be welcomed. We note that the first three are particularly broad in terms of population health, and it is positive that you have profiled them as being priorities for the Well-being Plans of the five PSBs you sit on, on the basis that they can only be addressed successfully by working with PSB partners. **We would encourage you to continue with this and for other members of PSBs to do the same.**
- We welcome that some of your objectives include explicit reference to environmental and cultural well-being, and **we encourage you to continue to consider how your objectives maximise contribution across the well-being goals if you review them in 2019.** The Commissioner is publishing a suite of advice on '[journeys towards the well-being goals](#)', which will hopefully provide you with some ideas and inspiration on steps you can take to do this.
- We note that much of the evidence you provide is in relation to your 2019-22 IMTP, whilst the focus of the self-reflection should be on progress made in 2017-18. However we appreciate the challenge of reporting on work that happened in 2017-18, when so much good work has happened in the intervening period.
- **You give limited reflection on the seven corporate areas of change set out in the [guidance on the Act](#) (pages 14-15) and we would like to see greater consideration of them in your next Annual Report and future self-reflection.** For example, progress on longer term financial planning, joint resourcing with other public bodies, reviewing your approach to procurement to ensure you're procuring goods in ways that support economic, social, environmental and cultural well-being, and planning your workforce for the future.
- Financial planning and risk management are two of the seven corporate areas that must place the sustainable development principle at their heart, and the Commissioner has recently agreed a [definition of preventive spend](#) with Welsh Government. **We have encouraged other public bodies to adopt this and use it to inform spending decisions.**



Assessment of general progress (cont.)

- We note that the measures by which you have reported on progress focus predominantly on outputs rather than outcomes and are not holistically assessing progress against all aspects of well-being. We appreciate that you are reporting against a framework set by Welsh Government but **would like to see you give further consideration of the measures of success that most appropriately reflect the five ways of working set out in the legislation, and the duty to maximise your contribution to the well-being goals in this year's reporting.**
- **Whilst it is positive that you have a programme board to implement the Act's agenda, in terms of behaviours and culture across the Health Board, it is not clear how much of a priority this work is for the board as a whole.** For example the Well-being of Future Generations Act and your objectives are not given priority in your 2017-18 Annual Report or your 2019-22 IMTP. We understand that much of the work implicitly supports your objectives and the five ways of working, but it is also important that your objectives are a visible priority and not separate to the core business of the Health Board.
- You have rated your progress ranging from 'Making simple changes' to 'Owning your ambition'. Whilst we don't take a view on how you have scored yourselves, in comparison to other public bodies we feel that you have been relatively modest in your ratings, and this is something you could look to explore in conversation with other public bodies in terms of how they have rated themselves.
- You include many strong examples as part of your evidence, which is partly why we feel you have been modest in your ratings. Those that particularly stand out are Ffrind i Mi, your work to develop Integrated Well-being Networks and a well-being workforce, your 'Whole Person, Whole System Crisis Transformation Programme' and your work on involvement. We are also interested in your work on Value Based Healthcare.



Specific assessment of progress



Objectives	Specific assessment of progress
<p>Your first well-being objective is <i>“Support every parent expecting a child and give every child in Gwent support to ensure the best start in life”</i> (rated as ‘Being more adventurous’)</p> <p>Your second well-being objective is <i>“Support adults and children in Gwent to live healthily and to age well, so that they can retain independence and enjoy a high quality of life into old age”</i> (rated as ‘Making simple changes’)</p> <p>Your third well-being objective is <i>“Promote mental well-being a foundation for health, building personal and community resilience”</i> (rated as ‘Being more adventurous’)</p> <p>To note: these three objectives have been selected as priorities for PSB Well-being Plans as they can only be delivered by working with partners</p>	<p>In relation to your first objective you set out evidence including your work on first 1000 days, the upgrade of children’s and maternity units at the Royal Gwent Hospital and a range of examples of research and development. The explanation you provide under the section summarising your progress and setting out future direction of travel is helpful in explaining your rating of ‘Being more adventurous’, as you clearly feel that whilst you have made good progress with specific projects, several initiatives have yet to be fully implemented. It is particularly useful that you set out a clear picture of what progress will look like in future years (mainly within the timeframe of the next two years) and that this aligns to your 2019-22 IMTP.</p> <p>You give an impressive range of evidence in relation to your second objective, which makes it slightly surprising that you rate progress as ‘Making simple changes’. Evidence includes the work of your Families and Therapies Division, your Ffrind i Mi programme, CHAat and your patient education service for knee and low back pain (OAK). Whilst the explanation of your rating of progress is understandable, given the scale and ambition of this objective, it still feels like you are under-selling the work you are doing in this space. Your ongoing ambition is clear, set out by the examples of future activity, which include implementing an Integrated Well-being Network, working with partners to develop a ‘well-being workforce’ aligned to the Integrated Well-being Networks and further developing your Inverse Care Law Programme “Living Well, Living Longer”.</p> <p>In terms of your third objective, you set out evidence including your ‘Whole person, whole system crisis transformation’ programme (which you acknowledge will be fully developed over the next 3-5 years), your community embedded intervention programme, and Ffrind i Mi’s role in tackling mental ill health. You explain your rating of ‘Being more adventurous’ in this space, which is helpful and it is clear that this work is a focus for your IMTP. You set out some examples of future activity but these do not have time periods (as with the first two objectives) – whilst we wouldn’t hold you to account for the time periods you include, they are a helpful indication of when you might do work and progress to ‘Owning your ambition’ and ‘Leading the way’.</p> <p>As these are broad objectives we are keen to see how you are working with partners to address the broader determinants around health and well-being. The World Health Organisation have identified that only 10% of the gap in health between top and bottom income quintiles within European countries is due to health services. Differences in quality of living conditions contributes to 29% of the gap, including access to green space. Lack of agency, trust, belonging and insecure neighbourhoods explain 19% of the gap.</p> <p>It is useful that you note the specific importance of your role on the five Gwent Public Services Boards in relation to these three objectives. You could consider building on this to ensure that you are considering the full breadth of your offer to (economic, social, environmental and cultural) well-being in your work to improve population health. For example, other health bodies have provided examples of projects and partnerships focused on environmental well-being and cultural well-being, so this is something you could consider in future.</p>

Objectives	Specific assessment of progress
<p>Your fourth well-being objective is</p> <p><i>“Encourage involvement of people who use our services and those they support, in jointly owned decisions regarding their own health and care plans, and in wider service planning and evaluation so that we, with our partners, deliver the outcomes that matter most to people”</i></p> <p>(rated as ‘Making simple changes’)</p>	<p>It’s good to see the range of evidence you give for your fourth objective, including your Engagement Team’s work on specific service changes, your Locality Fora which rotate around Gwent and the way that you clearly consider the role of involvement as a core part of programmes of work, giving the example of Advance Care Planning and the OAK project.</p> <p>This is another objective where you should be commended for the progress you are making, but we also welcome your recognition that <i>“whilst there are some great examples of where we are making changes...a much more consistent approach is needed if this objective is to be achieved.”</i> The Commissioner is shortly publishing a ‘journey to involvement’ as part of a suite of resources setting out journeys to the well-being goals (and involvement) which will be helpful in illustrating what good involvement could look like at different points in your journey, and different approaches that could support your work ongoing focus on understanding the outcomes that matter to people.</p>
<p>Your fifth well-being objective is</p> <p><i>“Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas”</i></p> <p>(rated as ‘Owning our ambition’)</p>	<p>Your fifth objective is somewhat narrower than many of your others, which might partly explain your confidence in being in the space of ‘Owning your ambition’. The evidence you include links helpfully to your 2019-22 IMTP, including your ambitions of a Value Based Healthcare approach across Gwent, the Improvement Collaboratives and particularly the Pressure Ulcer Collaborative achieving an estimated annual saving of 445 bed days and £561K in costs. Whilst it is good to see that you are confident about progress, you give less detail about next steps in relation to this objective.</p> <p>It would be helpful to have a better understanding of how you see yourselves moving to ‘Leading the way’, particularly as we are interested in your work on Value Based Healthcare and how it could enable you to lead the way for the NHS in Wales. With this in mind we would also like to understand how you are considering delivering person centred outcomes which may well go beyond clinical care.</p>

Objectives	Specific assessment on progress
<p>Your sixth well-being objective is <i>“Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace”</i> (rated as ‘Making simple changes’)</p>	<p>We welcome the explicit focus of some of your objectives on the importance of cultural and environmental well-being.</p> <p>In terms of your sixth objective, your reflections about your work on embedding the Welsh Language and meeting the language needs of your communities is encouraging. However it would be useful for you to consider how this objective could contribute to the breadth of the well-being goal of ‘A Wales of vibrant culture and thriving Welsh Language’. The Commissioner is shortly publishing the ‘journey to a Wales of vibrant culture and thriving Welsh Language’ to explain actions that can be taken across the goal, so this will hopefully be helpful in setting out actions you could take to move beyond from ‘Making simple changes’. In addition, your Annual Report for 2017-18 lists a number of projects that may be related to elements of cultural well-being – for example in relation to Ffrind i Mi intergenerational activities include “learning how to play dominoes, arts, crafts, ‘getting to know you’ talking, singing, dancing, and decorating Zimmer frames with the patients.”</p>
<p>Your seventh well-being objective is <i>“Develop our staff to be the best that they can be with high levels of employee well-being and , as the largest employer in Gwent, promote NHS careers and provide volunteering and work experience opportunities”</i> (rated as ‘Being more adventurous’)</p>	<p>You list some significant examples in relation to your sixth objective including the development of your first People Plan in 2018 and your College Career Consortium. It is encouraging that you clearly recognise the importance of a workforce that is fit for the future, including the increased pace and scope of partnership working across a wide range of activities. As the largest employer in Gwent you have a clear leadership role and your support of a Gwent Workforce Academy will be invaluable. As mentioned in relation to other objectives, the Commissioner is shortly publishing a suite of resources setting out journeys to the well-being goals (and involvement), many of which include supporting the development of skills in light of technological advances, that may be useful for you to consider in relation to this objective, as you better understand what progress toward ‘Owning your ambition’ and ‘Leading the way’ look like.</p>
<p>Your eighth well-being objective is <i>“Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services including; carbon and waste management, undertaking procurement on a whole life cycle cost basis and support local sourcing, promoting sustainable and active travel and , advocating improvements in environmental health”</i> (rated as ‘Making simple changes’)</p>	<p>It is helpful to understand the progress you are making in relation to your eighth objective, and whilst you only rate yourself as ‘Making simple changes’ you clearly have some ambitious and exciting work in the pipeline. The example of the sustainable reuse of blue plastic theatre waste (and the relatively short payback time) is something you could share with other health boards, as is your procurement route planning work.</p> <p>In terms of your Energy Plan, it will be important that it reflects targets to reduce our emissions in Wales by 80% by 2050 and the commitment to being a carbon neutral public sector by 2030. The ‘Low Carbon Pathway for Wales’ sets out a number of policy areas of change where you can have an impact. It's encouraging to see the steps you've taken so far, and in this year's reporting, we want to see evidence on how you're building on this, and accelerating action to reduce your emissions, whilst bringing wider well-being benefits. We're asking public bodies to map the areas over which you have control and which have the biggest emissions, and to have a plan in place to reduce them. Immediate areas of focus should include carbon reduction through procurement, ultra-low emissions vehicles (fleet), buildings, fossil fuel divestment, decarbonising heat, transport and tourism. The ‘journey towards a resilient Wales’ has already been published and contains further actions you could be taking, particularly in relation to enhancing biodiversity.</p>

Objectives	Specific assessment on progress
<p>Your ninth well-being objective is</p> <p><i>“Plan and secure sustainable and accessible healthcare services ranging from prevention through to treatment, rehabilitation and recovery that meet current and future needs and address health inequalities and differing levels of need across our communities”</i> (rated as ‘Owning our ambition’)</p> <p>Your tenth well-being objective is</p> <p><i>“Continue to integrate our actions with wider public, independent and voluntary sector partners with the aim of developing streamlined, whole system services for people who use our services and those they support”</i> (rated as ‘Owning our ambition’)</p>	<p>Your ninth objective is important in driving change to new, preventative services that will enable well-being and be fit for the future. You list a range of evidence, focusing on the Clinical Futures Programme – activity includes testing models of bringing together primary care, social care and wider well-being services around a place-based approach to service delivery. Whilst the programme is clearly focused on services fit for the future, it would be useful to understand how far into the future this work will stretch – i.e. how ‘long term’ is it and what that means for future progress moving towards ‘Leading the Way’ in this space. The Future Generations Frameworks could help you in asking these questions.</p> <p>Work on this objective would also benefit from greater consideration of the broad determinants of health (economic, social, environmental and cultural determinants) and how your work can factor the important role of green space, cultural activities etc into the development of future well-being services. As part of the suite of resources setting out journeys to the well-being goals, there will be a ‘Journey to a healthier Wales’ which may give you further ideas.</p> <p>It is clear that partnership working is at the core of your delivery and the examples you give in relation to your tenth objective support that. It should be noted that you sit on the largest number of Public Services Boards of any health board in Wales. Whilst your role in relation to PSBs, the RPB and third sector is evident, and you feel it puts you in the space of ‘Owning your ambition, you could also explore how you are working with other ‘unusual’ suspects such as the police, probation and housing associations to explore further, more innovative opportunities to build community resilience. This will be particularly important for your increasing focus on a ‘place-based’ approach to well-being, as this type of approach will only work if all organisations that operate in a place are bought in and the involvement of the community anchors are in place. The ‘Journey to a Wales of Cohesive Communities’ may provide some useful ideas, particularly around the role of community anchor organisations.</p>



Thank you & next steps

Thank you for taking part in this self-reflection process. We will be publishing overall findings later in the year.

We're using your feedback from your returns and the regional collaboration workshops to publish a revised tool you can download and use to inform your work.

The Commissioner will be shortly publishing advice on journeys to meeting the all of the national well-being goals that will assist you in reviewing the objectives and steps you have set.

We'll be providing more tailored advice on progressing towards your well-being objectives. This will be based on the most common themes arising from objectives across Wales. We'll be seeking your views on this approach as it develops.



This report was prepared with support from an Independent Review Team who designed and undertook the self-reflection of organisations progress against their well-being objectives for 2017-18.

Thank you to:



Owen Davies

Kathy Graham

Richard Newton

Andrew Rogers

Bruce Whitear



Future Generations Commissioner

Self Reflection feedback and ABUHB response to overall feedback
September 2019

Sector specific findings: *health*



Across the Health Sector

Variation in how health bodies apply the Act

- There is variation in how health bodies have applied the Well-being of Future Generations (Wales) Act in their annual reporting and this was reflected in how the majority of health bodies approached this self-reflection exercise. For many, the requirements of the Act appears to remain a 'side-line' to the real business of the organisation and is often seen as an issue for the Public Health teams to deal with, rather than a matter of strategic leadership. There is limited evidence that health bodies are considering the Act in relation to their core corporate functions, including the seven corporate areas outlined in the statutory guidance for the Act.

Welsh Government processes and targets as a challenge and barrier

- The prominence and priority of the key elements of the Well-being of Future Generations Act in Management Board discussions is a barrier to change across Health Boards and the broader system, and the focus from Welsh Government on performance and finance is a key element of what needs to change.
- Those engaged in implementing the Act identified that health bodies are viewing the Act as separate to what they do, partly due to Welsh Government creating confusion. Use of slightly different language in guidance and policy, providing funding streams that only pay lip-service to the well-being goals and placing targets on health that drive them away from the sustainable development principle and five ways of working distract Boards and senior leaders.
- An example is the perception that the delivery of the Social Services and Well-being (Wales) Act has been far better resourced than the WFG Act by Government, despite both Acts demanding transformational change and the fact that the majority of broader health determinants lie outside of the health and social care interface. This has meant attention is often diverted from the work of Public Service Boards to Regional Partnership Boards, where the scope of improving well-being is more limited.
- The Health sector raise a major challenge contributing to the above factors; the performance management framework set by Welsh Government needs to evolve rapidly to reward and recognise the delivery of well-being outcomes, not focus on outputs, quantitative information and processes.
- The current approach, facilitated by the Integrated Medium Term Planning (IMTP) and annual reporting framework is a significant barrier to incentivise health bodies to adequately implement the Act. We expect to see far better demonstration by leaders in health bodies that the Act is creating change and Government removing the constraints of this happening currently.



Across the Health Sector (cont.)

Health bodies should consider setting broader well-being objectives and ensure that the steps they are taking to meet their objectives are clear

- Health bodies have largely focused on health and social well-being. There is little evidence in annual reporting of how the health sector is responding to environmental, cultural and economic well-being. Public bodies must set objectives that maximise contribution to each of the national goals, not just those that relate most to their remit.
- However some more recent examples show some are making progress. For example, Swansea Bay Health Board are seeking to improve environmental and social well-being by working with the Public Services Boards and partners, to promote health through access to nature; Cardiff and Vale Health Board have been a key part of delivering the Cardiff Public Services Board Healthy Travel Charter and have a focus on the benefits of arts and culture to health; Aneurin Bevan Health Board has introduced preventative and collaborative schemes such as '[Ffrind i Mi](#)' (an intergenerational and volunteering project); and Hywel Dda Health Board have adopted a 20 year strategy.
- According to the Commissioner's expectations in '[Well-being in Wales: the journey so far](#)', public bodies should be clearly setting out objectives and steps, how they intend to maximise contribution to each goal and how they have used the five ways of working in setting and meeting them. Some health bodies have not adequately met their duty in this respect, and we expect to see this integrated with corporate reporting i.e. Integrated Medium Term Plans (IMTPs).

Lack of use of the Welsh Government definition of prevention

- Overall, prevention was scored relatively highly across the health sector in the self-reflection tool. However, there is little evidence in the narrative that bodies have considered the type of prevention they are investing in (primary, secondary, tertiary), the outcomes they want this investment to achieve and how they should shift investment to primary and secondary prevention. Preventative activities still primarily relate to medical interventions rather than considering prevention more widely

Ability to look long-term

- Whilst we welcome the fact that some health bodies have 10-year or 20-year strategies in place, the IMPTP process only requires a 3 year plan. There is a need for greater consideration of long-term thinking across their work. We understand that this lack of focus is partly due to pressures but also due to understanding of trends, futures-thinking, potential disruptions and the impact on localities. Although the Welsh Government's Future Trends report is a source of evidence, the Government response to futures needs more funding. We are building capacity and we would encourage you to use regional funding (as the Gwent PSBs have done) to support long-term planning.



Your approach to self-reflection



Your approach to self-reflection

- Your Public Health team completed the self-reflection exercise, with contributions provided by members of the WFG Programme Board.
- We welcome your positive approach to the self-reflection tool, as it is evident you have put considerable effort into gathering evidence and providing a fair picture of progress.
- You provided comprehensive evidence for each well-being objective, with helpful links.
- Your consideration and explanation of how you rated each object was notable, as many other bodies provided ratings with little explanation of the rationale.
- Your responses are reflective and honest and, in many cases, we feel you are under-playing your successes and giving yourself relatively low ratings in comparison to how other bodies have rated themselves. However in Section 3 you flag that *"as a large complex organisation we have looked to give an average score for the organisation as a whole, whilst recognising that there will be variability in levels of maturity across the Health Board"*.



Assessment of general progress

We appreciate these comments are based on objectives set in 2017/18 and things will have developed since then for your organisation. We hope this advice is helpful as a feed-forward for the work you're currently doing to meet your objectives and for future reporting.



Assessment of general progress

OFGC assessment	ABUHB response
<p>Your ten well-being objectives are relatively broad-ranging in comparison with many other health bodies which is to be welcomed. We note that the first three are particularly broad in terms of population health, and it is positive that you have profiled them as being priorities for the Well-being Plans of the five PSBs you sit on, on the basis that they can only be addressed successfully by working with PSB partners. We would encourage you to continue with this and for other members of PSBs to do the same.</p>	<p>Positive observation welcomed. The Refresh of the Well being objectives for 20-21 will ensure that the broad nature of the objectives is maintained along side those objectives that have been profiled within PSB Plans.</p> <p>The HB continues to work with PSB to ensure that these priority areas remain a focus for the specific delivery plans within the respective PSB's.</p>
<p>We welcome that some of your objectives include explicit reference to environmental and cultural well-being, and we encourage you to continue to consider how your objectives maximise contribution across the well-being goals if you review them in 2019. The Commissioner is publishing a suite of advice on 'journeys towards the well-being goals', which will hopefully provide you with some ideas and inspiration on steps you can take to do this.</p>	<p>Positive observation welcomed. The refreshed well being objectives will still make explicit reference to cultural aspects and in particular the environmental aspects will be strengthened to include bio-diversity and climate change.</p> <p>The refresh of the Well being objectives for 20-21 will consider how the objectives maximise contribution across the well-being goals and consider the commissioners resource on 'journeys towards the well-being goals'</p>
<p>We note that much of the evidence you provide is in relation to your 2019-22 IMTP, whilst the focus of the self-reflection should be on progress made in 2017-18. However we appreciate the challenge of reporting on work that happened in 2017-18, when so much good work has happened in the intervening period.</p>	<p>We agree that the focus for the Self reflection was largely, but not exclusive focused on the work leading up to an in the 19-22 IMTP – The reasons for this were a desire to reflect current and planned activity and that that many of the activities from 2017-18 have continued to be delivered in the 19-22 IMTP such as Clinical Futures.</p>
<p>You give limited reflection on the seven corporate areas of change set out in the guidance on the Act (pages 14-15) and we would like to see greater consideration of them in your next Annual Report and future self-reflection. For example, progress on longer term financial planning, joint resourcing with other public bodies, reviewing your approach to procurement to ensure you're procuring goods in ways that support economic, social, environmental and cultural well-being, and planning your workforce for the future.</p>	<p>We agree that the evidence provided for this section was limited. However, this does not mean that the Health Board is not making progress around these seven areas of corporate change.</p> <p>In mid/late 2018 the WBFGA Programme Board undertook a high level assessment of the progress being made across the seven areas of corporate change, identifying quick wins and next steps. It is our intention to revisit this assessment to understand the current position and for this to be used to update the next (20-21 Annual Plan) and next self reflection.</p>
<p>Financial planning and risk management are two of the seven corporate areas that must place the sustainable development principle at their heart, and the Commissioner has recently agreed a definition of preventive spend with Welsh Government. We have encouraged other public bodies to adopt this and use it to inform spending decisions.</p>	<p>We note this new definition of Preventative Spend and have shared this with the Finance Division for them to consider.</p>

Assessment of general progress (cont.)

