A meeting of the Aneurin Bevan University Health Board
Public Partnerships and Wellbeing Committee
will be held on Wednesday 31st July 2019 at 09:30am, in Conference Room 3, Headquarters, St Cadoc's Hospital

AGENDA

Preliminary Matters				**9:30**
1.1	**Welcome and Introductions**	Verbal	**Chair**	**15 mins**
1.2	**Apologies for Absence**	Verbal	**Chair**	
1.3	**Declarations of Interest**	Verbal	**Chair**	
1.4	**Draft Minutes of the Committee – 11th April 2019 -** For approval	Attachment	**Chair**	
1.5	**Action Sheet – 11th April 2019 –** For approval	Attachment	**Chair**	
Items for Strategic Discussion				**9:45**
2.1	**A Healthier Wales** • **Regional Partnership Board Update** • **Focused Session - Delivering Place Based Integration**	Attachment Presentation	**Emily Warren** **Will Beer & Sian Millar**	**15 mins** **45 mins**
Items for Assurance				**10:45**
3.1	**Flu Immunisation Update**	Attachment	**Will Beer/Eryl Powell**	**15 mins**
3.2	**Wellbeing of Future Generations (Wales) Act 2015 Internal Audit Report 2018/19**	Attachment	**Sarah Aitken**	**15 mins**
3.3	**Risk Register**	Attachment	**Will Beer**	**10 mins**
Final Matters				**11:25**
4.1	**Ways of Working for the Committee**	Verbal	**Sarah Aitken**	**15 mins**
4.2	**Items for Board Consideration** To agree agenda items for Board consideration and decision	Verbal	**Chair**	**5 mins**
Items for Information				**11:45**
5.1	**PSB minutes**	Attachments	**Chair**	**5 mins**
5.2	**RPB Annual Report**	Attachment	**Chair**	**5 mins**

5.3	**CMO Annual Report 2018/19 Valuing Our Health**	Attachment	**Chair**	**5 mins**
Date of Next Meeting				
Thursday 17th October 2019 at 9:30am in the Seminar Room 4, Headquarters, St Cadoc's Hospital, Caerleon				**Chair**

Public Partnerships and Wellbeing Committee
Date 31st July 2019
Agenda Item: 1.4

Aneurin Bevan University Health Board

Minutes of the Public Partnerships and Wellbeing Committee held on Thursday 11 April 2019 at 9:30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital

Present

Katija Dew	-	Independent Member (Third Sector), (Chair)
Emrys Elias	-	Vice Chair of the Board
Shelley Bosson	-	Independent Member (Community)
Pippa Britton	-	Independent Member (Community)
Keith Sutcliffe	-	Chair of Stakeholder Reference Group

In Attendance

Judith Paget	-	Chief Executive
Phil Robson	-	Special Board Adviser
Sarah Aitken	-	Executive Director of Public Health
Will Beer	-	Consultant in Public Health
Mererid Bowley	-	Consultant in Public Health
Emily Warren	-	Head of Planning (Partnerships)
Debbie Waters	-	Chair of the Local Medical Council (LMC)
Nick Wood	-	Director of Primary Care and Mental Health
Gabby Smith	-	Wales Audit Office (Observer)
Rona Button	-	Corporate Services Manager (Secretariat)

Apologies

Richard Bevan	-	Board Secretary
Dave Street	-	Associate Independent Member (Director of Social Services – Caerphilly)
Dianne Watkins	-	Independent Member (University)

PPWB 1104/01 Welcome and Introductions

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

PPWB 1104/02 Apologies for Absence

Apologies for absence were noted.

PPWB 1104/03 Declarations of Interest

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

PPWB 1104/04 Minutes of the Meeting held on 19 February 2019

The Minutes of the meeting held on 19 February were agreed as a true and accurate record of the meeting.

PPWB 1104/05 Action Sheet

The Committee considered the Action Sheet from the meeting held on 19 February and noted that all actions had been completed or were progressing.

PPWB 1104/06 Primary Care Strategic Programme

Nick Wood provided an update to the Committee on progress made against the milestones published by the Minister for Health and Social Services regarding the delivery of the Primary Care Strategic Programme.

The Committee was advised that Neighbourhood Care Networks (NCNs) were in the process of constructing an IMTP "plan on a page" and this was at an advanced stage within each NCN. The plans would be discussed at the NCN meeting next week, but it was anticipated that by the end of April, the work plans would be fully populated with the milestones, via a programme management approach. It was agreed that the milestones would be added to the agenda for a future meeting later in the year. **ACTION: Secretariat**

It was noted that when demand in Primary Care increased, there was a subsequent increase in Secondary Care demand two or three days later, and the Committee asked how duplication could be prevented, e.g. a patient seen in the out of hours service on a Sunday and told to see their GP the following day for tests to be requested. It was reported that the use of current technologies and IT systems would need to be maximised to avoid duplication.

Debbie Waters advised the Committee that communication was improving generally, and she also reported that GP software systems would be changing in the next 18 months. Contract negotiation might play a part in the system installed. It was also noted that a new out of hours system would be installed which would align to the 111 service, as Primary Care would need to operate 24/7.

The Committee noted the contents of the report.

PPWB 1104/07 Gwent Regional Partnership Board Transformation Programme

Emily Warren provided an update and advised that the programme had begun in January and would continue until December 2020 as planned, when Welsh Government funding would cease. Updated documentation had been received and it was agreed that this would be circulated to members. **ACTION: Secretariat**

Various initiatives were underway, with outcomes requiring evaluation, and it was agreed that a more substantive update would be provided at the next meeting in July. **ACTION: Emily Warren/Secretariat**

The Committee asked if any information was available on the HomeFirst programme which was operational in both the Royal Gwent and Nevill Hall Hospitals, and it was confirmed that information was awaited. An observation was made that money was being spent on a discharge system, but there had not been much evidence of change in the system, and further data was required as the benefits were not as good as expected, at this stage.

Judith Paget confirmed that work was ongoing regarding assessments for discharge. The HomeFirst service would be evaluated after six months to establish whether or not it represented value for money, but it would be necessary to ascertain the required outcomes and not just to focus on the process.

The Committee was concerned that a lot of terminology used in the programme was not understandable to the public and appropriate vocabulary would be required, to aid the public's understanding. It was requested that a glossary be provided listing all new acronyms, and it was agreed that future papers would include this. **ACTION: Sarah Aitken, Nick Wood and Emily Warren**

Debbie Waters also requested a paper for GPs describing the strategic direction, and this would be provided within the more substantive item at the next meeting. **ACTION: Emily Warren/Secretariat**

The Chair of the Committee also requested information on the impact for our partners, possibly in the form of a whole system evaluation, and this would also be provided in the substantive item at the next meeting. **ACTION: Emily Warren/Secretariat**

Concern was expressed about the future of the programme, after December 2020 when the funding ceased, and whether or not any other services would be impacted on if this programme was successful and continued. However, this information was not available and the final decision would be based on the evaluation.

The Committee received the report.

Judith Paget left the meeting.

PPWB 1104/08 Public Service Board (PSB) Update Report

Sarah Aitken updated the Committee on the delivery of PSB Wellbeing plans, as assurance that the Health Board was meeting its collective duties under the Wellbeing of Future Generations (Wales) Act 2015.

The Health Board played an important leadership role in supporting the development and delivery of the wellbeing plan, with Executive Directors and Independent Members representing the Health Board on each PSB, and acting as champions for agreed PSB priorities.

Better joint working across PSBs and the Gwent Regional Partnership Board for Health and Social Care had been the recent focus, although there was a shared recognition that both had critical roles to play in improving wellbeing. It was now necessary to develop a seamless framework of activity to achieve improved wellbeing for the Health Board's population. The Committee asked for the Board to note that it supported increased co-operation between PSBs. **ACTION: Secretariat**

The Committee received the report.

PPWB 1104/09 Living Well, Living Longer Programme

Will Beer advised the Committee that the programme aimed to reduce the gap in life expectancy between the most and least deprived localities within the Health Board's area. It was reported that around 15,700 people had received a 40-minute cardiovascular disease (CVD) risk assessment and health check, with 591 people at high risk of CVD being referred to the Wellbeing Advisor Service for intensive behaviour change support over six months, in line with NICE guidance.

The emphasis of the programme was shifting to risk factor management. The referral criteria would extend to those

with a high projected CVD risk score, those estimated to be at high risk through clinical records, those with pre-diabetes and those with lifestyle risk factors on chronic disease registers, to better integrate the health check and behaviour change elements of the programme. In addition, Band 4 Healthcare Support Workers would be able to support the intensive behaviour change of the identified cohorts, which would, in turn, allow GPs to see other, serious cases.

The results of the programme were discussed, and it was commented that there was a large amount of detail within the report. It was also not known how many of the 15,700 patients seen had gone on to make lifestyle changes of any sort, although it was acknowledged that the programme had brought some patients to GPs' attention who would not normally have visited their GP.

The Committee asked how success could be identified and requested evidence of further impact, e.g. if a father had become healthier after seeing his GP, did it automatically follow that the rest of the family was healthier as a result?
ACTION: Will Beer

The Committee received the report.

Phil Robson left the meeting.

PPWB 1104/10 Tobacco Control

Mererid Bowley updated the Committee on the tobacco control action plan to reduce smoking prevalence across Gwent, and to deliver the Health Board's IMTP target to increase the proportion of smokers accessing smoking cessation services to 3.7%. The key activities within the action plan were described, and it was noted that projected data identified that by 2020, smoking prevalence in Wales and across Gwent was predicted to be at 18%, missing the Welsh Government target of 16% if current trends persisted.

The Committee discussed the Public Health (Wales) Act 2017, due to be implemented in Autumn 2019, which would make it illegal to smoke on hospital grounds and in outdoor public places for children and young people. A number of aspects of the legislation were talked about, including whether or not staff should be asked to change out of their uniforms before leaving their workplace to smoke. As the legislation would be implemented before

the opening of the new hospital, no issues at the new location were anticipated as staff would already be complying with the contents of the new Act.

No data was currently available on vaping, but a position statement would be issued following the next national meeting, and a consistent message would need to be portrayed in this regard.

The Committee received the report.

PPWB 1104/11 Risk Register

The Committee discussed the Risk Register presented by Will Beer, with the following risks being updated:

- Support for pregnant women to quit smoking – all maternity services had been provided with equipment to measure carbon monoxide levels at booking, and stop smoking support offered, if required. However, as a result of this intervention, there would be an increase in the recorded smoking prevalence among pregnant women. 3.0 WTE Smoke Free Maternity Support Workers were due to commence employment at the beginning of April to support women to give up smoking through their pregnancy, with midwives referring directly to the support workers, who would make contact with the pregnant women within 48 hours.

- ABUHB smoke-free premises policy – insight work with patients, visitors and staff at the Royal Gwent Hospital had begun in March to assess current behaviour towards the Smoke Free Environment Policy and the level of awareness of the new legislation.

- Staff flu immunisation – the expectation was that all staff should be vaccinated, but as at 20 March 2019, only 60% of staff had been vaccinated, with 62% of all front line staff being vaccinated (as at the end of December 2018).

- Increasing uptake of all scheduled vaccinations by age 4 – although the uptake in children from age 4 to 16 years had increased due to system level work led by the Public Health Team, work was underway to explore how to improve uptake of MMR2 by age 5. The role of the Immunisation Co-ordinator was being reviewed and an action plan to reduce waiting times and queues in

some GP practices was being implemented to ensure children were offered the vaccination on a timely basis.

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

The Chair noted that risk 1.iii. regarding systems in place to identify and act upon significant public health issues, should have been removed from the register as agreed, but was still in evidence. This would be actioned.
ACTION: Will Beer

The Committee was assured by the report.

PPWB 1104/12 Items for Board Consideration

There were no items for Board consideration. However, the Committee asked for the Board to note that it supported increased co-operation between PSBs.
ACTION: Secretariat

PPWB 1104/13 Items for Information

The Committee received the PSB Minutes and Corporate Standard Paper for information.

PPWB 1104/14 Date and Time of Next Meeting

The next meeting is due to take place on Wednesday 10 July 2019 at 9.30am in the Executive Meeting Room, Headquarters Building, St Cadoc's Hospital, Caerleon.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Public Partnerships and Wellbeing Committee
Date 31st July 2019
Agenda Item: 1.5

Public Partnerships and Wellbeing Committee
Action Log – 11 April 2019

Action Reference	Action Description	Lead	Progress
PPWB 1104/06	**Primary Care Strategic Programme** The Committee requested an update on the milestones at a future meeting later in the year.	**Nick Wood/ Secretariat**	This item had been added to the forward work programme for October's meeting.
PPWB 1104/07	**Gwent Regional Partnership Board Transformation Programme** Updated documentation received should be circulated to members.	**Emily Warren/ Secretariat**	Updated documentation has now been circulated to Committee Members.
	A more substantive update to be provided at the next meeting in July.	**Emily Warren/ Secretariat**	This item is on the agenda for July.
	Future papers to include a Glossary of Terms.	**Sarah Aitken/ Emily Warren**	Work is ongoing an update will be provided at a future meeting.
	Paper for GPs describing the strategic direction to be provided at the next meeting in July.	**Will Beer/ Secretariat**	This item is on the agenda.
	Information on the impact on our partners to be provided at the next meeting in July.	**Emily Warren/ Secretariat**	This item is on the agenda.
PPWB 1104/08	**Public Service Board (PSB) Update Report** The Committee asked for the Board to note that it supported increased co-operation between PSBs.	**Secretariat**	Complete. Added to the Assurance Report for the May Board meeting.
PPWB 1104/09	**Living Well, Living Longer Programme** Available evidence of further impact to be provided, in order for success to be identified.	**Will Beer**	Work is ongoing and an update will be provided to the Committee at a future meeting.

Public Partnerships and Wellbeing Committee
Date 31st July 2019
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PPWB 1104/11	**Risk Register** Risk 1.iii. to be removed from the Risk Register.	**Will Beer**	Completed. Risk 1.iii had now been removed from the Risk Register.
All actions to be completed by the next meeting of the Committee unless otherwise stated			

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Public Partnerships and Wellbeing Committee Wednesday, 31st July 2019 Agenda Item: 2.1

2.1

Aneurin Bevan University Health Board

Delivery of A Healthier Wales
The Gwent Transformation Programme

Executive Summary

The Gwent Transformation programme is now underway across the region, with five complex multi-agency programmes established to drive forward the creation of a seamless system of health, care and wellbeing across Gwent. This programme aims to support the continued development of a 'seamless system' of care, support and wellbeing in Gwent, in response to the Welsh Government's new long term plan for health and social care 'A Healthier Wales'.

The transformation programme is predicated on the development of a place based approach to developing 'integrated localities', and the redesign at pace of two specific models of care, where integration across health and social care boundaries is essential. It provides additional capacity and capability, to extend the reach of the Area Plan, and to construct an integrated planning model across Gwent.

The programme is constructed in two parts - the first 'Delivering an early intervention, prevention and improved population Wellbeing system' focused on the development of new integrated services, specifically Integrated Wellbeing Networks and Primary Care Transformation. The second, 'creating integrated models of health and social care', focuses on the service redesign of existing service models in Children and Adolescent Mental Health Service and Hospital Discharge. Taken together these two elements of the substantive 'transformation programme', will provide the foundations for a seamless system of care, and remodel at pace services to address sustainability and demand concerns.

The funding that the Gwent Regional Partnership Board (Gwent RPB) has received from the Transformation Fund is providing the capacity, capability and resource to develop a truly integrated approach, through design, planning, delivery and management of services to make the most impact on improving wellbeing across health and social care and achieve a more 'seamless system'.

The Public Partnerships and Wellbeing Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	✓
Executive Sponsor: Dr Sarah Aitken, Director of Public Health & Strategic Partnerships	

Report Author: Dr Emily Warren, Assistant Director Regional Partnership Board (RPB) Transformation Programme			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board**	**Public Partnerships & Wellbeing**
Date of the Report: 31st July 2019			
Supplementary Papers Attached: None			

Purpose of the Report

This report provides members of the Public Partnerships and Wellbeing Committee with an update on the delivery of the Gwent RPB Transformation Programme.

To complement this report a substantive presentation has been prepared on Part 1 of the programme - Delivering a seamless system of wellbeing.

This paper is part of a regular update on delivery of the programme and complements the reports prepared for the Regional Partnership Board.

Background and Context

Published in June 2018, 'A Healthier Wales' sets out the Welsh Government's long term plan for the seamless delivery of health and social care in Wales. Its narrative focuses on a 'whole' system approach across organisational boundaries, seamless care and new integrated models of services, providing care and support.

The aim of 'A Healthier Wales' states: 'there will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health. We will have a greater emphasis on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.'

A Healthier Wales, established 'The Quadruple Aim' a set of principles to guide the 'integrated' planning and delivery of new seamless models of care. These are:

- People in Wales have improved health and wellbeing with better prevention and self-management
- People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
- The Health and social care workforce is motivated and sustainable
- Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focused on outcomes**.**

Regional Partnership Boards, which have now been in place for almost three years, are the collective leadership body with responsibility for translating the requirements of *'A Healthier Wales'* into practice with the expectation for greater level of strategic collaboration in how health and social care services are planned, funded and delivered at a regional level. *'We have adopted a planned approach, establishing integrated Local Health Boards and statutory Regional Partnership Boards. This has allowed social models of community based-care which cut across traditional organisation and service boundaries'*

Delivering the Gwent Transformation Programme

The Gwent RPB secured £13.4 million to deliver a large programme of transformation from January 2019-December 2020 including:

- The development of Integrated Wellbeing Networks
- The creation of a Health and Social Care Workforce Academy
- The reform of Child and Adolescent Mental Health services
- The development of a Home First integrated discharge service
- The delivery of place based care
- A programme of Organisational Development for the RPB (Bevan Commission/Social Care Wales)

The programme continues to mature at pace, with the completion of the milestones for Q1 and Q2 and clear milestones identified for Q3. Critical questions moving into Q3 will include:

- review of initial outcome measures, and impact on services and service users
- consideration of sustainability of the programmes post 2020
- determining viability of scaling up any programmes post 2020

All programmes are progressing at pace with delivery, within the 24 month time frame available.

The key risk is ensuring that there is a clear plan to either mainstream or exit the programmes by December 2020.

Ensuring that RPB Members and Executive Directors are sighted on early outcomes is a priority, in order to test proof of concept and future viability of the programmes once funding ceases in December 2020. As such a series of 'Sustainability' sessions have been held for RPB members, to shape understanding of the programmes, their impact and to determine a clear process by which the sustainability of the programme can be considered. An initial sustainability report will be prepared for the RPB Leadership group/RPB in autumn 2019 to inform discussions regarding sustainability and viability of successful programmes during 2020.

To ensure this is taken forward effectively:

- Initial challenge and support sessions to consider sustainability (July 2019)
- Sustainability report to be presented to Leadership Group (September 2019)
- Procurement of independent evaluation (July-September 2019)
- Alignment of the programmes with Values Team, with ICEBERG agreed as initial 'test' programme
- Formal dialogue with Welsh Government about delivery of the programme scheduled in August 2019

All programmes will be independently evaluated, and a procurement exercise for evaluation providers is currently underway across the transformation programme. A successful market engagement event was held on the 16th July and a specification is currently live on sell2wales. The evaluation reflects guidance issued by Welsh Government. Reports will be received at quarterly intervals and shared with the

Regional Partnership Board. Interim reporting will be utilised to inform ongoing programme delivery.

Integrated Wellbeing Networks (IWN)
During May and June, the IWN Programme Team have been getting established in their respective localities (Blaenau Gwent, Caerphilly, Newport, Torfaen) and have begun working on delivering the programme plan, as outlined below. Overall there has been an extremely positive response from partners, who can see the benefits of this collaborative way of working, and there has been good engagement across sectors.

The Service Development Leads in Blaenau Gwent and North Caerphilly have been working closely with the newly established Compassionate Communities programme, and are leading on the elements of the Compassionate Communities programme where there is synergy with IWNs – specifically relating to community development and activating community members to become 'Community Champions'.

An engagement event was held on the 17th July which attracted a wide ranging audience, and re-emphasised the role of the public and third sector in delivering the programme, and ensuring it is articulated clearly across stakeholders to build the momentum and social change movement required to engender success.

Delivering Place Based Care
Establishing an integrated place based approach is now moving forward across the primary care element of the transformation programme. Place based care is designed to enable the citizens of Gwent to access health and social care support as close to home as possible in line with a Healthier Wales

- Workforce stabilisation: 33 practices have been offered funding for new extended roles until 31st March 2020 to allow headspace to test the new model and measure the outcomes/benefits. 44 posts were applied for and are either in process of recruiting or still under job evaluation

- Blaenau Gwent's information, advice and assistance team are currently engaging with the Local Authorities front door and work is ongoing to extend to Community Resource Teams and district nursing by October/November

- Cohort one of both the nursing and pharmacy academy are approaching 6 months in role – the pharmacy arm are already started to see indicative benefits of having pre-registration pharmacists in practice – and two nurses have taken up permanent roles in practice. Nursing cohort 2 begins in October.

- Compassionate Communities engagement with all 20 GP surgeries has been successfully completed with small steering groups now set up and running and mentoring has commenced in 7 GP practices
- Talks underway to extend capacity by utilising existing resources (community connectors) in Caerphilly and Blaenau Gwent.
- Multi-Disciplinary Team sessions are now underway across 4 practices and 3 GP Fellow posts out to advert
- Training Academy established with cohort one (Pharmacy/Nursing) appointed and on rotation with agreed training practice

Transformational Programme for children's emotional health (ICEBERG)
The delivery of the ICEBERG programme has a number of distinct elements, which taken together equate to 'whole systems' change. Following on from the successful implementation of the Single Point of Access (SPA) across Gwent, further progress has been made including:

- Delivery plan for 'whole school approach to emotional wellbeing'
- Implementation plan for community psychology
- Initial implementation plan for parent –infant mental health

Whilst aspects of the programme have experienced some predictable delays in delivery (i.e. recruitment), these have been captured in the programme risk register, with mitigating actions developed through the programme steering group. Revised delivery timetables have been proposed and will be presented to the programme steering group/RPB Leadership Group for decision in August.

Home First
Home First has been operational in Royal Gwent and Nevill Hall since October 2019. The service is focused on preventing unnecessary hospital admissions, and can now demonstrate a consistent set of outcomes where this has been achieved, often with extremely complex cases that prior to this service would have led to lengthy hospital admissions.

The Home First Team is leading dialogue with partners to determine what an effective and sustainable service model will look like going forward, building on the early evidence from the service in terms of what works, predicted demand and lessons learnt. A sustainability session was held on the 11th July, and a further operational workshop on the 16th July. A gap analysis has been commenced and this will lead to procurement of a wider service model at a later date.

In the period between 1st January 2019 – 30th June 2019 the Home First Teams across the two sites have:

- Seen 930 patients and across this cohort have visited to assess/support 1245 times.
- From this cohort 477 were discharged on 501 occasions (19 had more than one instance of discharge in 6 months)
- 42% of the overall total patients seen were not deemed medically fit for discharge
- 89% of patients deemed medically fit were discharged.
- Admission Avoidance - 30+ patients have been identified as not requiring attendance.

Engagement and Communication
Ensuring that the content, aims and outcomes of the programme is effectively communicated to staff and the public is a priority.

Priorities include

- Development of a Communications, Marketing and Engagement Plan
- Delivery of a second round of engagement events by December
- Development of multimedia assets to reach a wider audience

Current Achievements:

- Engagement events held for each of the five programmes
- Agreement with Welsh Government to hold 2 engagement events with senior stakeholders in the Autumn with the Minister
- Filming of the ICEBERG programme for national use
- Presentations to Health Board Stakeholder Reference Group and the Community Health Council
- Presentations at national events including WCVA conference

Setting Our Direction (Bevan Commission/ Social Care Wales)

The RPB has commissioned an external, expert partnership to support the development of an 'Options Paper' for the future operating model for the RPB.

The first of the three learning seminars was held on the 18th July, with good attendance from across the RPB. The first session set the context in which we are working, and affirmed the case for change.
Issues considered were:

- The concept of transformation in terms of what it means for the Gwent RPB
- The principles for transformation
- The barriers to transformation
- Our shared purpose

The second seminar will focus on 'unpacking and unpicking' the barriers to move towards a more seamless system. A record of the first seminar will be written up and sent to RPB members.

Members will be sent through information to consider in advance of the second session. Given the national interest in this programme, the Chair has communicated with other RPB Chairs and committed to a confidential learning seminar early in the New Year following the completion of the work.

Assessment and Conclusion
Significant progress has been made to establish the programme and set up and delivery, supported by clear leadership, governance and engagement processes through RPB mechanisms. Good feedback continues to be received from all stakeholders in their engagement with the programme and its value for citizens and service modernisation. Clear issues and risks have been identified in this paper, and there is a robust plan for mitigation through the RPB Leadership Group, providing oversight and support to the project. The Regional Partnership Board and Leadership Group continues to receive regular reports and provide a leadership steer for the programme in its entirety.

Recommendation
The Committee are asked to note the contents of this report and the clear progress made.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Financial sustainability is a clear risk. Plans for mainstreaming or exit planning are under development
Financial Assessment, including Value for Money	The additional Transformation Fund funding made available is helpful
Quality, Safety and Patient Experience Assessment	Ensuring quality and safety is a priority during the significant system changes underway
Equality and Diversity Impact Assessment (including child impact assessment)	Each of the programmes has the required equality impact assessments undertake.
Health and Care Standards	Standards are complied with as per the ABUHB IMTP
Link to Integrated Medium Term Plan/Corporate Objectives	There is a clear alignment with the priorities and actions identified in SCP 1 and 2 in the plans to ensure duplication is avoided. More work needs to be done as the process matures to ensure synergy.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The RPB Transformation Programme is explicitly making decisions for the long-term, with a focus on prevention, to deliver a more integrated, collaborative system of care that involves people in decisions about their care and supports them to take responsibility for their own care when possible
Glossary of New Terms	None
Public Interest	Yes

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Public Partnerships and Wellbeing Committee 31st July 2019 Agenda Item: 3.1

3.1

Aneurin Bevan University Health Board

Review of 2018/19 Community Influenza Immunisation Programme and Lessons Learnt for the 2019/20 Season

Executive Summary

Aneurin Bevan University Health Board has not yet achieved the Welsh Government targets for influenza vaccine uptake for those 65 years and over, under 65s in at risk groups and 2 and 3 year olds. A review of last year's campaign has been undertaken and the lessons learnt have been considered in the planning for the 2019/20 flu vaccination programme. An overarching programme for the community flu vaccination programme is being finalised. This will be available for assurance at a future Committee meeting. At an operational level a detailed action plan is being worked through by the Primary Care Flu Vaccination Group which is chaired by the Deputy Medical Director.

The Public Partnerships and Wellbeing Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Dr Sarah Aitken, Executive Director of Public Health

Report Author:
William Beer, Consultant in Public Health
Shareen Ali, Senior Public Health Practitioner

Report Received consideration and supported by :

Executive Team		**Committee of the Board [Public Partnerships and Well-being]**	✓

Date of the Report: 23rd July 2019

Supplementary Papers Attached:

Purpose of the Report

To provide assurance to the Committee that lessons have been learnt from the 2018/19 flu season and that these have informed planning for the coming 2019/20 flu season to increase overall uptake of flu vaccine amongst eligible groups, and reduce the variation of uptake between individual GP practices.

Background and Context

The influenza immunisation programmes aim to protect those who are most at risk of serious illness or death if they were to develop flu and to reduce the transmission of the infection.

The ABUHB Primary Care and Community Service Division are responsible for the uptake of flu vaccination amongst identified at risk groups in the community. These groups include; people aged 65 years and older, people under the age of 65 in a clinical risk group, and 2 and 3 year olds. The Division is also responsible for the vaccine offer to care home staff as well as prisoners, who are in an at risk group, at HMP Usk and Prescoed.

Welsh Government (WG) set vaccine uptake targets, and for 2019-20 these are unchanged from last season:

- 75% uptake for those aged 65 years and older and pregnant women
- 55% uptake for those aged six months to 64 years in clinical risk groups
- 60% uptake for health care workers providing direct patient care

Specific targets for the 2 and 3 year olds have not been set but the expectation is that uptake across this programme will improve on last season.

As in other Health Boards, ABUHB as a whole has been unsuccessful in reaching any of the Welsh Government targets. However, some individual practices within the Health Board area are meeting the targets. Therefore, the ABUHB seasonal influenza immunisation programme plan for 2019/20 has two key areas of focus for improving vaccination uptake: (a) increasing overall flu vaccination uptake; and (b) reducing variation of uptake between general practices.

Assessment and Conclusion

A review of the Influenza Vaccination Online Reporting (IVOR) system (see Table 1) shows that the number of influenza vaccines administered to those 65 years was 84,073 (as at 23/04/19) compared with 83,891 in the previous season. Uptake was 69.5% with ABUHB ranked 3rd among the Health Boards in Wales and above the Wales average of 68.2%. The number of influenza vaccines administered to under 65 at risk groups increased by 2,710 with 40,273 (as at 23/04/12) compared to 37,563 in the previous season. Uptake was 46.8% with ABUHB ranked 2nd in Wales and above the Wales average of 44.0%. Finally, the LAIV vaccines administered to 2 and 3 years olds was 6,612 (as at 23/04/19) compared with 6,832 in the previous season. Uptake was 47.5% with ABUHB ranked 4th among Health Board in Wales and below the Wales average of 49.3%

Table 1. Flu vaccination uptake comparisons between the 2017/18 and 2018/19 seasons (Source: IVOR)

Flu Season	65y and over	Under 65 at risk	2 and 3y olds
2017/18	83,891 (69.8%)	37,563 (50.8%)	6,832 (49.1%)
2018/19	84,073 (69.5%)	40,273 (46.8%)	6,612 (47.5%)

There was also a large variation in vaccination uptake between NCNs for each of the three identified at risk groups, and this variance has increased in at risk groups since the 2016/17 season (see Table 2):

- The difference between the lowest and highest performing ABUHB NCN areas for 65+ year olds in 2016/17 was 10.5%. This variance remained the same during the 2018/19 season at 10.8%

- The difference between the lowest and highest performing ABUHB NCN areas for 2 and 3 year olds in 2016/17 was 31.6%. This variance reduced slightly to 27.1% during the 2018/19 season.

- The difference between the lowest and highest performing ABUHB NCN areas for those identified at risk aged 6m-64 years old in 2016/17 was 13.5%. This variance increased to 18.8% during the 2018/19 season

Table 2. Flu vaccination uptake variance between the highest and lowest performing NCN between the 2016/17 and 2018/19 seasons

	Variance between highest and lowest performing NCN		
Flu Season	**65y and over**	**2 and 3y olds**	**Under 65 at risk**
2016/17	10.5%	31.6%	13.5%
2018/19	10.8%	27.1%	18.8%

Learning from the 2018/19 season and subsequent actions for 2019/20
There were several issues identified following a review of the 2018/19 season which contributed to the overall low uptake of flu vaccination across ABUHB and variation between practices. These have informed planning for the coming 2019/20 season:

1. **One choice of vaccine supplier for the adjuvanted trivalent vaccine**

   There was only one supplier of the adjuvanted trivalent vaccine in 2018/19. Some practices did not have their orders processed by the supplier and others had delays in the delivery of the vaccines. This significantly impacted on the ability to provide vaccinations in some practices. Practices have now been encouraged to consider ordering vaccine from more than one supplier to reduce the risk of supply issues and delaying the start of the flu vaccination programme.

2. **Staggered delivery of the adjuvanted trivalent vaccine**

   The staggered delivery of the vaccine meant that the majority of vaccination clinics could not be held in the first two months of the flu season. Staggered delivery of the vaccine also prevented it being offered opportunistically.

   The Primary Care Team will now be working with each individual practice to ensure they have received confirmation that their orders have been processed and have received a delivery date from the supplier. This delivery date will allow practices to plan their clinics more effectively early in the flu season.

3. Some practices not ordering sufficient amounts of adjuvanted trivalent vaccine

A review of the vaccine ordering data from the 2018/19 season revealed that many practices had ordered insufficient quantities of vaccine to reach the Welsh Government targets. In some cases, the amount of vaccine ordered was lower than the number of patients immunised in the previous season. It was expected that each practice would use their individual IVOR data to determine the amount of vaccine they required for the coming season.

Work has been carried out to calculate the recommended amount of vaccine to be ordered for the 2019/20 season to sufficiently vaccinate the eligible population in each practice. Every practice has been sent an individualised letter stating the recommended amount of vaccine to order for their patients who are 65 years and over and under 65 years in a clinical risk group. The Primary Care Team will be working with each practice to:

- Find out the amount of vaccine they have ordered
- If orders are less than the amount recommended, explore why and what needs to be done to address this.

4. Low vaccine uptake amongst 2 and 3 year olds

The 2 and 3 year old population remains an epidemiological priority group. Staggered delivery and delays experienced in receiving the adjuvanted trivalent vaccine meant that much of the vaccination activity was carried out in a short timeframe last season. However, there was an opportunity to vaccinate 2 and 3 year olds before the arrival of the adjuvanted trivalent vaccine, and this year practices are being encouraged to prioritise this cohort at the beginning of the flu season, subject to LAIV availability. To support planning for this coming season, NCNs will be provided with a suggested cluster plan for vaccinating 2 and 3 year olds. There will also be an NCN pilot site identified to trial innovative approaches to engagement.

5. Lack of clarity on the role of midwifery services in ensuring that pregnant women are vaccinated

The importance of this work will be raised at the earliest opportunity in NCN meetings. A standard presentation will be prepared for NCNs to guide their planning for the 2019/20 season and this will include specific actions to ensure pregnant women, house bound and care home patients are vaccinated. Once a plan is agreed this will be reviewed at regular intervals through NCN meetings and individual meetings with practices.

6. A lack of ongoing engagement with care homes to encourage uptake of the flu vaccine amongst their staff

The 2018/19 season was the first year that a programme was offered to care home staff. For the coming 2019/20 season, letters will be sent to care home managers to encourage engagement with the programme. The PHW influenza campaign guide for care home managers and staff will also be sent to support care home managers to plan their staff campaign. Care home managers will also be asked to

provide updates on vaccination uptake amongst their staff on three occasions throughout the flu season; once in September, again in December and then at the end of the flu season.

To further support the overall increase in uptake and to reduce variation between practices for the coming 2019/20 flu season, a detailed action plan is being produced. An immediate action is for NCN Leads to target practices with poor uptake to agree what they will do differently for the coming season.

Recommendation
The Committee are asked to note that the lessons learnt from the 2018/19 flu season are informing planning for the 2019/20 seasonal flu immunisation programme to achieve incremental year-on-year improvements in uptake and reduce the current variation.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The risks associated with seasonal influenza are highlighted in the Public Health Risk Register. This paper highlights how the issues that arose in the 2018/19 season will be mitigated in the planning for this year's flu season.
Financial Assessment, including Value for Money	Flu vaccination has been recommended in the UK since the late 1960s. The JCVI recommend key population groups on the basis of cost-effectiveness. The effectiveness of the programme will be improved with the introduction of the children's programme. This will reduce transmission in the community and reduce the number of cases of flu-related illness and death among older adults.
Quality, Safety and Patient Experience Assessment	Influenza is vaccine preventable. The flu vaccines have a good safety profile. Each winter hundreds of thousands of people see their GP and tens of thousands are hospitalised because of flu. Deaths attributable to flu are estimated to range from around 4,000 to 14,000 per year. This programme aims to reduce the level of mortality and morbidity due to flu.
Equality and Diversity Impact Assessment (including child impact assessment)	It is difficult to review the impact of the flu campaign on those with protected characteristics due to the availability of data. However, guidance to NCNs will include a consideration of equality and diversity issues. NICE have produced an equality impact assessment during guidance development according to the principles in their equality policy. For example, there is some evidence to suggest that people with lower mobility have a lower uptake, which could be addressed through outreach interventions. Similarly, people with learning disabilities (who are clinically vulnerable) are a priority group for the programme (under neurological conditions) yet update in this group remains low. There may also be a lower uptake among groups who have religious or spiritual beliefs against receiving vaccinations.
Health and Care Standards	Flu vaccination features in the 'Staying Healthy' driver diagram within the Health and Care Standards.

Link to Integrated Medium Term Plan/Corporate Objectives	The following actions are in the IMTP 2019/20 to 2021/22 • Maintain position as leading Welsh Health Board performance on influenza immunisation for over 65 year olds and those in at risk groups and reduce the variation in uptake through peer-led improvement at NCN level • Improve uptake of flu vaccine in 2 to 3 year old children, delivered by General Practices.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** This is a long term programme to improve flu vaccination uptake over time. It aims to change social norms around their use now and for future generations.
	Integration – This programme is directly linked to Welsh Government's Wellbeing Goal of 'A Healthier Wales' which is a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
	Involvement – This programme recognises the need for effective engagement methods across different population groups to achieve population impact.
	Collaboration – This programme relies on effective collaboration between ABUHB, GPs, community pharmacies, care homes and community services.
	Prevention – This programme aims to prevent morbidity and mortality from influenza which is vaccine preventable.
Glossary of New Terms	**Live attenuated influenza vaccine (LAIV)** is a type of flu vaccine in the form of a nasal spray that is recommended for children in the UK. **Adjuvanted trivalent vaccine** protects against three of the flu virus strains which are most likely circulating. It is offered to those 65 years and over. Adjuvants are added to some vaccines to boost the immune response.
Public Interest	None.

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

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

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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.

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.

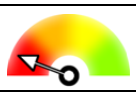
The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with implementation of the Well-being of Future Generations (Wales) Act 2015 is **Reasonable** Assurance.

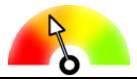
RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control 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
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: • 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. 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. 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.	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.

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
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. 2) Each Programme Board should be chaired by the Executive Lead in order to provide leadership, monitor effectiveness and highlight the importance of attendance. 3) Poor attendance at the Programme Board should be taken forward by the Executive Lead in order to ensure that it is rectified.	**High**
Management Response 1	**Responsible Officer/ Deadline**
Agreed 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.	Director of Public Health & Strategic Partnerships December 2019

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 Progamme Board.	Director of Public Health & Strategic Partnerships November 2019

Finding 2: Outcomes and actions *(D)*	**Risk**
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. 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.	The Health Board is unable to effectively monitor progress against each objective.
Recommendation 2	**Priority level**
1) Outcomes for the well-being objectives should be identified, with milestones and time frames / responsibilities documented and monitored, together with performance metrics. 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.	**Medium**

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
The IMTP 2018/19-2020/21 states responsibility for oversight of the Act sits with: • 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. 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. The Programme Board terms of reference includes the following responsibilities: • 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 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	Progress against well-being objectives is not monitored and reported regularly.

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
Agreed 1.Regular reports on the progress made against the Well-being objectives will be provided to the Public Partnerships and Well-being Committee.	Director of Public Health & Strategic Partnerships In line with the updated terms of reference
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.	Director of Public Health & Strategic Partnerships April 2019
3. The WbFGA Programme Board Terms of Reference will be updated to clarify the reporting arrangements to the Executive Team.	Director of Public Health & Strategic Partnerships April 2019

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

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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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GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Public Partnerships and Wellbeing Committee Agenda Item: 31st July 2019 Agenda item:3.3

3.3

Aneurin Bevan University Health Board

Public Health Risk Register – June 2019

Executive Summary			
This paper provides the Committee with an overview of the Public Health Risk Register. This report is provided for assurance purposes to highlight to the Committee the key risks to the Health Board's meeting its statutory duties and successfully achieving its strategic objectives within the IMTP.			
The Public Partnerships and Wellbeing Committee is asked to: (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			
Receive the Report for Assurance/Compliance	√		
Note the Report for Information Only			
Executive Sponsor: Sarah Aitken, Executive Director of Public Health			
Report Author: Gemma Burrows, Principal Public Health Practitioner			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board Public Partnerships and Wellbeing**	
Date of the Report: 23rd July 2019			
Supplementary Papers Attached: Public Health Risk Register			

Background and Context

1. Background

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

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

The strategic risks referenced within this report are structured around the relevant Health and Care Standards and areas for which the Executive Director of Public Health is accountable. The identification and assessment of each risk area is undertaken by a

Consultant in Public Health who has responsibility for specific priorities (e.g. immunisation, smoking cessation), localities and links with the Division.

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

Assessment and Conclusion

Key risks and issues are considered at each Committee meeting.

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

2. Risks with a high or moderate risk score:

2.1 The following risk areas have updates to mitigating actions:

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

(ii) All staff in direct contact with patients using Making Every Contact Count (MECC)

The risk score for this line has been increased because resource to continue delivering the MECC programme in 2020/21 has not been identified.

To date the Aneurin Bevan Gwent Public Health Team have been delivering MECC as a proof of concept, working towards 10% of ABUHB frontline staff trained year on year. In this time MECC has grown across the organisation with greater uptake of training than ever and work to embed behaviour change knowledge and skills in routine practice is starting to demonstrate impact.

Having demonstrated some of the benefits of the programme through evaluation and an embedding pilot, a business case has been developed which outlines the resource required to a) continue to deliver against the 10% target as outline in the IMTP and b) introduce MECC across the health, social care and well-being system linked to IWN development. Without further investment the MECC programme cannot be expanded to achieve sufficient population scale and reach to Make Every Contact Count across the whole of the organisation.

A business case for continuation of the MECC programme has been submitted via the Health Board's PIP process for consideration in August.

iv) Support for pregnant women to quit smoking

Activity has been continuing and a Smoke Free Maternity Support Service has commenced from April 2019, managed by the maternity service. There are 3WTE Smoke Free Maternity Support Workers in post who will engage with pregnant smokers identified at the first appointment (6-8 weeks of pregnancy) to provide smoking

cessation support throughout the pregnancy (based on recommendations from a national MAMSS project Models of Access for Maternity Stop Smoking Services).

vii & viii) Weight management services
Work is underway to ensure the Health Board can respond to the Healthy Weight, Healthy Wales Strategy. Opportunities to enhance the capacity of the Adult Weight Management Service need to be explored including commissioning more capacity at Level 1 and Level 2 and services at Level 3 focusing on those who need it most. A business case will need to be considered to make the case for ABUHB investment in this service.

Section 5. We fail to promote healthy and safe workplaces

iv) 'Smoke free premises' policy
Insight work with patients, visitors and staff at Royal Gwent hospital has been conducted (March - June 2019), to assess current behaviour towards the Smoke Free Environment Policy and assess awareness to the Public Health (Wales) Act 2017 legislation changes planned for Autumn 2019. The Executive Team are in the process of reviewing how to strengthen implementation of the Health Board's Smoke Free policy.

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

iv) Immunisation Co-ordinator - The Immunisation Coordinator (IC) post has been vacant since June. The job description is aligned to the National Standard for a full time IC. If the post is not filled it presents a real risk to business continuity and to vaccination uptake rates. A process is underway, led by Primary Care & Community Division to back fill the IC Post.

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

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

2.2 No risk scores have been reduced for this reporting period

- **Risks Withdrawn:**

2.3 No risk scores have been withdrawn for this reporting period

- **Risks Added:**

2.4 No risks have been added for this reporting period

Recommendation

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

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

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

Abbr
DPH
DTh
DPl
DOps
DW
DivPC
DivFT

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.

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
1. We do not have systems in place to identify and act upon significant public health issues	i) We have Board Committees for Public Partnerships and Wellbeing and for Quality and Patient Safety	The remit of the committee is broader than the Public Health and Partnerships Committee, it includes providing assurance against Primary Care and Community Services performance and sustainability as well as ABUHB response to the Social Care and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. This provides a risk that public health priorities might not receive the same level of scrutiny within corporate governance processes for ABUHB.	*3x3*	*1x2*
	ii) The Director of Public Health has close links to Public Health Wales and regional Health Protection teams. DPH also sits on the Gwent Local Resilience forum and is Vice Chair of the Gwent APB for Substance Misuse.		*1x2*	*1x2*

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	iii) ABUHB include key action on health improvement and inequalities in health within the IMTP. There is a risk that the IMTP commitments on improving public health do not track through to Divisional Plans. Health improvement actions are included in all of the Neighbourhood Care Network plans. Public Health and ABUHB input has been provided to all LA-area Wellbeing Assessments and Wellbeing plans. Support will continue to implement the Wellbeing Plans development through 2019/20. A Gwent-wide multiagency group has developed a set of priorities being progressed at a regional (Gwent) level.	Multiagency Wellbeing Plans became a statutory requirement for the Public Service Boards in 2018 under the Well-being of Future Generations (Wales) Act 2015 We need to ensure a robust framework for the health improvement and reducing inequalities content of these plans and their underpinning implementation plans across Gwent, to ensure that those actions which are vital, outside the powers of the Health Board, but within the power of other public sector organisations, are included within them. The requirements to consider social, economic and environmental sustainability will also provide a framework for considering health improvement. The Act requires, for the first time, consideration of both short and long term issues. We need to be careful that key health improvement issues do not get lost in the new planning frameworks. Both resources and a degree of organisational stability are required for effective Well-being Plans to be designed and implemented. The Health Board is also experiencing increasing demands on its resources. Failure to adopt evidence based actions to improve population health at scale will also fail to reduce the burden of preventable health and social care need.	4x4	3x5
2. We fail to ensure that needs assessment and public health advice informs service planning, policies and practice.	(i) see 1(i) - (iii) above	The local public health team, Primary Care, Networks and Community Services Division and Planning Division have limited capacity to support comprehensive needs assessments and service reviews.	2x3	3x3
	(ii) The Health Board is currently undertaking or participating in various needs assessments of vulnerable groups	There may be other vulnerable groups with unmet needs where targeted work is not being undertaken, and there are certainly some where work has been delayed due to other commitments. It is unclear who is responsible for prioritisation of such work at present.	2x3	3x3
	(iii) ABUHB collective and individual duty to the Wellbeing of Future Generations Wales Act is not adequately fulfilled and ABUHB response is not sufficiently robust to meet identified need nor external audit.	PSBs have published their well-being assessments and 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. ABUHB has published its well-being statement and objectives as part of the IMTP. A steering group has been established and is working on rolling out self assessments across the organisation. There is a need for programme manager support to coordinate the ABUHB WBFGA work. This need/risk is currently being held by the Chair of the ABUHB WBFGA steering group – the DPH.	3X5	3X5

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	(iv) ABUHB holds a joint responsibility with the 5 local authorities to publish a fully consulted on Gwent Regional Area Plan based on the published Population Needs Assessment.	The Population Needs Assessment has been published and the Regional Area Plan now needs to be developed, consulted upon and published by 1st April 2018.	4X5	4X4
3. We fail to support citizens to maintain and improve their health, wellbeing and independence	(i)Local Public Health team and Family and Therapies divisional staff are attempting to support Flying Start and Families First programmes in delivery of targeted health education and promotion programmes. Local anti poverty initiatives also support health improvement within the most deprived populations.	Lack of sufficient support and programme alignment runs the risk of ineffective activity in these communities and populations in most need of support with health improvement. Whilst there is significant variation in activity within different localities from the existing anti-poverty programmes (Flying Start, Families First and Communities First), they currently deliver many community health improvement projects. However: all three programmes are currently only funded annually, Families First is scheduled to have a change of focus to community resilience and employment and, Communities First is going to be phased out by March 2018. There is risk of reduction in community provision of health improvement and wellbeing activity, particularly in more disadvantaged areas, and at a time when the NHS is looking to more prudent models of primary and community care to meet increasing demand. There is increased risk that the outcomes will be seen as a whole and that Communities First (particularly) will reduce healthy lifestyle activity moving towards employment, learning and prosperity.	4x4	4x4
	(ii)Community Health Champions Network established, with a limited number of individuals and training programmes currently involved.	Failure to maintain and expand this network may represent a lost opportunity to promote healthier lifestyle and other health messages into communities where information tends to be acquired 'word of mouth' from trusted community members. Such communities often contain the individuals with the worst health and least healthy lifestyles. Outcome evaluation from this type of activity is extremely difficult, although research suggests that trained volunteers working like this does improve knowledge and lifestyles in fellow community members. Due to the discontinuation of the Wellbeing Activity Grant funding this programme is at risk.	2x4	3x4

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
4. We fail to promote healthy lifestyles and healthy choices	(i)Patient education programmes are provided within the Health Board area, but may not be sufficient to ensure population impact. Work is now ongoing within the Primary Care & Networks to review education programmes available to patients, and in particular to increase the availability of diabetes education.	Not all willing individuals with common chronic conditions are receiving comprehensive support and guidance in self management of their condition. This affects a large and increasing proportion of the population. In the short term this avoids the need for additional staff and ensures existing staff time is used for clinical care. However, in the short to medium term, inability to appropriately self manage creates avoidable demand on health services, and wastes resources, including drugs, consumables and equipment as well as time in clinics etc. In the long term insufficient patient education at a population level maintains demand and dependency on health services and creates avoidable ill health. Sectors of the population with impaired literacy levels, physical, sensory or learning disabilities, or from an ethnic minority community may be at particular risk. OA Knee patient education groups implementing prudent care are now operational.	4x4	4x4
	(ii)Work on 'Making Every Contact Count' ongoing with some staff groups, but all staff in direct patient contact need to take this approach in order to ensure population impact. .	Contact with health professionals presents a window of opportunity to enable patients to give serious consideration of the effect of aspects of their lifestyle on their health, and consider or start making changes to that lifestyle. This affects a large proportion of the population - around 2/3 are overweight or obese, and around 1/4 smoke. Around 85% of individuals will have contact with a NHS healthcare professional during the course of any one year. Failure to have as many staff as possible trained to recognise appropriate opportunities and tackle health-harming behaviours in an effective brief intervention with patients will reduce the potential population impact as well as supporting effective disease management. Not conducting brief intervention will, in the short term, enable staff to see more patients in a given time period. However, in the medium to long term the absence of brief advice on health-harming behaviours will waste opportunities for health improvement, therefore maintain demand and dependency on health services. Comprehensive staff involvement with MECC will help individual lifestyle change support get to all sectors of the population, including those who normally do not access it. The MECC Strategy has been agreed at Board, with an ambitious target to train and equip 10% of front-line staff year on year in brief intervention/advice. This target has been exceeded in the two years following the target being set however capacity to support embedding behaviour change skills in practice has been limited as has capacity for full implementation of the MECC Evaluation Framework. 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 'scaled- up' acorss the health, social care and well-being system.	3x5	3x5

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	(iii)Smoking cessation services are being improved and extended to increase throughput to 5% of all smokers, as required by the Welsh Government target WG Tier 1 Target 5% of smokers make a quit attempt via smoking cessation services, with at least a 40% CO validated quit rate at 4 weeks. ABUHB IMTP Target 2018/19 Implement action plans to increase uptake of smoking cessation services to reach 5% target Projected Target IMTP 2018/19 (based on current resources/budget allocation for Tobacco Control): 3.7%	This should contribute to a measurable population effect on smoking prevalence in next few years, in line with Welsh Government target to reduce smoking prevalence to 16% by 2020. Smoking remains a serious threat to population health. This activity will need to be monitored to ensure it has the desired effect, and alterations considered if not. Directors of PH are engaged in discussion with Public Health Wales (PHW) and Stop Smoking Wales (SSW) re improvements in Smoking Cessation services through the national tobacco leads representing each Health Board area. Action plans will be implemented to increase uptake of smoking cessation services to achieve the 5% target. 2019/20 implement action plans to increase uptake of smoking cessation services to reach 3.5% by March 2020.	4x3	4x4
	(iv)Support for pregnant women to quit smoking is on-going.	Although the numbers involved are small, smoking in pregnancy represents a considerable risk to the health of the mother and a lifelong health risk to the child. Supporting pregnant women to stop smoking requires skilled support over a considerable time.	3x4	4x4

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	(vii)The adult weight management service is now fully functional, and the last remaining planned staff are in post.	AWMS - Failure to this service to keep up with demand will reduce the enthusiasm of wider NHS staff to initiate discussions around weight and weight management with patients. Failure to maximise the numbers of patients engaging with the service will also fail to reduce potential demand for diabetic, cardiovascular etc health services.	3x4	4x4
		CYP - Service mdoel has been developed and staff recriutment is ongoing. The service is likely to commence in April 2019. However, this service will need to demonstrate that it is effective in supporting children, young people and families to lose weight and is targeted at the families that need it most.	2x5	3x4
	(viii) the antenatal weight management service appears to be working well in Torfaen and is being expanded to Monmouthshire.	Part of the Adult Weight Management Service, this service is beneficial to small numbers of women, but is not currently able to impact on the whole population of pregnant women. Obesity has a major impact on the health of pregnant women, and also on the lifelong health of the child. The prevalence of obesity is high and continuing to rise, particularly in those living in the most deprived areas. Antenatal weight management has been expanded to Monmouthshire but currently no resources identified to able to impact on the whole population of pregnant women. Obesity has a major impact on the health of pregnant women, and also on the lifelong health of the child. The prevalence of obesity is high and continuing to rise, particularly in those living in the most deprived areas	3x3	3x4
	(ix) ABUHB has a breastfeeding policy and aims to encourage and support all new mothers to breastfeed their babies if possible. Breastfeeding contributes to many aspects of lifelong good health.	ABUHB continues to have low rates of breastfeeding. While Community and Hospital services have recently achieved the Unicef 'Baby Friendly' award, which aims to ensure that all processes are in place to maximise support for breastfeeding.	2x3	2x3

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	(x) We do not currently have weight management services targeted at any vulnerable groups.	Resources do not currently allow this, but lack of such services is contributing towards inequalities of both health and service provision. The Adult Weight Management Service currently provides limited service to targeted groups through the maternity weight management service in Torfaen and Monmouthshire and the Diabetes Prevention Programme with Blaenau Gwent. Unfortunately resources do not currently allow this further, but lack of services is contributing towards inequality of both health and service provision.	3x3	3x4
	(xi)Public Health Wales , the local Public Health team and Family & Therapies divisional staff support local schools in maintaining membership of the 'Healthy Schools' scheme.	Not all schools and education officers appreciate the benefits of a universal system attempting to ensure the ethos of a school support health education and promotion, particularly in a time of diminishing budgets and a focus on literacy, numeracy and exam results.	3x2	3x1
	(xii)'Design to Smile' dental public health initiative is trying to work with Primary schools in deprived areas to encourage uptake of an evidence based programme of fissure sealant / fluoride varnish treatment and supervised tooth brushing.	Not all Primary schools are engaging in the programme. This includes some new schools in the new more targeted focused programme This reduces the likelihood of children in the more deprived areas acquiring good dental hygiene habits for life. Poor dental health can adversely affect self-confidence and diet, as well as potentially requiring unnecessary risk from general anaesthesia for treatment in children.	3x4	3x5
	(xiii) Although hazardous alcohol consumption may be reducing, particularly in younger people, the health effects of previous hazardous consumption by a large sector of the population are now starting to become apparent, with increasing rates of alcohol related ill health and hospital admission.	We have no systematic means of identifying individuals at risk and offering support, although several staff groups have been offered alcohol brief intervention training.	4x4	4x4

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

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
5. We fail to promote healthy and safe workplaces	(i)A Workplace Health Group oversees workplace health and wellbeing issues. A very large proportion of the population enter ABUHB premises as either staff, patients or visitors each year, and this is an opportunity for demonstrating exemplar policies and practices promoting health.	ABUHB achieved Gold Corporate Health Standard Award in January 2019. Now that CHS has been achieved a foucs on workplace health needs to be maintained and further developed to support a healthy and sustainable workforce for delivery of Clinical Futures.	2x4	3x4
	(ii) ABUHB has been awarded the Platinum level Corporate Health Standard	ABUHB achieved Gold Corporate Health Standard January 2019. Revalidation for Platinum is due June 2019.	3x3	3x4
	(iii)A staff 'wellbeing through food and physical activity' guidelines have been developed, owned by the Work and Health Group.	The staff 'wellbeing through food and physical activity' guidelines need to be refreshed by January 2019. Implementing the standards as part of the CHS work has been focused on changes to cooking methods, products purchased, pricing and promotin of products. Promotional materials have been designed and displayed to support and encourgae and support staff around healthy eating. However, ongoing encouragement of small steps leading to wider culture change is going to be important here, and we need to be careful to ensure that over enthusiastic policy does not alienate staff, while keeping a constant degree of movement towards ideals. If we manage to set up a rolling programme of reform and engagement, with a background communications initiative, this should slowly improve the food and physical activity environment for staff and visitors.	5x10	5x3

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	iv)A 'smoke free premises' policy has been agreed and implemented. Two Smoke Free Enforcement Officers have been employed.	Difficulties remain in fully implementing the 'smoke free' policy at some locations in some ABUHB sites. Failure to render NHS property (and staff at work in uniform) smoke free undermines the wider efforts to reduce smoking in the population. Patients who continue to smoke are often those most at risk of harm and increased need of health services.	2x3	2x4
	(iv)Flu immunisation is offered to all front line staff each autumn. Develop and implement a staff influenza policy and deliver influenza immunisation programme to improve uptake amongst ABUHB staff to achieve 50% uptake.	Frontline Healthcare workers at increased risk of contracting flu virus than the rest of the population in their work and may potentially transmit flu virus to vulnerable patients. Therefore flu vaccination is offered to staff to protect them and vulnerable patients and is a Health Board Tier 1 Target. The consequences of low uptake levels will depend on the type and level of flu circulating in the community, but raising uptake levels provides the best defence possible against harm to both the population health and health board services. Maximising staff uptake levels promotes staff wellbeing and potentially reduces the risk to business continuity at the Health Board by limiting the harm from flu virus contained (or recently contained) within vaccine. Effects likely to be mainly short term, but can be longer term if previous virus strains re-emerge. In 2016, Welsh Government funding to support the flu vaccination of staff has been discontinued. Health boards currently have a tier one target from Welsh Government to achieve 60% flu immunisation of all front line NHS staff. Health Boards are expected to resource this immunisation programme and whilst it is a cost effective, preventative measure, no recurrent resource is identified.	3x4	3x4
6. We fail to have systems and plans to prevent and control communicable disease outbreaks and provide immunisation	(i)The Director of Public Health has close links with Public Health Wales and a local Health Protection Team is located within the Health Board area. The local HPT team currently maintain good links with both local partners (e.g. LA Environmental Health & Education depts, Gwent Police and the LRF)and colleagues in Cardiff, including the provision of cross cover and sharing some nursing staff.	There is an identified Public Health Wales (PHW) Health Protection Team for Gwent who work closely with the DPH	2x3	2x2
	(ii)The Health Board is aware of National Incident/Outbreak Control plans and is represented on the multiagency Infectious Diseases subgroup of the Gwent Local Resilience Forum.		3x1	3x1

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
	(iii)The Health Board maintains a Childhood immunisation programme, and an Influenza immunisation programme for staff and specific patients	Transition of provision of routine childhood vaccinations from Health Visiting Service to General Practice has been implemented. Health Visiting continue to provide vaccination to children of 'hard to reach' families who repeatedly fail to attend in Primary Care.	2x3	2x3
	iv) ABUHB currently has a part time Immunisations Co-ordinator employed with Family & Therapies Directorate.	The IC post has been vacant since June. The job description is currently aligned to the National Standard for a full time IC. If the post is not successfully appointed it presents a real risk to business continuity and to vaccination uptake rates.	3x4	3x4
	v) The Child Health System (CHS) is vital to provide timely information in the event of an outbreak of disease preventable by routine childhood vaccinations. It is vital that the system contains up to date information.	Inaccurate data in the CHS means much time is wasted pursuing children who have already had vaccinations, and also potentially adversely affects relationships between NHS staff and families. Time and effort is also wasted in answering questions and explaining possible reasons for a perceived rather than a real problem. More importantly, confusion over data takes staff away from seeking out and vaccinating those children who are not protected.	3x3	3x4
	vi) Increase the level of influenza vaccine uptake in all at risk groups at NCN level and reduce the gap across all ABUHB NCNs.		4x4	4x3
	viii) Flu vaccination for children is being extended by 2 academic years to include all year groups at primary school from Autumn 2018.	Full implementation of this new programme is likely to contribute to the disruption of the spread of flu viruses in the community, but this is going to place a considerable extra burden on the school nursing service, which could jeopardise other important public health functions that they currently perform.	3x3	3x4
	ix) uptake of all scheduled vaccination by age four continues to fall.	This appears to be an issue with the timeliness of vaccination delivery, which is of concern as it leaves many children unprotected during their first year of full time schooling. The World Health Organisation has reported a sharp increase in the incidence of Measles cases in the Europe Region in 2017. Larger outbreaks have occurred in areas where immunisation rates fall below the 95%, which give community immunity and prevent the transmission of measles within a population.	3x3	3x4

Risk issue: Standard 3 'Standards for Healthcare Services'	Analysis and existing action / controls	Residual / new risks to population health	Current risk	
			short term	long term
7. We fail to provide effective programmes to screen and detect disease	(i)The Health Board supports the Public Health Wales national screening programmes for cervical, breast and bowel cancer etc. via various SLAs.	Overall uptake rates in ABUHB are generally meeting or close to meeting targets, with the exception of Bowel Cancer and Aneurysm Screening. Within ABUHB however, there are inequalities with uptake rates being lower in the more deprived areas. It is likely that there are other inequalities by population subgroups - eg ethnic minority - but data are not available.	2x3	2x4
	(ii)The 'Living Well Living Longer' programme is offering targeted health checks for cardiovascular disease and risk factors across the most deprived communities of ABUHB. This has the potential to make a significant difference to inequalities in healthy life expectancy in ABUHB.	ABUHB's Inverse Care Law programme (Living Well Living Longer) continues to operate in NCN areas with the highest prevalence of Cardiovascular disease and Cancer.	2x3	2x4

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

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

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
The five PSBs have now begun work on the response analysis and development of their wellbeing plans. ABUHB Executive team has agreed a set of priorities that for Well-being plans, that fit with the 10 well-being objectives developed for the ABUHB individual duty. The Health Board has formally agreed the 5 PSB well-being plans, which reflect the ABUHB priorities for well-being plans. Population Needs Assessment required for the Social Care and Wellbeing (Wales) Act 2014 has been signed off at ABUHB Public Board and at the statutory Regional Partnership Board. The Health Board, Local Authorities and other partners will use these processes to carefully consider their respective contributions to population health improvement actions. There has been action to ensure alignment between the ABUHB IMTP and the priorities in the draft Well-being Plans. The Health Board's IMTP has been approved by Welsh Government.	4x4	3x5	Sept,2017 DPH, Review: Sept 2019
We need to ensure the maximum effectiveness of resources through effective prioritisation, service planning, policy and practice development. We also need to ensure that completed needs assessment work is actually used to develop and adapt services to better meet the needs of the population. NCN needs assessments and PSB Wellbeing Assessments have support from the public health teams.	2x3	3x3	September 2014, DPH and DPI, Review: March 2020
We need an overview of all locally relevant vulnerable groups and potential/actual service improvement work to try to prioritise support for those in greatest need. We also need to ensure follow through actions once needs assessment has been completed. Needs Assessments for prison healthcare, homeless people and asylum seekers have been completed.	2x3	3x3	Sept 2014, DPH and DPI, Review: March 2020
This engagement needs to broaden to include support from Primary Care, Networks and Community Division, Planning and other Divisions where appropriate. ABUHB partnership support should have clarity of role and responsibilities as well as a mandate to negotiate organisational action in Partnership. Action taken within the Planning Directorate to align IMTP with draft well-being plans to meet collective responsibilities as a statutory body on the PSB. Planning Team are formally part of Phase 2 of WBFGA implementation programme which includes a self-assessment of the individual duty. ABUHB worked with Wales Audit Office as one of the pilot sites for testing the approach to audit, with a focus on the SCCC and Clinical Futures programme. The WAO are conducting their initial WbFGA audot of all public bodies in Wales Programme Manager in post to co-ordinate and oversee the ABUHB WbFGA Embedding programme. All ABUHB divisions and functions are now participating in the ABUHB WbFGA Embedding programme.	3X4	3X3	Review: March 2020

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Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
Head of Partnerships appointed within the Planning Directorate to provide the UHB lead for developing the Area Plan with assurrance through Regional Partnership Board and Leadership Group. The Committee will receive a standard performance reports on progress on the delivery of the Area Plan.	4X5	4X3	Review: March 2020
A new cross-government focus to 'replace' Communities First is described with three main aims: helping people into work, giving children the best start in life, and ensuring people's voices are heard in the design of local services. This successor programme is referred to as the 3 'E' - employment, early years and empowerment. A WG legacy fund of £6 million will be introduced in April 2018, to local authorities, in consultation with communities and public services boards, to maintain some of the most effective interventions or community assets developed by Communities First. We need to ensure close partnership working through the PSB wellbeing planning process as described AND with LAs as they asses impact and effectiveness of health improvement programmes currently delivered through Communities First and develop bids to the Legacy Fund for local sustainability. Ensuring a joint approach to planning activity which meets both the evidence base for population health improvement and Welsh Government priorities is needed to align everyone's agendas and maximise population health improvement. Action to mitigate the impact of withdrawal of Communities First funding is being agreed with the relevant Health Board Divisions and these proposed actions are due to be presented to Execs.	4x5	4x4	Sept 2014, DPH and DOps, Review: Sept 2019
Increasing this programme will require considerable input by and investment in voluntary sector groups, at increased scale and pace to initiate the necessary culture change within the population. The role of Community Health Champions as part od an Integrated Wellbeing Network is being piloted.	2x4	3x4	January 2015, DPH, Review: March 2020

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
We need to map such programmes alongside evidence base, demand and capacity to enable a planned programme of investment to ensure maximum population impact. Plans are in place in the current ABUHB 3 year plan, but resources have not yet been identified. UHB should map the impact of the changes to Communities First delivery of patient education programmes.	4x4	4x4	Sept 2014, DPH and DOps, Review: Sept 2019
Divisional Directors/Leads receive regular updates on the 10% Divisonal target and are encouraged to promote amongst their staff. Managers are also asked to promote MECC amongst their staff and regular communications about the programme are prodcued 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. A E-learning module has been developed and is being promoted across the organisation via Divisional leads and wider to encourage further access to the training programme. Continuted encourgement 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 recieved TtT should also be encouraged and supported to roll out the training within their teams to add to the target for training this year. Embedding work is underway with a number of professional groups/teams but this will require greater scale and pace of change over a prolonged time to initiate the necessary culture change among staff and patients. The MECC programme delivery and embedding will need to be robustly evaluated across the organisation in collaboration with an academic partner to demonstrate impact. 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.	2x3	2x2	Sept 2014, DPH and DOps, Review: October 2017 Review: Jan 2018 Review: Sept 2018 Review: Sept 2019

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Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
All Divisions, and as many partners as possible need to encourage, identify, and systematically refer smokers to Stop Smoking Wales or Pharmacy services to support a quit attempt via referral to the central system 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 area's is not consistent. The year on year improvement in smoking cessation performance has continued, largely due to the Level 3 Pharmacy service. Smoking cessation services (including Community pharmacy level 3, Stop Smoking Wales, Hospital Smoke Free Support Service) have treated 3.5% (3222) of the adult smoking population between 1st April 2018 and 31st March 2019. Work with local business is ongoing to raise awareness of HMQ services to their staff and encourage work-places to host 7 week Stop Smoking Wales clinic during working hours for staff to attend. Regular partnership meetings take place with community pharmacy lead and Stop Smoking Wales to map SSW clinic/L3 provision in AB area and identify gaps in provision to ensure smokers can access services services within local communities. The national campaign 'Help me Quit' secured additional funding to deliver a semented target based social/media marketing during 2018/19, through TV adverts, billboards, digital media, social media platforms. The national campaign aims to promote brand awareness of 'Help me Quit' and increase the number of smokers accessing specialist cessation support. Whilst the campaign is expected to increase referrals across Wales, the potential impact at local health board level has not been determined. Joint working with Stop Smoking Wales and primary care establishments to target patients registered as smokers in selected practices where regular cessation clinics are held. Practices invited all smokers to attend smoking assessment appointments facilitated by Stop Smoking Wales.	3x3	3x2	Sept 2014, DPH and DOps, Review: April 2019 Review: 2020
Partners need to support efforts to support pregnant women in not smoking, and to ensure young women and girls are aware of the risk to babies, and are encouraged to adopt alternative coping strategies where required. Additional HB investment was provided to increase resources (CO monitors) available for community midwives to implement NICE smoking cessation guidance. There is an increased risk the smoking prevalence in maternal smoking will increase as a result of accurate data recording. All maternity services have been provided with equipment to measure all pregnant women Carbon Monoxide levels at booking to embed NICE guidance. The maternity service implementation of NICE smoking cessation guidance is currently being audited to establish further support midwives require to embed activity within day-to-day work. A Smoke Free Maternity Support Service has commenced from April 2019, for which there are 3WTE Smoke Free Maternity Support Workers in post and managed by the maternity service. The staff will engage with pregnant smokers identified at the first appointment (6-8 weeks of pregnancy) to provide smoking cessation support throughout the pregnancy (based on recommendations from a national MAMSS project Models of Access for Maternity Stop Smoking Services).	3x3	3x2	Sept 2014, DPH and DOps, Review: April 2019 Review: 2020

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
Opportuinites 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 is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	2x2	2x4	Sept 2014, DPH and DTh, Review: October 2017 Review 2020 Review: Jan 2018 Review: Sept 2019
CYP service will need clear referral criteria and mechanisums and a sound evaluation framework. The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	2x3	2x2	Sept 2014, DPH and DTh, Review: October 2017 Review: Jan 2018 Review: Sept 2019
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 Some resource has been invested from NCNs in Blaenau Gwent to expand obesity services generally and specifically including antenatal weight management and in Monmouthshire. The Gwent childhood obesity strategy has been agreed at all PSBs and features in all 5 well-being plans. We continue to work closely with the Wellbeing Plan development processes. The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery. The strategy also highlights the need to evaluate and implement a range of evidence based programmes to support mothers who are overweight or obese within pregnancy.	3x3	3x3	Sept 2014, DPH and DTh, Review: July 2017 Review: Jan 2018 Review: Sept 2019
Further work by ABUHB and partners is required to increase breastfeeding rates. Work is now completed to capture breastfeeding rates on Child Health System which is on track with improved rates of recording.	2x4	1x4	January 2015, DivFT, Review: March 2020

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Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
Additional resources would be required for this, not yet identified. Blaenau Gwent NCNs have added to the capacity of the adult weight management service in deprived areas and for specific groups. The WG Healthy Weight, Healthy Wales Strategy is currently out for consultation and will be launched in October 2019. One of the actions detailed within the consultation document requires the review and implementation of the clinical obesity pathway to ensure it meets agreed standards, provides clear definitions, sets clear transition points across each level and the need for explicit governance and accountability for delivery.	3x3	3x2	September 2014, DPH and DTh, Review: September 2017 Reviewed: Jan 2018 Review: Sept 2019
The Public Health team supports schools via the Healthy Schools Officers on a Gwent wide basis. Board Members and staff can be effective advocates for the added value of the Healthy Schools Scheme in improving the ability of pupils to improve literacy, numeracy and general behaviour.	4x1	4x1	Sept 2014, DPH and DOps, Review: April 2019 Review: March 2020
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. D2S are trying to get a slot at Cluster Head Teacher meetings.	3x4	3x5	February 2015, DivFT/DPH, Review: Sept 2019
A clear plan is needed to encompass all aspects of alcohol harm reduction, and resources need to be planned and secured. Evidence base alcohol treatment pathway developed, business case directed to finance and performance committee for services in RGH, NHH and YYF. The APB has re-commissioned new all-Gwent community drug and alcohol services (GDAS) for adults. Planned service expansion following commissioning process next year. The UHB fulfils statutory role as Responsible Authority on Licensing applications. An Alcohol Care Team has been established at the RGH and NHH aims to reduce alcohol related harm by raising awareness among hospital staff of alcohol related ill health, screening for alcohol misuse problems and providing specialist care to patients that are drinking at harmful or dependant levels. The specialist support available to patients includes comprehensive alcohol use assessments, care planning, medically assisted withdrawal (often called 'detox') and psychological support. Support is being provided from the Value Based Care Team to refresh the initial business case to expand to a 7 day service.	4x4	4x4	January 2015, DPH, DOps and DivPCN, Review: March 2020

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
Maintenance of this group and activity which will include the revalidation for the Platinum Corporate Health Award 2019 Employee Wellbeing Service and Public Health Team to work together to develop a comprehensive workplace health programme for ABUHB. Completion and implementation of the Sustainable (Active) Travel Plan including the development of a Travel Charter	2x3	2x2	Sept 2014, DPH and DWD, Review: October 2018 Review: Sept 2018 Review: Sept 2019
The Work and Health Group will need to develop a plan for achieving Platinum revallidation and coordinate action towards this in preparation fro assessment .	1x1	1x1	Sept 2014, DPH and DWD, Review: December *2017* Reviewed: Jan 2018 Reviewed Sept 2018 Review: Sept 2019
The Work and Health Group need to update the guidelines and incorporate into a much wider approach to workplace health and not just nutrition and physical activity (links to 5i). If this action happens then this risk could be removed altogether as the focus would be on how the Workplace Well-being Programme is developed and implemented.	2x2	2x3	Sept 2014, DPH and DWD, Review October 2018 Review: Sept 2019

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Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
Insight work with patients, visitors and staff at Royal Gwent hospital has been conducted (March - June 2019), to assess current behaviour towards the Smoke Free Environment Policy and assess awareness to the Public Health (Wales) Act 2017 legislation changes planned for Autumn 2019.	2x1	2x1	Sept 2014, DPH and DOps, July 2019 Review Sept 2019
The ABUHB Staff Flu Immunisation Working Group oversaw a systematic approach to all elements of the delivery of the staff immunisation programme to achieve the 60% target uptake in 2018/19. Continued improvement requires an ongoing organisation-wide plan based on learning and best practice across Wales. It also requires Divisional Management Teams to understand the rationale for flu vaccination and to implement processes for coordinating, monitoring and improving vaccination uptake within their Divisions. Lessons learnt from the 2018/19 seasons are informing plans to improve uptake further in 2019/20 and for all Divisions to achieve 60% uptake	3x4	3x4	Sept 2014,DPH and DWD, Review: April 2017 Review: 23/01/18 Consultant in PH Review: march 2019 Review: sept 2019
The Wales Outbreak Control Paln is being reviewed under the governance of the Chief Medical Officer through a process led by PHW. The DPH is actively engaged with the process.	1x2	1x1	December 2014, DPH, Review: April 2019 Review: April 2020
The Head of Emergency Planning is a member of the LRF Infectious Diseases subgroup. The DPH is a member of the LRF and is actively engaged with the LRF's priority setting process	3x1	3x1	Sept 2014, DPH, Review: April 2019 Review: April 2020

Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
The staff flu immunisation programme is based on a full participation vaccination strategy, in which the expectation is that all staff should be vaccinated. This is important to minimise the transmission of influenza and protect staff, their families and patients from catching and spreading influenza. As of 20:03:19, 60% of all ABUHB have been vaccinated against influenza and 62% of all front line staff have been vaccinated against influenza. 95% uptake of the 5 in 1 vaccine is MMR2 uptake has improved following a major exercise being maintained to improve accuracy of the child health database to enable targeted work to identify and immunise unvaccinated children.	1x3	1x3	December 2016, DPH & Div FT & Div PCN, Review: Review: April 2019 Review April 2020
Plans are underway to progress with backfilling to the IC post	3x4	3x5	February 2015, DPH & Div FT & Div PCN, Review: April 2019 Review: Sept 2019
The Director of Families and Therapies and Deputy Director of Public Health are engaging with Directors of Educations to ensure systems are in place to ensure Child Health are informed of Children moving in and out of Gwent. School Health Nursing are working to review their current systems of immunisation delivery to incorporate a cross checking of school lists against CHS list. This will enable Child Health to update the system. MMR data cleansing has been undertaken with GP practices. This has highlighted a number of Practices where existing process do not seem to be followed. A programme of process awareness raising is planned. The Service Improvement Manager for Child Health is engaging with neighbouring Health Board Areas and Gloucester to understand and improve process for data sharing between areas.	3x3	3x4	January 2015, DPH, Review: April 2019 Review: April 2020
Plans are in place for flu vaccination of pre-school children, primary school children, people over 65 years, under 65s in at risk groups and care home staff. In 2018/19 there was complexity around the phased supply of adjuvanted trivalent influenza vaccine (aTIV) for over 65s, which meant that flu clinics were staggered later into the season. This created problems when comparing vaccination uptake (IVOR data) with the previous flu season. Measures have been taken to ensure all practices receive adequate flu vaccine supplies in 2019/20	3x3	3x3	Review April 2019 Review Dec 2019
Capacity has increased within the School Health Nurse immunisation team to deliver to all primary school aged children	3x2	3x4	June 2015, DPH and Div F&T Review: April 2019 Review: Dec 2019
An action plan to reduce waiting times / queues in some GP practices is being implemented to ensure children are offered the vaccination on a timely basis. Work is underway to explore what needs to happen on a system level to improve uptake of MMR by age 5. Uptake in school age children from age 4 to 16 years has increased due to the system level work led by the Public Health Team.	3x3	3x4	June 2016, DPH, Div F&T, Div PCN Review: April 2020

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Actions required from ABUHB and /or partners to reduce the risk	Amended risk		Date added Risk owner Review date
	short term	long term	
A new programme of community screening champions is being trialled with the objective of increasing screening uptake in population groups with historically low uptake rates	2x3	2x4	DPH Review: April 2020
Initial roll out of the Living Well Living Longer Programme has been completed. A sustainable, social model of primary care to support people to reduce their risk of heart disease, stroke, diabetes, cancer, respiratory and liver disease Is in development linked to the Integrated Wellbeing Network programme An update report on the Inverse Care Law Programme will be submitted jonintly by the ABUHB and CTMUHB in August 2019 setting at the lessons learnt so far and the evaluation results to date.	2x3	2x4	DPH Review: July 2018 Review: Sept 2019

Bwrdd Gwasanaethau Cyhoeddus Torfaen Public Services Board

Wednesday 13th March 2019 - 14:00 to 17:00
Civic Centre, Pontypool, NP4 6YB

Approved Minutes

Present:		
Anthony Hunt (Cllr)	Chair	Leader, Torfaen CBC
Bill Purvis – Vice Chair	BP	Planning Manager for South Wales, Natural Resources Wales
Dewi Jones representing Huw Jakeway	DJ	Group Manager, S Wales Fire & Rescue Service
Paula Kennedy	PK	Chief Executive, Melin Homes
Claire Vernon representing Leeanne Plechowicz	CV	Team Manager, HM Prisons & Probation Service
Lynn Tanner	LT	Chair, Torfaen Voluntary Alliance
Mark Warrender representing Julian Williams	MW	Chief Superintendent, Heddlu Gwent Police
Rhodri Guest representing Jeff Cuthbert	RG	Head of Communications and Engagement, Office of the Gwent Police and Crime Commissioner
Dr Sarah Aitken	SA	Director for Public Health, Aneurin Bevan University Health Board
Stephen Brookes	SB	Representative of Town & Community Councils
Guest Speakers		
David Congreve	DC	Assistant CEO Strategy, Torfaen CBC
Dr Liesbeth Beeckman	LB	Torfaen PSB Graduate
Support Officers from PSSU, Torfaen CBC:		
Lyndon Puddy	LP	Head of Public Services Support Unit, Torfaen CBC
Steven Honeywill	SH	Partnerships and Policy Officer, Torfaen CBC
Sue Browne	SBr	Partnerships and Policy Manager, Torfaen CBC
Apologies:		
Alan Brunt	AB	CEO, Bron Afon Community Housing
Alison Ward	AW	Chief Executive, Torfaen CBC
Angharad Collins	AC	CEO, Torfaen Leisure Trust
Diana Binding	DB	Deputy CEO, Wales Community Rehabilitation Company
Geraint Evans	GE	Executive Director of Workforce and Organisation Development, Aneurin Bevan University Health Board
Huw Jakeway	HJ	Chief Fire Officer, South Wales Fire and Rescue Service
Jeff Cuthbert	JC	Gwent Police and Crime Commissioner
Julian Williams	JW	Chief Constable, Heddlu Gwent Police
Leeanne Plechowicz	LP	Assist. Chief Executive & Head of Gwent Region, HM Prisons & Probation Service
Nigel Brown	NB	Welsh Government Representative
Pippa Britton	PB	Non-executive Board Member, Aneurin Bevan University

		Health Board

Item	Minutes
1.	**Welcome and Apologies:**
1.1	The Chair welcomed all to the meeting. Introductions were made.
1.2	Apologies were noted as above.
2.	**Minutes from last PSB meeting on 12th December 2018**
2.1	The minutes were agreed as accurate.
2.2	**Matters arising:** No matters arising.
3.	**Feedback from the Board development session on 6th February – Lyndon Puddy:**
3.1	The session, arranged at the PSB's request, was used to explore opportunity for board development and clarified consensus around meeting formats. Details can be found in the minutes that have been circulated by email.
3.2	Consistency of PSB membership was reiterated as a concern. Continuity of representation is of paramount importance to progress.
3.3	Representatives must feed back to the person they are representing so the PSB know that decisions taken are supported at the highest level of each organisation.
3.4	If at any time the board feel that the direction of travel isn't right, please make this known so that supporting officers can adjust accordingly.
3.5	Dr. Liesbeth Beeckman has been given free rein to consider ideas and explore how to do things differently. LP noted that everyone seemed satisfied with the progress Liesbeth has been making; the constructive challenge is greatly valued and is helping people to think differently and away from the normal public service approach.
3.6	Chair asked if the group had any comments or queries – none. **Action: The Chair requested of the Executive that should a colleague be representing them at the PSB that they ensure the discussion and actions are fed back to the substantive representative and comments fed back to the PSB in a timely manner. Please ensure appropriate mechanisms are in place.**
4.	**Update on Officer Support Group – Lyndon Puddy:**
4.1	OSG have been continuing to work and move forward but have been struggling to understand what the PSB want from a place-based approach.
4.2	Clarification has been requested on why Blaenavon has been selected as the place.
4.3	Some objectives link closely to Blaenavon but others span geographical areas, notably Objective 7 around Community Safety. The board were asked to consider this whilst discussing the place-based approach during today's meeting and confirm that this is ok.
4.4	OSG continue to work directly to what the PSB have suggested but are happy to be notified if the board want to see a change to this direction.
4.5	Chair asked members if they have any questions or comments about the OSG's work. The group signalled satisfaction with this update without queries or further comment. **Action: LP to feed back to OSG**
	BOARD DEVELOPMENT
5.	**Value based leadership: Defining a set of values for Torfaen PSB – Liesbeth Beeckman**
5.1	LB gave a presentation, designed with the support of Paul Schanzer of Academi Wales – the slides are appended to these minutes. Relationships to Results Pyramid