OFGC Assessment	ABUHB Response
We note that the measures by which you have reported on progress focus predominantly on outputs rather than outcomes and are not holistically assessing progress against all aspects of well-being. We appreciate that you are reporting against a framework set by Welsh Government but would like to see you give further consideration of the measures of success that most appropriately reflect the five ways of working set out in the legislation, and the duty to maximise your contribution to the well-being goals in this year's reporting	We recognise the challenges and tensions of working with prescribed Welsh Government reporting frameworks and the requirement to report against our well being objectives. However, the current work being undertaken on refreshing the well being objectives will also consider what success might look like for these objectives and the quantitative and qualitative measures that might be available to determine progress over the short medium and longer term.
Whilst it is positive that you have a programme board to implement the Act's agenda, in terms of behaviours and culture across the Health Board, it is not clear how much of a priority this work is for the board as a whole. For example the Well-being of Future Generations Act and your objectives are not given priority in your 2017-18 Annual Report or your 2019-22 IMTP. We understand that much of the work implicitly supports your objectives and the five ways of working, but it is also important that your objectives are a visible priority and not separate to the core business of the Health Board.	We welcome the positive observation on our Programme Board. However, we would note that the WBFGA is a priority for the Health Board – however would agree that there is scope to ensure that this is more integrated into core business. <ul style="list-style-type: none"> Whilst the 19-22 IMTP did include a summary of our OFGC self-reflection and some specific references to WBFGA, there is more to do for the Act to be more embedded. Also the Annual report 18-19 and 19-20 has a section on WBFGA however we again recognise that this could have been more embedded. It is our intention to use the current refresh of our Well-being Objectives to ensure that these become the overarching priorities for the Health Board and as such will then be integrated into the current performance and governance frameworks.
You have rated your progress ranging from 'Making simple changes' to 'Owning your ambition'. Whilst we don't take a view on how you have scored yourselves, in comparison to other public bodies we feel that you have been relatively modest in your ratings, and this is something you could look to explore in conversation with other public bodies in terms of how they have rated themselves.	Whilst we note the observations that we have been "modest" in our self-reflection ratings, this was based on a deliberate decision to look across the organisation to develop an average score rather than have the score represent one or two areas where there was good/better practice. However we are confident that the work being undertaken across the Health Board to further embed the WBFGA will enable us to demonstrate that we are continuing to mature and make progress on our Journey to embedding the WBFGA.
You include many strong examples as part of your evidence, which is partly why we feel you have been modest in your ratings. Those that particularly stand out are Ffrind i Mi, your work to develop Integrated Well-being Networks and a well-being workforce, your 'Whole Person, Whole System Crisis Transformation Programme' and your work on involvement. We are also interested in your work on Value Based Healthcare.	We welcome the positive observations around our strong evidence and stand out examples. In relation to the OFGC's interest in VBHC we have met with the VBHC team and are supporting them on ensuring that the WBFGA is fully integrated into the approach taken in individual VBH projects. It is the intention that the OFGC will be invited to meet with the VBH team in mid to late January 2020.

Well-Being of Future Generations Act (WFGA) Embedding Programme - Detailed Plan									
Activity	Start Date	End Date	Priority	Responsible	Resource	Impact	Notes	Dependencies	Comments
Phase 1: Initial Planning & Setup									
Establish a steering committee	2023-01-01	2023-03-31	1	Project Manager	10 FTE	High	Define the scope of the project, identify key stakeholders, and establish a steering committee.	None	Project Manager: John Smith
Develop a project charter	2023-01-01	2023-02-28	1	Project Manager	5 FTE	High	Define the project's purpose, objectives, and scope.	None	Project Manager: John Smith
Identify key stakeholders	2023-01-01	2023-02-28	1	Project Manager	5 FTE	High	Identify key stakeholders and their interests.	None	Project Manager: John Smith
Develop a project plan	2023-01-01	2023-03-31	1	Project Manager	10 FTE	High	Develop a project plan, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Establish a communication plan	2023-01-01	2023-03-31	1	Project Manager	5 FTE	High	Establish a communication plan, including a list of stakeholders, communication channels, and frequency.	None	Project Manager: John Smith
Develop a project budget	2023-01-01	2023-03-31	1	Project Manager	10 FTE	High	Develop a project budget, including a list of resources, costs, and revenue.	None	Project Manager: John Smith
Establish a risk management plan	2023-01-01	2023-03-31	1	Project Manager	5 FTE	High	Establish a risk management plan, including a list of risks, impact, and mitigation strategies.	None	Project Manager: John Smith
Develop a project governance framework	2023-01-01	2023-03-31	1	Project Manager	10 FTE	High	Develop a project governance framework, including a list of roles, responsibilities, and decision-making processes.	None	Project Manager: John Smith
Establish a project reporting mechanism	2023-01-01	2023-03-31	1	Project Manager	5 FTE	High	Establish a project reporting mechanism, including a list of reports, frequency, and format.	None	Project Manager: John Smith
Develop a project closure plan	2023-01-01	2023-03-31	1	Project Manager	5 FTE	High	Develop a project closure plan, including a list of tasks, responsibilities, and timeline.	None	Project Manager: John Smith
Phase 2: Implementation & Monitoring									
Implement the project plan	2023-04-01	2023-12-31	2	Project Manager	10 FTE	High	Implement the project plan, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Monitor project progress	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Monitor project progress, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Report project progress	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Report project progress, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Manage project risks	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Manage project risks, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Manage project budget	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Manage project budget, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Manage project governance	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Manage project governance, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Manage project reporting	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Manage project reporting, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Manage project closure	2023-04-01	2023-12-31	2	Project Manager	5 FTE	High	Manage project closure, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Phase 3: Evaluation & Review									
Evaluate project performance	2024-01-01	2024-03-31	3	Project Manager	5 FTE	High	Evaluate project performance, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Review project outcomes	2024-01-01	2024-03-31	3	Project Manager	5 FTE	High	Review project outcomes, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Identify lessons learned	2024-01-01	2024-03-31	3	Project Manager	5 FTE	High	Identify lessons learned, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Develop a project review report	2024-01-01	2024-03-31	3	Project Manager	5 FTE	High	Develop a project review report, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Present project review findings	2024-01-01	2024-03-31	3	Project Manager	5 FTE	High	Present project review findings, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Phase 4: Final Reporting & Archiving									
Finalize project report	2024-04-01	2024-06-30	4	Project Manager	5 FTE	High	Finalize project report, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Archive project documents	2024-04-01	2024-06-30	4	Project Manager	5 FTE	High	Archive project documents, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Conduct a final project meeting	2024-04-01	2024-06-30	4	Project Manager	5 FTE	High	Conduct a final project meeting, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Disseminate project findings	2024-04-01	2024-06-30	4	Project Manager	5 FTE	High	Disseminate project findings, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith
Obtain project closure approval	2024-04-01	2024-06-30	4	Project Manager	5 FTE	High	Obtain project closure approval, including a timeline, budget, and risk management plan.	None	Project Manager: John Smith

Key Activity Area	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
WBFGA Programme Boards	19.07.2018	Cancelled	18.09.2018	18.10.2018	22.11.2018	Cancelled	24.01.2019	21.02.2019		18.04.2019			24.07.2019		26.09.2019			17.12.2019
WBFGA CoP												20.06.2019				23.10.2019		
WBO reporting	Developing and reporting on Individual WB objectives - Stage 1 reporting 18-21 IMTP, Stage 2 Annual Accounts and reporting cycle					Prep for WBFGA inclusion in IMTP 19-20	Prep for OFGC - Self Reflection tool			Prep WBFGA inclusion in Annual Report and Accounts	Review Well Being Objectives for 19-20	Review Well Being Objectives for 19-21		WBO/Embedding programme update to PP&WBC (Oct)		Prep for WBFGA inclusion in IMTP 19-20		
WBFGA - Self Assessment Process - (For detailed Plan see "Self Assmt E2E plan" and "Detailed Plan" work sheets)	Rolling out the WBFGA - Self Assessment Process across the Health Board																	
Communications	Ongoing communications and embedding Actions																	
Embedding in core business and areas of change	Embedding the WBFGA into core business processes - Areas of Change re WBFGA Guidance (Gap																	
Embedding the Act into Leadership Training	Working with WoD to integrate WoW and Principles of the Act into the three Leadership Work streams																	
Embedding the Act in CF and service redesign	Working with the NCN leads and specific new service redesign teams to embed the principles of the Act																	
Embedding into Governance Frameworks	T&F project "embedding WBFGA into Governance arrangements (individual and																	
Best practice tool kit development																		
Division updates on WBO's to Steering group			Quarterly Divisional Progress Update on WBFGA			Quarterly Divisional Progress Update on WBFGA				Quarterly Divisional Progress Update on WBFGA			Quarterly Divisional Progress Update on WBFGA		Quarterly Divisional Progress Update on WBFGA			Quarterly Divisional Progress Update on WBFGA
Key interface with planning/reporting milestones	Annual Report			Guidance issued for 19-20 IMTP			IMTP 19-21						Annual Report 18-19					IMTP 20-22
Other Activities	Challenge session for Embedding WBFGA into Service redesign programme						OFGC - Self Reflection assessment		OFGC Simple Changes return	IA review of WBFGA			WAO examinations Review					OFGC Self Reflection - updated

Whole Health Board end to end Plan for the WBFGA Self Assessment

Division/Function	Q4-17/18	Q1-18/19	Q2 - 18/19	Q3 - 18/19	Q4 - 18/19
	Jan - March 18	April - June 18	July - Sept 18	Oct-Dec 18	Jan 19 - March 19
Finance	Drafting the Narratives	Testing the narratives			
Facilities	Drafting the Narratives				
Workforce and OD	Drafting the Narratives	Testing the narratives		Developing the "Route Map"	
Planning		Drafting and testing the Narratives			
Informatics		Drafting the Narratives		Testing the narratives	Developing the "Route Map"
Aneurin Bevan Gwent Local Public Health Team		Drafting the Narratives		Testing the narratives	Developing the "Route Map"
Primary Care and communities - Division					
Primary Care and communities - Ffrind i mi	Drafting the Narratives	Testing the narratives	Developing the "Route Map"	Developing the "Route Map"	
Families and Therapies		Drafting the Narratives	Testing the narratives	Developing the "Route Map"	Developing the "Route Map"
Scheduled Care					
ABCI					Drafting the Narratives
Procurement - NWSSP-PS			Drafting the Narratives	Testing the narratives	Developing the "Route Map"
Unscheduled care					Drafting the Narratives
Health Board					Drafting the Narratives
Complex Care Health Team					
Research and Development					
Mental Health and Learning Disabilities					
Performance and Information					

Corporate Services					
Internal Audit					

Process

Q1 - 19/20	Q2 - 19/20	Q3 - 19/20	Q4-19/20
April - 19-June 19	July 19 - Sept 19	Oct - Dec 19	Jan - March 20
		Developing the "Route Map"	
Testing the narratives	Developing the "Route Map"		
	Developing the "Route Map"		
Developing the "Route Map"			
Drafting the Narratives	Testing the narratives	Developing the "Route Map"	
Drafting the Narratives		Testing the narratives	Developing the "Route Map"
		Developing the "Route Map"	
		Testing the narratives	Developing the "Route Map"
Drafting the Narratives		Developing the "Route Map"	
Drafting the Narratives		Testing the narratives	Developing the "Route Map"
Drafting the Narratives		Testing the narratives	Developing the "Route Map"
Drafting the Narratives		Testing the narratives	Developing the "Route Map"
Drafting the Narratives		Developing the "Route Map"	

Drafting the Narratives		Developing the "Route Map"	
Drafting the Narratives		Developing the "Route Map"	

Division/Function	Function/Division lead for Self Assessment (SA) process	Original start date for SA Process	Target finish date for SA process
Health Board	Sarah Aitken/Rich Bevan	des-18	nov-19
ABCI	David Thomas	nov-18	nov-19
AB Gwent Local Public Health Team	Eryl Powell	jun-18	mar-19
Complex Care Health Team	Veronique Hughes	apr-19	jan-20
Corporate Services	Richard Bevan	jun-19	jan-20
Facilities	Matt Lane	apr-18	jun-19
Families and Therapies	Barbara Cannito	apr-18	feb-19
Finance	Matt Gosling	feb-18	feb-19
Informatics	Richard Howells	mai-18	des-18
Mental Health and LD	Catherine King	mar-19	des-19
Performance and Information Team	Lloyd Bishop/Lynne Wilde	apr-19	des-19
Planning	Ian Morris - Eithne Hunter	mai-18	jan-20
Primary Care & Communities - Division	Ali Gough/Eira Turner	jul-18	jan-20
Primary Care and Communities - Ffrind I Mi	Clare Jordan	apr-18	sep-18
Research and Development	Sue Bale	jan-19	jan-20
Scheduled Care	Gwawr Evans	jun-18	jan-20
Unscheduled care	Penny Gordon	okt-18	jan-20
Workforce and OD	Daniel Madge/Jill Evans	feb-18	nov-18
Procurement - NWSSP-PS	Rob Type	jun-18	jan-19
Internal Audit - NWSSP - IA	James Quance	apr-18	des-19

Not Required (NR) = The formal survey (via Survey Monkey) will not be required where Functions/Divisions are supported by the Function's/Division's personnel. These Divisions/Functions will move straight from Finalising the Ambition N

Progress based on original start date for SA Process:	SA - Ambition Narrative (AN) process started (Step 1)	SA - Ambition Narrative Finalised (Step 2)	SA - Ambition Narratives survey completed (Steps 3 & 4)	Action plan-Route map Started (Step 5)	New Step 6 - Demonstrating the impact
Completed	G	G	NR	R	R
Completed	G	G	NR	G	A
Completed	G	G	G	G	A
On Target	G	G	A	A	R
On Target	G	A	NR	R	R
Completed	G	G	G	G	A
Completed	G	G	G	G	A
Completed	G	G	G	A	A
Completed	G	G	NR	G	A
Completed	G	G	G	G	R
Completed	G	G	NR	G	R
On Target	G	A	NR	A	R
Completed	G	G	G	G	R
Completed	G	G	NR	G	R
Completed	G	G	NR	G	R
On Target	G	G	G	A	R
Behind Schedule	G	G	R	R	R
Completed	G	G	G	G	R
Completed	G	G	NR	G	R
Completed	G	G	NR	G	R

small and those involved in drafting the ambition narratives constitute a significant proportion of narratives into Stage 5 - Route Mapping.

Overall Summary RAG status - WBFGA Self Assessment Process (note that Step 6 has not been included in this Summary as it is intended to be self facilitated part of the process)

	Total	Green	Amber	Red	Overall status
Step1	20	20	0	0	Green
Step 2	20	18	2	0	Green/Amber
Steps 3 & 4	9	8	1	1	Green/Amber
Step 5	19	13	4	3	Green - Amber
Overall Status	68	59	7	4	Green - Amber

Key	
Green	Completed
Amber	Partially completed
Red	Not started

Performance metrics	%	No
Number of Divisions/Functions who have completed and signed off their Ambition Narratives (Steps 1 & 2)	90%	18
Number of Divisions/Functions that have completed their self assessment surveys (note a number of teams were not required to complete this step given their size) (Steps 3 & 4)	89%	8
Number of Divisions having completed or have agreed dates to complete the Route Planning - Step 5	89%	17
Overall status of the WBFGA Self-Assessment process (Green and Amber)	Green - Amber	66
Number of individuals that have been actively engaged in the WBFGA – Self Assessment process – (note that a significant proportion of these are at Manager level or above)	N/A	651
Total number of visits to the Health-Boards internal WBFGA Web pages (recorded from Launch in June 2019)	N/A	3220
Programme Planning Metrics - Based on 205 tasks/actions	No	% of Total
Completed Activities	134	62,33%
Partially completed Activities	20	9,30%
Planned Activities Still to complete	51	23,72%
Add hoc activities - To be completed	10	4,65%

215

Resources Metrics	Days
Total resource required to complete activities - March 20 (inc 20% contingency)	273
Total resource available (Oct 16th 2019-March 2020) (JB, EP and JE)	104
Total resource shortfall including contingency inc	169
Total resource shortfall without contingency inc	123,5

based on JE

Overall Summary RAG status - WBFGA Self Assessment Process (note that						Key	
out of 20	Steps	Total Steps	Green	Amber	Red	Overall status	Green Completed
out of 9	Step1	20	20	0	0	Green	Amber Partially completed
Out of 19	Step 2	20	18	2	0	Green/Amber	Red Not started
Out of 68 a	Steps 3 & 4	9	8	1	1	Green/Amber	
	Step 5	19	13	4	3	Green - Amber	
	Overall Status	68	59	7	4	Green - Amber	

3 contract (3 days per week) running to March 20

Activity Title	Division Function
Activity 1 – Twinning of secondary schools with Care Homes/Community wards and supported living accommodation	Ffrind i Mi
Activity 2 – Development of a book (about Bereavement) written by children in Partnership with Petra Publishing and LA	Ffrind I Mi
Activity 1 – Implementing refreshed ABCi strategy and work-plan	ABCi
Activity 1: Seek Executive approval and sign off for Energy Strategy	Facilities
Activity 2: Development of action/implementation plan for GUH Sustainable Travel Plan	Facilities
Activity 3: Health Board Sustainable Travel Strategy to Exec Board (Sept 2019)	Facilities
Activity 4: Estates Strategy	Facilities
Activity 1 – Recruitment of MH & Housing Manager to work with housing colleagues in LAs, RSLs and others.	MH&LD
Activity 2 – Prepare tender for crisis house to offer an alternative to hospital admission for people experiencing a mental health crisis.	MH&LD
Activity 3 – Prepare tender for structured clinical management service. This service will repatriate people with personality disorder back from out of area placements, including low secure units, to their local community.	MH&LD
Activity 1 - Each topic team to develop a reflective case study	AGPHT
Activity 2 – Team training on Participation Cymru Standards	AGPHT
Activity 3 – Ensure that the 5 WoW are threaded throughout the strategic framework for population health and well-being	AGPHT
Activity 4 – Develop ABUHB WbFG Internet pages for the public	AGPHT
Activity 5 - Involve citizens in the strategic framework for population health and well-being	AGPHT
Activity 6 - Select action/s from the 'Be the Change' Toolkit	AGPHT
Activity 7 – Scope the possibility of a ABUHB Award for WbFG	AGPHT
Activity 1 – Undertake the Route Planning workshop workshop (September) with Planning Team	Planning
Activity 2 – Ensure UHB IMTP Planning guidance is signed off and fully reflects WBFGA	Planning
Transform from paper to electronic health record (acute)	Informatics
Transform from paper to electronic health record (non-acute) (WCCIS)	Informatics
Implement patient flow technology	Informatics
Modernise diagnostic information systems	Informatics
Replace Pharmacy information systems	Informatics
Develop mobile working	Informatics
Enable Technology Enabled Care within care homes	Informatics
Increase services available through the patient portal	Informatics
Ensure existing and future technology services are fit for purpose and can sustain the Health Boards digital and technological aims. (Sustainability)	Informatics
Ensure that the Health Boards digital records and safe (Cyber Security).	Informatics
Ensure GUH technology is installed.	Informatics
Activity 1 – Market Engagement Events - develop the work to date be regularly hosting events for all major Health Board tenders to ensure market advice and feedback is incorporated in specification / tender documentation	Procurement
Activity 2 – Sustainable Risk Assessments (SRA) – ensure these are undertaken for all Health Board tenders	Procurement
Activity 1. Development of protocol and application for CU Ethics committee for the Beewell project exploring the impact of an outside space of staffs' wellbeing.	R&D
Activity 2. Finalising of the protocol for the community dentistry education and prevention KESSII PhD project.	R&D

Activity 1 – IMTP planning and review for 2020-21 cycle	Finance
Activity 2 – Clinical Futures financial planning for IMTP and analysis in relation to WBFGA	Finance
Activity 1 – Complete detailed road map to articulate how we will realise the agreed ambition statements	WoD
Activity 2 – Implementation of Welsh Language Standards	WoD
Activity 3 – Improve the levels of staff experience and their wellbeing whilst working with ABUHB	WoD
Activity 4 – Support the delivery of the Clinical Futures Programme: Culture change, staff consultations, workforce planning	WoD
Activity 5 – Deliver a sustainable workforce (Recruitment and Retention)	WoD
Activity 1 – Presentation on how the new Connect service has embedded the WFGA to DMT	F&T
Activity 2 – Using the same model as for the connect service to work with a new Partnership service for children with Learning disabilities to use the lens of the act to improve service design	F&T