5.2	- Paul Schanzer explained during the Healthy Boards session on 12th December that boards typically rush to focussing on results and neglect developing relationships, which is detrimental in the medium to longer term.
5.3	Diagram showed 6th Feb, 13th March and 22nd May meetings and the progress to be made. The PSB need to decide on a set of values.
5.4	**Exercise 1:** The 10 attendees split into 3 groups:- - Group 1: DJ, CV and SB - Group 2: PK, SA and MW - Group 3: RG, BP, LT and AH
5.5	In advance of the meeting the PSB had each been asked to answer a set of 9 questions exploring themselves as individuals. For this exercise they were asked to answer the same questions but relating them to the PSB. Responses are captured in Appendix 1: Flip chart notes on values based leadership The groups fed back to the wider group.
5.6	**Exercise 2:** Individuals were asked to select 3 values that they felt should be the most important to the PSB, from a grid of 42 values. 8 of the 42 values received 2 or more votes. Mentimeter polls were used to narrow down the 8 selected values to a top 3: *Accountability* (8 votes) *Integrity* (8 votes) *Collaboration* (7 votes) *Ambition* came fourth with 4 votes. LB posed a question – "What behaviours express this set of values?"
5.7	Responses are captured in Appendix 1: Flip chart notes on values based leadership and are also listed below: **Accountability:** o Being visible, open, transparent o Taking responsibility **Collaboration:** o Working with people flexibly o Empathy, understanding each other & being receptive o Positive, constructive challenge **Integrity:** o Doing what you say you will do o Acting with trust o Putting the collective ahead of individual – acting for the common goal
6. 6.1	**Place-based working: Discuss and create a strategic framework for place-based work for Torfaen PSB – Liesbeth Beeckman, Sarah Aitken, David Congreve:**

	LB stated that the workshop on 6th February generated 7 key messages: 1. There is no single definition 2. There are a number of key characteristics 3. There are many different drivers, reasons, rationales and assumptions 4. There is no magical recipe 5. Funding matters… a lot 6. Policy context matters… even more 7. Place-based working can focus on services (English model) or place (Scottish model)
6.2	**Integrated Well-being Networks (IWNs):**
6.3	SA explained the Integrated Well-being Networks, utilising the ABUHB Integrated Well-being Network diagram appended to these minutes.
6.4	IWNs provide a person-centred approach to meeting the needs of an individual and development of the IWNs has helped services to understand where they fit in a bigger holistic picture.
6.5	A lot of 'link worker projects' have come about – including social prescribing, community connectors and the Older Person's (Integrated Care) Pathway.
6.6	IWNs are an organising framework to think about the assets we bring to the table.
	Neighbourhood Care Networks (NCNs):
6.7	Based on populations of 30,000-50,000 - growing consensus around a population of this size being an adequate size to organise primary care services.
6.8	Transformation funding of £13.4m in Gwent is being split across 6 areas, with one being 'North Torfaen'. As this includes Blaenavon, it made sense to base PSB pilots in this area whilst the resource will be in place to trial new ways of working.
6.9	Considerable work has also taken place to develop directories – Dewis Cymru, Infoengine and NHS 111. These will allow link workers to put in an individual's postcode and find activities and services that are local to them, supporting the individual to develop an appropriate package that meets their needs.
6.10	Another reason for selecting Blaenavon is the Blaenavon Resource Centre. The intention of this building was to co-locate a number of services but to date this vision has not been fully realised.
6.11	DC thanked SA for this clarity and suggested that he felt the 'healthy living' quadrant within the diagram was where Objective 4 of the Well-being Plan can add most value to the work of the RPB.
6.12	RPB focus is largely on those people known to health and social care, so PSB can support those we don't yet know - supporting preventative work around healthy living and encouraging environmental and behaviour change in the community.
6.13	DC reflected on our research that has shown that although there are lots of people and services on the ground, the gap is in coordination. The IWN is a strong model from our perspective.
6.14	Need to test things to build on strengths of the community.
	Model predicated on having lots of people who can link to services but the quality of these services also needs to be looked at. Action: Look at quality of existing local services at a community level and the support needed to improve this. E.g. resources/skills/support needs of local groups.
6.15	SA – We have 12 months of significant extra resource. The project manager was recruited on 11th March and will be solely focussed on getting this all up and running.
6.16	Need to be able to flag up where Welsh Government are making things difficult and

	overcome blockages.
6.17	Compassionate Communities conversation is also going on and there is a move away from prescribing anti-depressants.
6.18	DJ asked if GDPR is a barrier. SA suggested that GDPR is not making things easier, but there are ways around it, particularly with vulnerability.
6.19	DJ reflected on the funding being for 12 months and requested early notification if PSB partners were likely to receive a request for continuation funding. SA responded that she was unsure if it would be necessary to extend the post, hoping that the major groundwork would be completed within the timescale.
6.20	LP clarified that protocols are in place. Issues with IT system security wrap-around. Conversations needed around ISPs and governance. SA responded that she expects all these kind of issues to be addressed during the 12 months.
6.21	SA reiterated the direction - PSB work [on Objective 4] will be more preventative. Those in crisis sit in the RPB realm.
6.22	We have a reducing percentage of the population being of working age and we need these people to be operating to their potential.
6.23	SA – Understanding at government level that more investment is needed in prevention. We need a plan to show that we can make the transition from spending on treatment to spending on prevention. The current budget is approximately £9bn (£7bn health and £2bn social care). LP emphasized that this is why a collective response and commitment is needed.
6.24	LB commented that SA had outlined the drivers but asked "what are the reasons for doing this?"
6.25	The Board noted the economic drivers to protecting our resource and making the case for more. We need to be able to do more with less and the changes will make us more able to cope in the future.
6.26	Rationale: • Testing the approach • Deliver on intention (Blaenavon Resource Centre)
6.27	Assumptions/theory of change Blaenavon doesn't feel sustainable on the current model. More work to be done on systems.
6.28	Evidence relating to Blaenavon includes: • Many people suggested they are happy with their lot – low expectations • Mismatch of perception of their own health and the reality • Mental wellbeing drives lifestyles • More transient population than Blaenavon has had in recent history
6.29	These points have been reflected in conversations with the community – Redeeming Our Communities (ROC) and Miller Research.
6.30	LB – What is the PSB's ambition with regards to place-based working?
6.31	To see if the model can be applied across all 7 well-being objectives. Certain objectives fit suitably, whilst others may or may not. For example, Objectives 5 & 6 fit neatly within the Working, Learning and Participation quadrant, but Objective 3 activities might fit with more than one quadrant.
6.32	Action: OSG leads to consider how work relating to their Well-being objective can be anchored within the model. However, they should also consider whether doing this should be the priority for Torfaen – this is not a case of 'Blaenavon or bust' or shoehorning in projects and we still need to consider the whole borough. Action: SA to attend an OSG meeting to explain further and take any questions to ensure

6.33	clarity.
6.34	LP and DC agreed that the OSG will appreciate this direction and that taking this approach will help us to identify the small changes needed locally to make things work in Blaenavon.
6.35	SA reiterated that the PSB's Objective 4 / place-based approach should focus on the healthy living quadrant of the diagram. Quadrants seem to have natural leads and require a sustainable approach.
6.36	LP asked if this is the board's consensus and all agreed.
	BUSINESS
7. 7.1	**Torfaen PSB model for Research & Development:** Due to time constraints item 7 was not taken and will now be discussed at the meeting in May.
8.	**Any other business**
8.1	LP highlighted emails that have been circulated by Sue Browne regarding the annual report. Board to note arrangements relating to production of a short film.
8.2	The Chair thanked those attending and closed the meeting.
	Next PSB meeting is 22nd May 2019

5.1

Appendices:

Appendix 1 – Flip chart notes on values based leadership

Appendix 2 – ABUHB Integrated Wellbeing Network diagram

Steven Honeywill
Partnerships and Policy Officer
PSSU, TCBC
(March 2019)

5.1

AGENDA ITEM 1

Caerphilly Public Services Board
Notes of Meeting
Held at 9.30 a.m on Tuesday, 5th March 2019
Sirhowy Room, Ty Penallta

Present:-	
Cllr David Poole (Cllr DP)	Caerphilly County Borough Council (Chair)
Christina Harrhy (CHy)	Caerphilly County Borough Council
Jeff Cuthbert (JC)	Gwent Police and Crime Commissioner
Shelley Bosson (SB)	Aneurin Bevan University Health Board
Cllr Tudor Davies (TD)	South Wales Fire Authority
Nick Wood (NW)	Aneurin Bevan University Health Board
Christian Hadfield (CHd)	South Wales Fire & Rescue Service
Chief Supt. Mark Warrender (MWr)	Gwent Police
Steve Morgan (SM)	Natural Resources Wales
Mererid Bowley (MB)	Public Health Wales
Martin Featherstone (MF)	Gwent Association of Voluntary Organisations
Heather Nicholls (HN)	National Probation Service
Richard Baker (RB)	Welsh Government
In attendance:-	
Kathryn Peters (KP)	Corporate Policy Manager, CCBC
Stephen Harris (SH)	CCBC
Alison Palmer (AP)	GAVO / CCBC
Ali Gough (AG)	Aneurin Bevan University Health Board
Ian Martin (IM)	CCBC
Mark Williams (MWs)	CCBC
Matt Jones (MJ)	South Wales Fire & Rescue Service
Apologies:-	
CC Julian Williams	Gwent Police
Diana Binding	Wales Community Rehabilitation Company
James Owen	Welsh Government
Huw Jakeway/Dai Bents	South Wales Fire & Rescue Service

Point	**Agenda item**	Action
	Welcome: The Chair welcomed all present to the meeting welcoming Nick Wood to his first meeting as the ABUHB representative and Mark Warrender from Gwent Police. Members were asked to introduce themselves.	
1	**Previous Notes and Matters Arising:** Pg 1 – CH noted that CCBC were currently leading/championing five of the nine action areas/enablers and was looking for PSB partners to take on more of the Champion roles. Recognising that it was MW's first meeting, she referred members to the previous minute where Gwent Police had been asked to consider Championing the Asset Management	

Point	**Agenda item**	Action
	Enabler, noting that Kieran McHugh currently shared the lead with Mark Williams in CCBC. MWr agreed to discuss the issue internally. The Chair queried what progress had been made by Jane Foreshaw and Local Partnerships following her presentation some months previously. KP reported that they had been going through WG commissioning at the time and RB agreed to check for the next meeting as he had not had any contact with them. Pg 2 – KP referred to the letter from Partnership Scrutiny regarding the non-attendance of partners at working groups, updating members that the last meeting of the Procurement Group had been well attended, and noted that MWs was in attendance to provide an update on Assets. She noted that they had been unhappy that not all the lead officers had attended the meeting to answer questions and requested that all lead officers attend scrutiny meetings. The PSB questioned if it was the best use of officer time to attend in case a question arose. The Chair expressed concern at the potential waste of senior officer time and agreed to discuss the issue with CHy and the Chair of the scrutiny panel and report back to the next meeting. Pg 5 – It was noted that Alison Gough would now represent ABUHB on the Safer Caerphilly group. There being no amendments the notes of the previous meeting were approved.	MWr RB Cllr DP/ CHy
2	**<u>Presentation – Brexit Preparedness</u>** Ian Martin, Emergency Planning & Resilience Officer, CCBC Ian Martin thanked the PSB for the opportunity to provide an overview of the work that has been ongoing in assessing the potential impacts of a 'No Deal' Exit from the European Union on Civil Contingencies in the Gwent Local Resilience Forum Area. IM commenced the presentation by referring to the statement made to the Senedd by the Welsh Government Minister for Housing and Local Government in January 2019. The Minister recognised that "with the prospect of a 'No Deal' Brexit still firmly on the table that we have a responsibility to take precautionary measures as part of our Brexit preparations, and this includes our planning for Civil Contingencies". The Minister continued by stating that "Good Civil Contingency planning will help us prepare for the reasonable worst-case scenarios, and will help to ensure that our public and emergency services are best placed to continue providing the services that we and the most vulnerable in our communities rely on every day". With the Ministers statement in mind, IM outlined the work that has been undertaken not only in the Gwent Local Resilience Forum area but across Wales looking at the potential of a no deal scenario across a number of Civil Contingency risk categories. IM continued by referring to the work that is progressing to assess the impacts of these risks and to where possible put in place mitigation which is critical in minimising the need for a Civil Contingency response. IM informed the Board that appropriate command, control and coordination arrangements have been put in place to ensure that there is a common understanding of local, regional and national concerns. These arrangements will provide a strong infrastructure to help identify the emerging issues to support quick and effective decision making by all involved. IM concluded by stating that the work being undertaken as mentioned in the presentation is in no way indicating that we expect any emergency, but offers reassurance that work is taking place across the public sector to ensure that where possible they are prepared for the potential of a 'no deal' scenario.	

Point	**Agenda item**	Action
	PSB members discussed the issues raised noting the significant impact on the work of PSB members and recognising that much of the planning was being done in the dark as the impacts were unknown. The Chair noted that CCBC had set aside funding to deal with the impact of Brexit as had other local authorities. CHy noted that much of the concern had been focussed on jobs and whilst the business sector in the borough was vibrant, significant amounts of the manufacturing industry was foreign owned and Brexit could have a big impact. IM was thanked for his presentation.	
3.	**<u>Ystadau Cymru (formerly the National Assets Working Group)</u>** Richard Baker, Head of Estates & Professional Services, Welsh Government RB explained that the relaunch of the former National Assets Working Group has been supported by Mark Drakeford AM as he wanted to see land and buildings in public ownership come under the same scrutiny as finances. Whilst now rebranded as Ystadau Cymru, and chaired externally by Umar Hussein of South Wales Police, the aims remained the same • to **enable and influence** organisations to adopt a collaborative approach in asset management • **share best practice** guidance and case studies • to **put in place tools** to support and encourage the realisation of the efficiencies and benefits that can be derived from proactive, strategic estate management • provide **high quality support** for the delivery of public services. The group had representation from across sectors with a management board and six regional groups based on health board boundaries. He noted that there was no enforcement mandate. RB explained the significant pressure on Welsh budgets and the need to make the best use of existing resources. The Asset Collaboration Programme included a collaboration toolkit being developed to support bodies to work together scheduled for publication in May 2019, included the development of a land transfer protocol between public bodies, joint valuations and Space Cymru - the public sector portal for marketing surplus assets, as well as an updated Community Asset Transfer guide. He noted that 23,000 properties had been added to the ePIMS database to date. RB presented the Cwm Taf Pilot Study initiated by Mark Drakeford involving two local authorities and a number of statutory and third sector partners, noting it had taken a year to complete and they had struggled to obtain basic data in some cases. He noted some of the findings included the number of strategic land sites that could be developed, the backlog maintenance figure and the number of sites that had a potential for collaborative use. RB reported that the second phase of the project was launched in October and was heavily oversubscribed. 15 projects had been funded and RB gave details of the Assets Cymru website for more information. The Chair thanked RB for the presentation and asked how he saw the local PSB Asset Management group working with the S. E Wales area or National groups, and whether this was duplication. RB responded that the groups were working at different levels noting that the Caerphilly group was the most active in the Aneurin Bevan region and offered support for the work. MF noted the work GAVO undertook a few years previously on Community Asset Transfer(CAT) on behalf of WG. GAVO was still supporting groups wanting to protect community assets and there was a need for statutory bodies to work with communities to ensure they were more sustainable and not focussed on a grants culture. There was also a need for them to understand succession planning to ensure CATs do not fail. He also saw the need for local level information to be fed into the national picture. RB informed members that the first Ystadau Cymru Conference would take place in the Autumn and CAT would be one of the workshop areas. Members suggested there needed to be a strategic approach to shared assets by the PSB and a	

Point	**Agenda item**	Action
	commitment to local action and acknowledged there were potential opportunities for savings and efficiency. In response to concern that there were too many layers in the structure RB explained that the regional groups were undertaking stakeholder mapping and noted that some organisations did not have assets and others were persistently not engaging. WG needed to understand the barriers e.g. budgets, staff time, and also recognised that there could be winners and losers in any effort to collaborate. They were looking to unblock and accelerate the process. Cllr DP noted that there was a need for wider collaboration than just the Gwent area, and CCBC was already working collaboratively outside the Gwent region. CHy noted that MWs would be reporting on the work to date and suggested that a representative from Ystadau Cymru give a presentation to a future meeting of the G10 group, and agreed to put it forward for an agenda item.	CH/ Cllr DP
4.	**<u>Well-being of Future Generations</u>** a. <u>Performance Reporting:</u> Kathryn Peters, Corporate Policy Manager, introduced the Well-being Plan performance reports noting that they had been split into two groups for reporting purposes and that they had been grouped together into those areas most connected. KP noted that this was the first round of reports in this format from Set B and reminded members that they had requested a Communication and Engagement report at every meeting. This set would be provided for Partnerships Scrutiny on 11th July where they would also be looking at the Good Health and Well-being Action area in more depth. b. <u>Enablers/Acton Area Updates by Board Champions:</u> i. Communications and Engagement – Kathryn Peters, CCBC KP noted that she chaired this group. KP highlighted the following progress: • The Youth Forum had started using the #CaerphillyWeWant more but whilst @CaerphillyPSB was now available it had not been used to date. Member guidance would need to be developed for members for highlighting collaborative work. • Gwent Police and SWF&R will give guidance to their local teams for their use. • The public promotion of the opportunity to ask questions of the PSB had reached over 6,000 residents on social media. • The public baseline survey to gauge the public understanding of the PSB was currently live and would be reported to the next meeting. • KP highlighted that the group were keen to publicise collaborative good news stories ii. E4 Assets – Mark Williams, CCBC The group was jointly lead by Kieran McHugh (Gwent Police) and Mark Williams (CCBC). MWs explained that they were struggling to get partnership engagement in the group and two meetings had seen poor attendance. NW noted the recent appointment of a Primary Care Estate Manager and agreed to ensure he attended the meetings for ABUHB. SM explained that NRW have one Assets team for Wales and were unable to attend local meetings. MWs highlighted progress on the following: • The development and population of an asset map for all partners' built assets • Tracy Evans, Policy Support had made good progress with the Gwent Electric Vehicle Charging Point Feasibility Study and a contract was in place for the work. Consideration had been given to the Procurement Enabler including this work to facilitate a regional approach. • £75,000 had been secured in grant funding from WG for a Gwent Regional Fleet review.	

Point	**Agenda item**	Action
	The development of a community hub initiative in Caerphilly county borough was noted and it was suggested that this might be a focus for the group alongside the electric vehicle work. CHy noted a number of conversations around community hubs but organisations were looking at them in different ways. She noted that the Director of Social Services and Housing, Dave Street, was leading on community hubs for Caerphilly and suggested there was an opportunity to work in a more coordinated way. PSB members discussed the opportunity to promote the inclusion of electric charging points on new housing developments. NW queried whether this project intended to promote private or public transport options and was concerned it would not deal with congestion and air quality in internal combustion vehicles. CHy noting this was being discussed by planning officers with City Deal. DP asked whether the PSB should be asking WG to add this as a condition of planning in future and members agreed it would be a positive move. CHy suggested and it was AGREED that the Chair write to the Minister suggested this be included in planning policy in future. It was also AGREED that the Enabler should include a focus on Electric Vehicles and Community Hubs.	Cllr DP CHy
	iii. AA1 Best Start in Life – Mezz Bowley, PHW MB reminded members that the PSB had agreed to sign up to be a Pathfinder at the previous meeting, one of four or five across Wales. She noted the progress with: • Mapping the system across Caerphilly for support from birth, and the identification of strengths, risks and gaps. This element of the work would be completed in the next quarter and would be fed back to WG to help with redesign of systems. She noted they had dedicated some project support and funding. • On line resource being designed for youth workers being extended to wider staff base. MB AGREED to circulate the link. • ACE Awareness – partnership work taking place including 3 year programme in education and schools in Caerphilly which will have completed phase 1 this year. • Training looking at a coordinated approach and linked to Making Every Contact Count. MW noted the value of an informed workforce when attending households to help prevent ACEs and JC affirmed the importance of the preventative role to stop young people drifting into crime and highlighted the Mini Police scheme to create good citizens of the future. MB confirmed it was too early to evaluate the effect of changes in services and they were currently looking at the outcome measures.	MB
	iv. AA3 Good Health & Wellbeing – Nick Wood, ABUHB NW noted the outputs had been reported and drew members attention to the following points: • A Good Health and Wellbeing workshop was planned for the beginning of April • The delivery of this Action Area had been integrated into the work of the three Neighbourhood Care Networks, the GP clusters in the borough. They have all now developed their integrated plans aligned to the 5 ways of working and 7 goals which have been presented to the ABUHB Board and signed off by WG. • Now need to look at how the delivery of integrated care is approached. Funding had been secured for the new model of delivery at Bryntirion, Bargoed which was a first step and included a model for social prescribing and social care. The onus was now on the health board and local authority to look at how this might be delivered over the next few months. They would also	

Point	**Agenda item**	Action
	need to look at how all partners are included in delivering a Gwent wide model for primary care. • A joint meeting on integrated mental health support would take place on 12th April with the OPCC. JC noted that far more collaborative work was taking place i.e. a mental health expert in the control room resulting in far fewer people with mental health difficulties being taken into custody. NW noted that efforts needed to be made to secure more of the transformation funding for similar projects. NW noted that good progress hand been made with the outline delivery plan and they now needed to operationalise it and bring back some key deliverables to the next meeting. It was noted that Health and Wellbeing would report next at the September PSB meeting and CHy and NW agreed to discuss joint work outside the meeting. A number of questions were raised regarding the role of the Regional Partnership Board and the £13.5m budget. Members felt it was important to understand what the funding was being used for and how the work of the PSB could link to ensure money is spent on priorities in Caerphilly county borough. CHy explained that Dave Street was on the RPB for Caerphilly CBC and it was agreed he should be invited to the PSB meeting in June to give a presentation on the work of the RPB. MF noted that he also attended the RPB and agreed that it was important to keep track of its work and, reflecting on the Academi Wales workshop session, understand what differences were being made. The Chair agreed that it was important to evaluate the impact to ensure it was delivering visible benefits and economic efficiency and informed the work of the PSB. **v.** AA5 Natural Environment – Steve Morgan SM noted his discussions with Helen Fletcher, Lead Officer, and highlighted the following points: • A strong Green Spaces core group had been established with good representation, the next meeting taking place the following day chaired by Helen Fletcher. • Draft Green Infrastructure Plan for the county borough completed and would like to present it to the PSB. • Collaborative bids for funding to WG ENRaW(Enabling Natural Resources and Wellbeing Fund) that should be known shortly. • The core group had found it challenging to identify data sources for performance measures for this action area. The core group were looking for support to identify the data that could be gathered e.g. accessing green sites, rates of volunteering etc. • A number of projects have begun including Active Travel based in Tiryberth and mapping green space use in Ystrad Mynach. • Meeting scheduled with MF to discuss links between Natural Environment and Volunteering Action Areas. • Working with Caerphilly CBC to reopen Cwmcarn Forest Drive by Easter 2020, now designated as a gateway site through the Valleys Regional Park initiative. CHy noted that the transportation team should have some information to support measures around active travel, walking and cycling. The Chair thanked members for their reports.	CHy/ NW CHy
5.	**<u>Making Every Contact Count – Update</u>**	

Point	**Agenda item**	Action
	Matt Jones, Group Manager, South Wales Fire and Rescue Service MJ reported that, following discussions at the previous PSB meeting, a working group meeting, led by Huw Jakeway, Chief Fire Officer, had taken place in January with PSB representatives, KP had circulated a report of the meeting. The main focus had been to identify what each organisation was doing and look at how they could help each other. It was clear there was plenty of collaboration but it needed to be made clearer and spread wider. This had been a significant pilot since 2017 and had expanded to four areas, it would also be looking at cold homes in the future. Over 6,500 safe and well visits had taken place, which were being evaluated. There was a major opportunity to maximise the use of contacts with the public, SWF&R undertaking 17,000 visits to homes not related to fires, that being 17,000 opportunities to engage. The aim was to identify greater opportunities for collaborative working, i.e. with Best Start in Life and other action areas where there were opportunities to work together. The Chair thanked MJ for his update and queried to use of shared data. MJ explained that they would already be on the SWF&R vulnerable people database and there were already Gwent Police and ABUHB team members in place. He also explained further that anyone could make a referral and the aim of the project was to develop a fluid pathway between partner agencies with the aim of changing lives, not just saving lives focussing on fire safety. PSB members felt that this was real opportunity for the PSB to work together and CHy noted there was also a link to the work around community hubs. It was AGREED to establish a short term working group, led by SWF&R and facilitated by CCBC Policy, to report back at the September PSB meeting. Cllr TD recorded his thanks for the support of CCBC on the White Paper consultation on the reform of fire and rescue services noting that 61 responses had been received.	MJ/ KP
6.	**<u>Election of Chair and Vice Chair</u>** Kathryn Peters, Corporate Policy Manager KP reported that under the terms of reference the term of office had come to an end and this was an opportunity to refresh the roles of Chair and Vice Chair. NW was invited to take on the role of Chair, as current Vice Chair, but explained that, in discussion with colleagues in ABUHB, they felt that the PSB should be chaired by the local authority and nominated Cllr DP to continue in that role. Cllr DP agreed to continue but suggested a review in twelve months' time. It was agreed that Cllr DP continue as Chair and NW be confirmed as Vice Chair for the next twelve months.	
7.	**<u>PSB Annual Conference</u>** Kathryn Peters, Corporate Policy Manager KP referred members to the report previously circulated in response to a request from CHy for consideration of the future of the conference. She noted that the PSB had already agreed to reduce the conference from two to a single Annual Conference timed to coincide with the publication of the PSB Annual Report. KP explained that the conference had run on a bi-annual basis since 1999 as the formal way of engaging with the wider partnership network across the county borough, organised by CCBC and GAVO and funded by the local authority. Noting that a provisional date had been set for 5th July 2019, KP reported that the Future Generations Commissioner and Head of Local Government and Partnerships in WG had agreed to speak. KP noted that some previous conferences had been used to showcase partnership work and asked members to consider the advantages and disadvantages of a conference and consider what alternative mechanisms might be utilised to reach the wider audience. CHy noted that in having attended a number of the conferences recently she was struggling to identify a	

Point	**Agenda item**	Action
	clear purpose and, given the reduced resources, suggested that the Communication and Engagement Group could achieve more by developing the social media presence. SB suggested that there was an opportunity to undertake a robust evaluation on the day but also suggested it would provide an opportunity to present the work the PSB is planning such as Making Every Contact Count. MF commented that it was also about accountability and the duty to report together. The previous conference had been an opportunity to brief the wider partnership landscape on the ambitions and aspirations of the Well-being Plan. He felt it was a key opportunity for the PSB to engage with a wider audience, not involved directly in the action areas and enablers, and offered Leads the chance to identify challenges and ask the wider group for solutions. KP noted that the PSB had been criticised by Community Councils for their lack of direct engagement and that all Community Councils were standing members of the conference. She also noted that they asked for a representative from the Liaison Group to attend the PSB to discuss their involvement. It was AGREED that representatives from the Town and Community Council Liaison Group be invited to attend the September PSB meeting to discuss what the sector can add to well-being delivery. The Chair suggested that, given high profile speakers had already confirmed and that it that the Conference should go ahead on this occasion. Following further discussion it was AGREED that there was a need for a clear purpose and it should be evaluated effectively to inform a review at the next PSB meeting. SM enquired whether any support was needed from the PSB and KP noted that it was a key role for AP and that the speakers were booked, the annual report would be the key focus with lead officers already involved in producing more visual content. The feedback from Gwent Futures was noted recommending greater involvement of the younger generation in the Well-being Plan and DP noted that there was an active Youth Forum in the borough which would be reporting its priorities at the June PSB meeting.	KP KP/ AP
8.	**Questions from the Public** KP reported that the meeting and agenda had been publicised on the PSB website and through various media channels with the invitation to ask questions about the work of the PSB. There were no questions from the public on this occasion.	
9.	**Information items** KP noted that the revised Action Plans were all now available on the PSB website.	
	Date of Next Meeting The next meeting of the PSB will take place on Tuesday 4th June 2019 commencing at 9.30 a.m. in the Sirhowy Room, Ty Penallta. There being no further business the meeting was close with the Chair's thanks to those who had attended.	

Public Service Board
Thursday 4th April 2019 at County Hall, Usk

Minutes

Attendees:

Sharran Lloyd	Monmouthshire County Council
Paul Matthews (chair)	Monmouthshire County Council
David Barnes (minutes)	Monmouthshire County Council
David Letellier	Natural Resources Wales
Martin Featherstone	GAVO
Paula Kennedy	Melin Homes
Matthew Gatehouse	Monmouthshire County Council
Sian Curley	Office of Police & Crime Commissioner
Peter Carr	Aneurin Bevan University Health Board
Richard Blakemore (for Ian Roberts)	Gwent Police
Sarah Aitken	Public Health Wales
Julie Boothroyd	Monmouthshire County Council
Eric Bellew (for Huw Jakeway)	South Wales Fire and Rescue Service
Jeff Cuthbert	Office of Police & Crime Commissioner
Mary Ryan	
Ann Lloyd	Aneurin Bevan University Health Board

Apologies:

Ian Roberts	Gwent Police
Diane Watkins	Aneurin Bevan University Health Board
Huw Jakeway	South Wales Fire and Rescue Service
Peter Fox	Monmouthshire County Council
John Keegan	Monmouthshire Housing Association

1. Welcome and apologies

PM welcomed all to the meeting.

2. Minutes of the last meeting (17th October 2018) & Matters Arising

The minutes were accepted as a true and accurate record.

3. Domestic Homicide Review

JB informed the group that a pilot has been carried out over the last couple of months on a case pertinent to Monmouthshire. The pilot has been well received by the Home Office and hoping that the new pilot will establish quite clear lines of governance.

MR explained that in some cases, families could be facing 3 reviews with a Child Practice Review, Adult Practice Review and Domestic Homicide Review. As a Gwent region, coming up with a hybrid review has been looked at for a little while.

Context was given regarding the pilot case, and that a learning event was held where all people involved with the family were involved. It was said that there was lots of learning to be had for organisations, and led to some work with care homes. 14 members sat on the panel, including 3 Home Office observers and the feedback received was positive, saying that of 9 reports they had, the report of this case was the easiest to go through. The Home Office have subsequently asked if another case could be looked at, which is currently being considered.

JB added that being involved has been very useful, there is some learning for the authority in terms of someone being self-funding in an establishment, and whether the authority should have a role in their onward journey.

PM commented that it was good to hear the Home Office have found the learning easy to access and asked if there are any actions or recommendations MR would make to the PSB. MR asked that the PSB be open to the combining of the reviews going forward and echoed JB's aforementioned point on care homes when people are going in as self-funded.

PC asked whether the couple were happy with moving into a care environment and whether we accommodated their wishes. MR responded that there was a medical issue that the care home were aware of and having conversations about.

PM thanked MR for the way the review was conducted, and said that the PSB would need to ponder how this information is cascaded.

4. Wellbeing Plan – Update on wellbeing steps progress

PM said that as a PSB, this is an item to provide an update on the steps and to inform other members on how the step is developing. PM also asked for a score out of 10 to give a sense of how progress is going.

ACEs

RB informed the group that the step is progressing well. Following a workshop in October an action plan has been shaped, which focuses on a few achievable areas of action.

Actions included each organisation implementing ACEs assessments into policies to make sure ACEs are considered. Training is being delivered through the regional hub, there is an open invite to all

partners. A communication strategy is being developed, that focuses on both internal and external communications.

When asked by PM, RB agreed that all agencies where involved and that there is clear overlap with other steps.

RB gave the step a score of 6/10.

Mental Health Wellbeing
PC said that the strategic partnership for Children and Young People has been reformed and met for the first time last month, with the remit of the group involving the action plan.

A key piece of work is to understand the Gwent wide transformational plan to ensure there is no duplication and to understand what the benefits are for Monmouthshire. A workshop is planned for May/June to bring partners together to discuss.

Other activity includes creating a detailed map of funding that is available and relates to mental health. Conversations with Luke Jones from the CAMHS (Child and Adolescent Mental Health Services) have been positive and Monmouthshire are really plugged into the service.

A pilot is planned in the Caldicot Health Centre with a fully integrated community team that looks like it will be funded by ICF.

PC scored the step 4/10, saying its clear what needs to be done and was confident with the plan in place. Alignment and further exploration is needed to the Gwent wide work in order to maximise the benefit to Monmouthshire.

SA said the in terms of driver diagrams; this is the example that is top in her mind. We have the root causes and the things in place to mitigate that. Through the Gwent level work, the driver diagram will emerge.

AL said that the subject is a priority for the Children's Commissioner, who is also extremely interested in the transformation bid from Gwent – and is minded to give support and help. There is an opportunity to get the Commissioner involved from the beginning and get access to the intelligence available.

SA added that there is transformation money involved and it is important to capitalise on it here and now, and there may be tactical decisions to make around opportunities. PM commented that if transformation money is making the difference, he would like the PSB to be able to turn their minds of how that can be sustained. Further consideration of this will be required.

Planning Policy/Affordable Housing
PM provided an update on the step, led by Mark Hand.

There is cross party acknowledgement within the council that want to change the game in the number of affordable properties being built. The council is committed to re-laying its LDP (Local Development Plan) and understand a framework is needed to enable it. Plans involve having a development company to work with others, wanting to be a long-term partner and working together with others.

A score of 4 was given, as the step is very much in the planning/positioning stage. Decisions have been taken which gives permission for development not outlined in the LDP.

PK said that there is an affordable housing review going on by an independent panel, with a report due in May. Emerging themes from the review are around expectations of local authorities and RSLs working together, with a reflection that Monmouthshire is ahead of the game.

SA commented that Health has an estates strategy, and asked where the new home were planning on being. PM said the LDP has just gone through the 'candidate process' and although it's a complex picture, wanted the PSB to be aware it had been activated.

PM added that the challenge for Mark Hand (Planning Manager) is to make the process the most open and inclusive LDP ever done. The LDP is about place shaping and there will be potential for the PSB to engage in the process formatively.

JC noted that his organisation has an estates strategy too, and that this forum would be a good place to air out the issues.

Natural Resources Wales

DL reported that NRW have been successful in getting a significant amount of money through EnRAW. Officers also appeared before PSB scrutiny recently.

DL stated that he would welcome challenge on the role NRW are playing in the other steps.

NRW are currently going through a re-structure that will see the organisation be more aligned to the PSB structure and more able to contribute to work.

DL said that he would like to see more happening on the asset sharing side of things, and that NRW already do quite a lot in terms of accommodation/fleet.

Area statements are being developed which will follow specific landscapes such as Wye Valley and Eastern Valleys. NRW are also developing a new grant system that will be able to commission work from partners, with PSB a partner.

PM commented that the Gwent Green Grid is an exemplification, with a degree of engagement from most organisations. Adding that there is a potential for it to be quite special.

DL offered to provide a presentation at a future meeting regarding NRW and its work.

When asked by SA, DL stating that the area statements will not be written solely by NRW and partners will have opportunity to input.

The step was scored as a 5/10.

Transport

MG provided an update on this step, saying that there is a lot of capacity in the transport system, however there is a need to improve the intelligence/insight to use the resources available.

GovTech funding was secured last year, and a challenge was published to identify technology led solutions to transport issues. 57 bids were received, of which 5 were shortlisted. The 5 have developed proposals, and if any of them MCC and the cabinet office feels they can solve this is a sustainable way, more funding can be drawn down to develop a pilot.

MG gave the step a score of 5/10.

Other schemes/groups were highlighted also. Magor Action Group on Rail who are looking to raise funding for a walkway station on the South Wales Metro. Bridges in Monmouth run a community care share scheme that is now in all major towns. Riversimple are piloting 20 hydrogen-powered cars in Abergavenny.

PM commented that the Riversimple pilot is interesting as the only emission is water and has been proven in other areas.

SA asked if an enabling space could be provided that could allow for scale up. PM said that we want the companies to pilot in Monmouthshire and for it to act as a beta site, and that we are starting to get more confident in the technologies that are there.

JC asked about the new Critical Care Unit in Llanfrechfa, and whether any consideration is being given to transport options. SA replied that there is a transport plan that is looking at connecting what is already available whilst also adding to it. The implementation phase has not yet been reached but thoughts are being given to emissions.

5. Wellbeing Step: Active Citizenship

MF wished to use the opportunity to check the level of ambition and expectations of this step. The action plan was presented to PSB scrutiny in January and received buy in for its direction of travel.

In terms of governance, the existing Joining Volunteering Partnership is used, with ideas to build representation on the partnership group – conversations have taken place with ABUHB and NRW regarding this.

The thought of developing a volunteering charter and volunteering policy was raised; the documents would contain the values and aspirations along with safeguarding elements.

Other points were raised, including the potential to join up digital systems to track volunteering, a potential PSB volunteer awards and a learning seminar.

MF gave the step a score of 3, stating that the enthusiasm is there but also awareness that we are fairly far away from the ambition.

SC asked if the Police's citizens and policing projects are involved at the moment. MF replied that the group have had police representation, but are discussing the level of person involved.

SA commented that it was brilliant and is hugely important work as volunteering is a key part of the volunteers own wellbeing. SA was interested in the kind of training provided to volunteers, and whether or not accredited skills are gained through the process.

PM thanked all for the updates, and that the scores are useful to get a general balance. Suggesting that the agenda is changed to provide focus on individual steps each meeting. Another area of interest going forward is the role of RPB, and where they are developing.

6. Volunteering for Wellbeing

JB wished to sight PSB on an issue raised during the last Programme Board meeting. JB stated that in order to get a project to the place of finding out if they are successful, there may be a need to bridge funding and asked how the PSB create an environment for projects to flourish, as we could be setting things up that are a bit short term.

The example of Community Connections was explained, who created an excellent offer through their own funding stream (big lottery). Over the course of time, the big lottery funding run out and MCC have been helping them whilst there is a current bid to access ICF funding. If the funding bid is unsuccessful, a chunk of the community wellbeing approach disappears.

PM said that there was a point around sustainability, and that money should be sent back if we cannot follow projects through and we would be providing a disservice.

SA commented that there should be a whole system map for projects, with an understanding of whether or not the resource will be enough or not.

7. Brexit Preparedness

PM was sure that organisations were preparing themselves and noted his gratitude to have a highly functional LRF.

8. AOB

No other business was raised.

-END-

Action	**Responsible**
The PSB to hold a 'workshop' style meeting to help further develop a priority step and spend some time exploring how they can make progress on complex issues	Sharran Lloyd and Matt Gatehouse to develop a workshop session for next PSB meeting

BWRDD GWASANAETHAU CYHOEDDUS
Blaenau Gwent
PUBLIC SERVICES BOARD

Blaenau Gwent Public Services Board

To be held: Monday 28th January (13.00pm – 4.00pm)

Venue: Council Chamber, Civic Centre, Ebbw Vale, Blaenau Gwent, NP23 6XB

Part I: GWENT FUTURES WORKSHOP – ASH FUTURES ***[2 hrs]***

1. Welcome

Special Gwent Futures Workshop held with PSB and PSB SSG members; the Chair and Vice of PSB Scrutiny Committee, and Representation from the Youth Forum.

2. Session Overview *(facilitated by Simon Hooton and Alistair Wilson, Ash Futures)*

a) Introduction
b) Horizon scanning of future – Maximising Opportunities for Prosperity
c) Workshops
d) Summary and consideration of next steps/implications

Following the workshop Ash Futures encouraged attendees to continue the conversation which encourages long-term thinking; consideration of future trends research against key well-being priorities in order to inform Well-being Plan delivery.

SH confirmed that information from the session will be shared with attendees when available and the session was adjourned.

All non-PSB members left at this point

Part II: PSB PARTNERSHIP BUSINESS *[1:45hrs]*

1. Welcome & apologies (Chair) ***[5 mins]***

Apologies (Chair)

In attendance:

Michelle Morris (Chair)	Blaenau Gwent County Borough Council
Diana Binding	National Probation Service Wales
Joe Logan	Tai Calon Community Housing
Johanna Robinson	Office of Police & Crime Commissioner
Emrys Elias	Anuerin Bevan University Health Board
Sarah Aitken	Public Health Wales
Bill Purvis	Natural Resources Wales
Nick McLain	Gwent Police
Mike Richards	Gwent Police
Dewi Jones	South Wales Fire & Rescue Service
Martin Featherstone	Gwent Association of Voluntary Organisations
Heather Nicholls	Wales Community Rehabilitation Company
Bernadette Elias	Blaenau Gwent County Borough Council (PSB Support)
Andrew Parker	Blaenau Gwent County Borough Council (PSB Support)
Emma Scherptong	Blaenau Gwent County Borough Council (PSB Support) (*Notes*)

Apologies:

Nigel Daniels	Blaenau Gwent County Borough Council
Huw Jakeway	South Wales Fire & Rescue Service
Guy Lacey	Coleg Gwent
Julian Williams	Gwent Police
Jeff Cuthbert	National Probation Service in Wales
Jon Goldsworthy	Natural Resources Wales
Rhodri Asby	Welsh Government
Glyn Jones	Aneurin Bevan University Health Board

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

MM welcomed everyone to the Board meeting and introductions were made

a) PSB Vice Chairing Arrangements (Emrys Elias, Vice Chair of the ABUHB, replacing Phil Robson)

MM introduced Emrys Elias, Vice Chair of ABUHB and made the proposal that he continues the role of PSB Vice Chair as he predecessor did Phil Robson.

Members agreed for EE to assume the role of PSB Vice Chair.

2. Notes of previous meeting (Chair) ***[10 mins]*** (*Papers attached*)
a) PSB meeting 22 October 2018 notes for accuracy

Notes were agreed to be an accurate record.

b) Action Sheet from 22 October 2018

MM invited BE to summarise action updates.

All action points were agreed as completed.

c) Recommendations from PSB Strategic Support Group

BE outlined that under Agenda Item 4c) there had been a recommendation from SSG for PSB to consider the option for a discussion space item on the ***preparedness for Exiting the EU - including the strategic risk consideration.***

BE informed members that the PSB Partnership Structure had also been considered at SSG and was being finalised.

MM asked BE whether the structure had already been agreed by PSB.

BE confirmed that it had.

MF suggested that the final PSB Partnership Structure is presented to PSB in April for ratification.

Action: PSB Partnership Structure to be presented to PSB in April for ratification.

3. Blaenau Gwent Well-being Delivery Plan Lead Updates (*papers attached*) ***[30 mins]***
For action\decision

a) Best Start in Life - Early Action Together Programme [ACES] (NM)

MR gave an overview of the Home Office led Early Action Together Programme report and highlighted key recommendations for the Boards consideration:

i) PSB members identify representatives to attend training;
ii) Rhian Bowen-Davies become a member of the PSB's Strategic Support Group
iii) Early Action Together Programme Reports (e.g. Annual Report) is presented to PSB

MR outlined that a standalone Board governs the programme, and that Blaenau Gwent is Represented and that Blaenau Gwent and Newport have been selected as pathfinder areas.

The programme has four primary National Objectives which Members were asked to note in Appendix 2. Implementation of the objectives includes the delivery of Level 1 ACE Awareness Training for Police and wider partners.

MR confirmed that the programme is developing an 'early help' concept which looks to strengthen the delivery of existing Early Years provision. The concept is to be presented to the Early Action Together Programme Board on the 20th February, 2019 along with a six month evaluation report.

MR also clarified that the Welsh Government ACEs Hub is separate to the programme and is also delivering Level 1 training for practitioners.

MM said it would be useful to know the breakdown of the numbers of partners who had received training. MR said this information could be provided.

MR informed members that since delivery of the training there has been an increase in the number of ACE referrals, however a high percentage of these were 'No Further Action' as they didn't reach the safe guarding thresh hold. To improve the quality of referrals a Police Officer is to be placed within the IAA Team (Information, Advice and Assistance) to support screening.

SA said it will be important for the Board to consider how it organises support for families who are currently below the thresh hold and how the programme is being evaluated.

MR said that this is being considered through Ebbw Fawr School, testing what the offer is through the delivery of a Schools Liaison Programme overseen by a Task & Finish Group. MR confirmed that evaluation is currently being dealt with by the Children's Board which sits under the Regional Partnership Board.

BE informed Members that this was considered as part of the Strategic Support Groups discussion space about alignment of RPBs and PSBs and how delivery can be mapped and tracked.

MR thanked support received by Lynnette Jones (Director of Education) and Tanya Evans (BGCBC – Head of Children's Services).

The Board agreed the recommendations of the report.

b) Safe and Friendly Communities - Community Safety Partnership Hubs (NM)

NM gave an overview of the report which formally asks the PSB to agree for the community safety statutory functions to be discharged to the Community Safety Partnership Hub, which were previously overseen by the Fair & Safe Partnership Group, under the Single Integrated Plan arrangements.

NM highlighted that the hub will use a place based approach which is currently operating inTorfaen and Caerphilly.

MM asked what the practical implications are.

NM confirmed that there will be a delivery group Chaired by a Superintendent and will Area Based Locality approach.

AP said that discussions had already been held regarding setting up a core membership for the group and that wider partners will be brought in to tackle problems as appropriate.

SA said as the Vice Chair of the Area Planning Board that it will be important to ensure the relationship with the Community Safety Sub-group is clear and set out within the Terms and Reference of the group. SA asked if further information can be provided on how local delivery mechanisms connect with regional partnerships (such as the Area Planning Board)

JR said currently the Safer Gwent Regional Partnership is seen as a practitioners group and questioned whether an Executive Board, such as the Criminal Justice Board fulfils this role which PSBs report to.

For awareness and decision
c) Getting Blaenau Gwent Active and Healthy – Verbal Update on BG on the Move (BE)

BE gave a verbal update on the progress of the project which includes wide stakeholder engagement and suggested a progress update report is presented at the April meeting.

ES added that whilst the funds to deliver the project is relatively small the project is effectively demonstrating implementation of the five ways of working.

Members agreed for a report to be presented in April.

Action: Getting Blaenau Gwent Active and Healthy – BG on the Move Project Report to be presented in April

For information
d) PSB Support Grant 2018/19, Well-being Events, 18 March – 22 March (BE)

BE informed the Board of a series of Well-being Events planned during March which are being developed based on findings from the Happy Communities analysis.

The Board noted the events.

e) International Women's Day, 8 March (BE)

BE informed the Board that partners have been working together to organise an event to celebrate International Women's Day which focuses on gender balance. BE said local key role models to support the day have been secured such as Chair of the Council, Mandy Moore, Youth Mayor and Deputy Youth Mayor and will also consider the Period Equity agenda.

4. Proposed Discussion Space Items for April PSB (Chair) ***[10 mins]***
For action\decision

a) Carbon Futures (deferred from previous PSB Agenda)

b) Academi Wales attending PSB to facilitate Board Development Session (confirmed)

c) Proposal for a special PSB session to share preparedness for Exiting the EU - including the strategic risk consideration

MM outlined the proposed options for discussion space items in April and asked the Board for comment.

The Board agreed for the April meeting to be split between the Academi Wales Board Development session and PSB Business.

Members suggested notes from the Gwent Futures workshop to be shared with Academi Wales to scope opportunities for building on today's discussions.

5. Partnership Business (Chair) ***[5 mins]*** (*Attached*)
For action/decision

a) Letter from Chair of 50+ Network (Councillor Mason) to PSB – Age Friendly Communities Programme

BE gave an overview of the letter and recommendations for the Board's consideration.

The Board agreed for the Blaenau Gwent Strategy for Older People, Age Friendly Communities Delivery Programme to be presented to the PSB in April.

6. Commissioning ***[5 mins]*** (*papers attached*)
For information

a) Support for PSBs 2019/20 (BE)

b) Healthy & Active Fund – Invitation to full application stage (EP)

7. Key Information from Regional Working Partnerships and Groups (BE) ***[5 mins]***
For information

a) Ystadau Cymru - National Assets Working Group *(Letter from Cabinet Secretary for Finance attached)*

8. Any Other Business (Chair) ***[5 mins]***

9. Items for information (*paper attached*)
a) PSB Strategic Support Group Notes – December 2018

10. Date of next meeting

a) 29 April, 2019 – Venue to be agreed

Noted.

The Chair adjourned the meeting.

Minutes Newport Public Services Board

Date: 12 March 2019

Time: 10.00 am, Raglan Barracks, Newport

Present:

Statutory Partners:

Newport City Council: W Godfrey (Chief Executive)

Aneurin Bevan University Health Board (ABUHB): N Prygodzizc; K Dew

South Wales Fire and Rescue Service: E Bellew

Natural Resources Wales: C Davies (Chair)

Invited Partners:

Welsh Government: A John

Office of the Police and Crime Commissioner: J Cuthbert

Heddlu Gwent Police: I Roberts

Probation Service: L Plechowicz

Coleg Gwent: G Handley

Gwent Association of Voluntary Organisations: S Tiley

Newport Third Sector Partnership: C Lane

RSLs: C Doyle

Newport Live: S Ward

Officers:

N Dance (PSB Co-ordinator), B Owen, C James, W Tucker (Newport City Council)
C Jones (Safer Gwent)

104 Regiment Royal Artillery: Capt D Matthews (for item 3)

Newport City Council: Councillor Majid Rahman, Chair, NCC Performance Scrutiny Committee - Partnerships (for item 6)

Apologies: Councillor D Wilcox (Newport City Council), H Jakeway (South Wales Fire and Rescue), CC Julian Williams (Gwent Police), M Featherstone (GAVO), S Aitken (Public Health Wales

No	Item	Action
1	**Welcome and Introductions** Cllr D Wilcox sent apologies to the meeting. Vice-Chair C Davies took the Chair for this meeting.	
2	**Minutes of the meeting held 11 December 2018** Subject to the following amendments, the minutes of the meeting held on 11 December 2018 were confirmed as a true record. i) To record C Doyle as present at the meeting ii) To record that J Cuthbert and CC J Williams were attending Gwent Youth Question Time on 14th March **Matters Arising** <u>Minute 2 – Serious and Organised Crime</u> A John advised that she was speaking with WG colleagues about the possibility of using social investment bonds to support longer term sustainability of this work. <u>Minute 4 – Regional Partnership Board</u> It was noted that Cllr D Wilcox and W Godfrey were meeting the Chair of the Regional Partnership Board on 13th March. Cllr Wilcox would also attend a Welsh Government RPB/PSB event on 20th March aimed at furthering engagement. RPB minutes were now being circulated with the PSB agenda.	**N Dance**
3	**104th Regiment Royal Artillery & Armed Forces Covenant** The Board received a presentation on work to support the Armed Forces Covenant, which the former LSB had signed in 2013 and 2016. Capt David Matthews of 104 Regiment attended the meeting to outline activity at Raglan Barracks. Members noted 104 Regiment's interest in supporting community initiatives and that Reservists could bring a range of skills and qualifications to employers. Links to the Right Skills and Strong Resilient Communities work were noted.	

	L Plechowicz reported that further funding had been secured for the "Stomp" diversionary programme targeted at members of the Armed Forces community who came into contact with the Probation Service. Details to be circulated. **Agreed:** I. To receive the presentation. II. To invite Capt Matthews to the Strong Resilient Communities workshop on 4th April.	**L Plechowicz** **C James**
4	**Spatial Planning** The Board received a presentation on the local development plan (LDP) process, expected outcomes of the LDP and progress to date. It was noted that NCC is working with Cardiff Capital Region on a potential Strategic Development Plan. **Agreed** – To receive the presentation.	
5	**Future Analysis Project** The Board received an update on the Future Analysis Project and a report on the outcomes of the Newport Futures Workshop. Members noted the importance of hearing the views of young people. **Agreed:** Intervention Leads to I. report back the findings from the workshop to the Intervention Boards and any working groups; **II.** incorporate learning into the intervention delivery plans.	**Intervention leads**
6	**Scrutiny Letter** Councillor Majid Rahman, Chair of the Scrutiny Performance Committee – Partnerships presented the Committee's letter commenting on the Well-being Plan's Q2 performance reports. The comments were that: • The Committee were pleased with the engagement that had taken place and would be ongoing. • The Committee understood that some Intervention Progress Updates were more developed than others as each were at different stages but Members had gained more assurance from additional information provided by the Leads' presentations and responses to Members' questions. • The Committee agreed that they needed a clear understanding of the overarching vision from the Public Services Board, the vision for each Intervention and a map of how the five Interventions link.	

	• The Committee endorsed the use of the Draft Dashboard template in principle, which should contain clear and meaningful information and be reported alongside measurable Action Plans, developed key performance measures with SMART targets. In addition, the Committee requested focussed narrative be included to explain performance / under performance, progress and plans for the next quarter. The Scrutiny Chair noted that the Committee had found the presentation of the Green & Safe Spaces information particularly helpful in understanding progress. **Agreed -** To receive the Scrutiny letter.	
7	**Local Well-being Plan Delivery – Feedback from Intervention Leads** Will Godfrey reported proposed changes to intervention leads as follows: • Will Godfrey to lead the Newport Offer • Ceri Doyle to lead Sustainable Travel with Craig Lane The Board considered update reports from intervention leads on progress in delivering the Local Well-being Plan and recommendations from the Strategy and Performance Board. Members discussed the need to communicate and engage the public and stakeholders in the work of the PSB. Members reiterated that it was particularly important to engage young people and that further consideration was required on how best to achieve this, including potential software solutions. **Agreed**: I. That Will Godfrey leads the Newport Offer intervention and Ceri Doyle leads the Sustainable Travel intervention with Craig Lane II. To note the progress update reports from intervention lead III. That the Engagement Group advises the PSB on engagement tools, in particular ways to engage with young people IV. Boards to identify crossover of activity with other intervention V. Support the idea of a member of Scrutiny being linked to each Intervention. VI. PSB member organisations to sign up to the Eco Stars Programme in support of the project once the funding has been confirmed for 2019-20.	**Engagement Group** **Intervention Leads** **Scrutiny & Partnerships Team** **All**

	VII. PSB member organisations provide details on their fleet vehicles to support the audit taking place by the Sustainable Travel Intervention Board.	**All**
8	**Minutes of Strategy and Performance Board – 20th February 2019** The minutes of the Strategy and Performance Board (S&PB) were submitted for information. W Godfrey, Chair of S&PB, referred to the importance of consistent representation at the meetings, which was important for monitoring delivery of the Well-being Plan. PSB Members were invited to suggest items for future consideration by Strategy & Performance Board. **Agreed** – To receive the minutes.	**Members of Strategy & Performance Board and intervention leads** **All**
9	**Newport Community Safety Engagement Hub** The Board received a report on a proposed Community Safety Engagement Hub at Malpas Fire Station. The Hub will provide a home for multi-agency Community Safety engagement, particularly on ASB, enabling partners to share data and information easily and supporting collaborative work. Members were supportive of this initiative. **Agreed** – To note the report.	
10	**Cultural Sector & Well-being / British Transplant Games** The Board received a presentation on the British Transplant Games as an example of how the cultural sector contributes to the Well-being Plan. The multi-sport and social four-day event would attract 1,000 competitors and contribute £2.5 M to the local economy. The event offered a range of volunteering opportunities that could be supported by PSB members. **Agreed** – To note the information.	**S Ward**
11	**PSB and Sub-Group Terms of Reference** The Board reviewed the terms of reference for the One Newport PSB and its sub-groups. It was noted that through the Third Sector Partnership ToRs, a third sector representative would be nominated to each of the intervention boards.	

	Agreed I. To approve the terms of reference of the PSB and each of its sub-groups II. Intervention leads to agree with their Intervention Boards (IB) any further specific details to be added to the IB's terms of reference.	**Intervention Leads**
12	**Forward Work Programme** The Forward Work Programme was submitted for information**.** The Chair reminded partners that they have the opportunity to submit items for the agenda.	**All**
13	**Regional Partnership Board Minutes: 24th January 2019** **Agreed –** To note the minutes	
14	**Correspondence to the PSB** The PSB received for information: I. A letter regarding Welsh Government regarding Regional Support Funding for PSBs in 2019/20 **II.** Letter from Cabinet Secretary Finance regarding Ystadau Cymru (formerly National Assets Working Group) noting that regional groups have been set up to work with PSBs on collaborative asset management.	
15	**One Newport Communications** The PSB received for information: I. Bulletin – February 2019 II. Summary of Business – December 2018	
16	**Meeting dates** • 9.30 am 20 March 2019: Board development training with Academi Wales • 10 am 11 June 2019 (University of South Wales, City Campus) • 2 October 2019 – meeting to be re-arranged. • 10 am 10 December 2019 (The Friars, Royal Gwent Hospital)	**All to note**

5.2

Regional Partnership Board Annual Report

An integrated system of health, care and wellbeing for Gwent

2018/19

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

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Foreword

It is hard to believe that this is now the third Annual Report produced by the Gwent Regional Partnership Board, and that we are in the third year since the Social Services & Wellbeing Act became law. It has certainly made a difference to the way that we work, with both 'regional' and 'partnership' becoming an integral part of how we work in health and social care nowadays.

However, Welsh Government continue to raise the bar, and the challenge is now to make full use of the two year Transformation Grant funding from Welsh Government to deliver systemic change – at pace and scale.

Further detail of the transformation funding work streams in Gwent are outlined in this report, but the fact is that we have had £13.4 million to affect a lasting change to the health and social care landscape in our region.

There has been a logical progression to take forward our agreed principles of care close to home (outlined in previous year reports) to have four major areas of work.

Firstly there is the development of Integrated Wellbeing Networks, connecting up all those prevention and early intervention projects and groups – from the health and care sector, but also much wider to housing, education, communities and leisure – so that collectively those working in these fields are addressing wellbeing in the broadest sense – what really matters to people.

Secondly, there is looking at the right skill mix and the right support when people come to our primary care services – GP practices, health centres and the like – recognising that this is the 'open access' point where people bring their health and wellbeing concerns. We need to have the right people in the right place with the right skills to meet the presenting needs – recognising that what comes across the surgery door is not all about medical issues. To that end, we are learning from the Compassionate Communities approach in South West England, and looking to scale this for our population needs.

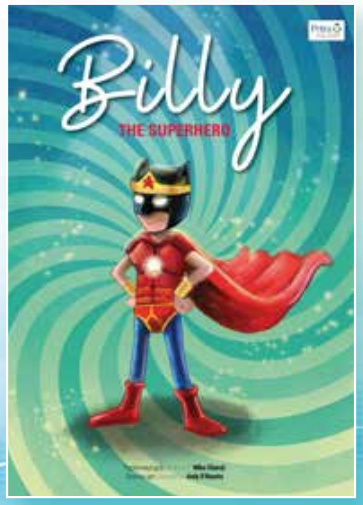
Thirdly, we know that many people come to the hospital front door who don't need to be there – partly because they don't know about other service support, or because it is 'what we have always done'. So the Home First work stream looks to work at that hospital front door to prevent unnecessary admissions and help with any discharge problems.

Fourthly, we know that our services around Child and Adolescent Mental Health (CAMHS) have some real bottlenecks and capacity issues, often meaning that people have to wait for a service that may not be most suitable by the time they can access it. Hence our 'Iceberg' model looks to strengthen and improve early intervention work, with a single point of access approach to co-ordinate the most appropriate support in the best way.

Finally, we know that people are our most important and valuable resource, and we need to support them in using their initiative and skills, give them support they need to work differently (and more collaboratively), so we have a major transformation project around staff and organisational development.

We have made progress in my time as chair of the RPB – but there is still much to be done, and we know that Ministers and the public will be looking at what we do and want to see the difference that regional partnership working can make. It is a major challenge, but one that we are ready to embrace, and I have to thank all my colleagues on the Gwent RPB for their constructive and wholehearted involvement in this work.

Phil Robson, Chair of Regional Partnership Board



1. Highlights of the Year - Perspectives from Partners

View from Local Authority Elected Member:

'The RPB agenda continues to be a very challenging one - and we have had some lively and positive discussions. All of us I think have 'found our feet' more, and the conversations are frank and honest, with everyone having a full part to play. As an RPB we do have a scrutiny role, on behalf of our respective partner organisations, but we all see the need to work together. We were pleased to discuss fully and then endorse a strong Gwent regional transformation grant bid, and we can see that work is now stepping up. As politicians we have to engage fully with Welsh Government so that they know what the key issues are in terms of work on the ground rather than at the theoretical level - as it is we who have accountability to our citizens.'

View from Provider Forum member:

'Gwent is one of the only RPBs to my knowledge that has a regional provider forum. Usually the provider forum (at least with regard to regulated services) are held locally, if at all, and are subdivided across care home providers, domiciliary care agencies etc. The Gwent approach requires more input and support, but I feel it has really helped to improve understanding and cooperation across providers and helped the RPB to take a more genuinely regional approach. The team also support the provider representatives by emailing information to all providers, as a result of which they are probably better informed about what is happening in Gwent RPB than their counterparts elsewhere.'

View from Director of Social Services:

'The Transformation Fund has meant more resource to RPB - alongside more funding through ICF. It means that the RPB has a busy and demanding agenda, with more interest from national and regional organisations wanting to 'link up' with us. We have had to look at different ways of working as the regional approach is here to stay.'

View from Local Health Board Executive:

'The RPB range and spectrum of work has continued to grow - and we are seeing more Welsh Government (and others) interest in what we are doing in Gwent. It does mean that we have to be open and honest with each other, and we will not agree on everything. However some good joint working is going ahead, and there is a high level commitment to the RPB. One challenge we now face is how we also connect with Public Service Boards and their work on wellbeing so that we get the best outcomes for citizens.'

View from Citizen Member:

'Having been attending RPB meetings for a couple of years now I can see that there is a really big agenda and a lot that the RPB has to cover. Discussions are open and honest - and it is positive that as citizens, we can make comment and seek clarification. It is certainly challenging - but also very interesting, and the conversations are certainly lively, with everyone able to contribute.

2. Key Achievements against strategic priorities

Dementia Friendly Communities

- **9,676** new dementia friends during 2018/19. (over **25,000** since starting work).
- **31** new dementia champions to deliver training.
- Over **10** new schools awarded dementia kitemark.

Adverse Childhood Experiences

- **202** schools received ACE awareness training. (**83%** of all schools/settings).
- over **900** police officers and **250** staff from partner agencies recived training.

Mental Health Employment

- **401** people supported through ICF project with **56** people entering employment (**14%**).
- **6** individuals supporting **2** social enterprises.
- **20** peer mentors in vocational pathway.

Learning Disabilities

- **135** 'skills 4 work' sessions with **80%** in training and **19** people gained employment.
- **189** people developing active social lives via 'my mates'.
- **49** people gained volunteering experiences.

Young Carers

- **20** schools working towards young carers in schools accreditation and **161** Staff Received Training.
- Over **60%** increase in number of young carers identified in schools.

Mental Health

- Over **80%** of accepted referrals to primary care mental health team service (pcmhss) seen for initial assessment within 28 days.
- Over **80%** of patients assessed by the service requiring support, receive first session within 28 days.

Mental Health

- **100%** of people on diagnostic pathway felt listened to and concerns were understood.
- **93%** rated diagnostic group as good or excellent post diagnosis.

A number of strategic priorities for the Gwent RPB were set out in the annual report of 2018/19, and so this section sets out how these have been progressed in 2019/20.

Partnership	Task	Outcome Position
Children & Families Partnership	Implement a Gwent wide scheme to create ACE aware organisations, and work in partnership with Gwent Police and Public Health Wales.	Programme established, with Gwent Police support provided and ACE awareness training rolling out across organisations – including schools.
Adults Strategic Partnership	Develop new integrated care pathways for older adults with complex needs.	Work has been taken forward including a review of the Gwent Frailty programme, and the development of the Home First transformation proposals, that were initiated in November 2018. This service spans Gwent local authority areas and supports admission prevention and speedier discharge.
Children & Families Partnership and LD & MH Strategic Partnership	Review and redesign services for children with complex needs including Child and Adolescent Mental Health Services (CAMHS).	Review went forward and led to the development of an integrated early intervention approach that formed one of the core components of the Gwent transformation fund proposals – termed the Iceberg model.
Adults Strategic Partnership	Develop and deliver a regional strategic dementia action plan to meet the needs of people living with dementia.	A multi-agency ICF proposal was developed and approved to undertake a mapping review of all dementia services and this has informed targeted IC dementia funding proposal, including a consortium approach to flexible respite with 4 third sector partners.
Carers Partnership	Enable Carers to become a priority focus for the wider primary care team including GP's, pharmacists and social prescribers.	A carers GP project has been initiated, working with third sector partners, to ensure carer information boards and Carers champions across every GP surgery in Gwent. This has taken heed of learning from both dementia champion work and the Young cares in schools programme rolling out with Carers Trust.
Health, Social Care & Housing Partnership	Work collaboratively with housing to plan and design new models of accommodation.	A comprehensive study of the housing aspirations of older people has been taken forward through a public health consultant from ABUHB/PHW. This reported to HSC&H partnership in April 2019, and involved work with partners in Gwent and the wider UK. Recommendations are now being considered by all partners for future planning.

Partnership	Task	Outcome Position
Workforce Development Board	Develop a wellbeing and integrated care workforce for Gwent by piloting a Gwent Academy model.	The Academy approach has changed to a career college consortium approach, working with local FE providers to ensure that courses are aligned to new care registration requirements; that career pathways are mapped out and developed; that learning placements are expanded and consistent; that recruitment events are set up and that information provided is accurate and up to date. This is a major project that has been linked to the SCW 'We Care' attraction and recruitment campaign.
Adults Strategic Partnership **Regional Joint Commissioning Group**	Consider a new funding framework to shift resources from secondary to primary and community care, and maximise pooled budgets.	A section 33 agreement for care home placements for older adults has been finalised and signed off by statutory partners. Work on a common care home contract and specification is being rolled out across all partners as old contracts draw to a close. A common fees methodology process is also being developed working on a co-production basis with providers. The need to address primary and community care support is the focus of one of the Gwent transformation proposals linked to Compassionate Communities work, with training in Care Navigation taken forward across GP practice and front line services across the region over the last year.
All Partnerships	Implement WCCIS and pilot new technologies to support community diagnosis, treatment and care.	All partners are now signed up to WCCIS and rollout has proceeded according to plan. Steps are well advanced for the only local authority partner not signed up to WCCIS to join in a managed way.
Health, Social Care & Housing Partnership	Develop an effective and integrated estates strategy for an integrated system of health, care and wellbeing.	The ABUHB high level estates strategy has been shared with local authority and RSL partners through the HSC&H strategic partnership, and initial planning on consortium/locality basis is underway to maximise best use of ICF capital availability. Mapping of all older persons accommodation in the region has been done on GIS and shared across all RSL partners.

Planning is important but it is outcomes for citizens that are the true benchmark of whether integrated working is effective.

From the Integrated Autism Service:

From a parent supporting their daughter in diagnostic appointments: “Every aspect of this service is done well. My two daughters were diagnosed in their late twenties. I am on the waiting list to be assessed myself. I only wish this service was available when my daughters were young, as I brought them up with no help or support. I sincerely hope this service continues to help other families and individuals.”

From Frailty Service:

‘89 year old male (PD) – living at home with his wife, Referred by Physio on WAST FRS vehicle as an urgent same day response. Gentleman had fallen and his wife couldn’t pick him up. WAST response lifted PD into chair. Gentleman stuck in chair as completely immobile and wife and Private Agency carers couldn’t move him. WAST was considering Hospital admission.

He was seen within two hours of referral by Frailty Occupational Therapist. He was assessed with a stand aid that O/T had taken with her.

Following practice with the O/T & wife same day, PD managed to start transferring safely with assistance of wife and also was able to transfer using stand aid with Private Agency carers.

Follow up visits provided by Frailty Physiotherapist. Stair lift assessed and to be fitted.

Referred to Attic Project from Care & Repair who are undertaking general house decluttering, sorting damp issue in house to assist with chest infections, sorting uneven floors to prevent falls.

PD is on course to reach his goals and hospital admission has been prevented.’

3. The Regional Partnership Board - How We Work

This section of the Annual Report sets out the high level priorities of the Regional Partnership and Area Plan and governance arrangements in place.

The Board purpose as set out in the Terms of Reference are:

The 'The Greater Gwent Health, Social Care and Well-being Partnership Board is a key partnership body; established to lead and guide the implementation of the Social Services and Well Being (Wales) Act 2014 in the Greater Gwent area (covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen), sitting within the footprint of the Aneurin Bevan University Health Board area.'

These priorities and objectives are included within the Area Plan.

The long term priorities of the RPB are:

- To improve health and wellbeing outcomes and reduce inequalities in the region.
- To improve care, treatment and support, ensuring people have more say and greater control.
- To provide information and advice, to help people sustain good health & well-being.
- To provide co-ordinated, person centred care, treatment and support.
- To make more effective use of resources, skills and expertise.
- To align or integrate functions and resources, where integration adds value to citizens

In order to deliver RPB priorities and the objectives of the Area Plan, there is a framework of thematic integrated partnerships, which also have oversight of the relevant programmes of work and projects under ICF.

The thematic partnerships each have a strategic work programme, which is translated at a local level via the 'Integrated Partnership Boards' and Neighbourhood Care Networks.

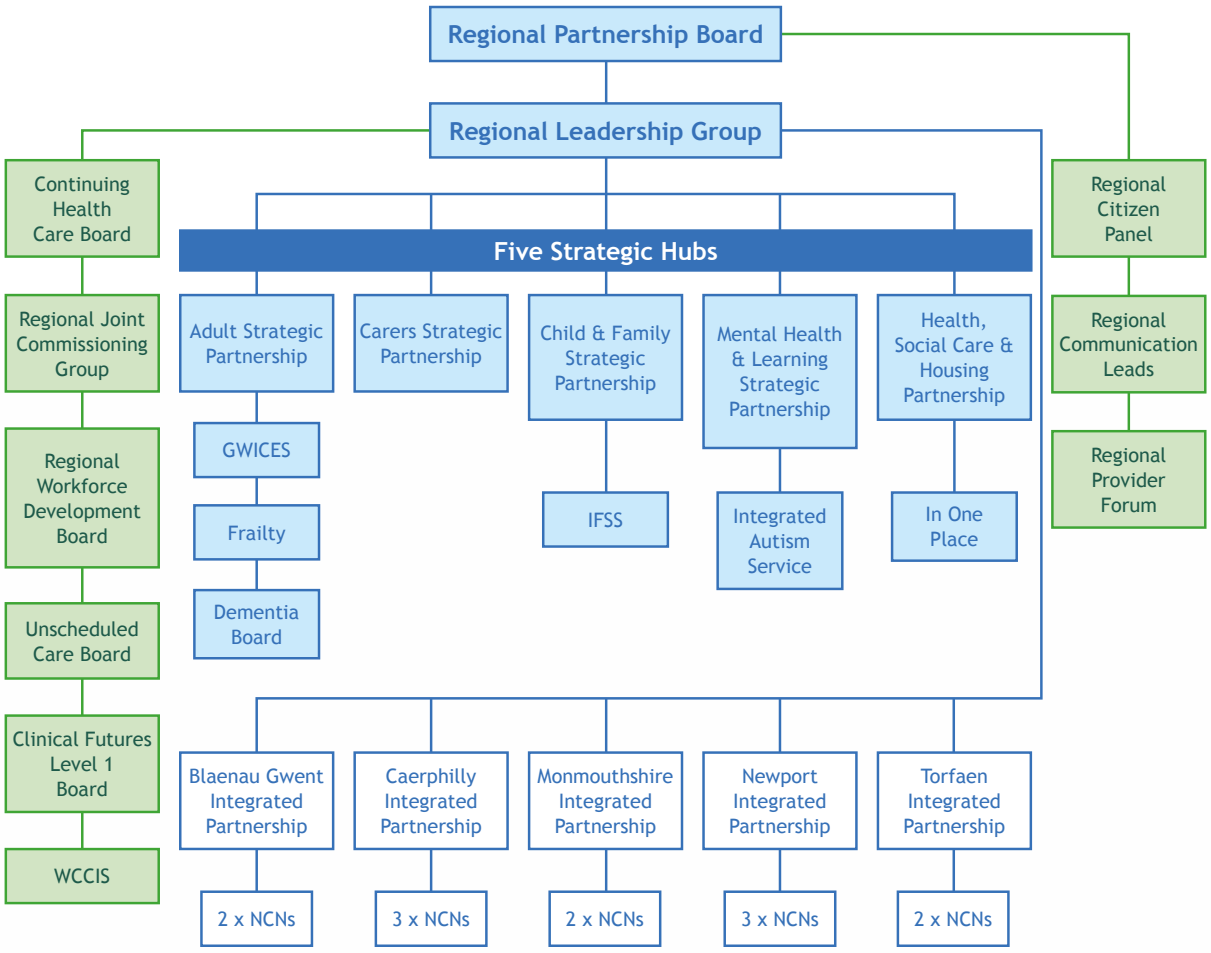
There are also some groups that usefully have a reporting link to Leadership Group and RPB as informing the 'whole picture' of health and social care, but which have a specific Health Board accountability - and these would include:

- The Continuing Health Care (or long term care) Board.
- The Clinical Futures level 1 Programme Board.
- The Unscheduled Care Board.

There are also some other functional groups, set out in the SSWB Act as required at regional level.

This include:

- The regional citizens panel (including carers), with two representatives to RPB.
- The value based provider forum, to connect to the RPB directly – having two elected representatives to sit on the Board.
- A regional joint commissioning group.



The Gwent Area Plan sets out the vision for an integrated system of health, care and wellbeing across Gwent. Collaborative leadership from Health, Local Government, and Third sector colleagues has driven the development of the plan. It is ambitious, and it sets a clear route map for the delivery of an integrated model of health care and wellbeing across Gwent. The Regional Partnership Board (RPB) will provide leadership and oversight on the delivery of the plan, supported by appropriate governance and performance management systems.

The Plan is structured around the statutory core themes identified in Area Plan guidance and priority population groups, where a step change in the pace of transformation is required, these are older adults, children and young people, carers; and people with mental health and learning disabilities. Underpinning these strategic groups are work streams on housing, workforce, finance and assistive technology. The plan will be delivered through the structure set out above comprising regional activity (strategic partnerships) local activity (5 x integrated boards) and locality models (NCN's).

Challenges for the RPB going forward:

Integrated working, and the bringing together of different organisations to work with common purpose, is challenging and this is something that the RPB continues to have to work through.

An increased level of funding from Welsh Government comes to RPB's to determine best use, and often this funding is short term in nature – for one or two years. This is against a backdrop of continued pressure on local authority budgets and cuts having to be made to front line services.

'Getting used to the rules' that WG attach to funding streams has meant that there can be work done on proposals (in particular for ICF) that doesn't meet requirements, or which duplicates other work – and as an RPB, there is a need to be better and smarter in communicating both needs and opportunities, as well as what is already being done.

The RPB is – by statutory requirement – a large body, and this can make discussion difficult and decision making unwieldly – there is a need to develop agreed mechanisms to respond positively and quickly to WG, regional and local requests.

Connection between the RPB and other collaboration and integration bodies – such as Public Service Boards, Area Planning Board (covering substance misuse), Area Safeguarding Board and others – is still very much a work in progress,. Communication from WG is not always consistent and mirrors the diversity of partners in the RPB, so this has led to misunderstandings and tested relationships at times.

The increasing rate of requests from WG for information and input to national events, workshops and meetings also places demand on RPB resources – and this is a process that will need careful management going forward.

So, there are still significant challenges to be faced, with the knowledge that demands will continue to increase.

4. Partnerships, Priorities and Progress Against Regional Area Plan

This section of the annual report sets out key work taken forward through each of the partnerships under the RPB and key outcomes in the year in relation to delivering the Regional Area Plan.

Adults Strategic Partnership

Area Plan Outcomes

- To improve emotional well-being for older people by reducing loneliness and social isolation with earlier intervention and community resilience.
- To improve outcomes for people living with dementia and their carers.
- Appropriate housing and accommodation for older people.

Progress

- Work has been taken forward including a review of the Gwent Frailty programme, and the development of the Home First transformation proposals, that were initiated in November 2018. This service spans the 5 Gwent local authority areas and supports admission prevention and speedier discharge.
- A section 33 agreement for care home placements for older adults has been finalised and signed off by all statutory partners, and work on a common care home contract and specification is being rolled out across all commissioning partners as old contracts draw to a close. A common fees methodology process is also being developed working on a co-production basis with providers.
- The need to address primary and community care support is the focus of one of the Gwent transformation proposals linked to Compassionate Communities work, with training in Care Navigation taken forward across GP practice and front line services across the region over the last year.
- Domiciliary Care: developed programme approach to improving the way that domiciliary care is commissioned, as well as developing strategic and practical approaches to tackling long standing recruitment and retention issues in the sector. This has included a partnership approach with service providers including Coleg Gwent, a significant ICF allocation to stimulate innovation and new approaches to commissioning, as well as a range of approaches to recruitment and retention including improving communications, recruitment practice, a schools programme, access to placements, curriculum content and exploring ways to overcome barriers to entry such as the cost of driving and transport.

Challenges

- The increasing need to support people living with dementia and their carers especially with community support and earlier intervention.
- Domiciliary care market place requires innovative solutions to long term recruitment.
- Continued pressure to reduce length of hospital stays for older people and return safely back home with sustainable support.

Children & Families Strategic Partnership

Area Plan Outcomes

- To improve outcomes for children and young people with complex needs through earlier intervention, community based support and placements closer to home.
- To ensure good mental health and emotional well-being for children young people through effective partnership working (priority under Mental Health core theme).

Progress

- Reviewed and redesigning services for children with complex needs including Child and Adolescent Mental Health Services (CAMHS), which led to the development of an integrated early intervention approach that formed one of the core components of the Gwent transformation fund proposals – termed the Iceberg model.
- Adverse Childhood Experience (ACE) Programme established with Gwent Police with ACE awareness training rolling out across organisations including 202 schools (83% of schools and settings) with the expectation that nearly all schools and settings will have received training by July 2020; as well as the development a two day Train the Trainer programme 'Creating an ACE Friendly School.'
- Enhancing support and services for Looked After Children and children at the edge of care through development of 'MYST' services across the region – My Support Team. Integrated referrals process for Children and Young People Primary Care Mental Health Support Service (PCMHSS) enabling the child or young person to access the agency best placed to provide support. This process is in place in Newport and Monmouthshire, with roll out to the other three boroughs throughout 2019.
- Mental health workers have been employed to support schools in ensuring good mental health and wellbeing for all pupils.
- Specialist Child and Adolescent Mental Health Service (S-CAMHS) has been the focus to decrease waiting times and increase the numbers of children and young people accessing support. The service reports that average waiting times for S-CAMHS is 2 weeks from referral to assessment and 24 hours for urgent/emergency referrals.

Challenges

- Ensuring the children and young people agenda is highlighted in a crowded health and social care agenda.
- Consistent provision of support across the region and parity of service.

MH & LD strategic partnership including Regional Integrated Autism Service - key priority areas

Area Plan Outcomes

- To improve emotional well-being and mental health for adults and children through early intervention and community support.
- Increased understanding and awareness of mental health amongst the public to reduce stigma and help people to seek support earlier.
- To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs.
- To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice.

Progress

- In conjunction with colleagues in Gwent Police there are now mental health professionals based within Gwent Police's control room which allows front line officers to talk to a mental health professional when they are supporting an individual they believe is experiencing a mental health crisis.
- A 6 month pilot has been undertaken where a mental health clinician has been based within the GP 'Out of Hours' centre at peak times. The clinician has offered advice and signposting over the phone which has improved patient experience and system efficiency. Due to the success of the pilot this provision has now been extended.
- Using Integrated Care Funding third sector and statutory agencies have been working together to deliver supported employment and vocational opportunities for both people with a Learning Disability and people with mental health needs. This includes the development of over 20 Peer Mentors with a mental health need working across the region.
- Via working in partnership, individuals with a Learning Disability who were previously supported within ABUHB residential provision have been able to move to their own home that is providing increased independence, greater opportunities for community participation and enhanced well-being.

- Integrated Autism Service: A regional Integrated Autism Service (IAS) has now been established providing diagnostic assessment and interventions for individuals with Autistic Spectrum Disorder across Gwent.
- The 'My Mates' initiative has been implemented across the Gwent region and now has 189 members. My Mates is supporting individuals to have an active social life and develop networks of support which sit outside of services.
- A conveyance service has been established to ensure that individuals experiencing a mental health crisis have access to safe and timely transport across the region.
- A review and analysis of Mental Health and Housing provision has been undertaken and a number of recommendations that been made that will provide greater opportunities for agencies to work together to deliver improved mental health and housing outcomes for the people of Gwent.

Challenges

- Alignment of partners' strategic priorities and resources to deliver most effective support with whole system cultural and practice change.
- Finding a collaborative way to support those with complex needs.
- Making the links between strategic housing services, RSLs, Supporting People and statutory and third sector mental health and learning disability providers.
- Demand / capacity for autism support – number of referrals accepted outstrips capacity of service to diagnose.
- Short term intervention not always sufficient and temporary nature of funding and service structure affects sustainable services.