Number of individuals actively engaged in WBFGA through self assessment
Finance
Facilities
Workforce and OD
Planning
Informatics
Aneurin Bevan Gwent Local Public Health Team
Primary Care and Communities - Ffrind I Mi
Primary Care and Communities - Division
Families and Therapies
Scheduled Care
ABCI
Procurement - NWSSP-PS
Mental Health and Learning Disabilities
Unscheduled care
Corporate Services
Performance and Information
Internal Audit - NWSSP - IA
Complex Care Health Team
Research and Development
Health Board
Other engagements
Service redesign work - CYPWMS
NCN network
PP&WBC
Exec Board
Totals

At initial workshop - Step 1	During Survey	During final Route planning workshops step 5	Total
2	9		11
30	30	15	75
3	38	15	56
9			9
12			12
10	30	22	62
12		10	22
8	60		68
7	84	30	121
10			10
8			8
5		5	10
12	60	12	84
12			12
1			1
3		2	5
2		1	3
12			12
20			20
10			10
8	N/A	n/A	8
9			9
8			8
15			15
228	311	112	651

Well-being of Future Generations
Well-being of Future Generations - Applying the five ways of Working
Well-being of Future Generations - Collective Duty and PSBs' Well-being Plans
Well-being of Future Generations - Evaluating and delivering the change
Well-being of Future Generations - Health Board's Change Ambition
Well-being of Future Generations - How is the Health Board responding to and embedding the Act?
Well-being of Future Generations - Tools and Resources
Well-being of Future Generations - Wellbeing Statement and Objectives
Total May
Well-being of Future Generations
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Well-being of Future Generations - Tools and Resources
Well-being of Future Generations - Wellbeing Statement and Objectives

10	May	2019
9	May	2019
8	May	2019
8	May	2019
9	May	2019
10	May	2019
9	May	2019
8	May	2019
599	June	2019
56	June	2019
23	June	2019
32	June	2019
22	June	2019
41	June	2019
43	June	2019
45	June	2019
691	July	2019
54	July	2019
11	July	2019
12	July	2019
15	July	2019
31	July	2019
42	July	2019
66	July	2019
518	August	2019
59	August	2019
23	August	2019
22	August	2019
25	August	2019

Summary	
Month	Total Hits
mai-19	71
jun-19	861
jul-19	922
aug-19	770
sep-19	596
okt-19	
nov-19	
des-19	
jan-20	
feb-20	
mar-20	
Total	3220

71

861

922

32	August	2019
42	August	2019
49	August	2019
424	September	2019
38	September	2019
15	September	2019
10	September	2019
15	September	2019
23	September	2019
30	September	2019
41	September	2019

770

596

Well-being of Future Generations (Wales) Act 2015

Internal Audit Report 2018/19

Aneurin Bevan University Health Board

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Appendix A	Management Action Plan
Appendix B	Assurance Opinion and Action Plan Risk Rating
Appendix C	Responsibility Statement

Review reference:	ABU-1819-06
Report status:	Final
Fieldwork commencement:	20 November 2018
Fieldwork completion:	18 February 2019
Debrief meeting:	25 February 2019
Draft report issued:	6 March 2019
Management response received:	29 April 2019
Final report issued:	29 April 2019

Auditors:	James Quance, Head of Internal Audit Nicola Jones, Audit Manager
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Executive sign off	Sarah Aitken, Executive Director of Public Health
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Distribution	Eryl Powell, Consultant in Public Health, Ian Morris, Deputy Director of Planning, Alessandro DiRonato, Corporate Planning Manager
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Committee	Audit Committee Public Partnerships and Well-being Committee
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ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Aneurin Bevan University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The review of the Well-being of Future Generations (Wales) Act 2015 ('the Act') has been completed in line with the 2018/19 Internal Audit Plan for Aneurin Bevan University Health Board (the 'Health Board'). This review has sought to provide the Health Board with assurance that arrangements are in place and operating effectively to deliver the requirements of the Act. The relevant Executive lead for the assignment is the Executive Director of Public Health.

The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

The Act is unique to Wales attracting interest from countries across the world as it offers a huge opportunity to make a long-lasting, positive change to current and future generations.

To make sure we are all working towards the same purpose, the Act puts in place seven well-being goals. The Act makes clear that the listed public bodies must work to achieve all of the goals, not just one or two.

The Act defines Sustainable Development in Wales as: "The process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals." It sets out five ways of working needed for public bodies to achieve the seven well-being goals. This approach provides an opportunity for innovative thinking, reflecting the way we live our lives and what we expect of our public services.

2. Scope and Objectives

The objective of the review was to evaluate and determine the adequacy and effectiveness of the arrangements that the Health Board has in place to ensure that the Act is being taken into account in its major service development activities.

Any weaknesses have been brought to the attention of management and advice issued on how particular problems may be resolved and controls improved to minimise future occurrence.

The internal audit sought to provide assurance over the following areas:

- the Act features prominently in the strategic planning and performance management activities of the Health Board;
- the Act is being taken into account in the Health Board's major investment and service development decisions;
- a programme is in place to embed the five ways of working;
- the well-being objectives of the Health Board are being actively pursued and performance is being monitored through the Health Board's governance processes; and
- robust arrangements are in place to prepare for public reporting of performance against the Health Board's well-being objectives with a particular focus on outcomes.

3. Associated Risks

The potential risks considered in the review were as follows:


- the Act is not a core part of the Health Board's strategic planning and performance management activities;
- the Act is not being appropriately taken into account in the major investment and service development decisions of the Health Board;
- the five ways of working are not being embedded into the activities of the Health Board;
- the well-being objectives of the Health Board will not be achieved; and
- the Health Board is unable to fulfil its obligations for reporting under the Act.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with implementation of the Well-being of Future Generations (Wales) Act 2015 is **Reasonable Assurance**.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	The Act features in strategic planning and performance activities.			✓	
2	The Act is taken into account in investment and service development.			✓	

Assurance Summary					
3	A programme is in place to embed the five ways of working.				✓
4	Well-being objectives are monitored.		✓		
5	Arrangements are in place for reporting on outcomes.			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion

Design of Systems/Controls

The findings from the review have highlighted one issue that is classified as a weaknesses in the system control/design for the implementation of the Act. This is highlighted in Appendix A as (D).

Operation of System/Controls

The findings from the review have highlighted two issues that are classified as weaknesses in the operation of the designed system/control for the implementation of the Act. These are highlighted in Appendix A as (O).

6. Summary of Audit Findings

The Health Board has made reasonable progress in preparing to meet its obligations under the Act. The Health Board's well-being objectives are detailed within its IMTP which is in line with the guidance issued that advises sustainable development should not be treated as an add-on; instead, it should be included within the Corporate Plan / Strategy. The objectives are due to be revisited in 2019, to ensure they remain fit for purpose.

The IMTP in 2018/19 – 2020/21 includes a summary of the approach to the Act, with examples of how the five ways of working are being applied throughout the Health Board. The draft IMTP 2019/20 – 2021/22 includes an Appendix detailing the well-being objectives and examples of activities that support the progress of these.

The Clinical Futures work ongoing within the Health Board includes the requirement that the design of clinical models is based on a number of principles, including prudent healthcare and sustainability, which link in with the requirements of the Act.

The Health Board has a Pre-Investment-Panel (PIP) in place to provide an objective analysis of the planning, workforce and financial information in business cases prior to their submission for consideration by Executive Board. There is a Business Case template in place, which was revised in August 2018 to include requirements in relation to the Act. There has been one business case approved by the Board since the template was introduced, which has considered the five ways of working prescribed by the Act in the proposal.

A Programme Board is in place with representatives from a cross section of the Health Board divisions and corporate functions, although attendance at this is generally poor (see finding 1). The Programme Board has oversight of the Embedding Programme, which is in place to embed the five ways of working across the Health Board. Divisions and functions are going through a self-assessment process and creating ambition narratives, which are shared at the Programme Board. At the time of reporting, all divisions/functions were working through the self-assessment process and it is planned that all divisions / functions will have completed this by March 2020.

The Health Board submitted a self-assessment to the Future Generations Commissioner for Wales in January 2019. The self-assessment recognises that there are still areas that require development, such as:

- embedding objectives into current planning and performance arrangements;
- embedding the Act into corporate processes such as risk management and corporate governance and corporate planning and performance; and
- reviewing the relationship and alignment between the various strategic drivers within the Health Board.

One **high priority** finding was identified that requires management action:

1) WBFGA Programme Board effectiveness

The main focus of the WBFGA Programme Board ('the Programme Board') has been on the embedding programme for the five ways of working throughout the Health Board. This is a key area and is fundamental to the Health Board's approach to meeting the requirements of the Act. This work is progressing well and the engagement with the Act throughout the Health Board continues to grow. The latest update on the embedding programme (January 2019) shows that 100% of divisions are engaged in the self-assessment process.

However, there are a number of areas where the Programme Board could be more effective.

After initial focus on producing the first set of well-being objectives, there has been limited discussion on the activities required to meet them or of progress in general.

In order to ensure that the objectives are appropriate and deliverable, these should be regular items on the agenda of the Programme Board in preparation for onward reporting through the Health Board's governance processes.

Attendance at the Programme Board continues to be poor, consistent with a previous internal audit recommendation as part of our 2017-18 internal audit of Public Health (Ref AB-1718-10) regarding the predecessor Steering Group.

We reviewed the minutes of the Programme Board from April 2018 to date, and there is still low attendance at the meeting from divisions and functions.

The following divisions /functions have attended one or no meetings between April 2018 and January 2019:

- Unscheduled Care
- Mental Health & Learning Disabilities
- Planning and Performance
- ABCi

An action was recorded at the November Programme Board meeting to follow up with the divisions not routinely attending the Programme Board to understand why, which remains outstanding and attendance does not appear to be improving.

Whilst there is limited attendance at the Programme Board, all divisions are engaging through the self-assessment process. However, there are many informative updates provided at the Programme Board which should be disseminated throughout divisions. These messages are only being received by a small number of committed individuals, primarily based in corporate functions. It is particularly important that there is greater representation as the understanding and approach to the Act is developing across the public sector in Wales and management in each division needs to understand the latest developments.

There has also been limited executive representation at the meeting during this time, we understand due to issues of scheduling. Each meeting should

be chaired by the Executive Lead in order to ensure that issues of non-attendance are taken forward with the Executive and rectified.

Two **medium priority** findings were identified that require management action:

1) Outcomes and actions

The well-being objectives that the Health Board have set are in their infancy and are by definition long term. There are inherently significant challenges for the Health Board and its partners to ensure that these objectives can be achieved because in many cases they require major transformation. The self-assessment provided to the Future Generations Commissioner for Wales in January 2019 demonstrates that work has started on referencing specific activities within the IMTP to the relevant well-being objectives.

Whilst this is a step in the right direction, the Health Board has not documented any time-frames or responsibility for implementation of activities to meet the well-being objectives. For example, for each well-being objective, outcomes and the actions required to reach those outcomes should be identified, with appropriate milestones / timescales captured or performance measures to ensure there is a clear plan in place to meet each objective.

2) Monitoring and reporting

Well-being objectives are reported annually through existing processes within the Health Board, namely the IMTP, the Public Partnerships and Well-being Committee, and the Health Board's Annual Report.

The Public Partnerships and Well-being Committee ('the Committee') has responsibility for oversight of the implementation of the Act. A detailed progress review, which provided examples of work ongoing within the Health Board and how these contribute to well-being objectives, was reported to the Committee in May 2018. However, there has been no further detailed update provided to the Committee since then. There has also not been any reporting on the Act to the Executive Team during this time.

The assessment to the Future Generations Commissioner in January was based on discussion between the Executive Director of Public Health, Public Health Lead and the Programme Manager, and built on the progress update provided to the Public Partnerships and Well-being Committee in May 2018.

Following a review of Programme Board papers and minutes, it is evident that there is continued monitoring of the embedding programme, and the steps that divisions / functions are taking, including a review of ambition

narratives. However, there has not been reporting to the Programme Board on specific progress against the well-being objectives. It is recognised that in order to monitor progress effectively, there needs to be further work to identify specific activities and outcomes, as stated in the finding above.

Detailed findings and recommendations are in Appendix A.

7. Summary of Recommendations

The audit findings, recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	1	2	-	3

Finding 1: Programme Board effectiveness (O)	Risk
<p>There is a Well-being of Future Generations Act Programme Board in place, which meets regularly. A terms of reference for the Board includes the following responsibilities:</p> <ul style="list-style-type: none"> • To oversee the quarterly/annual reporting of progress/steps taken towards achieving the well-being objectives and the activities that demonstrate the five ways of working – (Note that individual Leads will take responsibility for this within their Division). • To provide quarterly/annual Progress reports to the Public Partnerships and Well Being Committee. <p>The discussions at the Programme Board focus on divisions and functions, and the progress with the embedding programme. Whilst this is a key area to ensure the Act is embedded within the Health Board, there has been little discussion on the activities required to meet the objectives, and the objectives themselves. In order to ensure that the objectives are appropriate and deliverable, these should be regular items on the agenda.</p> <p>As part of a Public Health internal audit in 2017/18 (Ref AB-1718-10), it was reported that attendance at the Board was poor. The management action focused on ensuring that there was adequate programme management resource to drive the embedding programme as well as re-enforcing the importance of engagement.</p>	<p>Key messages at the Programme Board are not fed back to divisions and functions, affecting the implementation of the embedding programme across the Health Board.</p>

The latest update on the embedding programme (January 2019) shows that 100% of divisions are engaged in the self-assessment process.

We reviewed the minutes of the Board meetings from April 2018 to January 2019 to assess whether attendance had improved. The table below gives an overview of attendance, with more detail provided for each meeting below.

	Apr-18	Jun-18	Jul-18	Sep-18	Nov-18	Jan 19
Number of divisions/ functions represented (out of 18)	7	9	6	6	8	4
Percentage	39%	50%	33%	33%	44%	22%

The following divisions /functions have attended one or no meetings since April 2018:

- Unscheduled Care
- Mental Health & Learning Disabilities
- Planning and Performance
- ABCi

There has also been limited executive representation at the meeting during this time.

Whilst the embedding programme is progressing well and there is evidence of engagement in all divisions, it is clear from the above that low attendance at the Programme Board is still an issue that requires attention.

Recommendation 1	Priority level
<p>1) The Programme Board should include a review of the objectives and the progress against them as part of its agenda, to ensure objectives are fit for purpose and the activities required to meet them are identified and monitored.</p> <p>2) Each Programme Board should be chaired by the Executive Lead in order to provide leadership, monitor effectiveness and highlight the importance of attendance.</p> <p>3) Poor attendance at the Programme Board should be taken forward by the Executive Lead in order to ensure that it is rectified.</p>	High
Management Response 1	Responsible Officer/ Deadline
<p>Agreed</p> <p>1. The review of the Wellbeing Objectives will be undertaken in conjunction with a broader review of where these objectives sit in the context of other Organisational priorities and ambitions. A landscape review/mapping of these various aspects will need to be undertaken in conjunction with the ABUHB Planning Team to inform the review of Well-being Objectives as part of the IMTP process. The Programme board will include a review of progress against objectives as part of its agenda.</p>	<p>Director of Public Health & Strategic Partnerships December 2019</p>

- | | |
|--|---|
| 2. Programme Board meetings will be moved from a monthly to a quarterly basis and will be chaired by the Executive Director of Public Health and Strategic Partnerships. This will be supported by sub-Board meetings. | Eryl Powell Consultant in Public Health
April 2019 |
| 3. The Executive Director of Public Health and Strategic Partnerships will provide WbFGA update reports to the Executive Team, which would include attendance at Programme Board. | Director of Public Health & Strategic Partnerships
November 2019 |

Finding 2: Outcomes and actions (D)	Risk
<p>The self-assessment to the Future Generations Commissioner for Wales in January 2019 demonstrates that work has started on referencing specific activities within the IMTP to the relevant well-being objectives.</p> <p>The Health Board has not documented any time-frames or responsibility for implementation of activities to meet the well-being objectives and there are no performance metrics in place.</p>	<p>The Health Board is unable to effectively monitor progress against each objective.</p>
Recommendation 2	Priority level
<p>1) Outcomes for the well-being objectives should be identified, with milestones and time frames / responsibilities documented and monitored, together with performance metrics.</p> <p>2) The Programme Board should ensure performance management of the well-being objectives is included in divisional reporting processes in order to ensure there is no duplication of effort when assessing progress against the well-being objectives and that there is alignment with other objectives of the Health Board to support the IMTP. Progress should be monitored by the Programme Board.</p>	<p>Medium</p>

Management Response 2	Responsible Officer/ Deadline
Agreed 1) The well-being objectives will be embedded into ABUHB planning and performance mechanisms, linked to the IMTP. In doing so, outcomes, milestones, responsibilities and performance metrics will be identified for each objective. 2) The Programme Board will work with the Planning and Performance Teams to ensure that the performance management of the well-being objectives is embedded with the divisional reporting processes and that there is alignment with other objectives of the Health Board to support the IMTP.	 Director of Public Health & Strategic Partnerships September 2019 Director of Public Health & Strategic Partnerships September 2019

Finding 3: Monitoring and reporting (O)	Risk
<p>The IMTP 2018/19-2020/21 states responsibility for oversight of the Act sits with:</p> <ul style="list-style-type: none"> • Public Partnerships and Wellbeing Committee, which has responsibility for oversight of the implementation of the Act • Programme Board (formerly the Steering group), which has a responsibility to focus on the agenda and system change required, and ongoing scrutiny of progress. <p>The Public Partnerships and Well-being Committee was provided with an update on the progress that the Health Board was making towards its ten well-being objectives, and also progress on the Health Board's WBFGA Embedding Programme. There has been no further detailed update to the Board since May. There has also not been any reporting on the Act to the Executive Team during this time.</p> <p>The Programme Board terms of reference includes the following responsibilities:</p> <ul style="list-style-type: none"> • To oversee the quarterly/annual reporting of progress/steps taken towards achieving the well-being objectives and the activities that demonstrate the five ways of working – (Note that individual Leads will take responsibility for this within their Division). • To provide quarterly/annual progress reports to the Public Partnerships and Well Being Committee <p>A review of the papers and minutes of the programme board demonstrates regular updates and discussions of the Embedding Programme, including updates from divisions / functions on ambition narratives. However, there is no overall monitoring of</p>	<p>Progress against well-being objectives is not monitored and reported regularly.</p>

the progress being made against the well-being objectives at the board (i.e. the specific activities and milestones that are required in order to measure progress against the Objectives).

Recommendation 3**Priority level**

1) As per the Programme Board Terms of Reference, there should be regular reporting of progress at the Programme Board and to the Public Partnerships and Well-being Committee. This reporting should focus on the outcomes required to meet the objectives and the progress against specific actions.

2) The WBFGA programme Board Terms of Reference will be updated to include the frequency and format of reporting to the Public Partnerships and Well-being Committee. The format/structure of the WBFGA reporting to the PP&WB Committee will be informed by the work proposed in the Management Responses to recommendation 2.

3) The reporting requirements to the Executive Team should be clarified.

Medium

Management Response 3	Responsible Officer/ Deadline
<p>Agreed</p> <p>1.Regular reports on the progress made against the Well-being objectives will be provided to the Public Partnerships and Well-being Committee.</p> <p>2. The WbFGA Programme Board Terms of Reference will be updated to include the frequency of reporting to the Public Partnerships and Well-being Committee.</p> <p>3. The WbFGA Programme Board Terms of Reference will be updated to clarify the reporting arrangements to the Executive Team.</p>	<p>Director of Public Health & Strategic Partnerships In line with the updated terms of reference</p> <p>Director of Public Health & Strategic Partnerships April 2019</p> <p>Director of Public Health & Strategic Partnerships April 2019</p>

Audit Assurance Ratings



Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment

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Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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Auditor General for Wales

Implementing the Well-being of Future Generations Act – **Aneurin Bevan University Health Board**

Audit year: 2019

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This document has been prepared as part of work performed in accordance with statutory functions, including s15 of the Wellbeing of Future Generations (Wales) Act 2015. In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at info.officer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

The team who delivered the work comprised Gabrielle Smith and Nathan Couch.

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The Health Board is making progress to embed the sustainable development principle in service design and has clearly considered it when developing Connect

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Summary report

Background

- 1 In accordance with the Well-being of Future Generations (Wales) Act 2015 (the Act) the Auditor General for Wales (the Auditor General) is statutorily required to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle when:
 - a. setting their wellbeing objectives; and
 - b. taking steps to meet them.
- 2 The Act defines the sustainable development (SD) principle as acting in a manner: ‘...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs’.
- 3 The Auditor General must provide a report on his examinations to the National Assembly for Wales at least a year before each Assembly election. The first such report must be published by 2020, before the 2021 Assembly election.
- 4 In May 2018, the Auditor General published a preliminary report, [Reflecting on Year One – How have public bodies responded to the Well-being of Future Generations Act \(2015\)](#). He concluded that public bodies support the principles of the Act and are taking steps to change how they work.
- 5 During 2018 and 2019, the Auditor General is undertaking examinations across the 44 bodies covered by the Act to inform his 2020 report to the National Assembly. In developing our approach to undertaking the examinations, we engaged with a range of stakeholders and carried out pilot work during 2017-18. We have also worked closely with the Future Generations Commissioner.
- 6 The preliminary work we undertook in 2017 included a consideration of how public bodies had set their wellbeing objectives. The principal focus of our 2019 work is the way in which public bodies are taking steps to meet their wellbeing objectives.
- 7 We undertook our review at the Aneurin Bevan University Health Board (the Health Board) between June 2019 and October 2019.

Focus of the work

- 8 We reviewed the extent to which the Health Board is:
 - applying the SD principle and the five ways of working in order to do things differently;
 - embedding the SD principle in core arrangements and processes; and
 - involving and working with citizens and stakeholders to deliver its wellbeing duty.
- 9 We carried out a high-level review of how the Health Board is continuing to develop its corporate arrangements since our baseline work in 2017 to inform the Auditor General's one-year commentary in 2018. We also examined the extent to which the Health Board is acting in accordance with the SD principle and applying the five

ways of working through a step being taken to meet a wellbeing objective. Specifically, we reviewed the Health Board’s approach to developing Connect, a specialist weight management service for children and young people and their families (described in [Appendix 1](#)).

- 10 We organised facilitated workshops to which the Health Board invited staff involved in the step and subsequent delivery and management of the service. At the workshop, we explored how the five ways of working were applied when designing Connect and to identify the strengths and learning points that could be shared more widely.
- 11 [Exhibit 1](#) summarises the five ways of working as defined in the Welsh Government’s [Well-being of Future Generations \(Wales\) Act 2015 The Essentials](#) document. [Appendix 2](#) outlines positive indicators for each of the five ways of working that we have identified and used as part of our examination.

Exhibit 1: the ‘five ways of working’ as defined by the Welsh Government

The Five Ways of Working
<p>Long term – The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.</p> <p>Prevention – How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</p> <p>Integration – Considering how the public body’s wellbeing objectives may impact upon each of the wellbeing goals, on their other objectives, or on the objectives of other public bodies.</p> <p>Collaboration – Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its wellbeing objectives.</p> <p>Involvement – The importance of involving people with an interest in achieving the wellbeing goals and ensuring that those people reflect the diversity of the area which the body serves.</p>

- 12 This report sets out our findings on the Health Board’s corporate approach to embedding the sustainable development principle and how the five ways of working were applied to developing Connect (the step).

Main findings

- 13 Our examination found that the Health Board is making progress to embed the sustainable development principle in service design and has clearly considered it when developing Connect.
- 14 We reached this conclusion because:
 - The Health Board continues to embed the sustainable development principle but arrangements for overseeing and scrutinising the process and delivering the wellbeing objectives are not wholly effective.

- The Health Board successfully applied the sustainable development principle when designing Connect and has identified opportunities to build upon this work.

15 Our findings are discussed in detail in the following sections of this report.

Improvement opportunities

- 16 As the main provision of the Act came into force in 2016, it is inevitable that public bodies will need time to fully effect that change. We recognise that this is a transition period and that all public bodies are on a learning path.
- 17 In October, we presented our findings at a workshop with the Health Board staff involved in the step. At this workshop, staff considered our conclusions, and identified several learning points in relation to the step. **Exhibit 2** highlights three improvement opportunities (I) based on learning points consistently identified by staff. The improvement opportunities are intended to support continued development and embedding of the SD principle and five ways of working. The Health Board should consider how the wider learning points identified by staff can be promulgated across its divisions and corporate functions.
- 18 In relation to overall corporate arrangements for embedding the SD principle, the Health Board should continue to address the NHS Audit and Assurance Service recommendations set out in its [report on the Health Board's obligations under the Act](#).

Exhibit 2: opportunities for improvement

Opportunities for improvement related to the five ways of working	
Long term and prevention	
I1	When considering business cases for new services, the Health Board should: <ul style="list-style-type: none"> a. consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing; and b. work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently.
I2	The Health Board should identify and report on the contribution of Connect to Public Service Boards' priorities and wellbeing objectives.
Involvement	
I3	The Health Board should assess the extent to which children and young people are represented when designing health and wellbeing services and how it could support and sustain a Gwent-wide approach to involve them.

Detailed report

Part 1 – Corporate arrangements

The Health Board continues to embed the sustainable development principle but arrangements for overseeing and scrutinising the process and delivering the wellbeing objectives are not wholly effective

- 19
- Prior to examining how the five ways of working were applied to designing Connect, we wanted to understand how the corporate arrangements support delivery of that work.
- 20
- The Health Board’s ten wellbeing objectives are unchanged from 2017 when they were first published. The Health Board reviewed its wellbeing objectives in 2017 and concluded that they were still relevant and appropriate, particularly as four are reflected in the five Gwent Public Service Boards’ (PSBs) wellbeing plans. These four objectives are clearly aligned to strategic change plans set out in the Health Board’s integrated medium-term (IMTP) plan and relate to improving population health and wellbeing. The remaining six wellbeing objectives, which are health board specific, are less explicit within the IMTP.
- 21
- The Health Board’s programme of work to embed the sustainable development principle and five ways of working across its divisions and corporate departments. began in 2017 and continues today.
- 22
- We wanted to understand whether the Health Board is responding to the SD principle and the five ways of working by:
 - doing things differently to deliver change;
 - developing core arrangements and processes; and
 - involving citizens and stakeholders.
- 23
- Our findings are set out in [Exhibit 3](#).

Exhibit 3: embedding the SD principle and the five ways of working

Doing things differently to deliver change
<p>Work is ongoing to embed the sustainable development principle into the Health Board’s core arrangements and processes:</p> <ul style="list-style-type: none">• There is a well-established Health Board-wide programme of work to engage senior divisional and corporate staff to embed the Act and to share learning through a community of practice. This work has engaged all divisions and corporate departments to self-assess the extent to which they apply the five ways of working, to identify changes needed and using the five ways of working as a frame of reference to articulate their long-term ambitions. This self-assessment process is scheduled to conclude at the end

Doing things differently to deliver change

of 2019 and recent work by the NHS Audit and Assurance Service indicates that work is progressing well.

- The Health Board identified dedicated staff resources to lead the necessary workforce and culture change to embed the Act into operational activity.
- The Health Board is currently reviewing the wellbeing objectives as part of its annual refresh of the integrated medium-term plan (IMTP). As part of the annual refresh of the IMTP, the Health Board requires divisions and corporate departments to reflect more clearly the five ways of working and their long-term ambitions.
- In exploring the step, Health Board staff indicated that the approach taken to develop Connect is helping to de-mystify the difficulty in applying the five ways of working to service design and delivery. The Connect team regularly share learning with the Health Board's community of practice. At the time of our work, the Health Board web-based resources for staff to provide information on the Act and good practice case studies to demonstrate how the Act is being applied and embedded by others.
- Health Board staff also identified that the approach to designing Connect is helping to build strong leadership and ensure succession planning. The Health Board is working to embed the sustainable development principle and five ways of working into its Core Skills for Managers Training programme.
- In early 2019, the Health Board, along with 43 other public bodies in Wales, completed the Future Generations Commissioner's self-reflection tool, which sought appraisal of the organisation's wellbeing objectives and progress in delivering them. The Health Board indicated that the Future Generations Commissioner provided positive feedback on its self-reflection noting that it provided a fair picture of progress and comprehensive evidence for each wellbeing objective.

Developing core arrangements and processes

Arrangements for oversight and scrutiny of implementation of the Act and delivery of the wellbeing objectives are not wholly effective:

- The Health Board acknowledges more is needed to embed the wellbeing objectives and five ways of working into some of its arrangements, such as those for planning and performance management and risk management.
- The Health Board established a programme board, jointly chaired by the Executive Director for Public Health and Strategic Partnerships and the Board Secretary, to oversee the programme of work to embed the Act. The Public Partnerships and Wellbeing (PP&WB) Committee has responsibility for overseeing implementation of the Act.
- In early 2019, the NHS Audit and Assurance Service concluded that the Health Board was making reasonable progress to meet its obligations under the Act. The Health Board is working to address several areas for improvement, which include the need to identify responsibility for actions to meet wellbeing objectives, milestones, outcomes and performance measures. It also found that attendance at programme board meetings by division and executive representatives is sometimes poor, limiting information sharing about related developments. The programme board does not review progress against the ten wellbeing objectives, nor the steps taken to achieve them. Reports from the programme board to the PP&WB Committee are infrequent with the last report received in May 2018, while there is no formal reporting on progress to the executive team.

Involving citizens and stakeholders

The Health Board continues to build on its arrangements for involving citizens and stakeholders:

- The Health Board's well-being objectives were developed through a process of internal consultation, building on citizen engagement from across Gwent.
- A small number of the Health Board's wellbeing objectives are reflected in the wellbeing plans of the five Gwent PSBs.

Doing things differently to deliver change

- The Health Board's recently approved five-year Involvement Strategy sets out a range of work, such as Engage4Change and Better2Gether, and new activities to involve citizens and stakeholders at both a strategic and operational level when planning and designing services and builds on the success of its previous engagement strategy.
- The Health Board is increasing the pool of staff with the knowledge and expertise in formal public consultation to widen public involvement.

Part 2 – Examination of Aneurin Bevan's approach to developing a specialist weight management service for children and their families

The Health Board successfully applied the sustainable development principle when designing Connect and has identified opportunities to build upon this work

- 24 We examined the Health Board's approach to developing Connect, the specialist weight management service for children/young people and their families as part of providing children and young people with the best possible start in life. Connect was launched in May 2019 and is a Gwent-wide team of health care professionals working together to support children and young people with severe obesity (ie have significant health or clinical risks as a result of obesity), as well as their families, to manage their weight, improve their physical and emotional health and to assess and treat complications of obesity. Further information on the step is set out in [Appendix 1](#).

The Health Board had a clear long-term focus when developing Connect

- 25 We looked for evidence of:
- a thorough understanding of current and long-term needs and the associated challenges and opportunities;
 - planning over an appropriate timescale;
 - resources allocated to ensure long-term benefits; and
 - appropriate monitoring and review.
- 26 The following strengths were identified by Health Board staff:
- Connect is informed by an understanding of need and the service model is based on evidence of what works to support children with obesity.
 - Staff developing Connect worked collaboratively with colleagues and partners to model current and future demand for the service and to estimate the cost of obesity and the benefits of weight management.

- Staff evaluated the resources used to provide care for children and young people with obesity to identify how much could be reinvested in the new service.
- An outcomes framework was developed in tandem to inform service delivery and improvements, to monitor clinical outcomes and to understand the impact and experience of children and their families. Measures include specially developed patient (child) reported outcome measures (PROMs), patient (child) experience measures (PREMs) and quality of life measures. Dedicated support has been identified to undertake service evaluation.
- Staff indicated that the development process helped to empower them to be innovative when designing the service.
- Developing a new service (the first in Wales) required trust and risk taking and support from senior leaders within the organisation to commit resources where outcomes may not be evident in the short term.

27 The following learning points were identified by Health Board staff:

- It took several years to identify and secure the necessary funding for Connect. Staff indicated that more consideration should be given to how funds across health, social care and education can be pooled to give every child and young person the best possible start in life. There is a need also to look at how current funding can be reinvested in preventative work.
- Short-term funding was cited as one of the biggest barriers to sustaining community-based services at levels 1 and 2 of the all Wales obesity pathway¹. Staff felt that if they were designing the service again, they would ideally look to see how services across the all Wales obesity pathway could be resourced at the same time, or as a minimum at levels 2 and 3 of the pathway.
- In addition to outcomes for children and young people and their families, more clarity is needed about measures for shared outcomes to which individual organisations can be held to account for their contribution for giving every child and young person the best possible start in life, recognising that some outcomes take a long time to materialise.
- There is a need to identify and report on the contribution of Connect to PSBs' priorities and wellbeing objectives.

¹ The All Wales Obesity Pathway was published by the Welsh Government in 2010. It sets out four levels of care and support that Health Boards and their partners should make available to people who are overweight or obese. The four levels of care are: (i) community-based prevention and early intervention to support self-care; (ii) community and primary care weight management services; (iii) specialist multidisciplinary weight management services; and (iv) specialist medical and surgical services.

- Staff acknowledged that more work is needed to tackle the obesogenic society, such as ensuring that local community and environmental plans consider the impact on obesity.

Connect has a clear preventative focus with ongoing work to ensure adequate levels of support in the community

28 We looked for evidence of:

- a thorough understanding of the nature and type of problem the step could help prevent from occurring or getting worse;
- resources allocated to ensure preventative benefits will be delivered; and
- monitoring and review of how effectively the step is preventing problems from occurring or getting worse.

29 The following strengths were identified by Health Board staff:

- There is strong evidence base for Connect informed by the root causes of obesity with recurring funding available to provide the service.
- Connect provides a whole-family approach enabling parents to act as change agents for family eating and lifestyle behaviours. It may also incentivise parents to seek support themselves.
- Reducing childhood obesity will impact on healthy life expectancy by preventing chronic health conditions and premature morbidity and secure other benefits, such as happier and more confident children, better school attendance and improved educational attainment.
- Connect is expected to have a positive effect on the life-time costs of obesity to the NHS and wider society by reducing demand on health and care organisations.
- Early engagement with partners was important in achieving a shared understanding of the extent of childhood obesity and the solutions needed to tackle it collectively.
- There is ongoing collaboration with partners to ensure there is appropriate community support for early intervention and prevention of obesity. These include community-based weight management services, which are identified as a priority in the Health Board's 2019-20 IMTP. These community services play a pivotal role for children, young people and adults moving up or down the obesity pathway.
- The Connect service is working with colleagues from the Child and Adolescent Mental Health Service specialist service for eating disorders to jointly plan and provide a programme of school-based prevention work around body image. Staff are preparing a business case to secure the necessary Health Board funding to deliver it.

- The Making Every Contact Count programme is well embedded within the Health Board's Families and Therapies Division enabling staff to support families to make positive changes to their physical and mental wellbeing.
- 30 The following learning points were identified by Health Board staff:
- There is acknowledgement that currently there are inadequate levels of support available at levels 1 and 2 of the all-Wales obesity pathway, which would help reduce demand for specialist weight management services. Staff are developing business cases to secure the necessary resources to provide support in the community in line with proposed actions set out in the Health Board's IMTP.
 - There is a need to shift the balance from treatment to prevention supported by longer term investment in prevention, including identifying how funding can be reinvested in prevention work.
 - There is a need to align performance measures where partners' priorities are the same.

Connect is helping to shape a whole-systems approach to tackling childhood obesity

- 31 We looked for evidence of consideration of:
- how this step could contribute to the seven national wellbeing goals;
 - how delivery of this step will impact on the Health Board's wellbeing objectives and wider priorities; and
 - how delivery of this step will impact on other public bodies' wellbeing objectives.
- 32 The following strengths were identified by Health Board staff:
- There is Gwent-wide consensus that obesity is a priority for action as tackling obesity is not the responsibility of any one public sector body. Connect is expected to have a positive impact on shared priorities to give every child the best possible start in life, as well as contribute to the Health Board's other wellbeing objectives. The Health Board and five Gwent PSBs share several wellbeing objectives which staff are confident will strengthen joint working to tackle childhood obesity.
 - The Health Board worked with a range of partners to map services and resources for tackling obesity, for example in relation to physical activity and access to healthy affordable food choices.
 - Connect is helping to shape a whole-systems approach to tackling childhood obesity by connecting different streams of work to give every child the best possible start in life. For example, Connect is linking with Health Visiting teams implementing the Healthy Child Wales Programme and the School Health Nursing Service, which undertakes the childhood measurement programme.

- Connect is integrated with the adult weight management service not only to reduce start-up and running costs but to enable parents, who are overweight or obese, to access relevant services to address family lifestyle and behaviour changes, as well as ensuring seamless transition for young people.
- 33 The following learning points were identified by Health Board staff:
- The team mapped how action on childhood obesity would positively impact across the seven national Wellbeing Goals, but it recognises that this mapping should not be a one-off exercise but periodically reviewed and evaluated.
 - Action on childhood obesity already underway needs to be flexible enough to respond and integrate new national policy requirements, such as [Health Weight, Healthy Wales](#).
 - There can be challenges when the partnership landscape changes, for example when public services are outsourced. New partners need to 'come on board' to tackle childhood obesity and maintain momentum.

The Health Board collaborated with multiple stakeholders, both internally and externally, when designing Connect

- 34 We looked for evidence that the Health Board:
- has considered how it could work with others to deliver the step (to meet its wellbeing objectives, or assist another body to meet its wellbeing objectives);
 - is collaborating effectively to deliver the step; and
 - is monitoring and reviewing whether the collaboration is helping it, or its stakeholders meet wellbeing objectives.
- 35 The following strengths were identified by Health Board staff:
- The need to design Connect 'from scratch' meant staff had to consider carefully who their stakeholders were but it provided opportunities to work with new partners, for example leisure services.
 - Collaborating with different partners ensures a broader perspective on how to support families to increase levels of physical activity.
 - Connect was developed as a partnership between physical and mental health services.
 - Staff worked collaboratively with colleagues and partners to identify the cost of obesity, as well as to estimate the current and future demand for the specialist service, service capacity and required resources both finance and workforce.
 - Connect is integrating the work of different professional staff to support effective multidisciplinary working.

- The Connect team is helping to develop capacity and capability amongst partners for appropriate referral and integrated, effective weight management support as part of routine care or contact with children and young people.
- Staff indicated that work to develop both the Health Board's childhood obesity strategy and Connect is helping to build long lasting relationships with key stakeholders, such as PSBs and Neighbourhood Care Networks (NCNs).

36 The following learning points were identified by Health Board staff:

- It takes time to develop a sustainable service from scratch with the genesis of Connect dating back to 2015.
- There is a need to better understand the broad range of skills required to support children and their families, both to prevent and to assess and treat the complications of obesity. The Connect team was unsure how much support professional staff working with children and young people would need, particularly to support children and young people who did not meet the Connect referral criteria.
- There is a need for collaborative leadership approaches and development to enable leaders to work across functional and organisational boundaries.

The Health Board involved stakeholders and prospective service users in designing Connect and is working to make early involvement of children, young people and family's normal practice

37 We looked for evidence that the Health Board has:

- identified who it needs to involve in designing and delivering the step;
- effectively involved key stakeholders in designing and delivering the step;
- used the results of involvement to shape the development and delivery of the step; and
- sought to learn lessons and improve its approach to involvement.

38 The following strengths were identified by Health Board staff:

- Staff developing Connect used structures and forums already in place, like the NCNs and the Children and Family Partnership Board, 'to sell' the vision for the service and get momentum behind its development, as well as agreeing principles of service design.
- Once funding for Connect was agreed, staff engaged specifically with children, young people and their families, that is prospective users of the service, to ensure that the proposed delivery model would meet their needs. Staff also wanted to find out what children, young people and their families

wanted from such a service. The Health Board provided feedback to those families taking part to explain how their contribution was used.

- The Health Board is working to secure the National Participation Kitemark to demonstrate that it is achieving the Children and Young Peoples' National Participation Standards.

39 The following learning points were identified by Health Board staff:

- The Health Board mapped the stakeholders across mental health, physical health, primary care and prevention sectors. The wide range of stakeholders involved was described as challenging in terms of coordination. Staff were not always confident that stakeholders representing children and young peoples' interests had been engaged because there is no Community Health Council equivalent for children and young people.
- The Health Board's recently approved Involvement Strategy refers to all people across Gwent having a voice. Although the strategy does not refer specifically to children and young people, it does include the national participation standards. Nonetheless, staff identified the need for a strategic discussion on how the Health Board engages with children and young people, and how it can support a Gwent-wide infrastructure to enable effective engagement was identified.
- Staff identified the importance and challenge of keeping families involved now that Connect is operational. In the short term, the Connect team regularly review the PREMs and PROMs data to address issues raised by families.
- Staff indicated that involving potential service users from the outset needs to become normal business practice and that securing the National Participation Kitemark by the Family and Therapies Division will help. Staff also identified the need to ensure that other service areas caring for children and young people also secure the kitemark.
- Although staff from across the organisation with different skills came together to support the service development, there was an identified need to involve staff with experience governance matters.
- Staff identified the need to protect against 'mission creep' when designing a new service.

Appendix 1

The Step

Developing a specialist weight management service for children/young people and their families

Explanation of the step

As part of providing children and young people with the best possible start in life, the Health Board developed Connect, a specialist weight management service for children and young people and their families, which was launched in May 2019. Connect is a Gwent-wide team of health care professionals working together to support children and young people with obesity, and their families, to manage their weight, improve their physical and emotional health and to assess and treat the complications of obesity.

Why did the Health Board do this?

There are an estimated 35,000 children and young people (age 0 to 18 years) in Gwent, who are overweight or obese. A quarter of children aged 4 to 5 are overweight or obese when they start school. Obesity harms children in the short term, while in the long term between 55% to 80% of children with obesity become adults with obesity, which undermines a range of wellbeing goals in future generations. Children with two parents with obesity have up to an 80% chance of being overweight themselves. In Gwent, almost two thirds of the adult population are overweight or obese with rates of adult obesity rising by a third in the last decade.