Carers strategic partnership

Area Plan Outcomes

- Support carers to care through flexible respite, access to accurate information, peer to peer support and effective care planning.
- Improve well-being of young carers and young adult carers through an increased public understanding (this is a priority highlighted in Together For Mental Health).

Progress

- Young Carers in Schools Programme (YCiSA) - 13 schools involved and reporting increased identification of young carers.
- Rollout of small grants scheme – 114 recipients during 2017/18 and extended to include Young Carers during 2018/19.
- Across ABUHB, level 1 'Carer awareness' training to 467 staff and 393 staff completed training, evidenced through their reviews. An e-learning package has been developed with SSIA.
- Torfaen Young Carers, over 300 activities and Adults Carer worker taken ahead.

Challenges

- Respite is critical for carers and needs to be available in a timely and flexible way especially in crisis situations.
- The process for recording formal carers assessments needs to be managed to enable key access to services, recognising that informal support methods are often used to achieve prevention.
- People often do not recognise themselves as carers, so use of the word 'carer' across all ages allied to the perception of carers roles makes it difficult for carers to be identified which impacts on delivering the carers agenda.

5. Formal partnerships – Part 9 - Requirements and new initiatives

This section of the report considers the formal partnership arrangements required under Part 9 of the Social Services and wellbeing Act and any key milestones within the year.

Pooled budgets for care homes:

The region has picked up the challenge of developing a Pooled Fund (Section 33) Agreement and has made significant progress. To date all partners 'signed up' to a comprehensive work plan for 2018/19 which builds directly upon the progress made against the requirements of Part 9 of the SSWBA.

This includes:

- An agreed Section 33 Agreement to manage the pooled fund for care homes for older people on behalf of the Gwent Regional Partnership.
- Agreed regional financial and commissioned services position statements which will translate into a Regional Market Position Statement and Gwent Commissioning Strategy.
- An agreed regional Common Contract for the provision of care home services for older people in Gwent.
- An agreed work programme which will ensure that the region will fully comply with Part 9 of the SSWBA.

Extend Dementia Awareness:

A Dementia Roadmap Website has been developed, funded by local GP's through the Neighbourhood Care Networks. This is coordinated by the Gwent Association of Voluntary Organisations. The website provides a one stop shop for information and advice to support people living with dementia and their carers.

- An example can be found at: **https://wales.dementiaroadmap.info/torfaen/#.W2QOO8uWzIU**

In partnership with Gwent Police a regional missing persons protocol has been developed 'Herbert Protocol' which sets out safeguards to reduce the risk of people living with dementia going missing; and simple steps that can be taken if a person goes missing.

w.gwent.police.uk/news/article/article/gwent-partners-will-use-herbert-protocol-to-help-locatepeople-with-dementia-who-go-missing-1/

The Welsh Ambulance Services NHS Trust was recently named Dementia Friendly Organisation of the Year at the prestigious Alzheimer's Society Dementia Friendly Awards in London. They were deemed to have an outstanding level of investment into improving the lives of people living with dementia, and they engaged with a number of people living with dementia in Gwent to develop dementia informed practices and that contributed to this accolade.

The Alzheimer's Society confirmed they are impressed with the way that DFC has been developed in Gwent and the scale of the take up of the initiative. They have reported on the genuine collaboration between all sectors to ensure needs are met and that all are pulling in the same direction as a result of the high-level accountability through the multi-agency Boards. They reported that they feel they are listened to and treated as an equal partner on the Dementia Board and that there is a high level of openness and transparency in decision making.

Future Opportunities for scaling services

Two of the design principles identified in 'A Healthier Wales: Our Plan for Health and Social Care' are for services to be scalable and transformative. There is potential for the governance structure, principles and ways of working adopted by Gwent in delivering Dementia Friendly Communities to be scaled up and rolled out more widely to effectively deliver a similar model in other areas. This initiative can make a real difference and improve well-being outcomes for people with dementia and their carers and if supported well provides a sustainable approach to become a social movement.

A regional approach to Careers in Care

One of the priorities for the Gwent Region is ensuring that there is a suitably qualified work force, especially front-line social care staff working in the domiciliary or residential care settings, so that they fully engage in the community agenda, understanding the important role they have in building community resilience and contributing to a preventative approach. Gwent RPB has established a Regional Career College Consortium for Health and Social Care Programme with 6 strands: Governance, Developing Provider Relationships and Qualifications, Marketing, Engagement and Communication, Finance, Employability Officer and Related Work Programmes.

In addition to the usual partners on the RPB, Coleg Gwent, Career Wales and private social care providers are working in partnership to help deliver this programme. Coleg Gwent are taking an active role in this partnership and are keen to work with the Gwent RPB to develop training and development programmes to meet any skill deficits in social and health care as well as the community development deficits and develop guidance on the learning and best practice in setting up a social care and health course to specifically target the skillset deficit.

A programme approach is being implemented and some key actions already being addressed include:

- Working with the private care sector to develop an offer for students which supports a time specific, paid work placement once qualified.
- Develop relationships with local primary schools to raise the profile and understanding of Health and Social Care to educate and inspire younger children to think about health and social care.
- Develop relationships with local secondary schools to promote health and social care as a valuable career choice. This links to the wider intergenerational strategy being developed by the Ffrind I Mi initiative.
- Develop a database of students at enrolment and subsequent destination data to better understand why students decide not to enter the Health and Social Care sector once qualified.
- Improve the image of working in health and social care in the region, support regional recruitment initiatives, and stream line application processes so they are more user friendly.

In December 2018 the Regional Consortium launched a Health and Social Care book for younger children 'Billy the Superhero'. This book is an innovative way of introducing the topic of health and social care to young children, to encourage them to reach their potential and spark interest into health and social care as rewarding careers.

Copies of the book are available from Petra Publishing: **caerphillypn@btconnect.com**

Gwent Frailty Programme:

The Frailty Programme looked to create an integrated model of care that is community based. It aimed to recognise interrelated factors such as:

- Medical condition.
- Related health issues.
- Well being.
- Practical living factors such as housing, income, safety, transport.
- Personal/social factors i.e. isolation; family; living conditions; confidence.
- Family and formal care services.

In 2017/18 it was agreed that the Frailty came directly under the RPB structure, through the Adults Strategic Partnership, with regular report on activity, in line with other integrated work streams.

ICF – Integrated Care Fund:

This has grown nationally to £89 million for 2019-20, and of this Gwent has a regional allocation of £16.038 million revenue for next year.

There are now three ICF funding streams:

- ICF Revenue: funding for additional and/or alternative models of delivery.
- ICF Dementia: a specific funding stream supporting implementation of the Dementia Action Plan.
- ICF Capital: funding for accommodation led solutions for the priority areas identified above.

Regional Commissioning

The Regional Commissioning Group has completed the first phase of its work and has now agreed a second phase work programme. The terms of reference and membership has also been refreshed. The overarching aim of the RCG is: 'to support and enable people to live where they want to live and to establishing what matters to them as the starting point.'

Key Requirements:

- Work with the care market(s) to elicit change.
- Work with commissioners to change commissioning practice.
- Work with staff to change culture and practice.
- Work to have a clear communication strategy and message shared by all commissioners.

The RCG has a cross-cutting function across the regional strategic partnerships and is available to undertake work on their behalf and on behalf of the Regional Leadership Group and Partnership Board. The RCG also provides oversight of regional commissioning programmes across the region and an information and good practice sharing forum across the regional partnerships. The RCG is also available to provide specialist technical advice to partners on commissioning related activity.

Progress to date:

- Section 33 Pooled Fund Arrangement signed by all parties.
- Market Position Statement completed.
- Common regional contract agreed and in process of implementation.
- Common Specification for care home accommodation functions agreed.
- Common fee methodology out for consultation.
- Common contract performance management tool in development based on specification.

Going forward, the RCG Work Programme 2019/20 will cover:

- Part 9 SSWB Act Accommodation Services for Older People.
- Regional Programme for Domiciliary Care Services.
- Regional Mental Health and Learning Disability Services.
- Regional Adult Advocacy Services.
- Regional Children's Services.

Carers and small grant scheme

The small grant scheme is an initiative developed by the Gwent Carers Partnership to support life alongside caring. The scheme was introduced to reflect a gap in provision of financial support that was available and to help support carers alongside their caring role enabling carers to request financial assistance under four categories of funding up to a maximum of £500.

In 2018/19 a total of 206 applications were received of which 22 were unsuccessful. In 2017/18, 146 applications were received compared to 216 this year, an increase of 70 applications. This increase in 2018/19 reflects the greater emphasis on awareness of the scheme and the associated additional funding attributed to meet this demand. This year the scheme was also extended to include applications from young/young adult carers. Greater awareness of the scheme has resulted in the increase in numbers applying for the scheme, but the partnership has noted that wider advertising and awareness is needed going forward.

Case Study

Carer A provides care for her 77-year-old mother who has stage 4 COPD, diabetes, arthritis, high blood pressure, macular degeneration and partial sight in the other eye.

As a result of these conditions carer A's mother is housebound, suffers with poor appetite, fatigue, confusion & poor mobility. Carer A requested funding to access complimentary therapies available to her via a hospice support service.

Response: having the grant awarded has allowed me to have quality 'time out' and the therapy sessions have made an immense difference to my overall well-being."

Integrated Family Support Services (IFSS)

Integrated Family Support Services (IFSS) provides targeted support and help connect children and adult services, focusing on the family as a unit. IFSS work with families to help them to make positive changes, so that any concerns are lessened and children can stay safely at home.

In the ABUHB region, Newport City Council are the lead organisation and coordinate operations across the region, and revenue is funded from all 5 local authorities to deliver the service. The pooling of funds for IFSS is a requirement under Part 9 of SSWB Act, and these arrangements were in place prior to the Act implementation date of 6th April 2016.

Over the past two years the 5 LAs have reviewed all approaches to interventions for Edge of Care services. This included a review of the efficacy of our previous IFST provision. There was concern and potential risk of having parallel services with duplication for families. All IFSTs have evolved the original model of support to more effectively meet the needs of families experiencing parental substance misuse, domestic violence and parental mental ill health. The 5 Gwent LAs have different structures with set ups which vary for family support, intensive interventions, family contact, preventions and edge of care services.

The previous IFST provision had been overtaken with the developments of improved edge of care services using the best elements of the IFST model but moving away from some of the less useful aspects. The 5 LAs all offer intensive family support with a mixture of models and staffing including a range of workers; and with a range of partners rooted in research and evidence based practice. This includes health colleagues, consultant social workers, specialist domestic abuse workers as well as social workers and family support workers. The 5 LAs all take a role with the Children and Families Partnership Board and work together as appropriate; for example on recent ICF bids to further develop family support interventions. As outlined in Part 9 of the SSWB Act, the 5 LAs work together to share practice and collaborate with training and expertise.

6. Forward Board priorities – Meeting the challenge of 'Healthier Wales'

This section of the Annual Report gives a final summary of the progress that the RPB considers has been made in the last year. It also consider the priorities it will be focusing on in the following year and beyond.

Our Gwent Transformation Model

The RPB has grown in maturity and status over the last year, with a step change in the extent of shared decision making and the emergence of a clear programme of change to deliver 'A Healthier Wales'. In particular the ICF and Transformation programmes have demonstrated an effective approach to collaborative decision making and delivery at pace of large scale change programmes.

To enable the RPB to oversee service transformation and the successful delivery of 'A Healthier Wales' development sessions are held on a regular basis to support members to build trust, enable critical challenge and scrutiny. To help us to continue this the Board have mandated a programme of organisational development to be facilitated by the Bevan Commission and Social Care Wales, with Phase 1 commencing July-November 2019. This work will co-create with the RPB an options paper to set out potential options for future service delivery models, which will be effective and sustainable in the specific Gwent context.

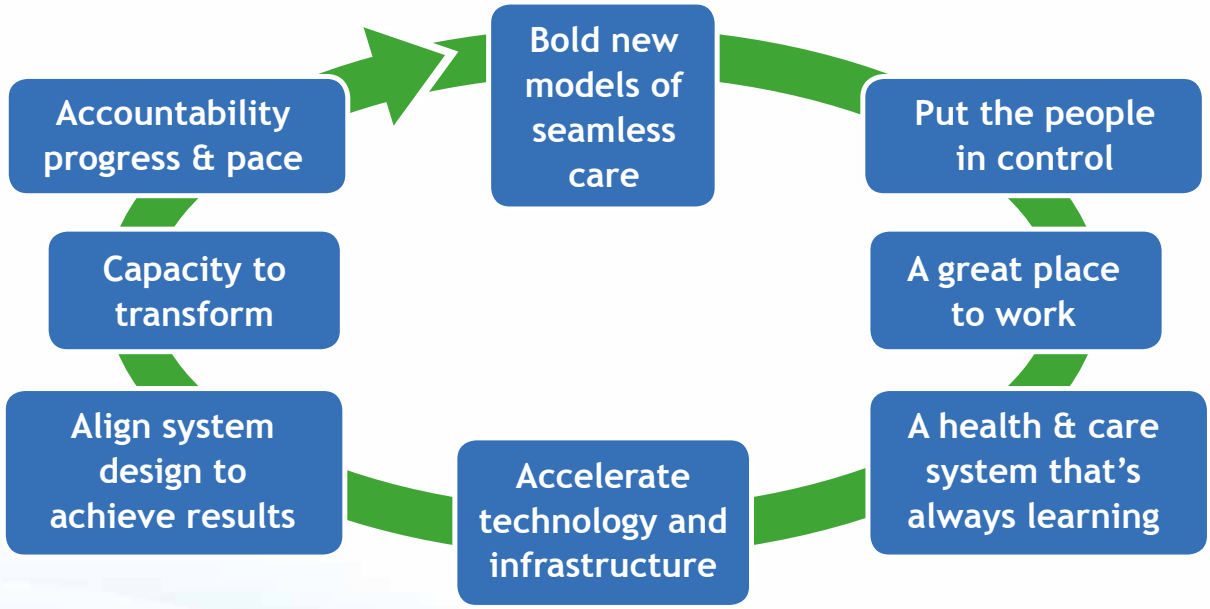
In Gwent, we are proud of our transformational programme, which was co-produced by RPB members and is designed to deliver more seamless models of care closer to home. The programme places a strong emphasis on creating integrated services and creating sustainability in our workforce. Early successes include the introduction of a Single Point of Access for families of children with complex needs, the development of a Gwent Compassionate Communities model, and a new integrated model of hospital discharge.

Through our Social Value Forum, and Leadership structure the third sector are equal partners in the planning and delivery of services, with strong representation at Board and Strategic Partnerships. Specific work has been led to develop a robust social value forum in Gwent that members are proud of and actively engaged in; 'It is true to say that the Gwent Social Value has been inclusive, trying to foster a culture of openness and transparency' (SVF Member).

Next Steps:

- Continued delivery of the transformation programme at pace, with strong emphasis on sustainability of the new models.
- Commence work with Bevan Commission/ Social Care Wales on an Options Paper for the future delivery model for the RPB (Report to be received by November 2019).
- Implementation of Research Innovation Improvement and Communications Hub (RIIC) July-September.
- Commission external evaluation of each of the transformation programmes (April 2019).
- Support the development of the Integrated Partnership Boards to strengthen place based planning, commissioning and delivery.
- Agree at least 2 pilot sites to test the agreed place based methodology (December 2019).
- Consideration of alignment of improvement resources to ensure tested models can be funded and upscale through an approach to maximise ICF/Transformation funding (ongoing).

The overall aspirations from the Gwent RPB for transformation are set out in the diagram below.



Annexe 1: Register of RPB monthly meetings

Meeting date	Meeting type	Key topics covered
3rd May 2018	Business	OT presentation, WCCIS, ICF update, Frailty. Pooled budgets for care homes, Area Plan, DToC work streams, Integrated Wellbeing Network update, Parliamentary review.
12th July 2018	Business	People First - self advocacy presentation; WCCIS; Parliamentary Review of Health & Social Care, ICF update, HSC&H partnership report, commissioning work streams, RPB annual report.
6th Sept 2018	Development	Transformation Proposals – the Gwent offer, ICF capital proposals – sign off.
19th Sept 2018	Business	ICF Update, Transformation Grant, Winter Plan, WCCIS, Frailty review, Updated RPB terms of reference.
8th Nov 2018	Business	LD & MH partnership update, Frailty, WAO feedback on ICF, Healthier Wales, ICF update, WCCIS implementation plan, Home to Home survey, Social Care Wales report, Winter plan – sign off, Loneliness & Social isolation consultation.
10th Jan 2019	Development	Review of journey so far, Principles for joint working, Transformation and Area Plan.
24th Jan 2019	Business	Integrated Autism Service presentation, Carers partnership update, Healthier Wales, ICF update, WCCIS, Pooled fund and Care home contract, Forward development sessions.
14th March 2019	Business	Clinical Futures presentation, ICF update, Healthier Wales, regional commissioning – pooled funds and advocacy, Frailty, WCCIS.

Annexe 2: Membership of the Regional Partnership Board

The required membership of the Regional Partnership Board is set out in statutory guidance as Part 9 of the Social Services and Wellbeing (Wales) Act. It is to include local authority elected members from each local authority in the Board area, the Directors of Social Services for each local authority in the Board area, Independent Members of the Local Health Board, Chief Executive and senior Directors of the Area Local Health Board, and Chairs of Community Voluntary Councils (CVC's) in the Board area. The Board also has the flexibility to co-opt additional members should they wish.

The current RPB membership as of March 2019, is set out below:

Phil Robson	Independent Member	ABUHB (RPB Chair)
Anne Lloyd	Independent Member	ABUHB
Kateja Dew	Independent Member	ABUHB
Richard Bevan	Board Secretary	ABUHB
Cllr Richard Clarke	Executive Member	Torfaen (RPB Vice-chair)
Cllr John Mason	Executive Member	Blaenau Gwent
Cllr Carl Cuss	Executive Member	Caerphilly
Cllr Penny Jones	Executive Member	Monmouthshire
Cllr Paul Cockeram	Executive Member	Newport
Judith Paget	Chief Executive	ABUHB
Nick Wood	Chief Operating Officer	ABUHB
Sarah Aitken	Director of Public Health	ABUHB
Damien McCann	Director, Social Services	Blaenau Gwent
Dave Street	Director, Social Services	Caerphilly
Claire Marchant	Director, Social Services	Monmouthshire (to May 2018)
Julie Boothroyd	Director, Social Services	Monmouthshire (from May 2018)
James Harris	Director, Social Services	Newport
Keith Rutherford	Director, Social Services	Torfaen
Andrew Belcher	Mirus	Provider Rep
Melanie Minty	Care Forum Wales	Provider Rep
Chris Hodson		Citizen Rep
Lorraine Morgan		Citizen Rep
Edward Watts	Chair, GAVO	Third Sector Rep
Steve Brooks	Chair, TVA	Third Sector Rep

Working in Partnership

GIG CYMRU NHS WALES
Bwrdd Iechyd Aneurin Bevan Health Board

Cyngor Bwrdeisdref Sirol
Blaenau Gwent
County Borough Council

CAERPHILLY COUNTY BOROUGH COUNCIL
CYNGOR BWRDEISTREF SIROL
CAERFFILI

CYNGOR
monmouthshire
COUNTY COUNCIL
sir fynwy

TORFAEN COUNTY BOROUGH
BWRDEISTREF SIROL TORFAEN

Newport
CITY COUNCIL
CYNGOR DINAS
Casnewydd

TVA Torfaen Voluntary Alliance
Cynghrair Gwirfoddol Torfaen
Actively supporting the contribution of individuals, through voluntary action

GAVO
Gwent Association of Voluntary Organisations
Cymdeithas Mudiadau Gwirfoddol Gwent

5.2

Adroddiad Blynyddol y Bwrdd Partneriaeth Rhanbarthol

System iechyd, gofal a lles integredig i Went

2018/19

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

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5.2

Rhagair

Mae'n anodd credu mai dyma'r trydydd Adroddiad Blynyddol a luniwyd gan Fwrdd Partneriaeth Rhanbarthol Gwent, a'n bod yn y drydedd flwyddyn ers i'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant ddod yn gyfraith. Yn sicr mae wedi gwneud gwahaniaeth i'r ffordd yr ydym yn gweithio, gyda 'rhanbarthol' a 'phartneriaeth' yn dod yn rhan annatod o'r ffordd yr ydym yn gweithio yn y maes iechyd a gofal cymdeithasol y dyddiau yma.

Fodd bynnag, mae Llywodraeth Cymru yn parhau i godi'r bar, a'r her erbyn hyn yw gwneud defnydd llawn o'r cyllid Grant Trawsnewid dwy flynedd gan Lywodraeth Cymru i gyflawni newid systemig - a hynny ar gyflymder ac o ran graddfa.

Amlinellir manylion pellach am y ffrydiau ariannu trawsnewid yng Ngwent yn yr adroddiad hwn, ond y ffaith yw ein bod wedi cael £13.4 miliwn i greu effaith ar newid tirlun iechyd a gofal cymdeithasol ein rhanbarth yn barhaol.

Bu dilyniant rhesymegol i fwrw ymlaen â'n hegwyddorion y cytunwyd arnynt ar ofal yn nes at y cartref (a amlinellir mewn adroddiadau yn y flwyddyn flaenorol) i gael pedair prif faes gwaith.

Yn gyntaf, mae datblygiad y Rhwydweithiau Lles Integredig, sy'n cysylltu'r holl brosiectau a grwpiau atal ac ymyrraeth gynnar - o'r sector iechyd a gofal, ond hefyd yn ehangach o lawer i gynnwys tai, addysg, cymunedau a hamdden - Felly bod y rheiny sy'n gweithio yn y meysydd hyn yn mynd i'r afael ar y cyd â lles yn yr ystyr ehangaf - sef yr hyn sy'n bwysig iawn i bobl.

Yn ail, mae angen edrych ar y cyfuniad o sgiliau a chymorth cywir pan fydd pobl yn dod at ein gwasanaethau gofal sylfaenol - meddygfeydd, canolfannau iechyd ac ati – a chydnabod mai hwn yw'r pwynt 'mynediad agored' lle y daw pobl â'u pryderon ynghylch eu hiechyd a lles . Mae angen i ni gael y bobl iawn yn y lle iawn gyda'r sgiliau iawn i ddiwallu'r anghenion sy'n dod i'r amlwg - gan gydnabod nad yw'r hyn sy'n dod drwy ddrws y feddygfa bob amser yn ymwneud â materion meddygol. I'r perwyl hwnnw, rydym yn dysgu o ymagwedd Cymunedau Tosturiol yn Ne Orllewin Lloegr, ac yn edrych ar cynyddu hwn i weddu i anghenion ein poblogaeth.

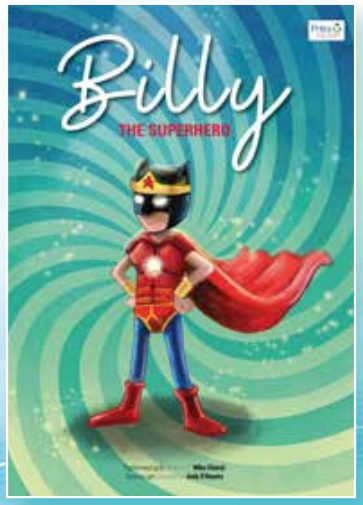
Yn drydydd, gwyddom fod llawer o bobl yn dod i ddrws ffrynt yr ysbyty ac nad oes angen iddynt fod yno - yn rhannol oherwydd nad ydynt yn gwybod am y gwasanaethau eraill all gynnig cymorth arall, neu am mai 'dyma yr ydym wedi'i wneud erioed'. Felly mae ffrwd waith Cartref yn Gyntaf yn ystyried gweithio wrth ddrws ffrynt yr ysbyty hwnnw i atal derbyniadau diangen a helpu gydag unrhyw broblemau'n ymwneud â rhyddhau.

Yn bedwerydd, gwyddom fod gan ein gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc (CAMHS) ambell i dagfa go iawn a phroblemau o ran capasiti, sy'n golygu'n aml fod rhaid i bobl aros am wasanaeth ac efallai nad hwnnw fydd y gwasanaeth fwyaf addas erbyn iddynt gael mynediad ato. Felly, mae ein model 'Rhewfryn' yn ceisio atgyfnerthu a gwella gwaith ymyrraeth gynnar, drwy ddilyn dull un pwynt mynediad i gydlynu'r cymorth mwyaf priodol yn y ffordd orau.

Yn olaf, gwyddom mai pobl yw ein hadnodd pwysicaf a gwerthfawr, ac mae angen i ni ddarparu cefnogaeth iddynt ddefnyddio'u sgiliau a meithrin ysgogaeth, rhoi'r cymorth sydd angen arnynt i weithio'n wahanol (ac yn fwy cydweithredol), fel bod gennym brosiect trawsnewid mawr o ran staff ac o ran datblygu sefydliadol.

Rydym wedi gwneud cynnydd yn ystod fy nghyfnod fel cadeirydd y BPRh - ond mae llawer i'w wneud o hyd, a gwyddom y bydd Gweinidogion a'r cyhoedd yn edrych ar yr hyn yr ydym yn ei wneud a byddant am weld y gwahaniaeth y gellir ei gyflawni trwy weithio mewn partneriaeth ranbarthol. Mae'n her fawr, ond yn un yr ydym yn barod i'w chroesawu, ac mae'n rhaid i mi ddiolch i'm holl gydweithwyr ar FPRh Gwent am eu cyfranogiad adeiladol a chalonogol yn y gwaith hwn.

Phil Robson, Cadeirydd y Bwrdd Partneriaeth Rhanbarthol



1. Uchafbwyntiau'r Flwyddyn - Safbwyntiau'r Partneriaid

Barn Aelod Etholedig o'r Awdurdod Lleol:

'Mae agenda'r BPRh yn parhau i fod yn un heriol iawn - ac rydym wedi cael trafodaethau bywiog a chadarnhaol. Mae pob un ohonom, rwy'n meddwl, wedi 'canfod ein traed' ychydig mwy erbyn hyn, ac mae'r sgyrsiau'n agored ac yn ddidwyll, gyda phawb yn chwarae rhan lawn. Fel BPRh mae gennym rôl graffu, ar ran ein sefydliadau sy'n bartneriaid, ond rydym i gyd yn gweld yr angen i gydweithio. Roeddem yn falch o gynnal trafodaeth lawn ar gais grant trawsnewid cryf i Went cyn mynd ati i'w gymeradwyo, a gallwn weld bod gwaith yn cynyddu erbyn hyn. Fel gwleidyddion mae'n rhaid i ni ymgysylltu'n llawn â Llywodraeth Cymru fel eu bod yn gwybod beth yw'r materion allweddol o ran gwaith ar lawr gwlad yn hytrach nag ar y lefel ddamcaniaethol - am mai ni sy'n atebol i'n dinasyddion.'

Barn Aelod o'r Fforwm Darparwyr:

'Gwent yw unig FPRh hyd y gwn i sydd â fforwm darparwyr rhanbarthol. Fel arfer cynhelir y fforwm darparwyr (o ran gwasanaethau rheoledig o leiaf) yn lleol, os o gwbl, ac fe'u his-rennir ar draws darparwyr gofal, asiantaethau gofal cartref ac ati. Mae ymagwedd Gwent yn galw am fwy o fewnbwn a chefnogaeth, ond rwy'n teimlo ei fod wedi helpu i wella dealltwriaeth a chydweithrediad ar draws y darparwyr ac wedi helpu'r BPRh o ddifri i fabwysiadu ymagwedd fwy rhanbarthol. Mae'r tîm hefyd yn cefnogi cynrychiolwyr y darparwyr trwy e-bostio gwybodaeth i bob darparwr, ac o ganlyniad mae'n debyg eu bod yn fwy gwybodus am yr hyn sy'n digwydd ym Mwrdd Partneriaeth Rhanbarthol Gwent na'u cyfatebwyr mewn mannau eraill.'

Barn Cyfarwyddwr Gwasanaethau Cymdeithasol:

'Mae'r Gronfa Drawsnewid wedi golygu mwy o adnoddau i'r BPRh - ynghyd â mwy o gyllid drwy'r GGI. Mae'n golygu bod gan y BPRh agenda prysur a heriol, gyda mwy o ddiddordeb gan sefydliadau cenedlaethol a rhanbarthol i 'gysylltu' â ni. Rydym wedi gorfod edrych ar wahanol ffyrdd o weithio gan fod y dull rhanbarthol yma i aros.'

Barn Swyddog Gweithredol Bwrdd Iechyd Lleol:

'Mae ystod a sbectrwm gwaith y BPRh wedi parhau i dyfu - ac rydym yn gweld mwy o ddiddordeb gan Lywodraeth Cymru (ac eraill) yn yr hyn yr ydym yn ei wneud yng Ngwent. Mae'n golygu bod yn rhaid i ni fod yn agored ac yn onest gyda'n gilydd, ac ni fyddwn yn cytuno ar bopeth. Fodd bynnag, mae peth cydweithio da yn mynd rhagddo, ac mae yna lefel uchel o ymrwymiad i'r BPRh. Un her a wynebwn yn awr yw sut yr ydym hefyd yn cysylltu â Byrddau Gwasanaethau Cyhoeddus a'u gwaith ar les fel ein bod yn cael y canlyniadau gorau i ddinasyddion.'

Barn Dinesydd sy'n Aelod:

'Ar ôl mynychu cyfarfodydd y BPRh am ychydig o flynyddoedd, gallaf weld yn awr bod yna agenda fawr iawn a bod gan y BPRh lawer i'w ymdrin ag ef. Mae trafodaethau'n agored ac yn onest - ac mae'n gadarnhaol, ein bod fel dinasyddion, yn gallu gwneud sylwadau a cheisio eglurhad. Mae'n sicr yn heriol - ond hefyd yn ddiddorol iawn, ac mae'r sgyrsiau yn hynod o fywiog, gyda phawb yn cael cyfle i gyfrannu.

2. Cyflawniadau Allweddol yng nghyd-destun blaenoriaethau strategol

Cymunedau Sy'n Ystyriol o Ddementia

- **9,676** o gyfeillion dementia newydd yn ystod 2018/19 (dros **25,000** ers dechrau'r gwaith).
- **31** o hyrwyddwyr dementia newydd i ddarparu hyfforddiant.
- Dros **10** o ysgolion newydd wedi derbyn marc barcud dementia newydd.

Profiadau Niweidiol yn Ystod Plentyndod

- **202** o ysgolion wedi derbyn hyfforddiant ymwybyddiaeth (**83%** o'r holl ysgolion/lleoliadau).
- Dros **900** o swyddogion yr heddlu a **250** o staff o asiantaethau sy'n bartneriaid wedi derbyn hyfforddiant.

Cyflogaeth Iechyd Meddwl

- **401** o bobl wedi derbyn cefnogaeth drwy brosiect cgi gyda **56** o bobl yn cael gwaith (**14%**).
- **6** o unigolion yn cefnogi **2** fenter gymdeithasol.
- **20** o fentoriaid cymheiriaid yn dilyn llwybr galwedigaethol.

Anableddau Dysgu

- **135** o sesiynau sgiliau am waith gydag **80%** yn hyfforddi a **19** person wedi cael gwaith.
- **189** o bobl wedi datblygu bywydau cymdeithasol actif trwy ffrind i mi.
- **49** o bobl wedi ennill profiadau trwy wirfoddoli.

Gofalwyr Ifanc

- **20** o ysgolion yn gweithio tuag at achrediad gofalwyr ifanc mewn ysgolion a **161** o staff wedi derbyn hyfforddiant.
- Cynnydd o dros **60%** yn nifer y gofalwyr ifanc a ganfuwyd mewn ysgolion.

Iechyd Meddwl

- Dros **80%** o atgyfeiriadau a dderbyniwyd i wasanaeth tim iechyd meddwl gofal sylfaenol (pcmhss) yn cael eu gweld ar gyfer asesiad cychwynnol o fewn 28 diwrnod.
- Dros **80%** o gleifion sydd angen cymorth yn ôl asesiad gan gwasanaeth, yn derbyn sesiwn cyntaf o fewn 28 diwrnod.

Anhwylder Sbectrwm Awtistig

- **100%** o'r bobl ar lwybr diagnostig yn teimlo bod rhywun yn gwrando arnynt ac yn deall eu pryderon.
- **93%** rated diagnostic group as good or excellent post diagnosis.

Nodwyd nifer o flaenoriaethau strategol ar gyfer BPRh Gwent yn adroddiad blynyddol 2018/19, ac mae'r adran hon yn nodi sut y cafodd rhain eu datblygu yn 2019/20.

Partneriaeth	Tasg	Sefyllfa o ran Canlyniad
Partneriaeth Plant a Theuluoedd	Gweithredu cynllun ledled Gwent i greu sefydliadau sy'n ymwybodol o Brofiadau Niweidiol yn ystod Plentyndod (ACE), a gweithio mewn partneriaeth â Heddlu Gwent ac Iechyd Cyhoeddus Cymru.	Sefydlwyd rhaglen gyda chefnogaeth Heddlu Gwent a hyfforddiant ymwybyddiaeth ACE yn cael ei gyflwyno ar draws sefydliadau - gan gynnwys ysgolion.
Partneriaeth Strategol Oedolion	Datblygu llwybrau gofal integredig newydd ar gyfer oedolion hŷn ag anghenion cymhleth.	Mae gwaith wedi'i ddatblygu, gan gynnwys adolygiad o raglen Eiddilwch Gwent, a datblygiad cynigion trawsnewid Cartref yn Gyntaf, a ddechreuwyd ym mis Tachwedd 2018. Mae'r gwasanaeth hwn yn ymestyn dros ardaloedd awdurdodau lleol Gwent ac yn cefnogi atal derbyniadau a rhyddhau yn gyflymach.
Partneriaeth Plant a Theuluoedd a Phartneriaeth Strategol AD ac IM	Adolygu ac ailgynllunio gwasanaethau i blant ag anghenion cymhleth gan gynnwys Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc (CAMHS).	Aeth yr adolygiad yn ei flaen ac arweiniodd at ddatblygu dull ymyrraeth gynnar integredig a ffurfiodd un o elfennau craidd cynigion cronfa drawsnewid Gwent - a elwir yn fodel Rhewfryn.
Partneriaeth Strategol Oedolion	Datblygu a darparu cynllun gweithredu strategol rhanbarthol ar ddementia i fodloni anghenion pobl sy'n dioddef o ddementia.	Datblygwyd cynnig CGI aml-asiantaeth a chafodd ei gymeradwyo i gynnal adolygiad mapio o'r holl wasanaethau dementia ac fe lywiodd gynnig ariannu dementia GI, gan gynnwys mabwysiadu ymagwedd consortiwm tuag at seibiant hyblyg gyda 4 partner trydydd sector.
Partneriaeth Gofalwyr	Galluogi Gofalwyr i ddod yn brif ffocws ar gyfer y tîm gofal sylfaenol ehangach yn cynnwys Meddygon, fferyllwyr a rhagnodwyr cymdeithasol.	Dechreuwyd prosiect meddygon teulu i ofalwyr, gan weithio gyda phartneriaid yn y trydydd sector, i sicrhau bod bwrdd gwybodaeth i ofalwyr a hyrwyddwr gofalwyr ymhob meddygfa yng Ngwent. Mae hyn wedi cymryd ystyriaeth o'r hyn addysgwyd gan yr Hyrwyddwr Dementia a'r rhaglen Gofal Plant mewn Ysgolion, sy'n cael ei chyflwyno ar y cyd ag Ymddiriedolaeth y Gofalwyr.
Partneriaeth Iechyd, Gofal Cymdeithasol a Thai	Cydweithio â thai i gynllunio a dylunio modelau llety newydd.	Cafodd astudiaeth gynhwysfawr o ddyheadau pobl hŷn ynglŷn â thai ei dwyn ymlaen trwy ymgynghorydd iechyd y cyhoedd o FIPAB/CBI. Roedd hyn yn adrodd i bartneriaeth IGCaTh ym mis Ebrill 2019, ac roedd yn cwmpasu gweithio gyda phartneriaid yng Ngwent a'r DU yn ehangach. Mae argymhellion bellach yn cael eu hystyried gan yr holl bartneriaid ar gyfer cynllunio yn y dyfodol.

5.2

Partnership	Task	Outcome Position
Bwrdd Datblygu'r Gweithlu	Datblygu gweithlu lles a gofal integredig ar gyfer Gwent trwy dreialu model Academi Gwent.	Mae dull Academi wedi newid i fod yn ddull gonsortiwm coleg gyrfa, gan weithio gyda darparwyr AB lleol i sicrhau bod cyrsiau'n cyd-fynd â gofynion cofrestru gofal newydd; bod llwybrau gyrfa yn cael eu mapio a'u datblygu; bod lleoliadau dysgu yn ehangu ac yn gyson; bod digwyddiadau recriwtio yn cael eu sefydlu a bod y wybodaeth a ddarperir yn gywir ac yn gyfredol. Mae hwn yn brosiect mawr sydd wedi'i gysylltu ag ymgyrch recriwtio a denu 'Gofalwn Cymru', GCC'.
Partneriaeth Strategol Oedolion **Grŵp Cyd-gomisiynu Rhanbarthol**	Ystyried fframwaith ariannu newydd i symud adnoddau o ofal eilaidd i ofal sylfaenol a chymunedol, a gwneud y gorau o gyllidebau cyfunol.	Mae cytundeb adran 33 ar gyfer lleoliadau cartrefi gofal i oedolion hŷn wedi'i gwblhau a'i gymeradwyo gan bartneriaid statudol. Mae gwaith ar gontract a manyleb gyffredin ar gyfer cartrefi gofal yn cael ei gyflwyno ar draws yr holl bartneriaid wrth i hen gontractau ddod i ben. Mae proses methodoleg ffioedd gyffredin hefyd yn cael ei datblygu gan weithio ar sail cyd-gynhyrchu gyda darparwyr. Mae'r angen i fynd i'r afael â chymorth gofal sylfaenol cymunedol yn ganolbwynt un o gynigion trawsnewid Gwent yn gysylltiedig â Gwaith gyda Chymunedau Tosturiol gyda hyfforddiant mewn Llywio Gofal yn cael ei ddatblygu ar draws practis meddygon teulu a gwasanaethau rheng flaen ar draws y rhanbarth dros y flwyddyn ddiwethaf.
Pob Partneria-eth	Gweithredu system WCCIS a threialu technolegau newydd i gefnogi diagnosis, triniaeth a gofal cymunedol.	Mae pob partner bellach wedi ymrwymo i WCCIS ac mae'r camau i'w gyflwyno wedi mynd yn ei flaen yn unol â'r cynllun. Mae camau yn mynd rhagddynt yn dda i'r unig bartner awdurdod lleol nad yw wedi ymrwymo i WCCIS i wneud hynny mewn ffordd reoledig.
Partneriaeth Iechyd, Gofal Cymdeithasol a Thai	Datblygu strategaeth ysta-dau effeithiol ac integredig ar gyfer system integredig o iechyd, gofal a lles.	Mae strategaeth ystadau lefel uchel Bwrdd Iechyd Prifysgol Aneurin Bevan wedi'i rhannu â phartneriaid awdurdod lleol a Landlordiaid Cymdeithasol Cofrestredig drwy'r bartneriaeth strategol IGCaTh, ac mae cynllunio cychwynnol ar sail consortiwm / ardal ar y gweill i wneud y defnydd gorau o gyfalaf y GGI sydd ar gael. Mae mapio llety pob person hŷn yn y rhanbarth wedi'i wneud ar GIS a'i rannu ar draws yr holl LCC sy'n bartneriaid.

Mae cynllunio'n bwysig ond canlyniadau i ddinasyddion yw'r gwir feincnod i weld a yw gweithio integredig yn effeithiol.

Gan y Gwasanaeth Awtistiaeth Integredig:

Gan riant sy'n cefnogi ei merch mewn apwyntiadau diagnostig: "Mae pob agwedd ar y gwasanaeth hwn yn cael ei wneud yn dda. Cafodd fy dwy ferch ddiagnosis yn eu hugeiniau hwyr. Rwyf ar y rhestr aros i gael fy asesu fy hun. O pe bai'r gwasanaeth hwn ond ar gael pan oedd fy merched yn ifanc, am fy mod wedi eu magu heb unrhyw gymorth na chefnogaeth. Rwy'n mawr obeithio y bydd y gwasanaeth hwn yn parhau i helpu teuluoedd ac unigolion eraill."

Gan Wasanaeth Eiddilwch:

'Gŵr 89 oed (PD) - yn byw gartref gyda'i wraig, wedi'i gyfeirio gan Ffysio ar gerbyd WAST y Gwasanaeth Tân ac Achub(FRS) fel ymateb brys yr un diwrnod. Roedd y gŵr wedi disgyn ac ni allai ei wraig ei godi. Fe wnaeth WAST godi PD i mewn i gadair. Roedd y gŵr yn gaeth i'r gadair gan nad oedd yn medru symud o gwbl ac nid oedd y wraig na gofalwyr yr Asiantaeth Breifat yn gallu ei symud. Roedd WAST yn ystyried ymweliad â'r ysbyty.