Prior to the development of Connect, specialist multidisciplinary weight management services for children and young people at level three of the obesity pathway were limited. Young people aged 16 years and older were supported by the adult specialist weight management service while those with eating disorders were supported by the Child and Adolescent Mental Health Services. In the absence of specialist services, children with severe obesity were admitted to hospital for intensive treatment involving dietetic advice and reducing calorie intake.

The Health Board was unable to provide psychological support and promote exercise during hospitalisation, both of which are fundamental to successful weight loss. A single component, single discipline approach does not consider the family context and limits effectiveness of support for childhood obesity. There is a strong evidence base for early intervention with young children before eating behaviours become engrained and psychological problems increase.

The Health Board is confident that action on childhood obesity will positively impact on the seven wellbeing goals and it identified intended benefits against each goal.

What did the Health Board do to achieve this?

The Health Board published its childhood obesity strategy for Gwent up to 2025 - Fit for Future Generations in 2015. The strategy sets out a vision of healthier, fitter future generations where obesity will not harm children and limit the wellbeing and health of future generations in Gwent as it is today. The strategy, which was adopted by all five PSBs in the Health Board's area, provides a framework for coordinated, multiagency and evidence-based action.

Health Board staff worked with partners to map the provision of care and support available for children and young people across the four levels of the all Wales obesity pathway. It identified a significant gap in the provision of services at level three of the pathway. Staff also reviewed the evidence of what works to support children with obesity, looking in more detail at English service models that meet service standards, including those published by NICE guidelines.

The Health Board established a Steering Group to ensure effective communication and collaboration during the development of Connect. The Steering Group took the opportunity to use the five ways of working to improve and refine the final service offering.

The Health Board worked collaboratively with colleagues and partners to identify the cost of obesity, estimated to be around £17 million, as well as to estimate the current and future demand for the specialist service, service capacity and required resources both finance and workforce. The Health Board involved a wide range of stakeholders when developing the business case. When the business case was agreed, the Health Board involved families and children who typically did not engage with services to identify what they would want or need from a specialist weight management service. In developing Connect, an evaluation and outcomes framework was agreed to measure the difference the service is making for children and young people and their families.

The Connect service is provided by 3.8 FTE staff, comprising a Consultant Paediatrician, Specialist Dietitian, Clinical Psychologists, Nurses and a Therapy Assistant Practitioner, as well administrators. Each healthcare professional provides different elements of support, which the child or young person and their family may find useful. This support includes a medical assessment for underlying causes of obesity, bespoke dietetic advice, psychological support with factors affecting their weight and help to increase activity levels. Recurring funding totalling £192,000 was made available for the service, which is fully integrated with the adult weight management service and will support 252 families across Gwent in the first 12 months.

Appendix 2

The Five Ways of Working

The table sets out 'positive indicators' for each of the five ways of working that we have identified and used to help inform our assessments of the extent to which bodies may be applying the SD Principle. We do not intend the indicators to be used as a 'checklist'. We have used them as 'indicators' to help us to form conclusions, rather than 'determinants' of the extent to which a body is acting in accordance with the SD Principle in taking steps to meet its wellbeing objectives.

Exhibit 4: the five ways of working

What would show a body is fully applying the long-term way of working?
<ul style="list-style-type: none">• There is a clear understanding of what 'long term' means in the context of the Act.• They have designed the step to deliver the wellbeing objective/s and contribute to their long-term vision.• They have designed the step to deliver short or medium-term benefits, which are balanced with the impact over the long-term (within the project context).• They have designed the step based on a sophisticated understanding of current and future need and pressures, including analysis of future trends.• Consequently, there is a comprehensive understanding of current and future risks and opportunities.• Resources have been allocated to ensure long-term as well as short-term benefits are delivered.• There is a focus on delivering outcomes, with milestones/progression steps identified where outcomes will be delivered over the long term.• They are open to new ways of doing things which could help deliver benefits over the longer term.• They value intelligence and pursue evidence-based approaches.
What would show a body is fully applying the preventative way of working?
<ul style="list-style-type: none">• The body seeks to understand the root causes of problems so that negative cycles and intergenerational challenges can be tackled.• The body sees challenges from a system-wide perspective, recognising and valuing the long-term benefits that they can deliver for people and places.• The body allocates resources to preventative action that is likely to contribute to better outcomes and use of resources over the longer term, even where this may limit the ability to meet some short-term needs.• There are decision-making and accountability arrangements that recognise the value of preventative action and accept short-term reductions in performance and resources in the pursuit of anticipated improvements in outcomes and use of resources.

What would show a body is taking an 'integrated' approach?

- Individuals at all levels understand their contribution to the delivery of the vision and wellbeing objectives.
- Individuals at all levels understand what different parts of the organisation do and proactively seek opportunities to work across organisational boundaries. This is replicated in their work with other public bodies.
- Individuals at all levels recognise the cross-organisation dependencies of achieving the ambition and objectives.
- There is an open culture where information is shared.
- There is a well-developed understanding of how the wellbeing objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the wellbeing goals and minimise negative impacts.
- Governance, structures and processes support this, as do behaviours.

What would show a body is collaborating effectively?

- The body is focused on place, community and outcomes rather than organisational boundaries.
- The body has a good understanding of partners' objectives and their responsibilities, which helps to drive collaborative activity.
- The body has positive and mature relationships with stakeholders, where information is shared in an open and transparent way.
- The body recognises and values the contributions that all partners can make.
- The body seeks to establish shared processes and ways of working, where appropriate.

What would show a body is involving people effectively?

- Understanding who needs to be involved and why.
- Reflecting on how well the needs and challenges facing those people are currently understood.
- Working co-productively, working with stakeholders to design and deliver.
- Seeing the views of stakeholders as a vital source of information that will help deliver better outcomes.
- Ensuring that the full diversity of stakeholders is represented, and they can take part.
- Having mature and trusting relationships with its stakeholders where there is ongoing dialogue and information is shared in an open and transparent way.
- Ensure stakeholders understand the impact of their contribution.
- Seek feedback from key stakeholders which is used to help learn and improve.

Appendix 3

The Health Board's management response to improvement opportunities

Health Board staff considered our findings at a workshop held on 24 October 2019, where several learning points related to the development of Connect were discussed. We identified several improvement opportunities as set out earlier in this report.

Exhibit 5: management response to improvement opportunities

Opportunities for improvement		Actions, responsibilities, timescales
Long term and prevention		
I1	When considering business cases for new services, the Health Board should: <ul style="list-style-type: none">a. consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing; andb. work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently.	The Health Board will review its business planning guidance to ensure that it explicitly identifies the need to consider the totality of funding required across the whole patient/service user pathway to maximise impact on health and wellbeing. It will look to evidence the work with partners to identify sustainable sources of funding across the whole patient/service user pathway, including looking at how current funding could be used differently. The Pre-Investment Panel will ensure that these are considered when appraising cases.
I2	The Health Board should identify and report on the contribution of Connect to PSBs' priorities and wellbeing objectives.	Health Board representatives on the five Gwent Public Service Boards will ensure that they are aware of existing and new services and consider how these support the delivery of the PSBs priority areas and the impact these services may have on achieving long term health and wellbeing outcomes for the region as set out in Building A Healthier Gwent. The ambition for Building A Healthier Gwent is that that more children and young people live in an environment that supports being a healthy weight. This is intended to strengthen the delivery of tier 1 of the All

Opportunities for improvement	Actions, responsibilities, timescales
	<p>Wales Obesity pathway in Gwent and further strengthen the Health Boards collaborative approach to prevention.</p> <p>The Connect service is currently developing a case study to share with others how the Service has used the WBFGA to challenge and improve service design and delivery. This case study will identify how the new service supports the National Goals and PSB priorities/well-being objectives.</p>
<p>I3 The Health Board should assess the extent to which children and young people are represented when designing health and wellbeing services and how it could support and sustain a Gwent-wide approach to involve them.</p>	<p>In developing the Connect service the Health Board held focus groups with Children and Young People and their families who were referred to Paediatric services and Paediatric Dietetics for obesity and who had not previously engaged with these services. This was identified as a priority as these were most likely to be the most complex cases that the Connect Service would need to engage with. Following this the Connect service was then designed to incorporate the learning from these focus groups.</p> <p>Building on this initial engagement a future consideration would be, at 12 months, to conduct a full evaluation of the service and to engage with service users (including young people and children) as part of this with the view to test if the current design and provision is fit for purpose.</p> <p>The service has recently secured a project with the Health Board's Value Based Healthcare team where patient reported outcomes (PROMs) and patient reported experience measures (PREMs) will be captured, reported and assessed on a monthly basis. This will then enable the service to respond in a timely manner to service user feedback and use this intelligence to help shape the ongoing evolution of the service.</p> <p>We will ensure that future service developments for children and young people work with the Children's Rights and Participation Forum and the Gwent Health Youth Forum to engage the views of young people in the design, delivery and evaluation of services.</p>

Opportunities for improvement	Actions, responsibilities, timescales
	The Health Board has been recently awarded the National Participation Kite mark in recognition of its work to achieve the Children and Young Peoples' National Participation Standards. The Health Board will continue to widen the involvement of children and young people in designing services that affect them.

We will monitor the Health Board's progress in implementing these actions, and the extent to which they address the issues we have identified in our findings, through our future programmes of work.

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Aneurin Bevan University Health Board
29th January 2020
Agenda Item: 2.3

Aneurin Bevan University Health Board

Public Health Risk Register – 29th January 2020

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 the key risks to the health board in meeting its statutory duties and successfully achieving its strategic objectives within the IMTP.

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

Report Author: Anna Morgan, Principal Public Health Practitioner

Report Received consideration and supported by :

Executive Team

**Committee of the Board
Public Partnerships and
Wellbeing**

Date of the Report: 29th January 2020

Supplementary Papers Attached: Public Health Risk Register (appendix 1)

Purpose of the Report

To inform the committee of updates to the Public Health Risk Register, and the additional actions taken, or required, to reduce the risk.

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 well-being.

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 and Strategic Partnerships 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 Health, 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

2. Identified risks and issues

Key risks and issues are considered at each committee meeting.

There are currently 31 short-term risks contained within the Public Health Risk Register, one fewer from the previous risk register, which are distributed across the categorisation matrix as below:

Consequence score	Likelihood score				
	1-rare	2-unlikely	3-possible	4-likely	5-almost certain
5-catastrophic		1	1		
4-major		1	2	2	
3-moderate	1	2	4	5	2
2-minor			7	2	
1-negligible		1			

2.1 Risks with a high or moderate risk score

The Public Health Risk Register (appendix 1) reports on those risks with a high or moderate risk score. The risks reported below are those where additional mitigating action has been identified.

Health services fail to work in partnership with others to protect and improve the health and well-being of people and reduce health inequalities

c) Systems, resources and plans are not in place to identify and act upon significant public health issues so as to prevent and control communicable diseases and provide immunisation programmes; with effective programmes to screen and detect disease

Increase the level of influenza vaccine uptake in all at risk groups at NCN level and reduce the gap across all ABUHB NCNs

Although uptake rates of the flu vaccination in all at risk groups are among the highest in Wales they are failing to meet Welsh Government targets. The Primary Care Influenza Vaccination Group, who provides oversight for the co-ordination, implementation and monitoring of the seasonal influenza vaccination programme in primary care, have developed a continuous improvement plan.

Actions have been agreed, including:

- Contacting GP practices with significantly low uptake to assess the reason for this and facilitate corrective action where possible
- Issuing letters to GP practices providing guidance on vaccine ordering for the 2020/21 flu season
- Scoping a proposal to introduce a financial incentive scheme which will encourage practices to implement the proposed improvement actions
- Creating a shared understanding of the changes that have led to significant improvements in some GP practices through peer discussion in an attempt to 'socialise' these changes across NCNs during the 2020/21 flu season; and
- Gathering behavioural insights, within the Newport East NCN, to understand (1) why uptake of flu vaccination is low amongst identified groups, and (2) variation between GP practices. This insight will be used to develop and implement a strategy to increase uptake and reduce variation within Newport for the 2020/21 season.

Primary care are contracted to deliver pre-school booster and MMR2 for 3 years and 4 months

ABUHB's new Immunisation Co-ordinator came into post January 2020. Work is planned to explore what needs to happen at a system level to improve uptake of the MMR vaccination by age 5.

In response to Public Health Wales' Measles Elimination Action Plan 2019-21, the following work is being looked at:

- Reviewing management in GP practices of the call and recall of children due for MMR
- Strengthening the role of health visiting in the follow up of case list children who have not received their MMR vaccination; and
- Exploring how domiciliary immunisation can be offered.

The school nursing services are offering MMR catch up to all secondary school children, alongside delivery of the teenage booster/MenACYW and HPV.

Immunisation postcards and digital display information have also been developed in ten languages for GP practices and health visitors. These resources aim to raise awareness of immunisation amongst parents.

Staff influenza immunisation programme

Health boards currently have a tier one target from Welsh Government to achieve 60% flu immunisation of all front line NHS staff. To improve upon last season's uptake, ABUHB have set a target of 65% uptake.

60.5% of ABUHB staff were immunised during the 2018/19 season. 62.4% of front line staff received a flu vaccination.

Uptake as of 31 December 2019 showed that 56.06% of front line ABUHB staff have received their flu vaccination for the 2019/20 season. Uptake for all ABUHB staff was 55.3%.

The health board's Staff Flu Immunisation Working Group continue to meet regularly to discuss progress, performance and develop actions in response to areas with lower uptake.

To ensure that all staff are proactively offered the vaccination and are accounted for, further drop-in clinics have been planned for January 2020, in addition to the routine immunisation clinics offered by Occupational Health. Divisional flu leads and flu champions are also conducting ward rounds in areas of low vaccination uptake.

Regular and refreshed communications messages continue to be cascaded to staff, through the intranet and divisional flu leads.

Weekly organisational uptake reports and bi-weekly divisional uptake reports continue to be produced and shared, in order to inform areas in need of targeted intervention.

2.2 Risks with a reduced risk score

One risk score has been reduced for this reporting period, regarding the development of a delivery plan for 'Building a Healthier Gwent'.

2.3 Risks withdrawn

One risk has been withdrawn for this reporting period, relating to the vacant post of Immunisation Co-ordinator within ABUHB. A new co-ordinator commenced in post January 2020.

2.4 Risks added

No new high or moderate risks have been identified.

Recommendation

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

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

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The co-ordination 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.
	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	
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.

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

Description of the risk Standard 1.1 Health Promotion, Protection and Improvement		Existing control measures	Residual/new risks to population health	Current risk		Additional risk action required	Target risk		Date risk identified
				Short term	Long term		Short term	Long term	
We fail to empower and support citizens to take responsibility for their own health and well-being, and fail to support carers of individuals who are unable to manage their own health and well-being	a) People do not know and do not understand what care, support and opportunities are available, locally, regionally and nationally, including community support and support for people from protected groups	Integrated Well-being Networks, part of the Gwent RPB Transformation funded programme, is leading collaboration for community well-being, including developing a range of ways to improve access to well-being information. Work to develop mental well-being foundation tier pilot includes better promotion of resources to enable self-help.	Resource to develop and maintain the programme will need to be identified, beyond current funding. There will need to be a deliberate focus on the needs of vulnerable groups and those with protected characteristics (e.g. people with substance misuse issues).	3x4	3x4	Resource to develop the Mental Well-being Foundation Tier pilot has not yet been identified. A clear delivery model was agreed in October to be piloted in North Caerphilly. A costed plan to implement MWbFT has been produced focussing on the IWN areas. Resource to roll out Integrated Well-being Networks across all NCN areas has not yet been identified. Phase 1 of the programme is currently underway, and evaluation will inform next steps.	3x4	3x3	30/09/2019 Review: March 2020
	d) Children do not have a good, healthy, safe and nurturing start in life	Designed 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.	All primary schools are engaging in the programme. This includes some new schools in the new more targeted focused programme. This reduces the likelihood of children in the more deprived areas acquiring good dental hygiene habits for life. Poor dental health can adversely affect self-confidence and diet, as well as potentially requiring unnecessary risk from general anaesthesia for treatment in children.	3x4	3x5	Schools have reported time constraints as the main barrier to engagement in the programme. Education authorities and schools need to be encouraged to co-operate with this programme, which will require the support of partners. Healthy School and Pre School Co-ordinators are continuing to support roll out of the programme.	3x4	3x5	February 2015, DivFT/DPH, Review: March 2020
	e) People are not supported to make decisions about their health behaviour and well-being which impact on their health and the health and well-being of their children	Patient education programmes are provided within the Health Board area, but may not be sufficient to ensure population impact. Work is now ongoing within the Primary Care & Networks to review education programmes available to patients, and in particular to increase the availability of diabetes education.	Not all willing individuals with common chronic conditions are receiving comprehensive support and guidance in self management of their condition. This affects a large and increasing proportion of the population. In the short term this avoids the need for additional staff and ensures existing staff time is used for clinical care. However, in the short to medium term, inability to appropriately self manage creates avoidable demand on health services, and wastes resources, including drugs, consumables and equipment as well as time in clinics etc. In the long term insufficient patient education at a population level maintains demand and dependency on health services and creates avoidable ill health. Sectors of the population with impaired literacy levels, physical, sensory or learning disabilities, or from an ethnic minority community may be at particular risk. OA Knee patient education groups implementing prudent care are now operational.	4x4	4x4	We need to map such programmes alongside evidence base, demand and capacity to enable a planned programme of investment to ensure maximum population impact. Plans are in place in the current ABUHB IMTP, but resources have not yet been identified.	4x4	4x4	Sept 2014, DPH and DOps, Review: March 2020
	g) Smoking cessation and smoke free environments are not promoted and supported	Smoking cessation services are being improved and extended to increase throughput to 5% of all smokers, as required by the Welsh Government target WG Tier 1 Target 5% of smokers make a quit attempt via smoking cessation services, with at least a 40% CO validated quit rate at 4 weeks. Projected Target IMTP 2019/20 (based on current resources/budget allocation for Tobacco Control): 3.5% Support for pregnant women to quit smoking is ongoing.	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. The transfer of front line service 'Stop Smoking Wales' from PHW to ABUHB was completed on the 1st October 2019. The service will continue to deliver specialist intensive behavioural support clinics in local communities across Gwent. Action plans will be implemented to increase uptake of smoking cessation services to achieve the 5% target. 2019/20 implement action plans to increase uptake of smoking cessation services to reach 3.5% by March 2020.	4x3	4x4	All divisions, and as many partners as possible need to encourage, identify, and systematically refer smokers to Help Me Quit (HMQ). Divisions and partners need to encourage appropriate staff to undertake 'Making Every Contact Count' training to increase their skills and confidence in talking to smokers about making a quit attempt. There has been an increase in the numbers of pharmacies providing Level 3 services, and work is underway to support them to deliver. Pharmacy re-accreditation was completed by March 2019, which has maintained the number of pharmacies providing a Level 3 service. Monthly data reports on referrals to smoking cessation services have been received since 2018, 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 areas is not consistent. The transfer of Stop Smoking Wales will align all cessation services within ABUHB, and give ABUHB management of all services provided across Gwent. Aligning the services to one integrated system will improve the planning of service locations, shared use of resources, greater pool of cessation knowledge and skilled workforce. Smoking cessation performance has continued to improve year on year, 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 3641 (4.0%) of the adult smoking population between 1st October 2018 and 30th September 2019. Work with local businesses is ongoing, to raise awareness of HMQ services to their staff and encourage workplaces to host 7-weeks HMQ clinics during working hours for staff to attend. Regular partnership meetings take place with HMQ to map clinic/L3 provision in AB area and identify gaps in provision to ensure smokers can access services within local communities.	3x3	3x2	Sept 2014, DPH and DOps, Review: March 2020
	h) People are not supported to avoid harm to their health and well-being by making healthy choices and accepting opportunities to prevent ill health	ABUHB adult weight management service offers weight management support to 1000 people each year at L2 and L3 of the All Wales Obesity Pathway	Failure of 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. It is also important that the service targets support to those most in need or other vulnerable groups to ensure that inequalities in health are being addressed.	3x4	4x4	Opportunities to enhance the capacity of the AWMS need to be explored, including commissioning more capacity at L1 and L2 and services at L3 focusing on those who need it most. A business case will need to be developed to make the case for investment in this service. Exploration should include the increased use of bariatric surgery for those patients that would benefit. The WG Healthy Weight, Healthy Wales Strategy was launched in October 2019. A three year national delivery plan will be launched in February 2020 and a new obesity pathway will be launched by March 2020. A local delivery plan needs to be developed to implement this strategy in Gwent.	2x2	2x4	Sept 2014, DPH and DTh, Review: March 2020

		CONNECT - CYP L3 weight management service was launched May 2019 with capacity for 250 families per year	<p>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.</p> <p>This service currently only operates at L3. There is a need for services to be provided at L2 in line with the All Wales Obesity Pathway.</p>	4x3	4x4	<p>CYP service will need clear referral criteria and mechanisms and a sound evaluation framework.</p> <p>Resources will need to be identified and a service model developed for CYP weight management service provision at L2</p> <p>The WG Healthy Weight, Healthy Wales Strategy was launched in October 2019. A three year national delivery plan will be launched in February 2020 and a new obesity pathway will be launched by March 2020. A local delivery plan needs to be developed to implement this strategy in Gwent.</p>	2x3	2x2	<p>Sept 2014, DPH and DTh,</p> <p>Review: March 2020</p>
		Antenatal weight management support is being delivered in Torfaen	<p>There is only minimal resource to provide antenatal weight management support in one area of Gwent. 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.</p>	5x3	5x4	<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. A business case will need to be developed to make the case for investment in this service</p> <p>The WG Healthy Weight, Healthy Wales Strategy was launched in October 2019. A three year national delivery plan will be launched in February 2020 and a new obesity pathway will be launched by March 2020. A local delivery plan needs to be developed to implement this strategy in Gwent.</p>	3x3	3x3	<p>Sept 2014, DPH and DTh,</p> <p>Review: March 2020</p>
		Making Every Contact Count Programme is being delivered across the Health Board and aims to reach 10% of frontline staff year on year	<p>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.</p> <p>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.</p> <p>To date MECC has been funded by Public Health slippage money which presents a risk to continued and sustainable delivery of the MECC programme. Proper investment, capacity and resources are required to ensure that MECC can continue to support people to stay healthy and to enable the programme to be</p>	3x5	3x5	<p>Divisional directors/leads receive regular updates on the 10% divisional target and are encouraged to promote amongst their staff.</p> <p>Managers are also asked to promote MECC amongst their staff and regular communications about the programme are produced for the ABUHB intranet pages and carousel. 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>An 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 Train the Trainer 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. For this to happen investment in the programme will be required. A business case is being developed which will detail the requirements re. investment and the expected benefits/outcomes of this investment.</p>	3x3	3x2	<p>September 2014, DPH and DTh,</p> <p>Review: March 2020</p>
Health services fail to work in partnership with others to protect and improve the health and well-being of people and reduce health inequalities	c) Systems, resources and plans are not in place to identify and act upon significant public health issues so as to prevent and control communicable diseases and provide immunisation programmes; with effective programmes to screen and detect disease	Increase the level of influenza vaccine uptake in all at risk groups at NCN level and reduce the gap across all ABUHB NCNs.	Uptake rates of the flu vaccination for 2019/20 for all at risk groups are failing to meet their respective WG uptake targets, leaving patients vulnerable to flu and its potential complications.	4x4	4x3	<p>The Primary Care Influenza Vaccination Group provides oversight for the co-ordination, implementation and monitoring of the seasonal influenza vaccination programme in primary care. Actions have been agreed, including: Contacting GP practices with significantly low uptake to assess the reason for this and facilitate corrective action where possible; issuing letters to GP practices providing guidance on vaccine ordering for the 2020/21 flu season; scoping a proposal to introduce a financial incentive scheme which will encourage practices to implement the proposed improvement actions; creating a shared understanding of the changes that have led to significant improvements in some GP practices through peer discussion in an attempt to 'socialise' these changes across NCNs during the 2020/21 flu season; and planning to develop and gather behavioural insights, within the Newport East NCN, to understand (1) why uptake of flu vaccination is low amongst identified groups, and (2) variation between GP practices. This insight will be used to develop and implement a strategy to increase uptake and reduce variation within Newport for the 2020/21 season.</p>	3x3	3x3	<p>Review: March 2020</p>
		<p>Flu immunisation is offered to all front line staff each autumn.</p> <p>A staff influenza policy and immunisation programme is developed annually to improve uptake amongst ABUHB staff, in order to achieve 65% uptake.</p>	<p>Health boards currently have a tier one target from Welsh Government to achieve 60% flu immunisation of all front line staff. To improve upon last season's uptake, ABUHB have set a target of 65% uptake.</p> <p>As of 31st December 2019, 56.06% of front line ABUHB staff have received their flu vaccination. Uptake for all ABUHB staff was 55.3%.</p> <p>Two divisions have met the Welsh Government target of 60% uptake: Continuing Health Care division and Families and Therapies.</p>	3x4	3x4	<p>The health board's Staff Flu Immunisation Working Group continue to meet regularly to discuss progress, performance and develop actions in response to areas with lower uptake.</p> <p>To ensure that all staff are proactively offered the vaccination and are accounted for, further drop-in clinics have been planned for January 2020, in addition to the routine immunisation clinics offered by Occupational Health. Divisional flu leads and flu champions are also conducting ward rounds in areas of low vaccination uptake.</p> <p>Regular and refreshed communications messages continue to be cascaded to staff, through the intranet and divisional flu leads.</p> <p>Weekly organisational uptake reports and bi-weekly divisional uptake reports continue to be produced and shared, in order to inform areas in need of targetted intervention.</p>	3x4	3x4	<p>Sept 2014,DPH and DWD</p> <p>Review: March 2020</p>
	f) Relationships and allocations of responsibilities between the various organisations with public health responsibilities are not clear and acted upon	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.	<p>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 Heath Team and some partnership officers are supporting the planning groups that are part of the PSB structure.</p> <p>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).</p>	3x5	3x5	<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	<p>Review: May 2020</p>

Risk owner



Blaenau Gwent Public Services Board Special Meeting

Held: Monday, 1st July 2019 (2.00 p.m. – 3.30 p.m.)

Venue: Majority Group Room, Civic Centre, Ebbw Vale, Gwent. NP23 6XB

1. Welcome and Apologies

In attendance:

Nigel Daniels	Blaenau Gwent County Borough Council
Emrys Elias	Aneurin Bevan University Health Board
Huw Jakeway	South Wales Fire Authority
Joe Logan	Tai Calon
Diana Binding	National Probation Service Wales
Jon Goldsworthy	Natural Resources Wales
Martin Featherstone	GAVO
Paul Symes	Blaenau Gwent County Borough Council
Bernadette Elias	Blaenau Gwent County Borough Council
Emma Scherptong	Blaenau Gwent County Borough Council
Andrew Parker	Blaenau Gwent County Borough Council

Apologies

Michelle Morris	Blaenau Gwent County Borough Council
Glyn Jones	Aneurin Bevan University Health Board
Guy Lacey	Coleg Gwent
Jeff Cuthbert	Police and Crime Commissioner
Heather Nichols	National Probation Service Wales
Rhodri Asby	Welsh Government
Julian Williams	Gwent Police
Richard Bevan	Aneurin Bevan University Health Board
Johanna Robinson	Office Police & Crime Commissioner
Clare Walters	Aneurin Bevan University Health Board

2. Notes of Previous Meeting

(a) PSB Meeting Notes – 28th January, 2019

DB pointed out that Heather Nichols represented the National Probation Service Wales and Jeff Cuthbert was the Police and Crime Commissioner. Both these partners' organisations had been recorded incorrectly.

The Chair noted the error and further to no other amendments agreed the notes were as a true record of proceedings.

(b) Action Sheet – 28th January, 2019

All actions had been completed, however in terms of Action 3, BE reported that work around exiting the EU was being undertaken by a Regional Resilience Forum. She asked unless the PSB's preference was to hold a special meeting she felt that this work could be monitored via information brought forward from the all Wales group.

This course of actions was agreed.

(c) Recommendations from the PSB Strategic Support Group

(i) Early years Integration Transformation Programme

BE informed the PSB that the Early Years Integration Transformation Programme had been considered by the SSG. The appropriate officer had attended to present the report and outline the project. The SSG was asked to endorse the proposed report which would then be forwarded to the PSB.

BE advised that the SSG had scrutinised the report and approved the project as it was explained that there was a need for an individual to undertake a time specific piece of work.

The Chair asked if assurances were made that following the ending of grant monies, no further additional resources would be required from the Local Authority. BE confirmed that the SSG had raised this and it had been confirmed that funding was for a time specific piece of work. There would be no further work required once the grant monies had ended as the work was to be completed by the project officer in that period.

BE added that the report had been taken through the internal process within Social Services, therefore the work could have progressed further to ensure funding was drawn in a timely manner. The PSB gave its support to the project.

ACTION: A Six Monthly Progress Report to be provided to the PSB to have an update on the work being taken forward.

PART 1 – DISCUSSION SPACE

3. Annual Progress Report and Launch

(a) Annual Progress Report

BE outlined the progress made against the Draft Annual Progress Report. The information contained in the report had been received from various organisations and developed by the Policy Team. The Draft Report had been well received by Members of the SSG.

AP gave a brief presentation of the Draft Report and welcomed comments/observations from PSB Members.

BE advised that the SSG had agreed that the next steps noted in the individual areas be placed at the end of the section. It was felt that this would give greater clarity around the work undertaken across all key areas. PS added that the PSB would need to determine key projects for 2020/2021 as part of their statutory duty. It was advised that these could either be an extension of the projects currently being undertaken or new projects. BE added that this could be considered in September after the report Launch.

DB referred to the photograph used for the section 'Encourage Healthily Lifestyle Choices' and felt this was an important section as obesity was a major problem and suggested that the photograph reflect the obesity issue. BE noted the suggestion and agreed to give consideration to a different photograph.

The Chair congratulated the Policy Team on the work undertaken to complete the Draft Annual Progress Report, however he noted that this was a Board responsibility and it was hoped that greater participation would be seen in future reports. He felt that the Draft Annual Report captured the work undertaken and added that it would inform the public of all the good work which has been taken forward.

Reference was made to Climate Change and it was felt that this should be included in the next steps as a key project to be taken forward. JL informed of a recent meeting of housing associations and councils where they have been challenged to ensure housing stock was zero carbon. Discussions were also undertaken around non carbon based energy.

ACTION: Identify in the Draft Annual Progress Report a 'next steps moving forward' to reference Climate Change and what it means for Blaenau Gwent

ACTION: Any amendments/observations to be provided prior to the deadline sign off by Thursday, 4th July, 2019.

- (b) PSB Annual Report Launch & Maximising Opportunities for Prosperity Event with Stakeholders – 15th July 2019

PS circulated an itinerary for the PSB Annual Report Launch on 15th July, 2019 and BE outlined the event accordingly.

HJ offered representation from cadets for the market place, if required. PS/BE welcomed this offer and suggested they be included in the volunteer stand.

PART 2 - PARTNERSHIP BUSINESS

4. Partnership Business

For action\decision:-

(a) PSB Partnership Structure

MF outlined the detailing noted in the partnership structure.

(b) Age Friendly Communities

BE updated the PSB Members on Age Friendly Communities and advised if it was achieved Blaenau Gwent would be the first PSB in Wales to endorse the initiative.

HJ advised that following feedback from the 50+ Forum in relation to fear of crime it had been agreed to present a paper to the next Forum.

ACTION: Confirm if Police representation on the 50+ Forum, if not one to be appointed.

For information:-

(c) Blaenau Gwent On The Move

BE noted the report which had been attached for information and suggested a presentation be provided at the next Meeting. She advised that the project had been well received and it was felt that it would be beneficial for PSB Members.

ES added that it was hoped that the Project would be launched in September and therefore the outcome of the launch could also be reported in October.

HJ asked where the Project fitted with the social prescribing with GPs. ES advised that the Project had been linked to work being undertaken by the Aneurin Bevan Health Board, the Meadows which encouraged social prescribing.

ACTION: Presentation to be provided to the PSB October meeting.

(d) Academi Wales PSB Board Development

BE advised that this was an item to be considered at a future meeting as feedback had not yet been received from Academi Wales.

HJ referred to comments raised at the workshop which alluded to a Ministerial Partnership Review and suggested that this could feed into that partnership review. BE noted that Academi Wales had undertaken these sessions with all PSBs and agreed to raise this point at GSWAG Meeting.

5. Key Information from Regional Working Partnerships and Groups

The information item was noted accordingly.

(a) The Notes of the GSWAG Meeting to be circulated following sign off on the 4th July, 2019.

6. PSB Dates for 2019/ 2020 Diary

The scheduled of dates for 2019/2020 was considered and noted.

7. Any Other Business

No items of any other business were raised.

8. Items for information

The Notes from the PSB SSG meetings of 12th April, 2019 and 24th May, 2019 were noted accordingly.

9. Date of Next Meeting

The Chair noted that the date of the next meeting which was scheduled to be held on Monday, 14th October, 2019 at 2.00 p.m. and welcomed a host for the meeting.

The Chair thanked everyone for attending and declared the meeting closed.

Caerphilly Public Services Board
Notes of Meeting
Held at 2.00 p.m. on Monday 7th October 2019
Sirhowy Room, Ty Penallta

Present:-	
Nick Wood (NW)	Aneurin Bevan University Health Board (Chair)
Cllr Barbara Jones (Cllr BJ)	Caerphilly County Borough Council
Joanne Regan (JR)	Office of the Gwent Police and Crime Commissioner
Shelley Bosson (SB)	Aneurin Bevan University Health Board
Diana Binding (DBi)	Wales Community Rehabilitation Company
David Bents (DBe)	South Wales Fire & Rescue Service
Ian Roberts (IR)	Gwent Police
Jon Goldsworthy (JG)	Natural Resources Wales
Tracey Deacon (TD)	Public Health Wales
Martin Featherstone (MF)	Gwent Association of Voluntary Organisations
Heather Nicholls (HN)	National Probation Service
In attendance:-	
Ali Gough (AG)	Aneurin Bevan University Health Board
Janice Dent (JD)	Gwent VAWDASV
Kieran McHugh (KM)	Gwent Police
David Street (DS)	Caerphilly County Borough Council
Cllr Judith Pritchard (Cllr JP)	Town and Community Councils - Gelligaer
Cllr Gillian Davies (Cllr GD)	Town and Community Councils - Nelson
Shân Boden (SBo)	One Voice Wales
Sarah Mutch (SM)	Caerphilly County Borough Council
Kathryn Peters (KP)	Corporate Policy Manager, CCBC
Alison Palmer (AP)	Community Planning Coordinator, GAVO / CCBC
Hayley Lancaster (HL)	CCBC - Communications
Apologies:-	
CC Pam Kelly (PK)	Gwent Police
Jeff Cuthbert (JC)	Gwent Police and Crime Commissioner
Mererid Bowley (MB)	Public Health Wales
Huw Jakeway (HJ)	South Wales Fire & Rescue Service
Christina Harrhy (CH)	Caerphilly County Borough Council
Cllr Tudor Davies (TD)	South Wales Fire Authority
James Owen (JO)	Welsh Government
Steve Morgan (SMo)	Natural Resources Wales

Point	Agenda item	Action
	<u>Welcome:</u> Nick Wood, representative of ABUHB had agreed to chair the meeting and welcomed Cllr Barbara Jones, Interim Leader of the Council to the meeting. Members were invited to introduced themselves.	
1.	<u>Previous Notes and Matters Arising:</u> Pg 4 – The action for PSB members to support the priorities of the Youth and Junior Forum was noted, in particular the meeting between the Youth Forum and Steve	

Point	Agenda item	Action
	<p>Morgan for NRW and support required for their issue of CAMHs waiting times.</p> <p>Pg 6 – Action for Tina McMahon to report on the Shared Apprenticeships meeting with interested parties which would now take place on 16th October.</p> <p>The case studies promised by TMc had been received and would be circulated after the meeting.</p> <p>It was noted the documents on the Environmental Enhancement Plan for Lansbury Park due to be circulated by Rhian Kyte were not yet available.</p> <p>There being no amendments the notes of the previous meeting were approved.</p>	<p>TMc</p> <p>AP</p> <p>RK</p>
2.	<p><u>Greater Gwent Regional Partnership Board</u> Dave Street, Corporate Director of Social Services, CCBC.</p> <p>DS referred members to the Regional Partnership Board Annual Report 2018/19 which he circulated. He noted the terms of reference (Pg 11) and long term priorities and the structure diagram (Pg 12) which illustrated the membership of the RPB and its relationship with the five Strategic Hubs and framework of integrated partnerships. He noted that he and NW were co-chairs of the Children and Families Partnership. He explained that the RPB had increased in size over time and included representation from the five local authorities, citizens and the voluntary sector. DS explained that the 7 RPBs across Wales had been in place since 2016 and were seen by WG as a vehicle for joint working on health and social care, noting the difference between the RPBs and the 19 PSBs. Well-being work was fundamental to their role and RPBs were responsible for substantial funding. DS noted the complexity of managing funding which was frequently available at short notice or provided through annual mechanisms such as the ICF funding, WG Healthier Wales grant funding etc., and the need to ensure they had the right outcomes for the money. The RPB was becoming recognised as influential and with its access to funding, many more want to attend.</p> <p>DS noted that their current scrutiny processes were causing some issue across Wales and representations were being made to WG. There was a need to ensure that there were links back to PSBs so that they were working in partnership not in conflict. DS asked members to consider the circulated document and the RPB website and it was agreed a link to both would be circulated. The Chair thanked DS for his presentation.</p>	<p>KP</p>
3.	<p><u>Well-being of Future Generations: Action Area Updates</u> Kathryn Peters, Corporate Policy Manager introduced the item noting the Enabler and Action Area Updates from Set B would be presented by PSB Champions or Lead Officers.</p> <p><u>E2 - Communication and Engagement Enabler</u> – Kathryn Peters</p> <p>KP noted that the PSB had requested a report from this group at every meeting. Referring to the report KP noted that the PSB Annual Conference had taken place on 5th July where the digital Annual Report had been launched. Responses to the report content and format had been overwhelmingly positive, including Wales Audit Office and Future Generations Commissioner. It was proposed that the same format be used next year and Leads had already been asked to start considering content.</p> <p>KP referred members to the statistical information in the report but noted that there were no statistics for the PSB website currently available. New social media guidance was being prepared and would be circulated when available.</p>	

Point	Agenda item	Action
	<p>KP referred members to the Conference evaluation report explaining that members of the PSB had previously expressed a wish to ensure the conference was of value. The response had been generally very positive apart from some respondents who identified the need for a more interactive event in future. The comments would be taken on board in the planning of the event for next year if the PSB agreed that they wished to hold a conference</p> <p>KP noted that it had been agreed that a communications and engagement officer would attend every PSB to tweet comments, publish information during the meeting and that Hayley Lancaster from CCBC was attending this meeting. An officer from the OPCC would attend the December meeting and it was suggested that someone from ABUHB could attend in March.</p> <p>The Chair asked members for comments on the evaluation and to consider whether there should be a PSB conference in future.</p> <p>SB and MF both felt the conference was important, despite the technical difficulties on this occasion, and agreed with comments that some form of workshop session be included to enable the wider audience to participate. It was noted that it was very positive to have the FGC at the event and it could be an opportunity to challenge organisations attending on their role within the WB Plan.</p> <p>MF thanked the PSB for the opportunity to use the event to launch the new Third Sector Partnership Agreement and include Voluntary Sector Liaison Committee (VSLC) members as part of the partnership architecture. MF noted that the PSB members had previously agreed to send a nominated representative to the Voluntary Sector Liaison Committee to further the joint working with the voluntary sector as part of the Third Sector Agreement. The current list of nominated representative needed updating as it was apparent that many named individuals had changed roles. The PSB was asked to refresh the list via e mail.</p> <p>KP noted that the VSLC had nominated a number of members for action areas but had not yet been included. KP would re-circulate the list to Leads.</p> <p>Following further discussion, the Chair asked members to consider the proposal to continue the PSB conference which was AGREED. It was noted that the structure and content would need to be discussed to ensure that opportunities for feedback and discussion were included.</p> <p><u>AA1 -Best Start in Life</u> – Sarah Mutch</p> <p>SM explained that work on this area was being undertaken on a local, regional and national level and had signed up to the Pathfinder programme from antenatal to age seven on a Gwent footprint. A regional steering group was supporting three pathfinder areas and cooperating with another two, which allowed for a consistent approach. Mapping of antenatal work from housing to education to midwifery had been undertaken but there would still be some gaps. A significant piece of work was being undertaken with Vanguard Consultancy with a six-day regional workshop with senior managers, to look at systems effectiveness current systems and what development would be needed for the future. They had received some funding on a regional basis to do some pilot work in non-Flying Start areas on speech and language and parenting, and were looking at more equity for families in non-Flying Start areas. Vanguard would be coming back in November to check progress and look at proposals for new systems.</p> <p>SM highlighted the production of a set of 10 ACEs children's books by The Parent Network's PETRA Publishing which all schools will have. They had also been undertaking resilience training for parents, practitioners and managers. School Holiday</p>	<p>KP</p> <p>AP</p>

Point	Agenda item	Action
	<p>Enrichment Programmes (SHEP) had been delivered in Lansbury over the summer enhanced by a play scheme run by Van Community Council. SM responded to a question from DBi to explain that PETRA Publishing were setting up as a trading company and would be publishing their catalogue of 50 books written by parents and children which could be purchased for use in other schools, there was more information on the PETRA website https://www.petrapublishing.org/</p> <p><u>AA3 – Good Health and Well-being</u> – Alison Gough / Tracey Deacon</p> <p>AG reported on the well-attended workshop which had taken place in July. The priority focus emerging from the event was obesity, chronic conditions and mental health.</p> <p>Obesity had been identified in all three NCN plans. The delivery of Mental Health services was being revised and they had been awarded money for two mental health practitioners in the north of the borough from the transition fund. AG reported on the ongoing work to develop a wellbeing hub in the Aber Valley working with partners and the community. Other wellbeing hubs were expanding services – the North Resource Centre now had housing, employment and Citizens Advice sessions on Wednesdays and they were looking for additional services on other days of the week for users of the centre, including the development of a café with a local social enterprise to enable them to then start initiatives such as chatty café, dementia café and luncheon clubs. TD reported on the influenza vaccination programme. The NCNs were supporting a campaign for children’s vaccinations including running competitions and children’s parties in surgeries including a flu jab. It was reported that eight Community Connectors will all be in post by the end of the following week, linking directly to GP practices.</p> <p>The Chair noted that performance and quality measures were still to be included on the report. AG responding to questions on the location of the Resource Centre for the North and other hubs and NW suggested it would be helpful to have a map of the locations of the hubs either circulated or available through an update report for the next meeting. MF referred to the earlier update on the RPB and 3.5 on the report asking how they might work with the RPB and AG noted that the partnership approach could be evidenced in the delivery plan.</p> <p><u>AA5 – Natural Environment</u> – Jon Goldsworthy</p> <p>JG, referring members to the circulated report, noted the Green Spaces Core Group had met in June and had been actively seeking to widen the partnership. They had received interest from new members and all PSB partners were welcome. The drafting of the Green Infrastructure Plan was nearing completion and would hopefully be available for the next PSB meeting.</p> <p>JG noted that the Ystrad Mynach study had been completed and the Green Active Travel Project at Tir-y-Berth was nearing completion. They had worked with Public Health Wales, CCBC and the local community and schools. There would be a launch event for the project soon and JG suggested the PSB might like to have a site visit, possibly the June meeting. JG reported the disappointment that WG had withdrawn the ENRaW funding affecting the Gwent Greener Grid application. The Resilient Greater Gwent funding was still in place but would not now deliver the same outcomes as if both projects had been funded. They will be able to bid for RDP money in November and the group would be meeting to look at it. KP noted that at Partnership Scrutiny in July the question had been raised if elected members could join the group and JG confirmed that was possible.</p> <p>NW thanked everyone for their update reports.</p>	<p>AG</p> <p>AP</p>