Cafodd ei weld o fewn dwy awr o gael ei atgyfeirio gan Therapydd Galwedigaethol y gwasanaeth Eiddilwch. Cafodd ei asesu gyda chymorth teclyn sefyll yr oedd y Therapydd Galwedigaethol wedi ei gymryd gyda hi.

Yn dilyn ymarfer gyda'r Therapydd Galwedigaethol a'r wraig yr un diwrnod, llwyddodd PD i ddechrau trosglwyddo'n ddiogel gyda chymorth ei wraig a llwyddodd hefyd i drosglwyddo gan ddefnyddio cymorth teclyn sefyll gyda gofalwyr yr Asiantaeth Breifat.

Ymweliadau dilynol gan y Ffisiotherapydd Eiddilwch. Lifft grisiau wedi'i asesu a'i osod.

Cafodd ei atgyfeirio at Brosiect Attic gan Gofal a Thrwsio sy'n cymhennu'r tŷ yn gyffredinol, mynd i'r afael â mater lleithder yn fewnol i gynorthwyo gyda heintiau ar y frest, mynd i'r afael â lloriau anwastad i atal cwympiadau.

Mae PD ar darged i gyflawni ei nodau a llwyddwyd i osgoi cyfnod mewn ysbyty.'

3. Y Bwrdd Partneriaeth Rhanbarthol - Ein Ffordd o Weithio

Mae'r adran hon o'r Adroddiad Blynyddol yn nodi blaenoriaethau lefel uchel y Bartneriaeth Ranbarthol a'r Cynllun Ardal a'r trefniadau rheoli sydd ar waith.

Diben y Bwrdd fel y nodir yn y Cylch Gorchwyl yw:

'Mae Bwrdd Partneriaeth Iechyd, Gofal Cymdeithasol a Llesiant Gwent Fwyaf yn gorff partneriaeth allweddol a sefydlwyd i arwain a llywio gweithredu Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn ardal Gwent Fwyaf (sy'n cynnwys ardaloedd Blaenau Gwent, Caerffili, Sir Fynwy, Casnewydd a Thorfaen), ac yn eistedd o fewn ôl troed ardal Bwrdd Iechyd Prifysgol Aneurin Bevan.''

Mae'r blaenoriaethau a'r amcanion hyn wedi'u cynnwys yn y Cynllun Ardal.

Blaenoriaethau hirdymor y BPRh yw:

- Gwella canlyniadau iechyd a lles a lleihau anghydraddoldeb yn y rhanbarth.
- Gwella gofal, triniaeth a chymorth, gan sicrhau bod pobl yn cael mwy o ddweud a mwy o reolaeth.
- Rhoi gwybodaeth a chyngor i helpu pobl i gynnal iechyd a lles da.
- Darparu gofal a chymorth gofal cydgysylltiedig, sy'n canolbwyntio ar y person. Gwneud defnydd mwy effeithiol o adnoddau, sgiliau ac arbenigedd.
- Alinio neu integreiddio swyddogaethau ac adnoddau, lle mae integreiddio yn ychwanegu gwerth i ddinasyddion.

Er mwyn cyflawni blaenoriaethau'r BPRh ac amcanion y Cynllun Ardal, mae fframwaith o bartneriaethau integredig thematig, sydd hefyd yn goruchwylio rhaglenni gwaith a phrosiectau perthnasol o dan y GGI.

Mae gan y partneriaethau thematig raglen waith strategol, sy'n cael ei chyfleu ar lefel leol drwy'r 'Byrddau Partneriaeth Integredig' a'r Rhwydweithiau Gofal Cymdogaeth.

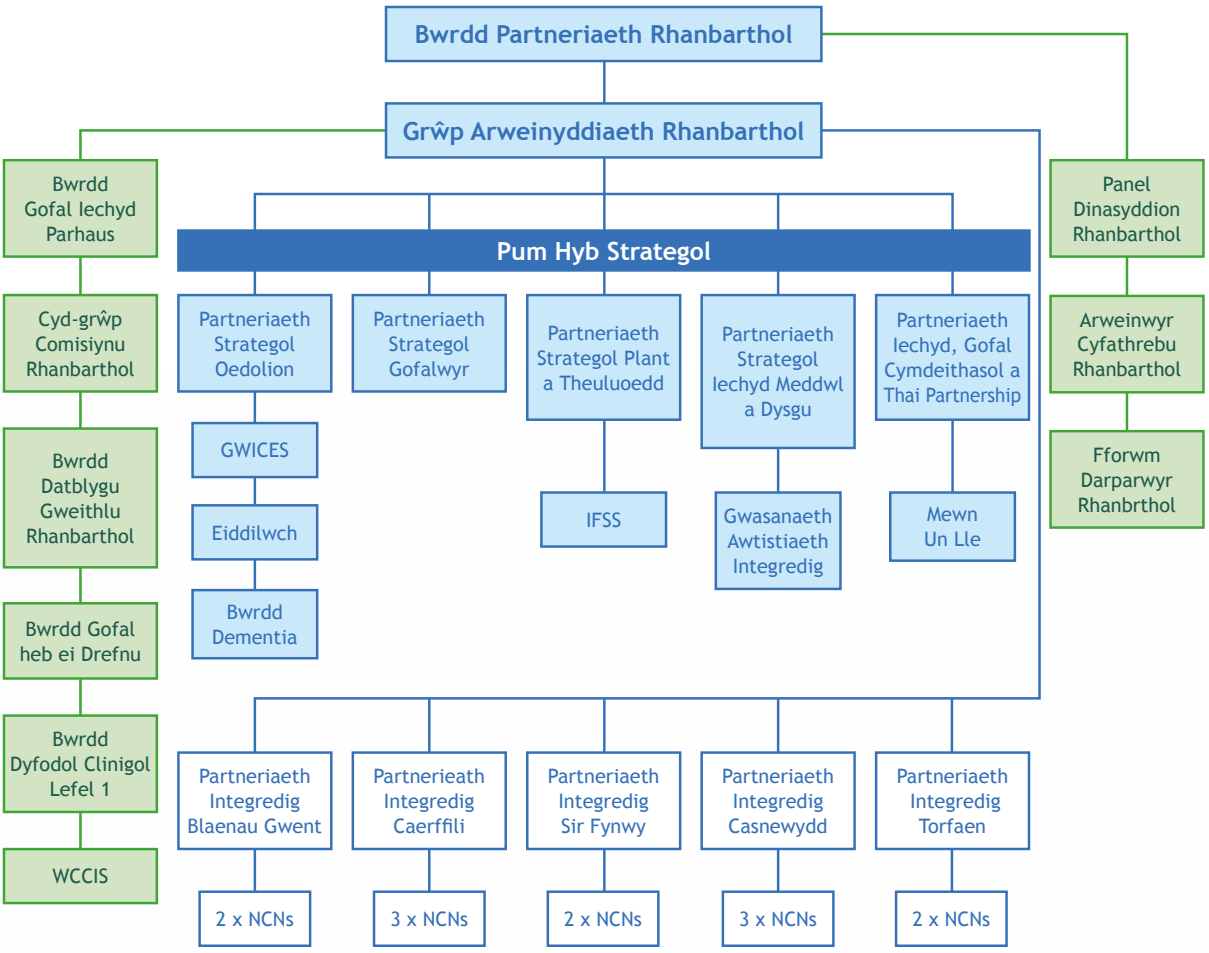
Mae yna hefyd rai grwpiau sydd â chyswllt adrodd defnyddiol â'r Grŵp Arweinyddiaeth a'r BPRh fel sail i 'ddarlun cyfan' iechyd a gofal cymdeithasol, ond sydd ag atebolrwydd penodol fel Bwrdd Iechyd - a dyma hwy:

- Y Bwrdd Gofal Iechyd Parhaus (neu ofal tymor hir).
- Bwrdd Rhaglen Lefel 1 Dyfodol Clinigol.
- Y Bwrdd Gofal Heb ei Drefnu.

Mae yna hefyd rai grwpiau swyddogaethol eraill, a nodir yn y Ddeddf Gwasanaethau Cymdeithasol a Llesiant yn ôl yr angen ar lefel ranbarthol.

Mae hyn yn cynnwys:

- Y panel dinasyddion rhanbarthol (gan gynnwys gofalwyr), gyda dau gynrychiolydd ar y BPRh.
- Y fforwm darparwyr sy'n seiliedig ar werth, i gysylltu'n uniongyrchol â'r Bwrdd Partneriaeth Rhanbarthol - gyda dau gynrychiolydd etholedig ar y Bwrdd.
- Grŵp cyd-gomisiynu rhanbarthol.



Mae Cynllun Ardal Gwent yn nodi'r weledigaeth ar gyfer system integredig o iechyd, gofal a lles ar draws Gwent. Mae arweinyddiaeth gydweithredol gan gydweithwyr Iechyd, Llywodraeth Leol, a'r Trydydd Sector wedi gyrru datblygiad y cynllun. Mae'n uchelgeisiol, ac mae'n gosod map llwybr clir o ran cyflwyno model integredig o ofal iechyd a lles ar draws Gwent. Bydd y Bwrdd Partneriaeth Rhanbarthol (BPRh) yn darparu arweinyddiaeth a goruchwyliaeth o ran cyflawni'r cynllun, gyda chefnogaeth systemau llywodraethu a rheoli perfformiad priodol.

Mae'r Cynllun wedi'i strwythuro o amgylch y themâu craidd statudol a nodwyd yng nghanllawiau'r Cynllun Ardal a grwpiau poblogaeth â blaenoriaeth, lle mae angen newid cyflymder y trawsnewid yn gyflym, sef oedolion hŷn, plant a phobl ifanc, gofalwyr; a phobl ag anableddau iechyd meddwl ac anableddau dysgu. Yn sail i'r grwpiau strategol hyn mae ffrydiau gwaith ar dai, y gweithlu, cyllid a thechnoleg gynorthwyol. Bydd y cynllun yn cael ei gyflwyno drwy'r strwythur a nodir uchod gan gynnwys gweithgarwch rhanbarthol (partneriaethau strategol) gweithgarwch lleol (5 bwrdd integredig) a modelau ardal (RhGC).

Heriau i'r BPRh yn y dyfodol:

Mae gweithio integredig, a dod â gwahanol sefydliadau at ei gilydd i weithio gyda phwrpas cyffredin yn heriol ac mae hyn yn rhywbeth y mae'n rhaid i'r BPRh barhau i weithio drwyddo.

Mae lefel gynyddol o gyllid gan Lywodraeth Cymru yn dod i FPRh i benderfynu ar y defnydd gorau, ac yn aml mae'r arian hwn yn fyrdymor ei natur - am flwyddyn neu ddwy. Mae hyn yn erbyn cefndir o bwysau parhaus ar gyllidebau awdurdodau lleol a thoriadau sy'n orfodol i wasanaethau rheng flaen.

Mae 'dod i arfer â'r rheolau' y mae LlC yn eu cysylltu â ffrydiau ariannu wedi golygu y gellir gweithio ar gynigion (yn enwedig ar gyfer ICF) nad yw'n bodloni gofynion, neu sy'n dyblygu gwaith arall - ac fel BPRh mae yna mae angen bod yn well ac yn ddoethach wrth gyfleu anghenion a chyfleoedd, yn ogystal â'r hyn sydd eisoes yn cael ei wneud.

Mae'r BPRh - yn ôl gofynion statudol - yn gorff mawr, a gall hyn beri anhawster o ran trafod a gwneud penderfyniadau yn drwsgl - mae angen datblygu mecanweithiau y cytunir arnynt i ymateb yn gadarnhaol ac yn gyflym i geisiadau LlC, rhanbarthol a lleol.

Mae cysylltiad rhwng y BPRh a chyrff eraill sy'n cydweithio ac integreiddio - fel Byrddau Gwasanaethau Cyhoeddus, Bwrdd Cynllunio Ardal (sy'n cwmpasu camddefnyddio sylweddau), Bwrdd Diogelu Rhanbarthol ac eraill - dal i fod yn waith sydd ar y gweill. Nid yw'r cyfathrebu gan LC bob amser yn gyson ac mae'n adlewyrchu amrywiaeth y partneriaid yn y BPRh, felly mae hyn wedi arwain at gamddealltwriaeth, ac yn gwneud perthnasoedd yn anodd ar adegau.

Mae'r cynnydd yng nghyfraddau ceisiadau gan LC am wybodaeth a mewnbwn i ddigwyddiadau cenedlaethol, gweithdai a chyfarfodydd hefyd yn rhoi pwysau ar adnoddau BPRh - ac mae hon yn broses y bydd angen ei rheoli'n ofalus yn y dyfodol.

Felly, mae heriau sylweddol i'w hwynebu o hyd, gan wybod y bydd galwadau'n parhau i gynyddu.

4. Partneriaethau, Blaenoriaethau a Chynnydd yng Nghyd-destun y Cynllun Ardal Rhanbarthol

Mae'r adran hon o'r adroddiad blynyddol yn nodi gwaith allweddol a ddatblygwyd trwy bob un o'r partneriaethau o dan y BPRh a chanlyniadau allweddol yn y flwyddyn mewn perthynas â chyflawni'r Cynllun Ardal Rhanbarthol.

Partneriaeth Strategol - Oedolion

Canlyniadau'r Cynllun Ardal

- Gwella lles emosiynol pobl hŷn trwy leihau unigrwydd ac arwahanu cymdeithasol gydag ymyrraeth gynharach a gwytnwch cymunedol.
- Gwella canlyniadau i bobl sy'n dioddef o ddementia a'u gofalwyr.
- Tai a llety priodol i bobl hŷn.

Cynnydd

- Mae gwaith wedi'i ddatblygu, yn cynnwys adolygu rhaglen Eiddilwch Gwent, a datblygu cynigion trawsnewid Cartref yn Gyntaf, a ddechreuwyd ym mis Tachwedd 2018. Mae'r gwasanaeth hwn yn ymestyn dros 5 ardal awdurdodau lleol Gwent ac mae'n cefnogi atal derbyniadau a rhyddhau'n gyflymach.
- Mae cytundeb adran 33 ar gyfer lleoliadau mewn cartrefi gofal i oedolion hŷn wedi'i gwblhau a'i gymeradwyo gan yr holl bartneriaid statudol, ac mae gwaith ar gontract gofal a manyleb gyffredin yn cael ei gyflwyno ar draws yr holl bartneriaid comisiynu wrth i hen gontractau ddod i ben. Mae proses methodoleg gyffredin ar gyfer ffioedd hefyd yn cael ei datblygu drwy weithio ar sail cyd-gynhyrchu gyda darparwyr.
- Yr angen i fynd i'r afael â chymorth gofal sylfaenol a chymunedol yw ffocws un o gynigion trawsnewid Gwent sy'n gysylltiedig â gwaith Cymunedau Tosturiol, gyda hyfforddiant mewn Llywio Gofal yn cael ei ddatblygu ar draws meddygfeydd a gwasanaethau rheng flaen ar draws y rhanbarth dros y flwyddyn ddiwethaf.
- Gofal Cartref: dull datblygu rhaglen i wella'r ffordd y caiff gofal cartref ei gomisiynu, yn ogystal â datblygu dulliau strategol ac ymarferol o fynd i'r afael â materion recriwtio a chadw hir sefydlog yn y sector. Mae hyn wedi cynnwys dull partneriaeth gyda darparwyr gwasanaeth yn cynnwys Coleg Gwent, dyraniad sylweddol o GGI i ysgogi arloesi a dulliau newydd o gomisiynu, yn ogystal ag ystod o ddulliau recriwtio a chadw yn cynnwys gwella cyfathrebu, ymarfer recriwtio, rhaglen ysgolion, mynediad i leoliadau, cynnwys y cwricwlwm ac archwilio ffyrdd o oresgyn rhwystrau i fynediad fel costau gyrru a thrafnidiaeth.

Heriau

- Yr angen cynyddol i gynorthwyo pobl â dementia a'u gofalwyr yn enwedig o ran cymorth ac ymyrraeth gymunedol.
- Mae'r farchnad gofal cartref yn galw am atebion arloesol i recriwtio tymor hir.
- Pwysau parhaus i leihau'r cyfnod y mae pobl hŷn yn ei dreulio mewn ysbytai a dychwelyd yn ôl adref yn ddiogel gyda chefnogaeth gynaliadwy.

Partneriaeth Strategol - Plant a Theuluoedd

Canlyniadau'r Cynllun Ardal

- Gwella canlyniadau i blant a phobl ifanc ag anghenion cymhleth trwy ymyrraeth gynharach, cymorth yn y gymuned a lleoliadau yn nes at y cartref.
- Sicrhau iechyd meddwl a lles emosiynol da i bobl ifanc trwy weithio'n effeithiol mewn partneriaeth (blaenoriaeth dan thema graidd Iechyd Meddwl).

Cynnydd

- Adolygu ac ailgynllunio gwasanaethau ar gyfer plant ag anghenion cymhleth gan gynnwys Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc (CAMHS), a arweiniodd at ddatblygu dull ymyrraeth gynnar integredig a ffurfiodd un o elfennau craidd cynigion cronfa drawsnewid Gwent - sef y model Rhewfryn.
- Sefydlwyd Rhaglen Profiadau Niweidiol yn ystod Plentyndod (ACE) gyda Heddlu Gwent gyda hyfforddiant ymwybyddiaeth ACE yn cael ei ledaenu ar draws sefydliadau, yn cynnwys 202 o ysgolion (83% o ysgolion a lleoliadau) gyda'r disgwyl y bydd bron pob ysgol a lleoliad wedi derbyn hyfforddiant erbyn Gorffennaf 2020; yn ogystal â datblygu rhaglen deuddydd Hyfforddi'r Hyfforddwr i 'Greu Ysgol Sy'n Ystyriol o Brofiadau Niweidiol yn Ystod Plentyndod'.
- Gwella cymorth a gwasanaethau i Blant sy'n Derbyn Gofal a phlant sydd ar gyrion gofal trwy ddatblygu gwasanaethau 'MYST' ar draws y rhanbarth - Fy Nhîm Cymorth. Proses atgyfeirio integredig ar gyfer Gwasanaeth Cymorth Iechyd Meddwl Gofal Plant a Phobl Ifanc (PCMHSS) sy'n galluogi'r plentyn neu'r person ifanc i gael mynediad at yr asiantaeth sydd yn y sefyllfa orau i ddarparu cymorth. Mae'r broses hon ar waith yng Nghasnewydd a Sir Fynwy, a chaiff ei chyflwyno i'r tair bwrdeistref arall yn ystod 2019.
- Cyflogwyd gweithwyr iechyd meddwl i ddarparu cefnogaeth i ysgolion i sicrhau bod iechyd meddwl a lles pob disgybl yn dda.
- Ar Wasanaeth Iechyd Meddwl Plant a Phobl Ifanc Arbenigol (S-CAMHS) y bu'r ffocws i leihau amseroedd aros a chynyddu nifer y plant a phobl ifanc sy'n cael cymorth. Mae'r gwasanaeth yn adrodd mai'r amseroedd aros ar gyfartaledd ar gyfer S-CAMHS yw pythefnos o'r dyddiad atgyfeirio i'r asesiad, a 24 awr os yw'r atgyfeiriadau yn rhai brys/argyfwng.

Heriau

- Sicrhau bod yr agenda ar gyfer plant a phobl ifanc yn cael ei hamlygu mewn agenda iechyd a gofal cymdeithasol orlawn.
- Darparu cefnogaeth gyson ar draws y rhanbarth, yn ogystal â gwasanaeth cyfartal.

Partneriaeth Strategol IM ac AD yn cynnwys Gwasanaeth Awtistiaeth Integredig Ranbarthol - meysydd o flaenoriaeth allweddol

Canlyniadau'r Cynllun Ardal

- Gwella lles emosiynol ac iechyd meddwl oedolion a phlant trwy ymyrraeth gynnar a chymorth cymunedol.
- Mwy o ddealltwriaeth ac ymwybyddiaeth o iechyd meddwl ymhlith y cyhoedd i leihau stigma a helpu pobl i ofyn am gymorth yn gynharach.
- Darparu cefnogaeth i bobl ag anableddau dysgu i fyw'n annibynnol gyda mynediad at wasanaethau ymyrraeth gynnar yn y gymuned; a mwy o ymwybyddiaeth a dealltwriaeth o du'r cyhoedd o ran pobl ag anghenion anableddau dysgu.
- Darparu diagnosis mwy amserol o ran Anhwylder ar y Sbectrwm Awtistig a mynediad at wasanaethau cymorth, gwybodaeth a chyngor.

Cynnydd

- Ar y cyd â chydweithwyr yn Heddlu Gwent mae yna weithwyr iechyd meddwl proffesiynol wedi eu lleoli yn ystafell rheoli Heddlu Gwent sy'n caniatáu i swyddogion rheng flaen siarad â gweithiwr iechyd meddwl proffesiynol pan fyddant yn darparu cefnogaeth i unigolion, sydd, yn eu barn nhw, yn dioddef argyfwng iechyd meddwl.
- Mae cynllun peilot 6 mis wedi'i gwblhau lle mae clinigwr iechyd meddwl wedi'i leoli yng nghanolfan 'Y Tu Allan i Oriau' Meddygon ar adegau prysur. Mae'r clinigwr wedi cynnig cyngor a chyfeirio dros y ffôn sydd wedi gwella profiad cleifion ac effeithlonrwydd y system. Oherwydd llwyddiant y peilot, cafodd y ddarpariaeth hon ei hymestyn.
- Gan ddefnyddio Cyllid Gofal Integredig, mae asiantaethau trydydd sector ac asiantaethau statudol wedi bod yn cydweithio i ddarparu cyflogaeth â chymorth a chyfleoedd galwedigaethol i bobl ag Anabledd Dysgu a phobl ag anghenion iechyd meddwl. Mae hyn yn cynnwys datblygu dros 20 o Fentoriaid Cymheiriaid sydd ag angen iechyd meddwl sy'n gweithio ar draws y rhanbarth.
- Trwy weithio mewn partneriaeth, mae unigolion ag Anabledd Dysgu a gefnogwyd yn flaenorol mewn darpariaeth preswyl dan FIPAB, wedi gallu symud i'w cartref eu hunain sy'n darparu mwy o annibyniaeth, mwy o gyfleoedd ar gyfer cyfranogiad cymunedol a gwella'u lles.

- Gwasanaeth Awtistiaeth Integredig: Mae Gwasanaeth Awtistiaeth Integredig rhanbarthol bellach wedi cael ei sefydlu i gynnig asesiad diagnostig ac ymyriadau i unigolion ag Anhwylder ar y Sbectrwm Awtistig ledled Gwent.
- Mae menter 'Ffrind i Mi' bellach ar waith ar draws rhanbarth Gwent ac erbyn hyn mae ganddi 189 o aelodau. Mae Ffrind i Mi yn cefnogi unigolion i gael bywyd cymdeithasol actif a datblygu rhwydweithiau cymorth sy'n eistedd y tu allan i wasanaethau.
- Sefydlwyd gwasanaeth cludo i sicrhau bod unigolion sy'n wynebu argyfwng iechyd meddwl yn cael mynediad at gludiant diogel ac amserol ar draws y rhanbarth.
- Cwblhawyd adolygiad a dadansoddiad o Iechyd Meddwl a'r ddarpariaeth Tai a gwnaed nifer o argymhellion fydd yn rhoi mwy o gyfleoedd i asiantaethau gydweithio i ddarparu gwell canlyniadau o ran iechyd meddwl a thai i bobl Gwent.

Heriau

- Alinio blaenoriaethau ac adnoddau strategol partneriaid i ddarparu'r gefnogaeth fwyaf effeithiol trwy newid diwylliant ac ymarfer o fewn y system gyfan.
- Dod o hyd i ffordd gydweithredol o gefnogi'r rhai ag anghenion cymhleth.
- Gwneud y cysylltiadau rhwng gwasanaethau tai strategol, Landlordiaid Cymdeithasol Cofrestredig, Cefnogi Pobl a darparwyr iechyd meddwl ac anableddau dysgu statudol a thrydydd sector.
- Galw / capasiti am gymorth awtistiaeth - nifer yr atgyfeiriadau a dderbynnir yn fwy na'r gallu'r gwasanaeth i gynnig diagnosis.
- Nid yw'r ymyrraeth tymor byr bob amser yn effeithlon ac mae natur dros dro y cyllid a strwythur y gwasanaeth yn effeithio ar wasanaethau cynaliadwy.

Partneriaeth Strategol Gofalwyr

Canlyniadau'r Cynllun Ardal

- Cynorthwyo gofalwyr i ofalu trwy gynnig seibiant hyblyg, mynediad at wybodaeth gywir, cefnogaeth cymheiriaid a chynllunio gofal effeithiol.
- Gwella lles gofalwyr ifanc ac oedolion ifanc trwy gynyddu dealltwriaeth y cyhoedd (mae hyn yn flaenoriaeth a amlygwyd yn Law yn Llaw at Iechyd Meddwl).

Cynnydd

- Rhaglen Gofalwyr Ifanc mewn Ysgolion (YCiSA) - 13 o ysgolion yn cymryd rhan ac yn dweud eu bod yn canfod mwy o ofalwyr ifanc.
- Cyflwyno'r cynllun grantiau bach - 114 yn ei dderbyn yn ystod 2017/18 a chafodd ei ymestyn i gynnwys Gofalwyr Ifanc yn ystod 2018/19.
- Ar draws BIPAB, darparu hyfforddiant 'Ymwybyddiaeth i Ofalwyr' lefel 1 i 467 o staff ac fe wnaeth 393 o staff gwblhau'r hyfforddiant. Gwelwyd tystiolaeth o hyn trwy eu hadolygiadau. Datblygwyd pecyn e-ddysgu gydag AGGC.
- Gofalwyr Ifanc Torfaen - datblygwyd dros 300 o weithgareddau a chyflogwyd gweithiwr Gofal Oedolion.

Heriau

- Mae seibiant yn hanfodol i ofalwyr ac mae angen iddo fod ar gael mewn ffordd amserol a hyblyg (ffurfiol, anffurfiol) yn enwedig mewn sefyllfaoedd o argyfwng.
- Mae angen rheoli'r broses o gofnodi anghenion asesu gofalwyr yn ffurfiol i alluogi mynediad allweddol at wasanaethau, gan gydnabod bod dulliau cymorth anffurfiol yn cael eu defnyddio'n aml i atal.
- Yn aml nid yw pobl yn ystyried eu bod yn ofalwyr, felly mae defnyddio'r gair 'gofalwr' ar draws pob oedran, ynghyd â'r canfyddiad o rolau gofalwyr yn ei gwneud yn anodd i ofalwyr gael eu hadnabod ac mae hyn yn effeithio ar gyflawni'r agenda i ofalwyr.

5. Partneriaethau Ffurfiol – Arweiniad Rhan 9, a mentrau newydd

Mae'r adran hon o'r adroddiad yn ystyried y trefniadau partneriaeth ffurfiol sy'n ofynnol o dan Ran 9 o'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant ac unrhyw gerrig milltir allweddol o fewn y flwyddyn.

Cyllidebau cyfunol ar gyfer cartrefi gofal:

Mae'r rhanbarth wedi derbyn yr her o ddatblygu Cytundeb Cronfa Gyfunol (Adran 33) ac mae wedi gwneud cynnydd sylweddol. Hyd yn hyn, roedd yr holl bartneriaid wedi ymrwymo i gynllun gwaith cynhwysfawr ar gyfer 2018/19 sy'n adeiladu'n uniongyrchol ar y cynnydd a wnaed yn erbyn gofynion Rhan 9 o Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Mae hyn yn cynnwys:

- Cytuno ar Gytundeb Adran 33 i reoli'r gronfa gyfunol ar gyfer cartrefi gofal i bobl hŷn ar ran Partneriaeth Ranbarthol Gwent Cytuno ar Gytundeb Adran 33 i reoli'r gronfa gyfunol ar gyfer cartrefi gofal i bobl hŷn ar ran Partneriaeth Ranbarthol Gwent.
- Cytuno ar ddatganiadau sefyllfa gwasanaethau ariannol a gwasanaethau a gomisiynir yn rhanbarthol a fydd yn troi'n Ddatganiad o Sefyllfa'r Farchnad yn Rhanbarthol a Strategaeth Comisiynu i Went.
- Cytuno ar Gontract Cyffredin rhanbarthol i ddarparu gwasanaethau cartrefi gofal i bobl hŷn yng Ngwent.
- Cytuno ar raglen waith fydd yn sicrhau y bydd y rhanbarth yn cydymffurfio'n llawn â Rhan 9 o'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Ymestyn yr Ymwybyddiaeth o Ddementia:

Datblygwyd Gwefan Mapio Dementia, wedi'i hariannu gan Feddygon Teulu lleol drwy'r Rhwydweithiau Gofal Cymdogaeth. Cydlynir hyn gan Gymdeithas Mudiadau Gwirfoddol Gwent. Mae'r wefan yn cynnig siop un stop ar gyfer gwybodaeth a chyngor i gynorthwyo pobl sy'n dioddef o ddementia a'u gofalwyr.

- Mae enghraifft ar gael ar: **https://wales.dementiaroadmap.info/torfaen/#.W2QOO8uWzIU**

Mewn partneriaeth â Heddlu Gwent mae protocol personau coll rhanbarthol wedi cael ei ddatblygu, sef 'Protocol Herbert' sy'n nodi mesurau diogelu i leihau'r risg y bydd pobl sy'n ddioddef o ddementia yn mynd ar goll; a chamau syml y gellir eu cymryd os bydd rhywun yn mynd ar goll.

w.gwent.police.uk/news/article/article/gwent-partners-will-use-herbert-protocol-to-help-locatepeople-with-dementia-who-go-missing-1/

Yn ddiweddar, cafodd Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ei henwi fel Sefydliad y Flwyddyn Sy'n Ystyriol o Ddementia yng Ngwobrau Ystyriaeth o Ddementia Cymdeithas Alzheimer yn Llundain. Ystyriwyd eu bod wedi buddsoddi ar lefel rhagorol i wella bywydau pobl sy'n dioddef o ddementia, a'u bod yn ymgysylltu â nifer o bobl sy'n dioddef ohono yng Ngwent i ddatblygu arferion sy'n seiliedig ar ddementia, a bod hyn wedi cyfrannu at yr anrhydedd hwn.

Cadarnhaodd Cymdeithas Alzheimer eu bod wedi eu plesio gan y ffordd y mae Cymunedau Sy'n Ystyriol o Ddementia wedi'i ddatblygu yng Ngwent, yn ogystal â'r nifer sy'n manteisio ar y fenter. Maent wedi adrodd ar y cydweithio gwirioneddol rhwng pob sector i sicrhau eu bod yn bodloni anghenion a bod pawb yn tynnu i'r un cyfeiriad o ganlyniad i'r atebolrwydd lefel uchel drwy'r Byrddau aml-asiantaeth. Dywedasant eu bod yn teimlo bod rhywun yn gwrando arnynt ac yn eu trin fel partner cyfartal ar y Bwrdd Dementia a bod lefel uchel o onestrwydd a thryloywder wrth wneud penderfyniadau.

Cyfleoedd i gynyddu gwasanaethau yn y dyfodol

Dau o'r egwyddorion dylunio a nodwyd yn 'Cymru Iachach: Ein Cynllun ar gyfer Iechyd a Gofal Cymdeithasol' yw bod modd cynyddu a thrawsnewid gwasanaethau. Mae potensial i gynyddu'r strwythur rheoli, yr egwyddorion a'r ffyrdd o weithio a fabwysiadwyd gan Gwent i gyflwyno Cymunedau Sy'n Ystyriol o Ddementia, a'u lledaenu'n ehangach er mwyn darparu model tebyg mewn meysydd eraill, mewn ffordd effeithiol. Gall y fenter hon wneud gwahaniaeth go iawn a gwella canlyniadau lles i bobl â dementia a'u gofalwyr ac os caiff gefnogaeth dda, mae'n darparu dull gynaliadwy o fod yn fudiad cymdeithasol.

Ymagwedd ranbarthol at Yrfaoedd yn y Maes Gofal

Un o'r blaenoriaethau ar gyfer Rhanbarth Gwent yw sicrhau bod gweithlu cymwys, yn enwedig staff gofal cymdeithasol rheng flaen sy'n gweithio yn y lleoliadau gofal cartref neu ofal preswyl, fel eu bod yn ymgysylltu'n llawn ag agenda'r gymuned, gan ddeall y rôl bwysig sydd ganddynt o ran meithrin gwytnwch cymunedol a chyfrannu at ddull ataliol. Mae BPRh Gwent wedi sefydlu Consortiwm Coleg Gyrfa Ranbarthol ar gyfer Rhaglen Iechyd a Gofal Cymdeithasol sydd â 6 llinyn: Llywodraethu, Datblygu Perthnasoedd gyda Darparwyr a Chymwysterau, Marchnata, Ymgysylltu a Chyfathrebu, Cyllid, Swyddog Cyflogadwyedd a Rhaglenni Gwaith Cysylltiedig.

Yn ogystal â'r partneriaid arferol ar yr BPRh, mae Coleg Gwent, Gyrfa Cymru darparwyr gofal cymdeithasol preifat yn gweithio mewn partneriaeth i helpu i gyflawni'r rhaglen hon. Mae Coleg Gwent yn cymryd rhan weithredol yn y bartneriaeth hon ac maent yn awyddus i weithio gyda BPRh Gwent i ddatblygu rhaglenni hyfforddi a datblygu i gwrdd ag unrhyw ddiffygion mewn gofal cymdeithasol ac iechyd yn ogystal â'r diffygion datblygu cymunedol, a datblygu canllawiau ar ddysgu ac arfer orau wrth sefydlu cwrs gofal cymdeithasol ac iechyd i dargedu'r diffyg sgiliau yn benodol.

Mae rhaglen yn cael ei weithredu ac mae rhai camau allweddol eisoes yn cael sylw, yn cynnwys:

- Gweithio gyda'r sector preifat i ddatblygu cynnig i fyfyrwyr sy'n cefnogi lleoliad gwaith amser-penodol â thâl ar ôl cymhwyso.
- Datblygu perthynas ag ysgolion cynradd lleol i godi proffil a dealltwriaeth o Iechyd a Gofal Cymdeithasol i addysgu ac ysbrydoli plant iau i feddwl am iechyd a gofal cymdeithasol.
- Datblygu perthynas ag ysgolion uwchradd lleol i hyrwyddo iechyd a gofal cymdeithasol fel dewis gyrfa gwerthfawr. Mae hyn yn cysylltu â'r strategaeth rhyng-genhedlaeth ehangach sy'n cael ei datblygu gan y fenter Ffrind i Mi.
- Datblygu cronfa ddata o fyfyrwyr ar yr adeg cofrestru a data dilynol yn y pen draw i ddeall pam mae myfyrwyr yn penderfynu peidio â mynd i mewn i'r sector Iechyd a Gofal Cymdeithasol ar ôl cymhwyso.
- Gwella delwedd gweithio yn y maes iechyd a gofal cymdeithasol yn y rhanbarth, cefnogi mentrau recriwtio rhanbarthol, a symleiddio prosesau ymgeisio fel eu bod yn haws eu defnyddio.

Ym mis Rhagfyr 2018 lansiodd y Consortiwm Rhanbarthol lyfr Iechyd a Gofal Cymdeithasol ar gyfer plant iau, sef 'Billy the Superhero'. Mae'r llyfr hwn yn ffordd arloesol o gyflwyno'r pwnc iechyd a gofal cymdeithasol i blant ifanc, i'w hannog i gyrraedd eu potensial a sbarduno diddordeb mewn iechyd a gofal cymdeithasol fel gyrfaoedd gwerth chweil.

Mae copïau o'r llyfr ar gael gan Petra Publishing: **caerphillypn@btconnect.com**

Rhaglen Eiddilwch Gwent:

Diben y Rhaglen Eiddilwch oedd ceisio creu model gofal integredig wedi'i seilio yn y gymuned. Ei nod oedd cydnabod ffactorau cydberthynol fel:

- Cyflwr meddygol.
- Materion iechyd perthynol.
- Lles.
- Ffactorau byw ymarferol fel tai, incwm, diogelwch, cludiant.
- Ffactorau personol/cymdeithasol fel unigedd, teulu, amodau byw, hyder.
- Gwasanaethau gofal teulu a gwasanaethau gofal ffurfiol.

Yn 2017/18 cytunwyd y byddai'r rhaglen Eiddilwch yn dod yn uniongyrchol o dan strwythur yr BPRh, trwy'r Bartneriaeth Strategol Oedolion, gydag adroddiad rheolaidd ar weithgarwch, yn unol â ffrydiau gwaith integredig eraill.

Y GGI - Y Gronfa Gofal Integredig

Mae'r gronfa wedi tyfu'n genedlaethol i £89 miliwn yn 2019-20, ac o hyn mae gan Went ddyraniad rhanbarthol o £16,038 miliwn o refeniw ar gyfer y flwyddyn nesaf.

Erbyn hyn mae tair ffrwd ariannu gan y GGI:

- Refeniw'r GGI : cyllid ar gyfer modelau cyflenwi ychwanegol a / neu amgen.
- Dementia y GGI: ffrwd ariannu benodol sy'n cefnogi rhoi'r Cynllun Gweithredu Dementia ar waith.
- Cyfalaf y GGI: cyllid ar gyfer atebion a arweinir gan lety ar gyfer y meysydd o flaenoriaeth a nodir uchod.

Comisiynu Rhanbarthol

Mae'r Grŵp Comisiynu Rhanbarthol wedi cwblhau cam cyntaf ei waith ac wedi cytuno i raglen waith ar gyfer ail gam. Mae'r cylch gorchwyl a'r aelodaeth hefyd wedi'u hadnewyddu. Nod cyffredinol y GCRh yw: 'darparu cefnogaeth a galluogi pobl i fyw lle maen nhw eisiau byw a chanfod yr hyn sy'n bwysig iddyn nhw fel y man cychwyn'.

Gofynion Allweddol:

- Gweithio gyda'r farchnad gofal/marchnadoedd gofal i greu newid.
- Gweithio gyda chomisiynwyr i newid arferion comisiynu.
- Gweithio gyda staff i newid diwylliant ac arferion.
- Gweithio i gael strategaeth gyfathrebu glir a neges a rennir gan yr holl gomisiynwyr.

Mae gan y GCRh swyddogaeth drawsbynciol ar draws y partneriaethau strategol rhanbarthol ac mae ar gael i ymgymryd â gwaith ar eu rhan ac ar ran y Grŵp Arweinyddiaeth Rhanbarthol a Bwrdd y Bartneriaeth. Mae'r GCRh hefyd yn darparu trosolwg o raglenni comisiynu rhanbarthol ar draws y rhanbarth a fforwm rhannu gwybodaeth ac arfer da ar draws y partneriaethau rhanbarthol. Mae'r GCRh hefyd ar gael i ddarparu cyngor technegol arbenigol i bartneriaid ar gomisiynu gweithgarwch cysylltiedig.

Cynnydd hyd yma:

- Trefniant Cronfa Gyfunol Adran 33 wedi'i lofnodi gan bob parti.
- Datganiad o Sefyllfa'r Farchnad wedi'i gwblhau.
- Cytuno ar gontract rhanbarthol cyffredin ac yn y broses o'i weithredu.
- Cytuno ar Fanyleb Gyffredin ar gyfer swyddogaethau lletyau cartref gofal.
- Methodoleg ffi gyffredin sy'n destun ymgynghoriad.
- Offeryn rheoli perfformiad contract cyffredin wrthi'n cael ei ddatblygu yn seiliedig ar y manylion.

Wrth fynd ymlaen, bydd Rhaglen Waith y GCRh 2019/20 yn cynnwys:

- Rhan 9 Deddf Gwasanaethau Cymdeithasol a Llesiant Gwasanaethau Llety ar gyfer Pobl Hŷn.
- Rhaglen Ranbarthol ar gyfer Gwasanaethau Gofal Cartref.
- Gwasanaethau Iechyd Meddwl ac Anabledd Dysgu Rhanbarthol.
- Gwasanaethau Eiriolaeth Oedolion Rhanbarthol.
- Gwasanaethau Plant Rhanbarthol.

Gofalwyr a'r cynllun grantiau bach

Mae'r cynllun grantiau bach yn fenter a ddatblygwyd gan Bartneriaeth Gofalwyr Gwent i gefnogi bywyd ochr yn ochr â gofalu. Cyflwynwyd y cynllun i adlewyrchu'r bwlch yn y ddarpariaeth cymorth ariannol a oedd ar gael ac i helpu i ddarparu cefnogaeth i ofalwyr ochr yn ochr â'u rôl ofalu, gan alluogi gofalwyr i ofyn am gymorth ariannol o dan bedwar categori cyllid hyd at uchafswm o £500.