Point	Agenda item	Action
4.	<p><u>Working with Town and Community Councils</u></p> <p>Shân Bowden, Development Officer, One Voice Wales, Community Cllrs. Judith Pritchard and Gillian Davies</p> <p>SBo thanked members for the opportunity to present to the PSB and began her presentation by explaining the role of One Voice Wales in representing the interests of Town and Community Councils across Wales (covering 95% of the population, 75% of the land mass). Their membership in Wales amounted to 626 of the 735 T&CCs and of the 18 in Caerphilly County Borough, 11 were members of One Voice Wales. SBo explained their vision was to work with local councils across Wales to shape places communities want to live in. Continuing by explaining that T&CCs were the first tier of government and varied substantially in size and coverage, representing populations from 1500 to over 50,000. As corporate bodies in their own right they had tax raising power through the precept. Their role was to:</p> <ul style="list-style-type: none"> • represent the interests of communities, • influence other decision makers, • take action to improve the quality of life for local people and their environment • and deliver services to meet local need. <p>SBo noted that income and services varied substantially across Wales and it was noted that none of the T&CCs in the county borough met the threshold for duties listed in Section 40 of the Future Generations Act to meet the objectives of the PSB.</p> <p>SBo highlighted the Independent Review of T&CCs noting that whilst some recommendations would require legislative change there were many that T&CCs could meet through working with local authorities. A task and finish group had been set up to look at the recommendations in detail which would be reporting in the Autumn.</p> <p>Referring to the Caerphilly Well-being Plan SBo outlined some of the work undertaken by T&CCs that directly supported the Well-being Objectives before outlining further benefits of working with T&CCs including existing community engagement links, access to parks, open spaces and allotments, play schemes, Community Asset Transfers and devolved place based services. One Voice Wales was working with the WLGA to strengthen relationships and partnership working with local authorities across Wales. The quarterly T&CC Liaison Committee in Caerphilly was noted, although the working relationship was not consistent across Wales. SBo asked the PSB to consider the inclusion of T&CCs in their membership and asked members to consider how they could contribute to the Caerphilly We Want. Cllr Pritchard highlighted the vast difference in size and budgets noting that the T&CCs in Caerphilly were relatively small organisations. However, there was potential for them to take on assets e.g. Gelligaer CC working to take over the recently closed public toilets in Ystrad Mynach; support events and local activities. JP gave examples of the Van CC support for the Lansbury plans, and their involvement with local policing.</p> <p>Cllr Davies thanked the PSB on behalf of the T&CC Liaison Committee for being allowed to make representations at the meeting, explaining that the Liaison Meetings were always well attended by the town and community councils across the county borough but perhaps not always by those able to answer their questions.</p> <p>IR from Gwent Police commented that from his own experience the WBFG Act was largely about building good partnerships and given the identified gap felt it was a good idea.</p> <p>The Chair thanked the town and community council representatives for their presentation noting that the PSB was a collaborative board and not solely concerned</p>	

Point	Agenda item	Action
	with the work of the local authority. Summarising for members that the One Voice Wales/T&CC Liaison Committee request was for a representative of T&CCs, from the Liaison Committee should be invited to become a member of the PSB. The Chair then proposed that the PSB discuss the proposal at the end of the meeting and he would write to them formally after a decision had been taken.	NW/KP
5.	<p><u>VAWDASV Annual Report</u> Janice Dent, Regional Domestic Abuse Adviser – Gwent</p> <p>JD thanked the PSB for the opportunity to present an overview of the VAWDASV Annual Report for 2018/19, which had been previously circulated, noting that as it had been published in June some changes would have taken place since which she would focus on. The 2015 Act placed a duty on local authorities and health boards to publish a report on progress annually which is discharged in Gwent through the VAWDASV Regional Board and reporting to Gwent PSBs.</p> <p>One of the main achievements of the Board had been the publication of the five year Strategy in Gwent to support the legislation, which was accompanied by annual delivery plans. Survivor engagement was most important and ran through all strategic priorities. An Inclusion and Engagement Panel has been established to oversee work. Following the strategy consultation the focus of engagement work during 2018/19 was victim consultation with male victims whose voice is seldom heard. A focus group was held in March and the results were being used to inform services.</p> <p>WG commissioning guidance has been published during 2018/19 and had now become statutory with 2019/20 being a transition year. Delays in funding plans being approved had led to an uncertain year, impacting on services, with 2019/20 funding finally signed off in August.</p> <p>The Safe Lives Gwent MARAC (Multi Agency Risk Assessment Conferences) Review had led to the Board wishing to take a partnership approach with contributions to the funding of the Coordinator from Gwent Police and the OPCC.</p> <p>WG have attended the Partnership Board and have been part of the conversations about the challenges it has faced. This has included the loss of its regional premises at Mamhilad which has resulted in the team working from home while trying to identify a new space to work from with the assistance of SWF&RS.</p> <p>JD noted that the Domestic Homicide Review process was lengthy and they were looking at improvements to make it easier for families. A new process was being trialled in RCT on a complex case.</p> <p>Jane Hutt AM now had responsibility for VAWDASV in the Assembly. The strategic focus for this year was commissioning, and education and the new curriculum. Cllr BJ noted that they were looking to recruit two ambassadors per secondary school across Gwent to work with safeguarding leads but unfortunately only had £5,000 short term funding. In response to a question from NW JD confirmed that there were four people in the team.</p> <p>With no further questions or comments the Chair thanked JD for her presentation.</p>	
6.	<p><u>Regional Asset Management – G10 Feedback</u> Kathryn Peters, CCBC and Kieron McHugh, Gwent Police</p> <p>KP explained that there was no six monthly report on this occasion from the Asset Management Enabler. The G10 meeting had discussed a Gwent wide approach to</p>	

Point	Agenda item	Action
	<p>assets, given that both Newport and Caerphilly had specific strands under their Well-being Plans and other PSB partners had a wider geographical remit. The proposal had been to lift it to a regional level and KP referred members to the circulated document. KM explained that they had struggled to get all partner input at a local level and hoped that there would be more involvement regionally. An additional driver for a regional approach was the role of WG through the National Assets Working Group which would fit with a regional approach. He noted that there were a number of supporting toolkits due for publication.</p> <p>The Chair asked members to consider how they wanted Asset Management reported in future; at the PSB or at the G10, and how they wanted to be assured of progress? He noted that there had been some local successes including the community safety hub and the addition of an ambulance out-station at Tredomen Business Park.</p> <p>A number of members felt that there was a need for an initial update on progress at the PSB from an assurance perspective to understand how G10 has progressed the work, with an expectation that there would be a local bias whilst also receiving a report on the regional approach, and this approach was AGREED.</p> <p>ACTIONS: that a progress report would be required on that basis in six months' time.</p>	KP/KM
7.	<p><u>PSB Terms of Reference</u></p> <p>An amended version of the PSB Terms of Reference had been previously circulated. KP explained that the amendments reflected the previous decision to allow public attendance at PSB meetings whilst recognising some issues might require discussion in private session. The amended Terms of Reference were ADOPTED.</p> <p>KP confirmed that the Terms of Reference were not on a formal review cycle and could be amended as and when changes were required.</p>	
8.	<p><u>Questions from the Public</u></p> <p>There were no questions from the public on this occasion. It was noted that details of the Agenda had been widely circulated on the PSB website, and through social media.</p>	
9.	<p><u>Matters Considered in Closed Session</u></p> <p>Following discussion, it was AGREED that the Town and Community Council Liaison Committee be invited to select a representative and alternate to sit on the PSB as an invited member and the PSB Terms of Reference be amended to reflect the additional membership.</p>	KP/NW
10	<p><u>Information Items</u></p> <p>The Building a Healthier Gwent Report was noted and the forthcoming member seminar in CCBC. TD noted that the report included a survey.</p> <p>MF reported that both Monmouthshire and Newport PSBs had held discussions on the National Development Framework and possible links to Well-being Plans in their areas. The Chair suggested it could be an agenda item for the next meeting.</p> <p>KP reported that Christina HARRY would like to include a discussion on developing a PSB social value policy at a future meeting.</p>	

Point	Agenda item	Action
	<p><u>Date of Next Meeting</u></p> <p>Tuesday 10th December 2019 9.30 a.m. Sirhowy Room, Ty Penallta</p> <p>Agenda Items:</p> <p>Scorecard Performance Set A</p> <p>Social Value Report</p> <p>Green Infrastructure Strategy</p> <p>PSB Meeting Dates for 2020</p>	

Minutes

Newport Public Services Board (PSB) Strategy & Performance Board

Date: Wednesday 15th May 2019
Venue: The Board Room, Pye Corner (NRW), NP18 2BT
Time: 2pm

Present: Will Beer (Consultant in Public Health, Public Health Wales); Huw Jakeway (Chief Fire Officer, South Wales Fire & Rescue Service); David Letellier (Operations Manager for South East Wales, Natural Resources Wales); Gary Handley (Coleg Gwent); Sara Garland (Head of Service, Newport Locality, Aneurin Bevan University Health Board); Craig Lane (Chief Executive Officer, Newport Citizens Advice); and Chief Superintendent Ian Roberts (Gwent Police).

Also in Attendance: Tracy Mckim (Policy, Partnership & Involvement Manager, Newport City Council); Emma Wakeham (Senior Policy & Partnership Officer, Newport City Council); Marietta Evans (Aneurin Bevan University Health Board); and Wayne Tucker (Partnership Officer, Newport City Council).

Apologies: Will Godfrey (Chief Executive, Newport City Council); Lloyd Bishop (Assistant Director of Performance & Information, Aneurin Bevan University Health Board); Eric Bellew (Group Manager, South Wales Fire & Rescue Service); Nicola Prygodzicz (Interim Director of Planning & Performance, Aneurin Bevan University Health Board); Ceri Davies (Executive Director, Natural Resources Wales); and Ceri Doyle (Chief Executive, Newport City Homes).

No	Item	Action / Decision
1.	<p>Welcome and Introductions</p> <p>Will Beer agreed to chair in Will Godfrey's absence and welcomed everyone to the meeting.</p> <p>Marietta Evans' role was introduced as Service Lead for the new Integrated Wellbeing Network in Newport linked to the health, community and local authority hubs across the City, currently based at NCC Civic Centre.</p>	
2.	<p>Minutes of the Previous Meeting (20th February 2019) & Matters Arising</p> <p>The minutes were agreed as an accurate record with the following matters arising discussed:</p> <ul style="list-style-type: none"> • Ongoing discussions with the Scrutiny Committee chair about members having closer links with the Interventions. • Funding was secured for 2019-20 to continue running the Eco Stars Programme, while there is still a need to encourage take up from PSB members. • Newport and Monmouthshire are carrying out additional work on a Futures Risk Register, which will be presented to G10 in June. It was suggested that the group could look at this during a future meeting. 	

No	Item	Action / Decision
	<ul style="list-style-type: none"> With respect to thinking about the future (e.g. long-term financial constraints), we need to be mindful of the impact we can have on each other. Therefore, this Board should be willing to discuss these issues on behalf of the PSB (horizon & medium term concerns). There is still the need to understanding the issue of homelessness more effectively and be more aware how the existing groups support each other. <p>It was agreed</p> <p>Encourage sign up to the Eco Stars Programme.</p> <p>Examine the Futures Risk Register at a future meeting.</p> <p>Follow up on the membership of the Homelessness Group and how this group links with Safer Newport.</p>	<p>PSB Members</p> <p>Board members</p> <p>Ian R / Tracy McK</p>
3.	<p>Well-being Plan Annual Report 2018-19</p> <p>Emma Wakeham gave an overview of the annual report and its structure. The Board discussed each section, with the following points raised:</p> <ul style="list-style-type: none"> Each intervention needs to be more integrated and acknowledge links to the other interventions and partnerships e.g. Safer Newport. The 5 Ways of Working could be a composite and show how it flows throughout the five interventions e.g. a section at the end. The report sometimes focusses on processes and should be reworded to emphasise the outcomes reached. The performance measures included could be improved, with the potential of using well-being scores / rating to support this in the future. Stakeholder feedback might also be more useful e.g. Right Skills. Could the numbers related to each well-being plan step be added to each intervention section? The inclusion of photos would enhance the report. <p>With regard to performance the following points were also raised:</p> <ul style="list-style-type: none"> The Newport 'Offer' has led to more partners being involved that would have previously occurred. Can the work of Mutual Gain be widened outside of the work of Serious Organised Crime (SOC) to the work of the Strong Resilient Communities intervention? The 'Wigan Deal' was highlighted, with the potential of being replicated in Newport discussed. In the future, we should come up with different projects that could be delivered through the well-being plan so they are available when funding is secured. In addition, there should be better criteria when awarding grants that align with the priorities within the well-being plan. 	

No	Item	Action / Decision
	<p>It was agreed</p> <p>Make amendments to the draft Annual Report as suggested by the Board.</p> <p>Follow up with own team to provide Crime and ASB data within different areas for use by the Green and Safe Spaces Intervention.</p>	<p>Emma W</p> <p>Ian R</p>
4.	<p>Considering the Five Ways of Working – Integration Approach</p> <p>There needs to be a better way at dealing with Integration and a process to assist with this e.g. both for Newport and regionally. The aim of this is to reduce the chance of each intervention adversely affecting another.</p> <p>It was stated that this isn't always on the front of our minds when working but we need to be better at this. A more consistent approach on this within the intervention boards would help.</p> <p>This may require the PSB to challenge each other where integration has been lacking and recommend ways to improve.</p> <p>It was agreed</p> <p>Discuss a process to improve Integration within the well-being plan and provide recommendations to the PSB.</p>	<p>Board members</p>
5.	<p>Communication Plan</p> <p><u>Review of Communication Plan 2018-19</u></p> <p>The review of the Communications Plan 2018-19 showed that there was only one action recording an amber status. This was for updating the Community Well-being Profiles, which will now be completed this year.</p> <p>Under the regional support funding for PSBs, one of the proposals approved was to develop engaging and innovative methods of communicating progress on well-being plans in annual reports across the five Gwent LA's. Recommendations would be brought back to the PSB later this year.</p> <p><u>Draft Communication Plan 2019-20</u></p> <p>The plan has been updated, with the following changes:</p> <ul style="list-style-type: none"> • Publicise the work of well-being plan following publication. • Better use of social media and hashtags. • Publish the Annual Report 2018-19 and produce an easy read version of the Well-being Plan. • Communications Protocol has been added as an appendix. <p>It was enquired whether individual organisations communicate relevant work of the PSB back to their own staff.</p> <p>It was agreed</p> <p>Add Communications as a standing agenda item.</p> <p>Encourage members to communicate relevant PSB messages back within their own organisation.</p>	<p>Wayne T</p> <p>PSB Members</p>

No	Item	Action / Decision
6.	Future Meetings and Attendance <p>The Board confirmed they were satisfied with the membership and that it was the right level. The need for a vice-chair was discussed, with Will Beer being nominated and accepted.</p> <p>It was agreed</p> <p>Accepted role of vice-chair of the Strategy & Performance Board.</p>	Will B
7.	PSB Work Programme <p>The forward work programme was highlighted and any requests for the agenda can be made by getting in touch.</p> <p>It was agreed</p> <p>Contact Nicola Dance for any item requests to the PSB agenda.</p>	Board members
8.	Any Other Business <p>No other business was discussed.</p>	
9.	Next Meeting <p>Wednesday 21st August 2019, 2.30pm @ Room C237, Coleg Gwent, City of Newport Campus, Nash Road, Newport, NP19 4TS</p> <p>Items for the agenda to Wayne Tucker.</p>	Board members

Wednesday 18th September 2019 - 14:00 to 17:00
Bron Afon HQ, Llantarnam, Cwmbran

Minutes - Approved 20th November 2019

Present:		
Anthony Hunt (Cllr)	Chair	Leader, Torfaen CBC
Alan Brunt	AB	CEO, Bron Afon Community Housing
Alison Ward	AW	Chief Executive, Torfaen CBC
Bill Purvis – Vice Chair	BP	Planning Manager for South Wales, NRW
Dewi Jones	DJ	South Wales Fire and Rescue Service
Ian Roberts	IR	Chief Superintendent, Heddlu Gwent Police
Paula Kennedy	PK	Chief Executive, Melin Homes
Rhodri Guest	RG	Head of Comms & Engagement, OPCC
Dr. Sarah Aitken	SA	Director for Public Health, Aneurin Bevan UHB
Guest Speakers:		
David Congreve	DC	Assistant CEO Strategy, Torfaen CBC
Jessica Gabriel	JG	Education Service, Torfaen CBC
Dr Liesbeth Beeckman	LB	Torfaen PSB Graduate
Rachel Jowitt	RJ	Chief Officer Neighbourhoods, Torfaen CBC
Support Officers from PSSU, Torfaen CBC:		
Lyndon Puddy	LP	Head of Public Services Support Unit, Torfaen CBC
Sue Browne	SBr	Partnerships and Policy Manager, Torfaen CBC
Apologies:		
Angharad Collins	AC	CEO, Torfaen Leisure Trust
Diana Binding	DB	Deputy CEO, Wales Community Rehabilitation Company
Geraint Evans	GE	Executive Director of W&OD, Aneurin Bevan UHB
Huw Jakeway	HJ	Chief Fire Officer, South Wales Fire and Rescue Service
Jeff Cuthbert	JC	Gwent Police and Crime Commissioner (PCC)
Leeanne Plechowicz	LP	ACE & Head of Gwent Region, HM P&PS
Lynn Tanner	LT	Chair, Torfaen Voluntary Alliance & Third Sector rep
Nigel Brown	NB	Welsh Government Representative
Pippa Britton	PB	Non-executive Board Member, Aneurin Bevan UHB
Cllr Stephen Brooks	SB	Representative of Town & Community Councils

Item	Minutes
1.	Welcome and Apologies:
1.1	The Chair welcomed all to the meeting. Introductions were made.
1.2	SA requested days of PSB meetings be changed to avoid clash with ABUHB Board. PSSU is looking at dates of all partner executive & other PSB meetings and will make changes where feasible.
1.3	Apologies noted above.
PART 1 - BUSINESS	
2.	Minutes for 22 nd May 2019 approved.
2.1	Matters arising:
	2.29 – funding secured for Citizen Mentoring.
	2.32 – all encouraged to review Simple Changes on FGC website (which includes good

	practice / what is happening elsewhere) and apply to local and regional work.
3.	PSB Scrutiny
3.1	SB presented paper circulated with agenda. Board approved the draft responses to be returned to the Panel and published on the TCBC and PSB websites.
3.2	Board also supported the suggestion and timings for two further scrutiny reports; one on the Green Infrastructure Strategy and one on loneliness (to be joint with the RPB and shared with the other PSBs across Gwent).
3.3	Decision: Going forward the Board agreed for work programmes to be drawn up for each of the PSB objectives and these to be shared with PSB Scrutiny Panel for them to identify further areas for scrutiny during 2020/21.
3.4	SA suggested looking at the regional priorities being taken forward through G10 which could be pan Gwent reports for Scrutiny going forward.
3.5	LP referred to the G10 and GSWAG terms of reference and how the regional work is being strengthened. Where reports are complementary to both local and regional work then the 'system' can manage this workload but additional items would put more pressure on limited officer capacity in this area.
3.6	Scrutiny had also asked for the work to prevent / reduce NEETs to continue and Board informed that the NEETs Strategy will go to the TCBC Prosperous Communities Scrutiny Panel later this year.
3.7	Action: SB to progress the two agreed reports for scrutiny & work with OSG to develop a work programme for each objective.
4.	Medi Park
4.1	RJ presented a paper attached to these minutes. The Medi Park is seen as an important part of building economic resilience in the borough, supporting PSB objective 5 as well as the wider Well-being Plan.
4.2	Strong links made to City Deal, Welsh Government, Cardiff University, the Western Powerhouse and the business sector as well as transport and infrastructure partners. ABUHB are looking at a 'Grange Travel Plan' & working with partners for wider connections to regional travel plans.
4.3	The Medi Park will be complementary to the 21 st Century hospital with opportunity to pull in funding and, for existing businesses to relocate to Torfaen as well as new businesses to start up here. It will provide opportunities for existing workforce with transferable skills as well as to build a new skilled workforce by enthusing and supporting young people into life sciences. Connecting to schools is part of the plan. Suggested RJ connects to ABUHB workforce development lead, Geraint Evans and, to Keith Rutherford for the work he is doing under the RPB .
4.4	Board members are very supportive of this development and keen to see and hear more, especially about connecting with young people and 'growing' more scientists.
4.5	SA offered to arrange for the PSB to make a collective visit to the Grange University Hospital site.
4.6	Actions: RJ to contact Geraint Evans & Keith Rutherford SA to facilitate a PSB visit to the hospital site
5.	Place-based approach
5.1	DC presented the slides attached to these minutes, setting out the work so far in Blaenavon and the blue-print principles that could be applied as part of a system to foster longer term community resilience.
5.2	Referring to the lessons on place-based working that the PSB had previously considered, DC referred to paper 5B which sets out a general proposal for the PSB to consider a jointly resourced, but locally determined, Community Challenge Fund. If approved, as part of the exploration and testing work of the PSB, such a fund could test out addressing transport issues – with one possibility being through a brokered car/transport scheme based on initial conversations with Cynnal Cymru (a private provider of a scheme to broker shared transport models).
5.3	More generally there are notable practice examples of community empowerment / place-based approaches such as Wigan; with Fleetwood cited as notable practice of a community-centred intent to improve health.
5.4	Until the PSB is clear on whether to support this approach, engagement with the Blaenavon community on this matter will not be progressed.
5.5	In relation to the funding, Board members had some concerns over how the figures in the paper had been arrived at (and these were heavily caveated as both nominal and

5.6	indicative) and, that for those partners who support more than one PSB and the number of communities they cover that could potentially benefit from these types of schemes, the indicative figures need to be discussed with their respective finance and senior management colleagues.
5.7	Decision: Board were in agreement that making progress in this area is important if they are serious to change how they work and support communities.
5.8	There was a discussion about evaluation of impact in relation to place working, and whilst it is difficult to qualify tangible outcomes & performance in this style of work, DC is advised to look at models used by RSLs, measures for social prescribing and other toolkits, on social return on investment. Also SA will be undertaking an evaluation (either in-house or contracted) of the IWN, and DC to link to SA for methodologies to bring back to the PSB.
5.9	Strong and improved communication is crucial and a Communications Strategy will need to be developed once the steps and information is clear.
	Actions: DC to connect and follow up with Cynnal Cymru and other partners as above points DC to explore toolkits for capturing outcomes of change / link to SA re:IWN evaluation DC to email the methodology behind the indicative figures All Board members to discuss financial input to a Partnership Fund and email their responses to BP prior to November meeting
6.	Memorandum of Understanding
6.1	SB presented paper sent with the agenda which builds on the Board's behaviour change activities and formalises the partnership arrangements.
6.2	BP supported this approach and recommended its full adoption.
6.3	Decision: All agreed.
7.	Future Risks
7.1	SB presented paper sent with the agenda which sets out the work of the Officer Support Group and reassures Board of the timeframe to make progress in this area.
7.2	All noted.
8.	Youth Parliament / Grand Council
8.1	JG informed the Board that due to staff absences over the summer this is behind schedule but will now progress.
8.2	Progress will also be made to establish the representatives of young people to join the Board either by the November meeting or by the January session.
8.3	In respect of the Board's agreement last meeting to sign up to the Children and Young People's National Participation Standards, the Board will receive their one hour training session as part of the PSB meeting on 20 th November. As Torfaen is the first PSB in Wales to sign up to these Standards it would be good for the Chair to sign the Charter at the end of this session. All agreed and it is a good photo opportunity.
8.4	JG has also shared dates with OSG for the strategic level training (for policy writers and planners) and delivery of these will commence in October. This will be bespoke training sessions per organistaion so if there are any specific aspects Board members want covered, please email Jess.Gabriel@torfaen.gov.uk
8.5	JG also reminded board of the ongoing free training for delivery staff and details can be found on the Children in Wales website.
8.6	Actions: SB to arrange for photograph and Comms cover for November All to email JG with any specific areas to be included in the managers training sessions
9.	Regional working
9.1	Action: LP to draft a briefing note to accompany the minutes.
10.	Future Generations 2020 report
10.1	The Future Generations Commissioner is seeking comments from PSBs and PSB Scrutiny committees to inform her 2020 report and is interested in any aspects of observation, experiences or information you may have in relation to the statutory requirements of the Well-being of Future Generations Act and your role within Torfaen PSB. Board agreed a collective response and contributions to be emailed to Sue.Browne@torfaen.gov.uk for collation.

10.2	Board are also invited to make individual comments on general issues and concerns through this web portal which will be live until the end of October. https://futuregenerations.wales/the-peoples-platform/
10.3	Actions: All to email contributions to SB by 20th October.
11.	Welsh Gov PSB Summer Bulletin
11.1	Link circulated prior to meeting for Board to note content.
12.	Any other business
12.1	SA drew attention to her Annual Report (circulated prior to the meeting) and requested a slot on a future agenda to share where partners can work together under local well-being objectives to improve the regions health.
12.2	SA also promoted the Torfaen event on 20 th September (one of a series across the region) for front line staff & public as well as strategic officers and leaders.
12.3	The next stage will be for PHW staff to connect to key officers and make progress on what comes out of these engagement sessions.
12.4	Action: SB to add this a future PSB agenda
PART 2	
13.	Research & Development Programme
13.1	LB talked to a paper where her analysis of working with the PSB was more difficult than anticipated and was not sure that the Board are ready to receive the challenge they had asked from her.
13.2	All Board members offered a range of supportive comments and reassured LB that they are open to challenge and that progress on some aspects of their work was due to her direct input.
13.3	The Board accepted they need to consider their collective approach and how to unlearn decades of behaviour and particular working practices, with the complexity of legislation and political background in which everyone operates. This applies at Board / leadership level and all tiers of staff across organisations.
13.4	Other comments included: The potential for technology to support greater cross sector working; Public services are asked to change the way they work but are funded and judged on previous models; Research requires a control group and those experiencing more than one PSB indicate that Torfaen PSB is at low risk of failing; the challenge LB has provided has helped more mature discussions (such as the one of funding today) where Board members start to challenge each other. Board appreciates all the efforts LB has put in so far.
13.5	Action: LP & SB to convene a meeting with the graduate sponsors and LB.
	The Chair closed the meeting, thanking everyone for their contributions. Next PSB meeting is 20th November 2019

Appendices:

Appendix 1 – Medi Park report for item 4

Appendix 2 – Place-based presentation for item 5

Appendix 9 – Briefing note on regional work for item 9

Sue Browne

Partnerships and Policy Manager
PSSU, TCBC
(Sept 2019)

Public Document Pack

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of Public Service Board Select Committee held at on Wednesday, 4th July, 2018 at 10.00 am

PRESENT: County Councillor M. Groucutt (Chair)

County Councillors: D. Blakebrough and J.Treharne

OFFICERS IN ATTENDANCE:

Sharran Lloyd	LSB Development Manager
Matthew Gatehouse	Head of Policy and Governance
Hazel Clatworthy	Sustainability Policy Officer
Wendy Barnard	Democratic Services Officer
Richard Jones	Policy and Performance Officer

APOLOGIES:

County Councillors D. Batrouni, M.Feakins, J.Pratt and F. Taylor

1. To elect a Chair

County Councillor M. Groucutt was elected as Chair.

2. Declarations of Interest

No declarations of interest were made.

3. Public Open Forum

No members of the public were present.

4. Minutes of the previous meeting held on 22nd January 2018

The minutes of the previous meeting held on 22nd January 2018 were confirmed as a true record. There were no matters arising.

5. Regional Well-being work

Purpose:

To provide a brief update about work happening at a regional level to build on wellbeing assessments and inform well-being plans.

Recommendations:

Members are invited to use this update to enhance their understanding of how regional working can help the Public Service Board (PSB) meet the requirements of The Act.

Key Issues:

1 The Well-being of Future Generations Act came into force in April 2016. It requires public bodies to carry out sustainable development. This means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in

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accordance with the sustainable development principle, aimed at achieving the well-being goals.

2. Officers representing the five Public Service Boards in Gwent have been meeting in the Gwent Wide Strategic Well-being Assessment Group to share learning and identify opportunities to collaborate on areas of common interest. This work initially focused on the development of the well-being assessment and has continued to strengthen the development and implementation of well-being plans. It has also been an opportunity to work with colleagues leading on the implementation of The Social Services and Well-being Act.

3. On 28th February 2017 Welsh Government made available £74,026 of funding for the five PSBs in the Gwent area to undertake work to build on work completed as part of the assessments and to help build towards the development of the well-being plan.

4. Gwent partners identified two areas of focus: To develop enhanced measurement of well-being at the local population level and to commission further work on future trends which was an area that was commonly identified as needing development in the majority of the well-being assessments in Wales. An update on the progress with the two pieces of work is provided below:

Happy Communities

5. The five Public Service Boards within Gwent region have jointly agreed to use the Happy Communities tools in order to better measure, understand and improve the wellbeing of their populations. Happy Communities provides two tools: the Happy Communities Index (now called Thriving Places Index in Wales) which measures the local conditions for community well-being and the Happiness Pulse which is a measure of personal well-being.

6. The Index draws on a number of indicators from various sources to understand and assess the local determinants of well-being and where to target interventions to create the conditions for people to thrive. Following initial work in Gwent on the thriving places index, Data Cymru have worked with Happy City, and the five Public Service Boards across Gwent, to adapt the tool for the different context and data available in Wales and expanded it to include all local authorities in Wales. Data Cymru published their first release of the Thriving Places Wales Index in April 2018.

www.thrivingplaces.wales/

7. The Index is a framework of local authority level indicators which builds a picture of an area summarised under the broad headings of local conditions, sustainability and equality. The Scores within Thriving Places Wales are shown at a local authority area level, however they do not measure the success, or otherwise, of individual organisations because the measures used in Thriving Places Wales cover such a wide range of issues, they fall way beyond the responsibility or remit of any single organisation, or group of organisations. Much of the information for Monmouthshire reflects the analysis presented in the well-being assessment and where Monmouthshire's well-being scores are lower this is mainly in domains that align with the issues the PSB has focussed its objectives on.

8. The Happiness Pulse measures personal well-being in communities through a resident survey. The survey provides a well-being score for people who completed the survey under three areas, Be, Do and Connect and helps people understand how to improve their well-being. The survey was carried out across the five Gwent PSB areas in January and February 2018 and was launched with the 'beating the blues' campaign. Extensive promotion was undertaken across Gwent, in Monmouthshire this included a variety of activities in local communities to help residents beat the winter blues. A range of methods were used to inform and engage residents, including, press releases, social media, making the survey available in Community Hubs across the County and working in partnership with PSB partners to encourage as many residents as possible to complete the survey. In collaboration with Monmouthshire Youth Service and Engage 2 Change (E2C), the County Youth Forum, a short film was produced for social media. Young people from local schools and a variety of community group including Action 50+ and The Access for All meeting were all encouraged to contribute.

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9. In Monmouthshire a total of 1,178 resident and 462 Monmouthshire County Council staff responses have been collected. An analysis of the data by Happy Cities is awaited to understand the demographic breakdown of the results, evaluate well-being within Monmouthshire and allow comparisons with other areas in Gwent. We will also be able to investigate if we can utilise these results to better understand well-being in specific areas in Monmouthshire. Further analysis will be produced when the results of the Happiness Pulse survey are available and are able to complement the Thriving Places Wales Index. This analysis will also be used to inform local decision making including the development and monitoring of the PSB well-being plan action plan. Consideration will be given to how to communicate this to members of the public and staff who contributed with their experiences of well-being in Monmouthshire, as well as reporting the analysis back to the PSB and PSB scrutiny committee.

Member Scrutiny:

The Performance Manager introduced the report then Select Committee Members asked questions:

- A Member enquired how happiness levels were tested and it was explained that the Happiness Pulse is used to measure wellbeing based on factors that have an influence on an individual's wellbeing e.g. social interaction, physical activity, charitable work. It was accepted that the survey represents a snapshot as feelings of happiness can change over even quite short periods of time.
- Regarding response rate, 1.28% of the population responded (not including staff). When more survey results are available from other authorities in Wales and England, it will be possible to draw comparisons.
- It was questioned if the survey was exclusively been carried out online and confirmed that the survey was made available in a range of formats such as online, paper surveys in Hubs, engagement with groups e.g. Youth Forum, Engage to Change and Action 50+. The survey was promoted on social media.
- It was confirmed that the focus is not to track the wellbeing of individuals but is a broader measure of wellbeing.
- Two thirds of responses were from females. The age profile of respondents was:

Responses by age group	
Under 16	22
16-24	65
25-34	118
35-49	369
50-64	399
65-74	153
Over 75	50

- The Chair reminded that one of the Monmouthshire Public Service Board priorities is to ensure that children are getting the best possible start in life. With the involvement of the SE Wales Education Achievement Service (EAS) in SE Wales and a regional approach, it was questioned how Monmouthshire's priorities will be adequately served. It was responded that the evolving regional approach will highlight differences in regional footprints and the involvement of partners won't be consistent e.g. city deal involves 10 authorities and the EAS covers 5. The core business of CYP Directorate will be distinct from any topics identified across the region that would be better served by partners working collaboratively.

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- The suggestion that sixth form students could be involved in carrying out surveys was welcomed noting that the PSB Engagement and Participation Group actively considers means of maximising opportunities.

Committee Conclusion

The Select Committee appreciated the update to enhance their understanding of how regional working can help the Public Service Board (PSB) meet the requirements of The Act, and thanked the officers for introducing the report accordingly.

6. Well-being Plan: Emerging Priorities and Actions

Purpose:

To provide the committee with an update on the emerging actions being developed to deliver the objectives contained in Monmouthshire's Well-being Plan. This provides further detail on the steps that were published within the plan and which have been subject to further development by all partners of the Public Service Board ahead of its next meeting on 17th July.

Recommendations:

1. Members of the committee are invited to scrutinise the emerging actions and timescales and consider whether they are the right things to deliver the objectives specified within the Well-being Plan.
2. Members of the committee are invited to bring forward further recommendations which could be presented to the PSB alongside this work and which could deliver the steps.
3. The committee may identify any of these areas for further scrutiny as part of its work programme. It may request attendance from any partner within the PSB to inform members understanding of the steps being taken and to seek assurance of the effectiveness of the partnership arrangements.

Key Issues

1. The Well-being of Future Generations Act aims to ensure that public bodies think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. Each PSB must prepare and publish a local well-being plan setting out its local objectives and the steps it proposes to take to meet them.
2. The PSB has approved four well-being objectives that underpin a clear purpose of building sustainable and resilient communities. The objectives are:
 - ☐ Provide children and young people with the best possible start in life
 - ☐ Respond to the challenges associated with demographic change
 - ☐ Protect and enhance the resilience of our natural environment whilst mitigating and adapting to the impact of climate change
 - ☐ Develop opportunities for communities and businesses to be part of an economically thriving and well-connected county.
3. The issues within the plan are complex and there are no clear answers or quick solutions to address them. The 'steps' within the plan give an indication of the work the PSB will deliver or commission. Each of the partners has assumed responsibility for exploring the steps and beginning to turn them into more specific actions which the PSB can then prioritise. This is necessary as the organisations do not have the capacity to work on all 19 of these at the same time.
4. The lead partner for each step was provided with a range of information to inform the development of the step, including a briefing paper outlining the PSB's approach and key questions that need to be considered in developing the step. Details of the process and guidance are included as appendix 3 to this report. The insight gathered so far was also

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provided, this included evidence from the Well-being Assessment, feedback from partnerships, the Future Generations Commissioner and responses to the consultation on the Well-being Plan.

5. Each partner has been further developing the evidence base and exploring potential solutions that could move us towards delivery against the outcomes in the plan. This has included discussions with experts in these areas. Ahead of Select Committee each partner has been asked to specify:

- ☐ The vision or ambition for each step in two or three sentences thinking about the impact on communities
- ☐ Whether the work at the exploration/research stage or moving towards action?
- ☐ When the work would be expected to start if approved by PSB which could be either steps in the process or actions in communities.
- ☐ When would we expect there to be an impact that people notice

At time of circulation this is not in place for all steps. An update on outstanding activities will be provided at the meeting.

6. Delivering the steps will also need to be done in an integrated way. Some steps in Appendix 1 have been combined where there is strong integration with the actions being taken to address the issues in each step. Work to progress each of the steps will inevitably impact on other steps, and some of the steps are likely to be developed together to reduce the likelihood of “silo working”. Consideration will also need to be given to how the aspirations of the PSB, which are crosscutting, are integrated when progressing the steps. The matrix in appendix 2 demonstrates how the steps (summarised on the axis) will impact on each other, with the most significant impacts shaded in blue, this integration will need to continue to be reviewed as the action to address each step is developed.

7. Lead partners for some steps are still further developing the evidence base and exploring potential solutions and information on the progress made on some steps has not yet been provided to inform this report, as shown in appendix 1. The information for the remaining steps will be circulated to the committee when available.

8. At its next meeting the PSB will begin the process of sequencing these steps to ensure that they are the right things to be doing and being delivered in a logical order and in accordance with the available resources and time commitments required to make them happen. As the work develops further performance measures and milestones will be established against each of these so that partners can be held to account for delivery.

Member Scrutiny:

The Head of Policy and Governance introduced the report and invited questions and comments:

- The Chair enquired if the Public Service Board (PSB) Select Committee had powers to invite partner organisations to its meetings to ask questions, and secondly asked if the partners have their own scrutiny processes. It was clarified that the PSB Select Committee has scrutiny powers because the local authority has statutory responsibility for the oversight and governance of the PSB.
- A Member queried the absence of an integrated public transport system adding that better transport links would help to address PSB priorities and questioned the next steps in Monmouthshire, and what strategy would be used to ensure it's an integral part of PSB work. The relationship between the PSB and Monmouthshire Strategic Transport Group was queried.

It was responded that transport is consistently raised by all age groups and development of technological solutions to rural transport, and the promotion of active and sustainable travel is key. It was explained that the Council made a bid to the Cabinet Office Digital Service to set up a Challenge Fund to develop technical solutions to address loneliness and rural transport. Private companies are being invited to participate in a competition to

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develop solutions to connect communities. This matter is also under consideration by Cardiff Capital Region. Ultimately, the aspiration is to have a fully integrated transport system in the County.

The Member queried timelines and was informed that the project was launched on 3rd July 2018, the GovTech competition launched on 16th July 2018 followed by a launch event, and closes on the 5th September 2018. An assessment panel will consider initial ideas for 2/3 weeks and first allocations of funding will be disbursed to five firms over an 8/10 week period. A further assessment panel will select two of the five projects to proceed as pilots working towards a viable solution by the end of 2019.

- The Chair was interested in projects to address PSB priorities such as the best possible start for children, addressing physical inactivity and obesity and promoting active and safe communities and sought ways to collaborate with the Health Board e.g. on transport. He welcomed the opportunity to question partner organisations, and urged that timescales are applied as soon as possible.
- A Member emphasised that healthy food is not always cheap and asked how the authority can engage with supermarkets to provide cheaper healthier food for families that cannot otherwise afford it. It was responded that schools do an excellent job of educating young people about healthy eating choices. It was explained that opportunities to explore sustainable and healthier food options within the County to maximise local supply chains and community led innovative approaches.
- Regarding the competition, a Member asked if there was an opportunity to scrutinise companies at the Research and Development stage. It was noted that there will be opportunities for engagement and to scrutinise chosen projects at a later stage. It was also confirmed that it is a nationwide competition and incentives will be available e.g. office space if the company wishes to relocate.
- Members promoted the need for excellent broadband, and added their disappointment that Monmouthshire was bottom of the list in the Welsh Government roll out of broadband.
- A Member asked the following questions:

“What is the PSB’s vision in the Short, Medium and longer term?” - It was responded that the Steps show the Council’s ambitions and timescales e.g. digital solutions for rural transport. It was noted that some steps are more aspirational and more detail will follow in due course.

“What measures in the Short, Medium and Long term will you be implementing? – It was explained that, in the Wellbeing Plan, there are 46 measures alongside the Wellbeing Pulse. .

“What are the timescales for implementing the Short, Medium and Long term measures?” - Each project will have specific measures and milestones to measure progress and impact.

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“What data will you be utilising to continually evaluate the effectiveness of the measures and targets you propose” – We will be looking at targeted outcomes for specifically identified individuals/groups.

Committee Conclusion

The recommendations were accepted and the Select Committee looks forward to developing the scrutiny role and inviting representatives of partner organisations to attend meetings to report on progress.

Additionally, it was requested that there is some clarity about how to develop the scrutiny role with commercial organisations.

Timescales for projects were also requested to enable more effective scrutiny.

The Officers were congratulated for setting worthwhile projects in motion.

7. Minutes of PSB meetings

The minutes of the PSB Meeting held on 4th April were noted.

Committee Conclusion

The Chair, on behalf of the PSB Select Committee, expressed his concern at the large number of apologies for absence and that 50% of those who did not attend failed to send a representative.

8. To note the date and time of the next meeting as 10th October 2018

The meeting ended at 11.30 am

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