Yn 2018/19, derbyniwyd cyfanswm o 206 o geisiadau, ac o'r rhain roedd 22 ohonynt yn aflwyddiannus. Yn 2017/18, derbyniwyd 146 o geisiadau o gymharu â 216 eleni, sef cynnydd o 70 o geisiadau. Mae'r cynnydd hwn yn 2018/19 yn adlewyrchu'r pwyslais mwy ar ymwybyddiaeth o'r cynllun a'r arian ychwanegol cysylltiedig i ateb y galw hwn. Eleni, ehangwyd y cynllun hefyd i gynnwys ceisiadau gan ofalwyr ifanc / oedolion ifanc sy'n ofalwyr. Mae mwy o ymwybyddiaeth o'r cynllun wedi arwain at gynnydd yn y niferoedd sy'n gwneud cais am y cynllun, ond mae'r bartneriaeth wedi nodi bod angen hysbysebu a chodi ymwybyddiaeth ehangach yn y dyfodol.

Astudiaeth Achos

Mae Gofalwr A yn darparu gofal i'w mam 77 oed sydd yn dioddef o COPD (cam 4), diabetes, arthritis, pwysedd gwaed uchel, dirywiad macwlaidd a nam ar y golwg yn y llygad arall.

O ganlyniad i'r cyflyrau hyn, mae mam gofalwr A yn gaeth i'r tŷ, yn dioddef o archwaeth gwael, blinder, dryswch a symudedd gwael. Gofynnodd Gofalwr A am gyllid i gael mynediad at therapïau cyflenwol sydd ar gael iddi drwy wasanaeth cymorth hosbis.

Ymateb: mae cael y grant wedi fy ngalluogi i gael 'seibiant' o ansawdd da ac mae'r sesiynau therapi wedi gwneud gwahaniaeth aruthrol i'm lles cyffredinol."

Gwasanaethau Integredig Cymorth i Deuluoedd (IFSS)

Mae Gwasanaethau Integredig Cymorth i Deuluoedd (GICD) yn darparu cymorth wedi'i dargedu ac yn helpu i gysylltu gwasanaethau plant ac oedolion, gan ganolbwyntio ar y teulu fel uned. Mae GICD yn gweithio gyda theuluoedd i'w helpu i wneud newidiadau cadarnhaol, fel bod unrhyw bryderon yn cael eu lleihau ac y gall plant aros yn ddiogel yn eu cartref.

Yn rhanbarth BIPAB, Cyngor Dinas Casnewydd yw'r sefydliad arweiniol sy'n cydlynu gweithrediadau ar draws y rhanbarth, a chaiff refeniw ei ariannu gan bob un o'r 5 awdurdod lleol i ddarparu'r gwasanaeth. Mae cronni arian ar gyfer TICD yn ofyniad o dan Ran 9 y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, ac roedd y trefniadau hyn ar waith cyn dyddiad gweithredu'r Ddeddf, sef 6 Ebrill 2016.

Dros y ddwy flynedd ddiwethaf mae'r 5 ALl wedi adolygu pob agwedd at ymyriadau ar gyfer gwasanaethau Ar Ffiniau Gofal. Roedd hyn yn cynnwys adolygiad o effeithiolrwydd ein darpariaeth TICD flaenorol. Roedd pryder a risg bosibl o gael gwasanaethau cyfochrog gyda dyblygu i deuluoedd. Mae pob TICD wedi esblygu'r model cymorth gwreiddiol i ddiwallu anghenion teuluoedd sy'n wynebu rhieni'n camddefnyddio sylweddau, trais domestig ac afiechyd meddwl ymysg rhieni, yn fwy effeithiol. Mae gan y 5 ALl yng Ngwent wahanol strwythurau gyda sefyllfaoedd sy'n amrywio o ran cymorth i deuluoedd, ymyriadau dwys, cyswllt teuluol, ataliadau a gwasanaethau ar ffiniau gofal.

Mae datblygiadau i wella gwasanaethau ar ffiniau gofal gan ddefnyddio'r elfennau gorau o'r model TICD ond gan symud i ffwrdd o rhai o'r agweddau llai defnyddiol wedi ennill y blaen ar y ddarpariaeth TICD blaenorol. Mae'r 5 ALl i gyd yn cynnig cefnogaeth deuluol ddwys gyda chyfuniad o fodelau a staff sy'n cynnwys ystod o weithwyr; a chydag ystod o bartneriaid sydd wedi'u hymwreiddio mewn ymchwil ac ymarfer sy'n seiliedig ar dystiolaeth. Mae hyn yn cynnwys gweithwyr iechyd, gweithwyr cymdeithasol ymgynghorol, gweithwyr cam-drin domestig arbenigol yn ogystal â gweithwyr cymdeithasol a gweithwyr cymorth i deuluoedd. Mae'r 5 ALl i gyd yn cymryd rôl gyda'r Bwrdd Partneriaeth Plant a Theuluoedd ac yn cydweithio fel y bo'n briodol; er enghraifft, ar geisiadau GGI diweddar i ddatblygu ymyriadau cymorth i deuluoedd ymhellach. Fel yr amlinellwyd yn Rhan 9 y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, mae'r 5 ALl yn cydweithio i rannu arfer a chydweithio o ran hyfforddiant ac arbenigedd.

6. Blaenoriaethau'r Bwrdd yn y Dyfodol - cyflawni heriau 'Cymru Iachach'

Mae'r adran hon o'r Adroddiad Blynyddol yn rhoi crynodeb terfynol o'r cynnydd a wnaed ym marn y BPRh yn y flwyddyn ddiwethaf. Mae hefyd yn ystyried y blaenoriaethau y bydd yn canolbwyntio arnynt yn y flwyddyn ganlynol a thu hwnt.

Ein Model Trawsnewid i Went

Mae'r BPRh wedi gwneud cynnydd o ran aeddfedrwydd a statws dros y flwyddyn ddiwethaf, o ran y newid sylweddol i'r graddau y gwneir penderfyniadau ar y cyd, a dyfodiad rhaglen o newid amlwg i gyflwyno 'Cymru Iachach'. Yn benodol, mae rhaglenni'r GGI a'r Rhaglen Drawsnewid wedi dangos dull effeithiol o wneud penderfyniadau ar y cyd a chyflwyno rhaglenni newid ar raddfa fawr yn hynod o gyflym.

Er mwyn galluogi'r BPRh i oruchwylio camau i drawsnewid gwasanaethau a chyflawni 'Cymru Iachach' yn llwyddiannus, cynhelir sesiynau datblygu yn rheolaidd i gefnogi aelodau i feithrin ymddiriedaeth, galluogi her a chraffu beirniadol. Er mwyn ein helpu i barhau, mae'r Bwrdd hwn wedi gorchymyn rhaglen datblygu sefydliadol i'w hwyluso gan Gomisiwn Bevan a Gofal Cymdeithasol Cymru, gyda Cham 1 yn dechrau yng Ngorffennaf i Dachwedd 2019. Bydd y gwaith hwn yn cyd-greu papur opsiynau gyda'r BPRh i nodi'r dewisiadau posib ar gyfer modelau i ddarparu gwasanaethau yn y dyfodol, a fydd yn effeithiol ac yn gynaliadwy mewn cyd-destun sy'n benodol i Went.

Yng Ngwent, rydym yn falch o'n rhaglen drawsnewid, a gynhyrchwyd ar y cyd gan aelodau'r BPRh ac sydd wedi'i chynllunio i ddarparu modelau gofal di-dor yn nes at y cartref. Mae'r rhaglen yn rhoi pwyslais cryf ar greu gwasanaethau integredig a chreu cynaliadwyedd yn ein gweithlu. Mae llwyddiannau cynnar yn cynnwys cyflwyno Un Pwynt Mynediad i deuluoedd plant ag anghenion cymhleth, datblygu model Cymunedau Tosturiol Gwent, a model integredig newydd o ryddhau cleifion o'r ysbyty.

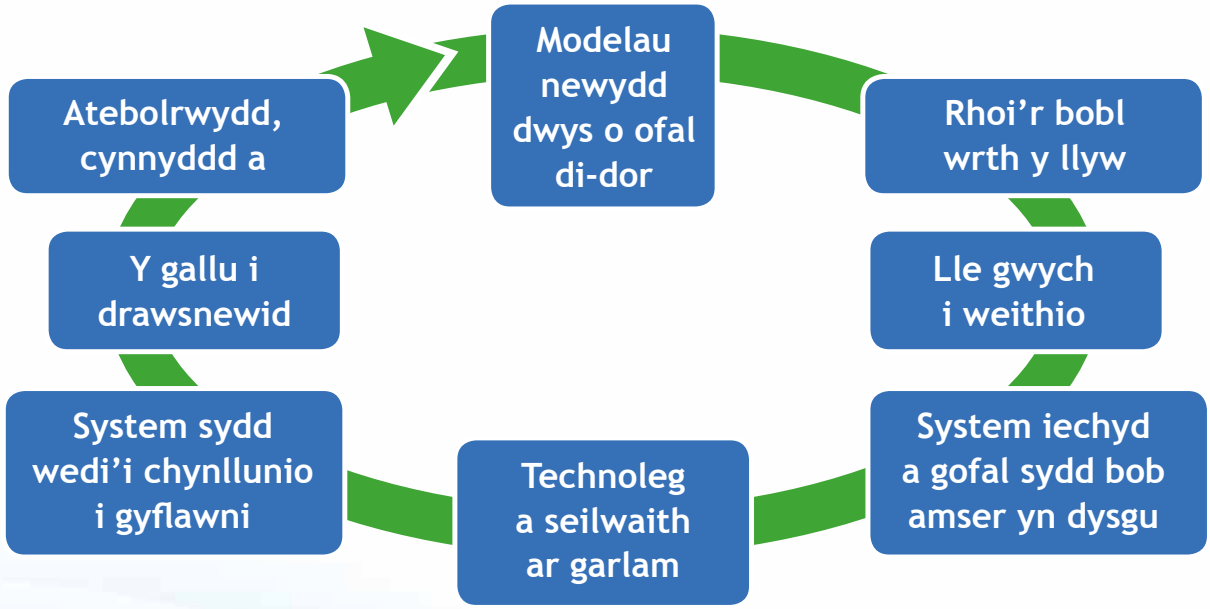
Trwy ein Fforwm Gwerth Cymdeithasol, a'n strwythur Arweinyddiaeth, mae'r trydydd sector yn bartneriaid cyfartal yn nhermau cynllunio a darparu gwasanaethau, gyda chynrychiolaeth gref ar y Bwrdd a'r Bwrdd Strategol. Mae gwaith penodol wedi ei wneud i ddatblygu fforwm gwerth cymdeithasol cadarn yng Ngwent y mae aelodau'n falch ohono ac yn cymryd rhan weithredol ynddo; 'Mae'n wir i ddweud bod Gwerth Cymdeithasol Gwent wedi bod yn gynhwysol, gan geisio meithrin diwylliant o fod yn agored a thryloyw' (Aelod o'r FfGC).

Y Camau Nesaf:

- Parhau i gyflwyno'r rhaglen drawsnewid ar gyflymder, gyda phwyslais cryf ar gynaliadwyedd o ran y modelau newydd.
- Dechrau gweithio gyda Chomisiwn Bevan / Gofal Cymdeithasol Cymru ar Bapur Opsiynau ar gyfer model cyflawni i'r BPRh yn y dyfodol (Adroddiad i'w dderbyn erbyn mis Tachwedd 2019).
- Gweithredu Canolfan Gwella Ymchwil Arloesi a Chyfathrebu (RIIC) Gorffennaf-Medi.
- Comisiynu gwerthusiad allanol o bob un o'r rhaglenni trawsnewid (Ebrill 2019).
- Cefnogi datblygiad y Byrddau Partneriaeth Integredig i gryfhau cynllunio, comisiynu a darparu yn seiliedig ar le.
- Cytuno ar o leiaf 2 safle peilot i dreialu'r fethodoleg seiliedig ar le y cytunwyd arni (Rhagfyr 2019).
- Ystyried alinio adnoddau gwella i sicrhau y gellir ariannu a chynyddu modelau sy'n cael eu treialu drwy ddull i ddefnyddio cyllid CGI/Trawsnewid i'r eithaf (parhaus).

5.2

Mae dyheadau cyffredinol gan Fwrdd Partneriaeth Rhanbarthol Gwent ar gyfer trawsnewid wedi eu nodi yn y diagram isod.



Atodiad 1: Cofrestr o gyfarfodydd misol y BPRh

Dyddiad y cyfarfod	Math o gyfarfod	Testunau allweddol a drafodwyd
3 Mai 2018	Busnes	Cyflwyniad ThG, WCCIS, diweddariad-CGI, Eiddilwch. Cyllidebau cyfunol ar gyfer cartrefi gofal, Cynllun Ardal, ffrydiau gwaith OWDG, diweddariad -Rhwydwaith Lles Integredig. Adolygiad Seneddol.
12 Gorff. 2018	Busnes	Pobl yn Gyntaf - cyflwyniad hunan eiriolaeth; WCCIS; Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol, diweddariad-CGI, adroddiad partneriaeth IGCaTh, comisiynu ffrydiau gwaith, adroddiad blynyddol y BPRh.
6 Medi 2018	Datblygu	Cynigion Trawsnewid - cynnig Gwent, cynigion cyfalaf y GGI - cymeradwyo.
19 Medi 2018	Busnes	Diweddariad - y GGI, Grant Trawsnewid, Cynllun y Gaeaf, WCCIS, Adolygiad - Eiddilwch, cylch gorchwyl y BPRh wedi ei ddiweddaru.
8 Tach. 2018	Busnes	Diweddariad partneriaeth AD ac IM, Eiddilwch, adborth SAC ar y GGI, Cymru Iachach, diweddariad - y GGI, cynllun gweithredu WCCIS, arolwg Adref i'r Cartref, adroddiad Gofal Cymdeithasol Cymru, Cynllun y Gaeaf - cymeradwyo, Ymgynghoriad Unigrwydd ac Arwahanrwydd Cymdeithasol.
10 Ion 2019	Datblygu	Adolygiad o'r daith hyd yn hyn, Egwyddorion cydweithio, Cynllun Trawsnewid a Chynllun Ardal.
24 Ion 2019	Busnes	Cyflwyniad -Gwasanaeth Awtistiaeth Integredig, diweddariad - partneriaeth Gofalwyr, Cymru Iachach, diweddariad - y GGI, WCCIS, Cronfa gyfunol a chytundeb cartref gofal, Sesiynau -datblygu yn y dyfodol.
14 Mawrth 2019	Busnes	Cyflwyniad Dyfodol Clinigol, diweddariad - y GGI, Cymru Iachach, comisiynu rhanbarthol - cronfeydd cyfunol ac eiriolaeth, Eiddilwch, WCCIS.

Atodiad 2: Aelodau'r Bwrdd Partneriaeth Rhanbarthol

Mae aelodaeth ofynnol y Bwrdd Partneriaeth Rhanbarthol wedi'i nodi mewn canllawiau statudol fel Rhan 9 o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), i gynnwys yr aelodau etholedig lleol o bob awdurdod lleol yn ardal y Bwrdd, Cyfarwyddwyr Gwasanaethau Cymdeithasol pob awdurdod lleol yn ardal y Bwrdd, Aelod Annibynwyr y Bwrdd Iechyd Lleol, Prif Weithredwr ac Uwch Gyfarwyddwr Bwrdd Iechyd Lleol yr Ardal, a Chadeiryddion Cynghorau Gwirfoddol Cymunedol yn ardal y Bwrdd. Mae gan y Bwrdd yr hyblygrwydd hefyd i gyfethol aelodau ychwanegol os dymunant.

Mae aelodaeth bresennol y BPRh o fis Mawrth 2019 wedi ei nodi isod:

Phil Robson	Aelod Annibynnol	BIPAB (Cadeirydd y BPRh)
Anne Lloyd	Aelod Annibynnol	BIPAB
Kateja Dew	Aelod Annibynnol	BIPAB
Richard Bevan	Ysgrifennydd y Bwrdd	BIPAB
Cllr Richard Clarke	Aelod Gweithredol	Torfaen (Is-gadeirydd y BPRh)
Cllr John Mason	Aelod Gweithredol	Blaenau Gwent
Cllr Carl Cuss	Aelod Gweithredol	Caerffili
Cllr Penny Jones	Aelod Gweithredol	Sir Fynwy
Cllr Paul Cockeram	Aelod Gweithredol	Casnewydd
Judith Paget	Prif Weithredwr	BIPAB
Nick Wood	Prif Swyddog Gweithredu	BIPAB
Sarah Aitken	Cyfarwyddwr Iechyd y Cyhoedd	BIPAB
Damien McCann	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Blaenau Gwent
Dave Street	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Caerffili
Claire Marchant	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Sir Fynwy (tan fis Mai 2018)
Julie Boothroyd	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Sir Fynwy (o fis Mai 2018)
James Harris	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Casnewydd
Keith Rutherford	Cyfarwyddwr, Gwasanaethau Cymdeithasol	Torfaen
Andrew Belcher	Mirus	Cyn. Darparwr
Melanie Minty	Fforwm Gofal Cymru	Cyn. Darparwr
Chris Hodson		Cyn. Dinasyddion
Lorraine Morgan		Cyn. Dinasyddion
Edward Watts	Cadeirydd, GAVO	Cyn. Trydydd Sector
Steve Brooks	Cadeirydd, CWT	Cyn. Trydydd Sector

Gweithio mewn Partneriaeth

GIG CYMRU NHS WALES
Bwrdd Iechyd Aneurin Bevan Health Board

Cyngor Bwrdeisdref Sirol
Blaenau Gwent
County Borough Council

CAERPHILLY COUNTY BOROUGH COUNCIL
CYNGOR BWRDEISTREF SIROL
CAERFFILI

CYNGOR
monmouthshire
COUNTY COUNCIL
sir fynwy

TORFAEN COUNTY BOROUGH
BWRDEISTREF SIROL TORFAEN

Newport
CITY COUNCIL
CYNGOR DINAS
Casnewydd

TVA Torfaen Voluntary Alliance
Cynghrair Gwirfoddol Torfaen
Actively supporting the contribution of individuals, through voluntary action

GAVO
Gwent Association of Voluntary Organisations
Cymdeithas Mudiadau Gwirfoddol Gwent

Llywodraeth Cymru
Welsh Government

Valuing our health

Chief Medical Officer for Wales
Annual Report 2018/19

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Introduction

As Chief Medical Officer (CMO) for Wales I have three main duties: to advise ministers on health issues; to lead the medical profession in Wales; and to advocate for better health on behalf of the people of Wales. This is my third annual CMO report and, as in previous reports, I aim to cover a range of issues which I hope will be of interest and relevance to politicians, patients and the public.

This year's report begins by describing the health status of our nation. The good news is that health indicators are continuing to improve but the recent levelling off of life expectancy has attracted a lot of interest in the last year and is a trend which we need to understand better and continue to monitor carefully. Obesity levels in the population are at a worrying level with childhood obesity being a particular concern – I am currently developing a healthy weight plan for Wales and we have recently embarked on a consultation seeking views on the actions we need to take. Our health and care system is challenged by the changing needs of an ageing society and the consequential increase in people who experience multiple diseases. Our response in Wales to these changing needs has recently been outlined in our new long-term health strategy "A Healthier Wales" and there is now an urgent need to look carefully at the services we provide and the way in which they are delivered.

Please feel free to send feedback to;
Dr Frank Atherton

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Chapter 2 serves as a reminder of the Prudent Healthcare Principles, which we have established as a cornerstone of our health and care services and looks at how these enduring principles can be delivered though the development of a value-driven approach to service design, delivery and evaluation. It provides some examples from across the Welsh healthcare system of prudent healthcare in action and points in particular to the need for a rethinking of our approach to the outcomes of healthcare. We need to reset our healthcare system by shifting attention from indicators of service outputs towards outcomes which really matter to people who receive services.

Given that change in our health system is inevitable, the role of knowledge and information takes centre stage and so, chapter 3 lays out the importance of our work in research and innovation. The proud tradition of health service research that began with the work of Archie Cochrane on lung diseases affecting mining communities in the Welsh Valleys, continues today through a network of research centres, units and support systems. Research is often overlooked, but it is vitally important to the economy of Wales; to the effectiveness and efficiency of health services; and to the sustainability of our NHS.

This year's report concludes with a consideration of some of the challenges which we face in the area of health protection; these can arise from infections and from environmental threats. We live in an inter-connected world and recent events, such as the rise in cases of measles across Europe, new and importable diseases such as Ebola and Monkeypox, and the use of chemical agents all serve to remind us that we ignore health protection arrangements at our peril. I will be looking further at ways in which we need to strengthen this aspect of our public health system.

Thank you for your interest in this report; I would welcome feedback on any of the issues that I have covered.

Dr Frank Atherton

1. State of Our Health

Our changing population

The population of Wales continues to grow and in 2017 it was just over 3.13 million[1]. It is expected to increase by around 4% over the next 20 years to approximately 3.25 million people[2] in 2037; with those aged 65 and over set to increase from 21% of our entire population to 27% (from approximately 643,000 in 2017 to 863,000 in 2037)[3].

The number of those aged 75 and over is projected to increase by 58% between 2017 and 2037; increasing from 9% of the population to 14% by 2037 (from approximately 287,000 in 2017 to 452,000 in 2037)[4].

The proportion of young people (those aged 0–15) in Wales is expected to decrease by the year 2037 and account for 17% of the overall population; down from 18% in 2017 (approximately 559,000 in 2017 down to 555,000 in 2037)[5].

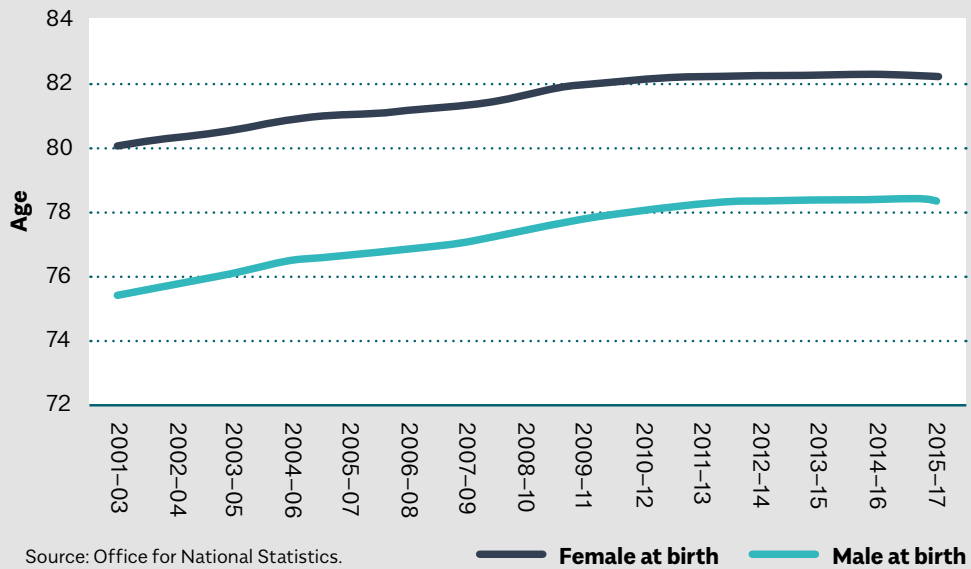
Living longer & living well

Statistics released by the Office for National Statistics (ONS) reveal overall life expectancy for the UK (at birth) in 2015–17 was 79.2 years for males and 82.9 years for females. In Wales, these figures are 78.3 years for males and 82.2 years for females

Until 2011, life expectancy in Wales and the UK had been increasing for a number of decades; however, since 2010 the UK along with several other countries has seen a slowdown in these improvements in both male and female mortality. The latest figures for Wales showed a decrease of 0.1 years for both males and females, following a period with little change.

While this is a cause for concern and there remains controversy over the reasons, Public Health Wales (PHW), along with the ONS and Public Health England (PHE), are continuing to monitor ongoing trends in life expectancy and to explore the underlying factors.

Figure 1: Life expectancy at birth, Wales, 2001–2003 to 2015–2017



Source: Office for National Statistics.

There remains a significant difference in life expectancy and healthy life expectancy between the most and least deprived areas in Wales; with an approximate eight-year gap in life expectancy and 18-year gap in healthy life expectancy[6]. We want people in Wales to live long and healthy lives and we've put in place a number of progressive policies to achieve that ambition. We also work closely with Public Health Wales to both monitor the ongoing pattern of life expectancy and to explore further the underlying factors.

A majority of adults report that they are in good general health, with 70% of over 16s reporting being in 'good' or 'very good' health[7] in the National Survey for Wales 2017–18.

This figure varies across Wales, with the proportion of adults who reported being in good or very good health ranging from 67% in Cwm Taf Health Board to 76% in Powys Teaching Health Board[8].

The burden of disease

The National Survey for Wales also highlighted that nearly half of adults in Wales report having a longstanding illness (with 21% reporting two or more illnesses). These figures rise with age and deprivation. In 2017/18, musculoskeletal disorders (17%) and heart and circulatory-related illnesses (13%) were the most commonly reported complaints[9].

Overall, the percentage of adults being treated for at least one condition increased slowly between 2004 and 2015. Conditions in which there was some increase include diabetes and mental illness. Others (such as arthritis and heart conditions) showed a slight decrease[10].

The early years

In historical terms, Wales' infant mortality rate (3.4 per 1,000) remains low[11].

Immunisation rates for children have risen over the past decade and most children in Wales are fully vaccinated. However, in 2017/18, 15% of children had not received all of their recommended routine vaccinations by their fourth birthday[12], meaning they were not fully protected from vaccine-preventable disease by the time they started school.

In 2016/17, the majority of children aged 4–5 in Wales were of a healthy weight. However, 27% of boys and girls were either overweight or obese[13].

In 2017/18, National Survey for Wales results provided a number of markers of health-related lifestyle factors for children (aged 3–7), including:

87% ate fruit every day

68% ate vegetables every day

5% drank sugary soft drinks every day

65% were active every day[14]

Evidence suggests, by adopting the six steps to a healthier lifestyle, a person can reduce their risk of developing dementia by up to 60%.

Aging well

Wales has a higher proportion of older people than the rest of the UK, and therefore has a higher number of people suffering from chronic conditions and frailty. Our health service will need to take a co-ordinated, whole system approach to ensure that people of Wales receive the care and support they need as our population grows.

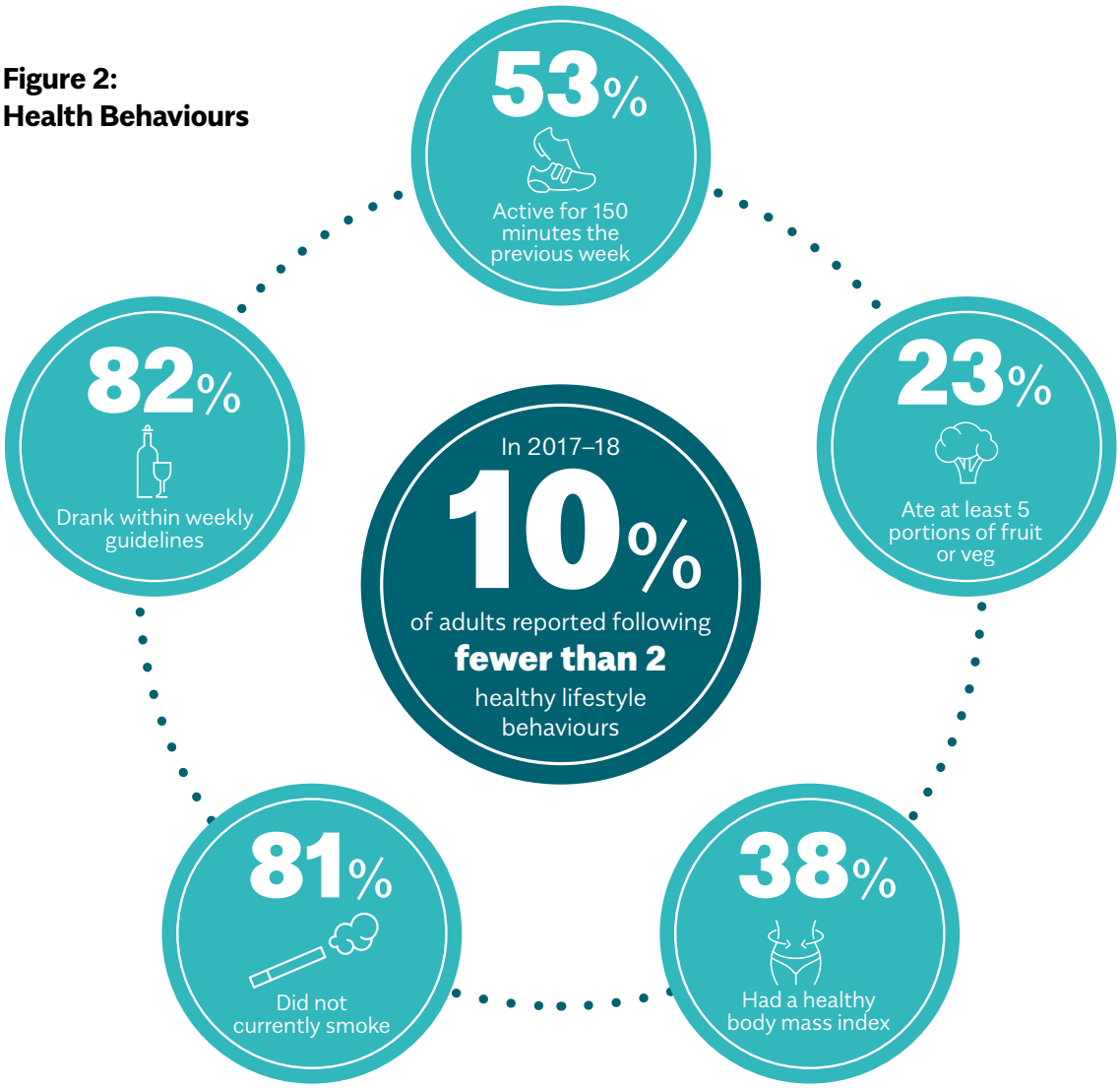
The number of people in receipt of residential services, and who are aged 65 and over, is also set to increase from 11,313 in 2015 to 29,161 by 2035[15].

As recognised in the Welsh Government's national strategy *Prosperity for All,* remaining both mentally and physically active into old age may significantly reduce the risk of developing dementia, other health conditions, and depression as a result of loneliness and isolation.

However, with more people living longer, the number of dementia cases will continue to rise. Alongside dignified care for the individual, we also need to recognise the impact that dementia has on families, friends and carers.

Evidence suggests, by adopting the six steps to a healthier lifestyle, a person can reduce their risk of developing dementia by up to 60%[16]. Risk reduction and delaying onset will be a key theme within the dementia plan, which will look at support for dementia sufferers as a 'team around the family approach'.

Figure 2:
Health Behaviours

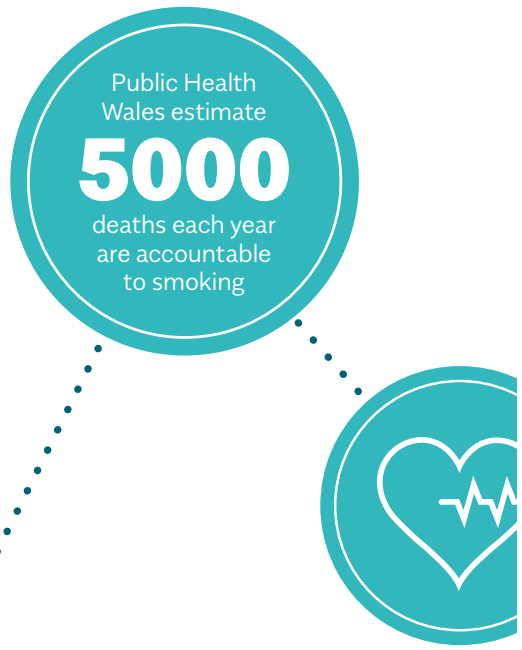


Health behaviours

The use of tobacco remains the leading single cause of premature death in Wales and a major contributor to health inequalities. Although smoking-attributable mortality has decreased in Wales, Public Health Wales estimate it is still accountable for over 5,000 deaths each year, around one in every six of all deaths in people aged 35 and over[17].

Physical inactivity, diet and obesity levels are also significant burden of disease risk factors. With fruit and vegetable consumption declining (by 4 percentage points between 2008 and 2015) and the prevalence of overweight or obesity increasing (by 2 percentage points over the same period)[18].

If this trend was to continue, it would result in three quarters of the population in Wales not eating the recommended levels of fruit and vegetables by 2025 and two thirds of the adult population in Wales being overweight or obese[19]. We are currently developing a healthy weight plan for Wales and expect to implement this from 2019.



Deprivation and health

Socio-economic status continues to influence our key health outcomes. Those in the least deprived areas of Wales are more likely to meet the guidelines around physical activity (59%) than those in the most deprived (42%)[20].

Similarly, in the least deprived areas we see greater adoption of guidelines around the consumption of fruit and vegetables (28%) than those in the most deprived (18%)[21].

We see a similar effect on unhealthy behaviours, with those in the most deprived areas more than twice as likely to smoke (28%) than those in the least deprived (13%)[22].

For alcohol consumption, we see that more people in the least deprived areas drink above the recommended guidelines (21%) than those in the most deprived areas (15%)[23]. However, alcohol-related mortality rates are much higher in the most deprived fifth compared to the least deprived fifth of Wales, despite the opposite relationship for drinking above guidelines[24].

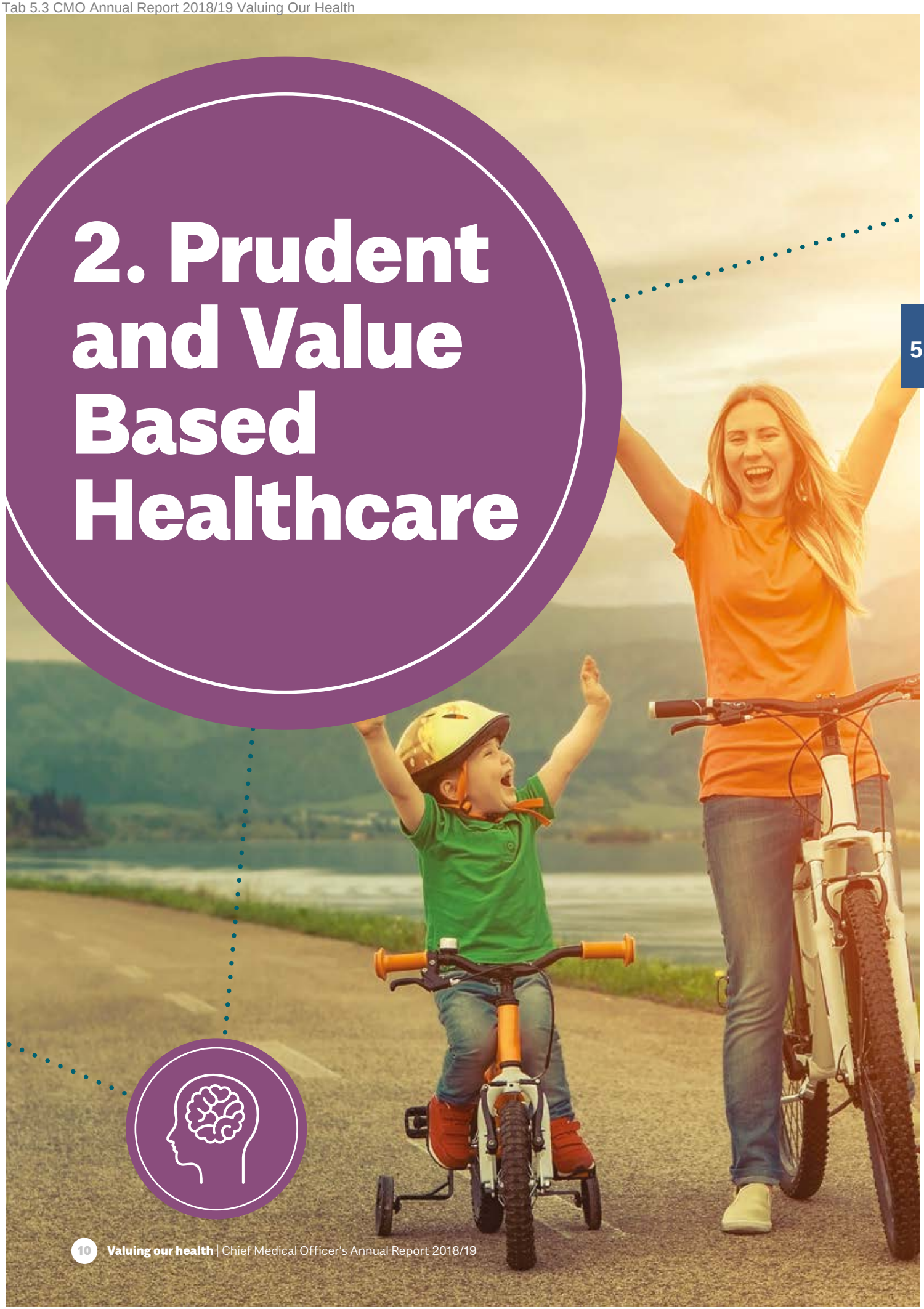
When looking at other health outcomes, we see the further impact of deprivation on children in Wales. Children are more likely to be born with a low birth weight in the most deprived areas of Wales (7.4%) compared with those in the least deprived (4%). This gap has widened between 2016 and 2017 from 6.9% and 3.3% respectively[25].

Almost half of children in the least deprived areas of Wales will be breastfeeding at 10 days (48.4%) while in the most deprived areas, this figure is just under a quarter (24.6%). Overall, the rate of breastfeeding in Wales has seen a slight increase between 2014 and 2017, with a greater increase in the most deprived areas[26].

Children in the most deprived areas are twice as likely (1.6%) to have decayed, missing or filled teeth (DMFT) than children in the least deprived areas (0.7%)[27].

Children are more likely to be born with a low birth weight in the most deprived areas of Wales

2. Prudent and Value Based Healthcare



Acting prudently and getting best outcomes = value

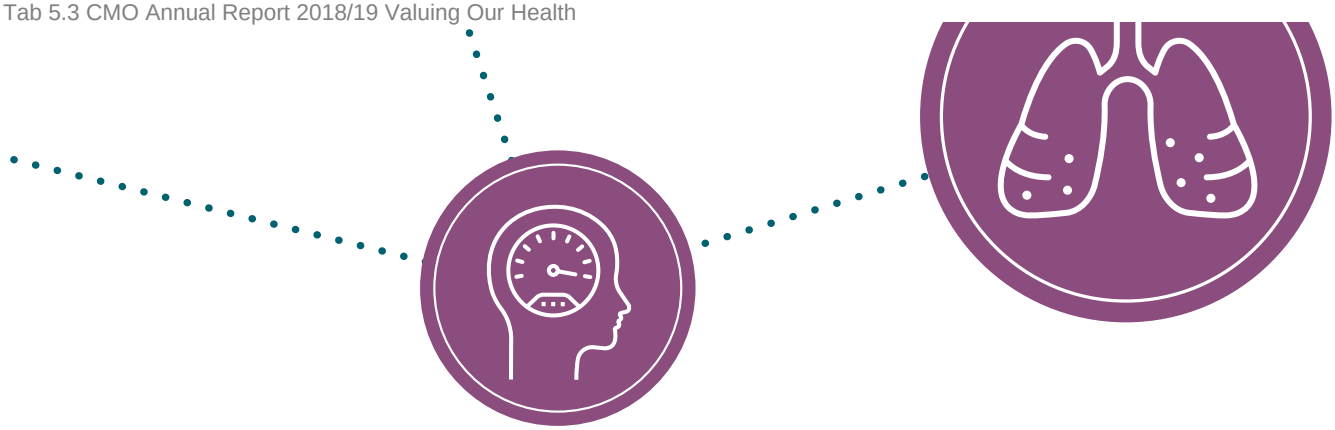
There has been considerable attention paid in the past few years to how health services will cope into the future, with the population growing increasingly older and having more complex health and care needs. This is something which the Parliamentary Review of Health and Social Care in Wales looked at in some detail in its report published last year[28]. We simply cannot keep doing things in the same way, spending money in the same way and hoping for different results. We must focus the system on delivering the best results it can for people, within the available resources. As the Parliamentary Review report stated,

Whatever the overall envelope of funding, given current and future demands on the system, every pound spent must be more effective in improving outcomes for the users of service and for people of Wales[29].

Four years ago, the then Minister for Health and Social Services, and now First Minister of Wales, Professor Mark Drakeford endorsed the 'Principles of Prudent Healthcare' first described by the Bevan Commission, and set out his vision for how they could help deliver a more sustainable and person-centred health service. There was widespread agreement from within and outside Wales that these principles were important. My counterpart in Scotland, Dr Catherine Calderwood, has also published two reports on the 'realistic medicine' concept which shares many similarities with prudent healthcare and 'rethinking medicine' has appeared as a similar emerging approach in the NHS in England. Our prudent healthcare principles have continued to be supported in Wales, including in last year's report from the independent Parliamentary Review panel and then in A Healthier Wales: Our Plan for Health and Social Care[30].

Given the continued support for the prudent healthcare philosophy in these strategic documents, it seems timely now to consider how these principles have been, and are being, refined and how they are becoming embedded in the health service in Wales.

It can be difficult to measure the extent to which the prudent healthcare concept has been adopted in the NHS in Wales. We think there is significant professional awareness of prudent healthcare although there may be barriers in relation to its consistent implementation[31]. Prudent healthcare is ultimately about clinical culture and decision making in co-production with the public. It provides a new lens through which we can understand and seek to improve the excellence of the care we offer. Choosing Wisely Wales is one example, based on the international movement in which professional bodies advise on unnecessary care, working to ensure professional engagement in shared decision making, a focus that should directly involve those accessing services and which needs to be main-streamed in all NHS organisations at pace. Our programme eventually became known as Making Choices Together, to reflect the changing role of doctors to become supporters or mentors for their patients in collaborative decision making.



Building and harnessing value based approaches

The application of 'value based healthcare' is increasingly being seen in Wales as a way of delivering the prudent healthcare principles in a measurable way. It requires a healthcare system to become truly data-driven in order to improve clinical outcomes and inform the allocation of resources for the greatest positive impact on individuals and the people of Wales.

Value based healthcare is an internationally recognised approach to delivering the best outcomes for people by providing the right care for them as individuals[32]. It presents an exciting opportunity, if we choose to grasp it, to deliver and measure prudent healthcare and therefore secure sustainable services. High value does not have to mean high cost, indeed simple things done consistently often provide the highest value, so value based healthcare approaches may actually be the simpler ways of achieving the same outcomes, built around the hopes and wishes of each person affected. This, at its heart, is prudent healthcare.

A number of tools have been rapidly put in place to build and harness value in the system. NHS Wales organisations have been working with the International Collaboration for Health Outcome Measurement (ICHOM) to build knowledge and capacity in this area. This strategic alliance has supported our health boards to collect and report outcome data for a range of medical conditions areas, including lung cancer, heart failure and cataract.

In addition, following work in England, we have strengthened our focus on unwarranted variation in services and outcomes to reveal the under and over-use of different aspects of healthcare.

This is allowing the targeting and removal of low value interventions and the re-investment of resources in higher value interventions. One example of this approach is our Respiratory Health Delivery Plan for 2018–2020 which describes significant variation in many aspects of respiratory care and explicitly seeks to drive investment towards the higher value, often lower cost, interventions. There is evidence in Wales of disproportionate spend on 'triple' bronchodilator therapy, relatively expensive but low in value, in comparison with less expensive but higher value interventions such as flu vaccination in higher risk groups, smoking cessation with pharmacotherapy and pulmonary rehabilitation, so the group is leading work to redress this imbalance.

Case study

Using Patient Reported Outcome and Experience Measures in memory services (PROMs and PREMs)
By using PROMs, PREMs and activity based costing methodology Aneurin Bevan University Health Board identified that there was variation and inequality in the memory assessment service across different areas on its patch. The outcome measures and costing data were combined and identified one pathway which offers better outcomes at a lower cost. The pathway is currently being implemented across the organisation which will ensure all patients receive the same standard of care.

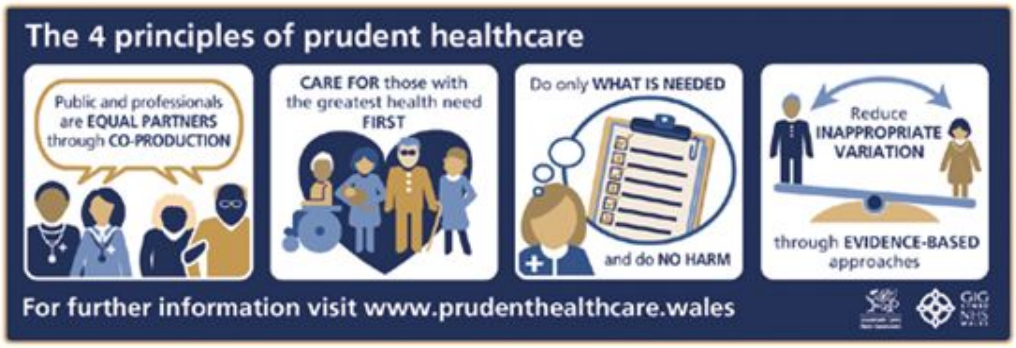


Figure 3: Principles of prudent healthcare

There is also a national programme in place to collect consistently Patient Reported Outcome and Experience Measures (PROMs and PREMs), the capture of this information being crucial to understanding the true value of a healthcare intervention from the individual's point of view. The introduction of PROMs into orthopaedic care in the Cardiff and Vale University Health Board has reduced the need for low value follow up appointments by as much as 70%. Work is now needed to bring together these various means of outcome data collection into our National Data Resource.

A reminder of the prudent healthcare principles through the lens of value

Prudent healthcare describes the need for an altered relationship between the public and professionals, working together in a more equal way to improve the health of the Welsh population. The principles are:

For the public and professionals to be regarded as equal partners through co-production and shared decision-making.

To prioritise those in greatest need.

To aim to meet people's health goals in the least invasive way possible in order to improve outcomes and minimise harm.

To use evidence to reduce unwarranted variation in care across Wales to ensure fairness, improved outcomes and the reduction of waste.

If these prudent healthcare principles are applied, then there will be situations when more care is provided to achieve a greater benefit, while at the same time, there will be other situations in which less care can be beneficial. A number of published articles have described how 'over treatment' exists and is often harmful. Many people may be surprised that healthcare can be harmful, but in truth, there is a wide range of possible outcomes for individuals from much of the care we provide to populations. It is therefore not always better to receive more healthcare, although sometimes this may be needed, depending on the needs and wishes of the individual. Through placing greater value on patient outcomes rather than the volume of activity and the complexity and sophistication of procedures delivered, prudent healthcare aims to rebalance the NHS and create a more patient-centred system.

As an example of potentially harmful healthcare, it may be helpful to consider the use of multiple medication in a frail, elderly person. Such a person will often have a number of conditions that can be treated medically but when this results in a very long list of potent drugs, the overall impact can be more harmful than it is helpful. The evidence is strong that many hospital admissions in frail, elderly people happen because of the effects of their medication. This is not a good outcome from the care provided and not a prudent use of the always limited healthcare resources.

This relationship between the outcome for the patient and the cost of care is now known as the value of healthcare. This concept is proving to be a helpful approach to understanding, implementing and measuring prudent healthcare. Generally we would wish to deliver the highest value healthcare to achieve the best possible outcomes in the most individually appropriate and affordable ways and to avoid low value care, even that which is expensive and technologically sophisticated, that will result in no benefit or even harm.

Continuous improvement

is a basic responsibility for everyone involved in the provision of healthcare

How prudent healthcare principles can improve the value of healthcare

Prudent healthcare has undoubtedly provided a strong and recognisable foundation for how we must improve healthcare in Wales. There have been a number of excellent actions and initiatives, some of which I highlight in this report, but, as mentioned above, we are as yet to harness fully the principles and embed them as business as usual.

Continuous improvement is a basic responsibility for everyone involved in the provision of healthcare; we are also all responsible for ensuring the best possible use of the monies made available to the NHS. A focus on value based healthcare can help us deliver on these responsibilities and provide evidence of the progress being made in many parts of the NHS in Wales. As a starting point, it might therefore be helpful to express the prudent healthcare principles through the language of the value of care, as below.

Public and professionals as equal partners through co-production

This first prudent healthcare principle is crucial to the delivery of modern healthcare services and for improving the experience and outcomes of the people using those services. Here is a definition of coproduction from the Social Care Institute for Excellence:

A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all[33].

For this principle to be applied successfully we must consider to what extent people are (and feel) involved in caring for their health. There is evidence that when people feel more involved and informed about the options of care available to them, and are able to make their own decisions, their personal outcomes from care are markedly better.

At an individual level this means that we must ensure that public and professionals are equal partners in the consultation when making decisions. This requires a shared understanding of all the treatment options if we are to support people in achieving their health goals in a way that makes sense for them in the circumstances of their own lives.

Doing this well requires time, often taken over multiple consultations, and might well utilise the differing skill sets of a multidisciplinary team. This should include not only discussions about specialist referrals, drugs, radiotherapy or surgical interventions and their relative merits, but also when / if to have a scan, or even to take holidays or any other activity important to that person. This is all part of supporting the decision making process of each individual patient. Not only will a co-productive approach improve individual clinical outcomes, but also it is likely to reduce waste as the evidence is that people tend to be more conservative in their preferred treatment options than professionals might expect, often resulting in a 'de-escalation' of care towards more simple and timely pathways.

Case study

Co-production in kidney care

The Welsh Renal Clinical Network, on which patient representatives and NHS professionals play an equal part, decided that it wanted to drive out inappropriate variation, to disinvest in things which do not work well and reinvest in care and treatment which meets the needs of individuals. This has been achieved by making bold decisions, but, crucially, ones guided by those working within the system and receiving care. One example is in the case of kidney transplantation, in which Wales is a UK leader. By investing in renal pharmacy teams which could exercise better control over types and costs of medication, NHS Wales is delivering millions of pounds of recurrent cost saving from drug budgets. This money has been invested back into the service allowing more people to receive a successful transplant. It funds extra specialist nurses to put more patients in the system to be worked-up for transplant (and taken off dialysis). It funds specialist pharmacist prescribers and renal pharmacy teams to manage the complex, lifelong anti-rejection therapies. This Welsh model is self-funding and sustainable for the long-term. Patients were fully involved in the heart of the service redesign and their requirements in relation to support, contact and access to services closer to home. As a result this cohort of patients has developed the health literacy needed to be equal partners in their own care. This is an excellent example of prudent healthcare delivering real value for patients.

There is evidence that when people feel more involved and informed about the options of care available to them, and are able to make their own decisions, their personal outcomes from care are markedly better.

43,000

children (under 16) received care in Community Dental Services (CDS)

Care for those with the greatest health care need first

This principle steers us towards promoting equity in health outcomes by matching the response of the healthcare system to the level of need of the individual. Equity may be defined as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.

For some individuals their need may require a rapid response, and for some people, their level of need may require more, or more complex, interventions than needed by others. As with the first principle, the second drives us towards a more individualised response from the healthcare system than is often currently provided. A 'one size fits all' approach may appear on the face of it to be equal, but in fact it can let down those at greatest risk, and does not result in consistency of good outcomes for all, as many will need either more or less than the standard approach. One such example is when all referrals from primary care are placed on the same waiting list for treatment, whatever their level of need.

Case study

Tackling inequality in dental health

The NHS primary care contract for dentists in Wales is being modified in a collaborative contract reform programme to support dental teams in Wales to adopt a prudent healthcare approach to dental care delivery in practice. The current contract is focussed on treatment activity and does not incentivise prevention, expanding the use of skill mix or welcoming new patients. Improvements are beginning to be seen in population level access improvement for children.

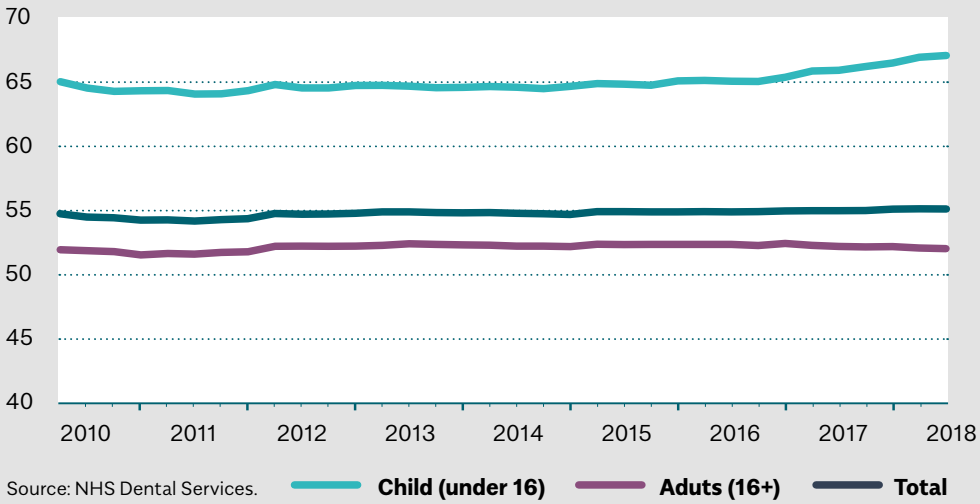
The latest access figures demonstrate a steady and sustained improvement in child access to NHS dental care. In addition to children accessing their family dentist in the same period 43,000 children (under 16) received care in Community Dental Services (CDS). It is possible that some children are seen by both family dentists and the CDS in a shared care arrangement, but this number is likely to be small. At the centre of the reform approach is supporting dental practices to use the skills of the whole team to better meet patient need, step up prevention and focus on outcome measurement in oral health. The change means that released dentists' time can be used to open access to preventive dental care and also to better meet the needs of those patients with disease and advise those at greatest risk, with less time being spent on recalls for the lowest need and risk patients.

This example shows how systems develop over the years to the point that they are no longer serving patients well. Healthcare professionals can see the problems in the system and feel frustrated by them, but are not always empowered to make change. Government, patients and professionals, working together can use the tools at their disposal to uncover inequalities and negotiate changes.

By deploying healthcare resources towards those with the greatest need, and who are likely to derive the greatest benefit from treatments, the value of the healthcare offered is maximised.

Underproviding for those with the greatest risk is likely to result in less good outcomes, while overproviding for those with low risk represents unnecessarily expensive and low value healthcare.

Figure 4: Percentage of the Welsh population treated in the 24 month period by quarter and age group



Do only what is needed and do no harm

We know that healthcare, whether medical or surgical, changes people's bodies and therefore always comes with risk and the potential for harm. We have to work carefully to make sure that the risks and benefits of any intervention in any individual are carefully considered and understood.

Delivering healthcare always demands a balance between risks and benefits. We have developed many evidence-based guidelines for care but there are inherent problems with applying single disease guidelines to people with complex needs, yet those with more complex needs are generally not included in the clinical trials that have provided the evidence. There is always a risk of harm when we take any action so we should truly ascertain our patients' health goals and seek the least invasive way to achieve them. In so doing we will reduce harm and improve outcomes, whilst still practising evidence-based medicine, albeit balanced with each individual's needs and wishes. The goals and the solutions to reach those goals must be arrived at together having considered the best available evidence.

We have to work carefully to make sure that the risks and benefits of any intervention in any individual are carefully considered and understood.

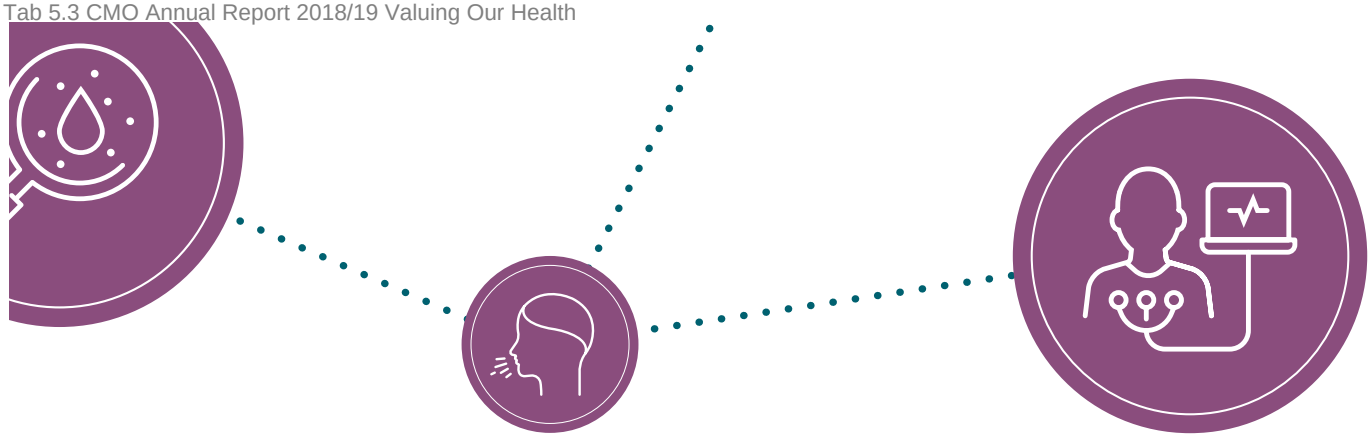
Harm caused by healthcare (iatrogenic harm) is both visible and invisible. Serious adverse drug reactions, hospital-acquired infections, surgical complications and medical errors are relatively easy to identify. Less visible harms might include the effects of being on more than four medications, multiple medical tests or indeed any treatment which in itself may be more burdensome for the individual than the disease being treated. One unfortunately very common example of invisible harm from healthcare is the loss of mobility and independence that occurs during the hospitalisation of many frail or elderly patients.

Harmful healthcare is clearly low value healthcare, particularly when the likely benefit of treatment was low to start with. Harm is not only a very poor outcome, but also can be expensive to deal with, perhaps as shown by the cost of more complex social care which may be needed by the frail, elderly person who is immobile when leaving hospital. We need to become better at recognising and preventing avoidable harm from the care we provide. Collaboration between patients, their families and the health and social care system will be needed to remodel our care options to support the safest care and best outcomes.

Reduce inappropriate variation

Unwarranted variation is a term coined by Dr John Wennberg, founder of the Centre for Evaluative Clinical Services at Dartmouth Medical School in the United States. He defined it as variation in healthcare delivery that cannot be explained by illness, medical need or evidence. This definition needs to be revisited because we have already described how outcomes can be improved by more individualised decision making. This could result in some variation at a local level highligting the distinction between appropriate and inappropriate variation.

Inappropriate variation may be seen as substantial differences in operation or intervention rates between similar populations served by different healthcare providers. Such regional variations are likely to be inappropriate and indicative of wide variations in the value of the healthcare being provided in different areas. One such example we have seen is of widely different rates of tonsillectomy within Wales. Looking at this sort of variation is a useful means of helping clinical teams reflect on their practice and why they take the approaches they do, and if in fact they are delivering the best outcomes and value for their populations. The measurement of variation is certainly not new, but we understand more than before how clinical attitudes and behaviours will determine the changes that follow when the data are shared.



How do we improve the 'value' of care in Wales?

The OECD in its review of quality across the UK healthcare systems published in January 2017[34] stated that quality is at the heart of the Welsh health system and it is certainly the case that there is a genuine commitment to improvement across the organisations in Wales. Following the 1,000 Lives campaign in 2008–10, NHS Wales has retained a central quality improvement support team to review international evidence and bring expertise in data analysis and quality improvement methodology to collaborative working with our health boards and trusts. There are several examples to show the success of this approach including improved survival rates for patients with sepsis and reduced rates of health care acquired infections and ventilator associated pneumonias. Such examples in which the outcome improves and the cost of harm decreases are clear instances of improvement in value. The 1,000 Lives team now is actively planning how to scale up quality improvement further to improve value.

Each organisation must have continuous quality improvement embedded in its culture. To support this, Welsh Government is bringing forward a strengthened Duty of Quality in a forthcoming Bill which will be laid before the Assembly. In the meantime, there are many excellent examples of efforts to improve healthcare value across Wales.

Our commitment to improve value based healthcare is described within the recently published national plan A Healthier Wales. In support of this plan we are working with a range of partners within and outside the UK to improve our ability to measure and record improvements in value. To improve our ability to measure individual clinical outcomes, we have developed strong links with ICHOM and our colleagues within NHS Wales Informatics Services (NWIS) have developed a national IT platform to enable measurement of Patient Reported Outcome and Experience Measures (PROMs and PREMs).

Each organisation must have continuous quality improvement embedded in its culture.

Case study

Reducing variation in maternity care

The Obstetric Bleeding Strategy for Wales (OBS Cymru) is an All Wales quality improvement project with the aim to reduce variation in care and reduce morbidity and mortality associated with post-partum haemorrhage (PPH). If heavy bleeding occurs it is important that it is treated quickly so that a minor haemorrhage doesn't become a life-threatening event. PPH is recognised as the leading cause of women needing extra care and support following childbirth with 1 in 10 women experiencing blood loss in excess of 1 litre, and in 1 in 200 life threatening bleeding can occur. It seeks to do this by using four key principles;

Risk assessment.

Measured blood loss to accurately identify those women with excess bleeding

Multi-disciplinary team working

Bedside testing of blood clotting

Using these four principles helps identify those women who may require further intervention to control the bleeding, be that surgically or via use of blood products. It can also quickly identify those women who don't require blood products, thus reducing avoidable harm. As this is an All Wales approach, it has reduced inappropriate variation and initial promising data shows a reduction in the number of women exposed to blood products as well as reduction in admissions to critical care.

To develop a better understanding of the cost of healthcare, NHS Wales Finance Directors are implementing new approaches including activity based costing which helps measure the cost of all clinical activity along a care pathway and also programme-based budgeting which measures the cost of all care provided to groups of patients with particular conditions in primary care and hospitals. We have seen that clinical teams are keen to be engaged in discussions about improvement when provided with clear evidence of variations in value, which are exposed, often for the first time, by these processes.

The principles of value based healthcare are being systematically applied to the issue of procurement in Wales. This involves collaborative working between the Evidence Based Procurement Board and Health Technology Wales to produce position statements to guide the procurement of a range of items including anti-microbial dressings, capsule endoscopy and hip replacements. Work is ongoing to establish effective industry relationship to underpin a value based approach to enhanced recovery after surgery and the use of spinal nerve stimulation for faecal incontinence.

PPH

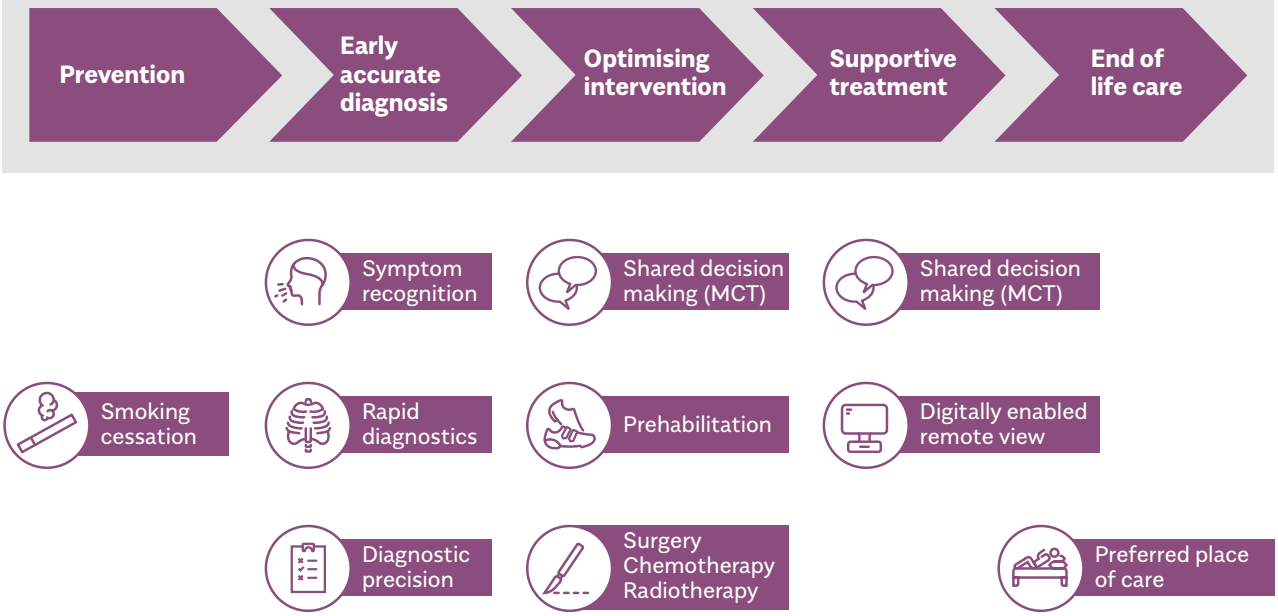
is recognised as the leading cause of women needing extra care and support following childbirth

What's next for Prudent and Value Based Healthcare in Wales?

There is clearly a huge amount of enthusiasm within Wales to realise the potential offered by prudent and value based healthcare and whilst much good work has been done, we must now make a concerted effort to systemise the approach across all organisations and care pathways. This is likely to take the form of both building local capacity and putting in place some central support, particularly in the development of data capture and analysis. The Minister for Health and Social Services has agreed to invest £500,000 per annum in the development of value based healthcare approaches and this very welcome sum of money must now be used to make a step change in the programme. Dr Sally Lewis, a GP from the Aneurin Bevan Health Board area has been appointed as clinical lead for value based healthcare. Dr Lewis has already made great progress in building consensus around Wales and has brought together leads for value based healthcare from all our NHS organisations. A number of key areas for our future effort have been identified including a focus on better collection of data and higher quality information.

Initially work is being concentrated on areas where there is already good information and patient reported outcomes, for example in lung cancer and heart failure (figures 5[35] and 6[36]). This will lead to the production of dashboards to allow a focus on where the value lies in the care pathway, and what is not working so well.

Figure 5: Improving outcomes, improving values in lung cancer[35]



Source: Welsh Government: Value Based Healthcare

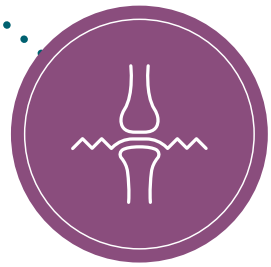


Figure 6: What data do we have?[36]

Aim / Data type	Prevention	Early diagnosis	Optimise treatment	End of life care
Atlas of variation measures Eg 30 day readmission rate	☺	☺	☺	
Spend and outcome tool (SPOT)	☺	☺	☺	
Costing data		☺	☺	
Process variation data Eg time to CT, time to echo		☺	☺	
Service variation (spend/outcome) Eg prehabilitation, CNS models	☺	☺	☺	
Patient and clinically reported outcome data (inc Patient experience)		☺	☺	☺

Source: Welsh Government: Value Based Healthcare

However, the information we have for these conditions is not necessarily replicated in other clinical areas. In order to change the Welsh NHS into a value based healthcare system it will be necessary to build the infrastructure to capture data and turn it into useful information which meets the needs of decision-makers at all levels and in all contexts.

This is intrinsically linked to digital transformation towards flexible, patient-led access to healthcare and their records. Data collection in the NHS should also happen as an integral part of routine care if we are to ensure robust and complete data capture, and not to create a burden of measurement for patients and clinical teams. The national PROMs, PREMs and Clinical Effectiveness programme contains some elements of functionality necessary to support this work going forward. Most Boards are also now developing the capacity to project manage the implementation of outcomes measurement in–house, though this work is at varying stages of maturity and is not always incorporated into the overall value-based healthcare approach in the organisation.

What is now needed is a concerted effort to systemise the pockets of good practice which are already happening across Wales.

Recommendations

Infrastructure

1. Health boards should be challenged to set out their approach to value based healthcare in their organisational plans (IMTPs) and other strategic documents.This should become central to performance and quality discussions between NHS Wales organisations and the Welsh Government.
2. The fledgling value-based healthcare teams which have been set up across Wales should be given formal support by NHS boards and tasked with developing a vision and action plans for their organisations, with key milestones.
3. A suite of data sets showing variation in heath care services should replace our current condition specific delivery plans and NHS implementation groups should use these to develop new national improvement plans.

Data

4. There should be a step change in efforts to measure and use patient outcome data at all parts of the system, focusing on enabling the best possible communication with patients leading to more flexible models of healthcare.
5. New costing models that enable measurement of value and variation in value should be used more consistently across NHS Wales organisations.
6. There should be a relentless drive towards a data-driven system that allows healthcare organisations to focus attention on areas in which to invest for the greatest impact on outcomes.
7. Various outcome measurements modalities and platforms should be integrated into the National Data Resource.

Good practice

8. There should be more direct sharing of our experiences and learning from others. Consideration should be given to holding joint workshops with colleagues in Scotland to compare our respective approaches, as there are many similar challenges and opportunities to consider.
9. A repository of good practice should be developed which will make the concept of value real and understood across health and care.
10. Prudent Healthcare principles should guide the development of a National Clinical Plan for Wales.

Communication

11. Consideration should be given as to how the concept of value should be communicated to the wider professional community and the public and how their support for it can be harnessed.
12. Regular updates on prudent, value based healthcare should be provided by the Welsh Government.

3. Valuing Research

Without research there wouldn't be treatments like **IVF**

38%
of adults think all trials involve testing a new drug

What is research and why do we do it?

In the NHS, over the last 70 years, research has given us things that we might take for granted today but they all started out as ideas. Through diligent testing we now have solid evidence that they work – or in some cases cause us harm. Without research there wouldn't be treatments like IVF or devices such as pacemakers – and we certainly wouldn't know that smoking causes cancer.

Health and social care research is about finding new knowledge that could lead to changes in treatments, policies or care. Quite often, taking part in research only takes a few minutes – like filling in a questionnaire at your GP's surgery; giving permission to researchers to look at medical notes; or maybe giving a blood sample.

According to figures from the National Institute for Health Research, 38% of adults think all trials involve testing a new drug while 27% believe trials only take place in hospitals[37].

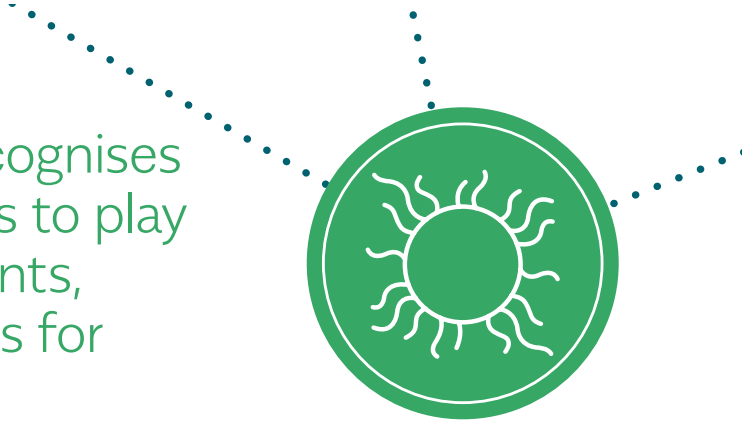
As a country, we in Wales have a rich heritage of research excellence. Back when the NHS was established in 1948, more than 200,000 men worked gruelling, dirty and dangerous shifts in Welsh coal mines[38]. Over 22,000 struggled with the lung disease pneumoconiosis, or 'black lung', with 85% of those living and working in South Wales[39].

It was this disease that Archie Cochrane, a doctor at Llandough Hospital in Penarth, tackled head-on with an ambitious study of entire mining communities in the Rhondda Fach and Aberdare valleys. On a scale never before seen, chest x-rays and detailed health surveys were performed to see whether a particularly crippling form of lung disease – progressive massive fibrosis – was caused by a combination of black lung and tuberculosis.

All of this is research.

Figure 7: What is research?

Source: Health and Care Research Wales' animated video 'What is research?'



The Welsh Government recognises the critical role research has to play in discovering new treatments, preventing ill health services for patients and the public.

They found out much more than that, linking coal dust with a range of disabilities and ill health amongst these communities. An astonishing 95% of the community – some 25,000 people – agreed to take part thanks to the highly organised, intensive work of a field team of medics, nurses and disabled miners using ground-breaking methods.

Building on this heritage the Welsh Government recognises the critical role research has to play in discovering new treatments, preventing ill health and improving health services for patients and the public. Through Health and Care Research Wales, the Welsh Government funds an excellent and diverse research infrastructure, focussed on developing high quality research that positively impacts on the health, wellbeing and prosperity of people in Wales.

The infrastructure comprises 5 research centres, 3 research units, 3 clinical trials units, and 3 support groups.

The centres and units cover a diverse range of research, including mental health, primary and unscheduled care, population health and wellbeing, cancer, ageing and dementia, neurodegenerative diseases, diabetes and kidney research. They have a remit to increase the number of high quality research studies conducted in Wales by applying for external grant funding. They are also expected to publish their work in recognised scientific journals, build research capacity in their field and work with NHS and social care partners to ensure that research outputs are translated into meaningful, 'real-world' benefits for patients.

Infrastructure Support Groups and Clinical Trials Units are critical components of the research development infrastructure, providing expertise, opportunities for collaboration and underpinning support to the Centres and Units and the wider research community in Wales. There are three Infrastructure Support Groups, providing expertise in data linkage, genetics and genomics and health economics. Clinical Trials Units provide expertise in clinical trials and other well-designed studies, which is vital to ensure they are of high quality, successful, conducted in a timely manner and meet regulatory and governance requirements.

Health and Care Research Wales the Welsh Government also sustains the Support and Delivery infrastructure consisting of NHS R&D services and the Health and Care Research Wales Support and Delivery Centre.

Health and Care Research Wales NHS R&D services are based at each NHS organisation in Wales, they build local capacity and capability to support high quality research to maximise impact.

The local services are delivered by NHS R&D Departments who employ R&D managers/ coordinators to facilitate the sponsoring and/or hosting of studies.

The Health and Care Research Wales Support and Delivery Centre is a Wales-wide service, providing centralised support functions across Health and Care Research Wales and also on behalf of NHS R&D services. The Support and Delivery Centre provides the coordinated support for a suite of delivery programmes and projects.

Health and Care Research Wales Support and Delivery Figures[41]

14,769
participants recruited to high quality research studies in the NHS

245
commerical feasibility requests sent to potential investigators

42%
of studies open in more than one site in Wales

124
commercially sponsored studies open and recruiting in the NHS

386
high quality research studies open and recruiting in the NHS

1,143
participants rectuited into commercially sponsored studies in the NHS

118
GP practices involved in the Primary Care Research Incentive Scheme (PiCRIS)

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Research improving outcomes

Research makes a real difference to patients. Evidence[40] shows that patients in clinical trials have a higher survival rate than those not in trials, even if they are in the control arm – meaning they do not receive the intervention. It has also been shown that hospitals who actively carry out research have better outcomes than those hospitals that don't do research.

In Wales we are working to ensure that patients can access research trials no matter what their condition, or where they are located. Recruitment into studies is increasing, and changes to our national activity based funding policy are encouraging a focus on the support and delivery of high quality research in the NHS. This is increasing opportunities for the population of Wales to participate in studies that will make a real difference

Research makes a real difference to patients

Case study

Wales' pivotal role in world's largest clinical trial
The Wales Cancer Bank, the nation's facility for storing blood and tissue samples from cancer patients for use in research, has a crucial role in the world's largest clinical trial. That trial, 'Add-Aspirin' is testing whether a simple daily dose of aspirin could stop a wide range of cancers from recurring after treatment. It draws on the Bank's world-leading large-scale international trial expertise.

It is one of only two UK biobanks involved in research in this area, receiving samples from participants affected by common cancers including early-stage breast, oesophagus, stomach, prostate and bowel since 2015.

Part of the Wales Cancer Research Centre, funded by Health and Care Research Wales, the Bank's involvement goes beyond understanding aspirin's potential and spotting any side effects. It has stored samples from over 100 different centres in the UK which are available for future research studies aimed at preventing and killing cancer, a disease that attacks a new person every two minutes.

Dr Fay Cafferty from the MRC CTU said: "The Wales Cancer Bank was selected ...due to their extensive previous experience and successful work on large-scale, international, multi-centre clinical trials, as well as in routine sample collections, including a number of productive collaborations with the Medical Research Council, Velindre's Clinical Trials Unit and Cancer Research UK."

Welsh people are also playing their part in the study, with participants joining Add-Aspirin at centres across Wales contributing to the target of 11,000 participants. Jayne Lambe joined the trial after her diagnosis and treatment in 2016.

"I'm taking part in the study because I don't want anyone else to go through what I have – it's the most horrendous thing you can ever be told. If this is helping anybody in any way, it's worth it."

Having recently lost her father, Jayne experienced denial on diagnosis thinking her symptoms were tied up in her grief, but following treatment she is now in remission and joins thousands of other participants in taking one pill a day.

That pill may contain one of two doses of aspirin, or no dose at all (placebo), with neither Jayne nor her doctor knowing so that any feel-good, 'placebo' effect from simply taking a pill is accounted for. Jayne is now a year into the five year participation period, and will be monitored at routine follow up appointments with her doctor like all the other people involved.

Those centres include University Hospital of Wales in Cardiff, Wrexham Maelor Hospital and Glangwili General Hospital. It will be some time after the trial stops recruiting in 2021 that the results will be known, but the potential for an inexpensive and simple way of preventing cancer returning is exciting.

The **LARGEST** research study of its kind in Eurpe

Doeth am Iechyd **Cymru**

HealthWise **Wales**

HealthWise Wales

Wales currently faces many health challenges and with an ageing population, one in three adults say a health problem affects their day-to-day activities.

HealthWise Wales is Wales' national project to better understand and improve our health and care. It aims to collect detailed health and lifestyle data from as many people in Wales as possible to inform new treatments, health policy and NHS and social care services long into the future. With more than 25,000 people across Wales already registered we also view it as a window into research for the public. HealthWise Wales provides a means of engaging with the public about Wales' health and social care research, and involving them in its design and conduct.

It's the largest research study of its kind in Europe, collecting the information needed to better prevent and treat long term health conditions such as heart disease, diabetes and dementia.

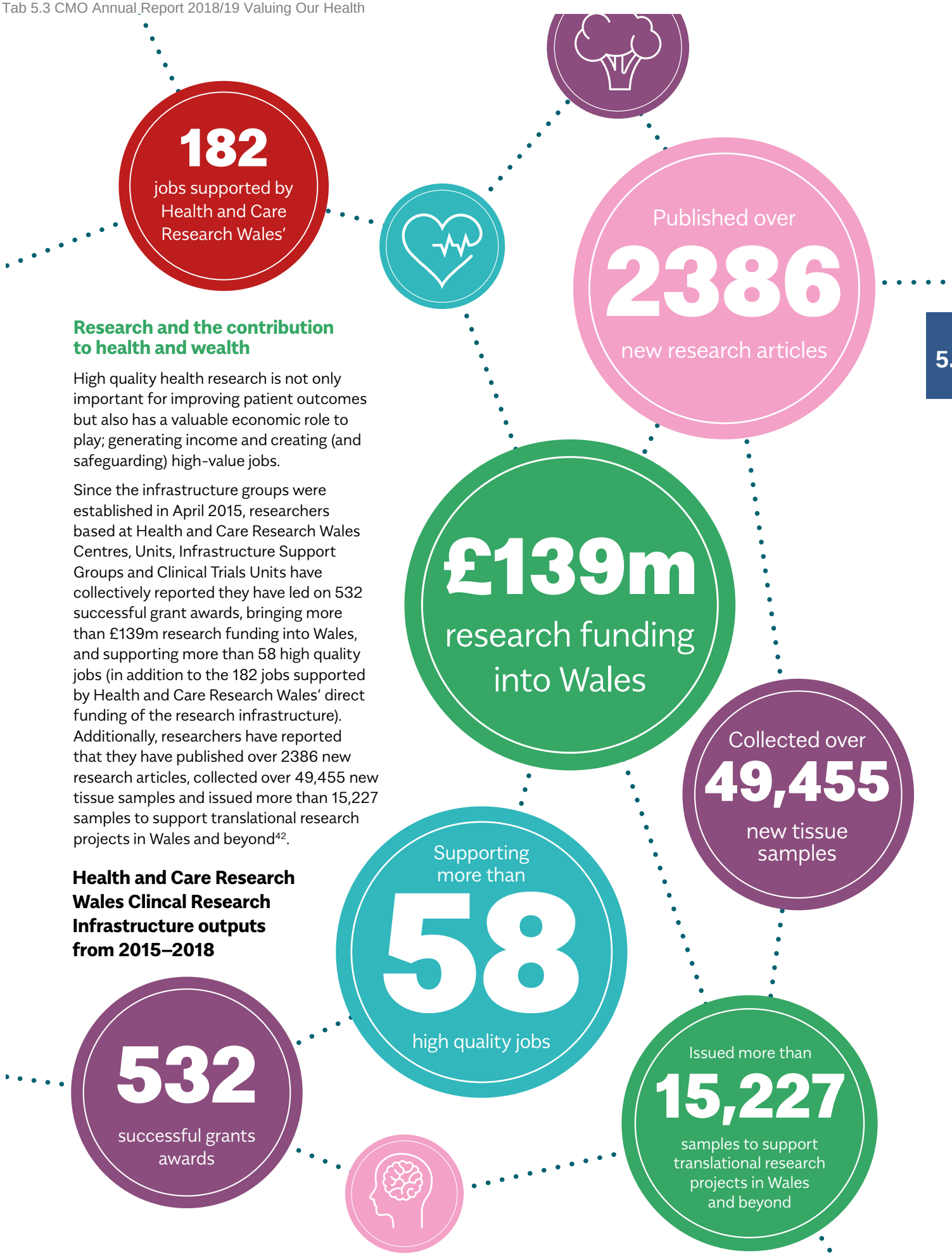
Core to the project's aims is prioritising research questions and the creation of research ideas in partnership with the public.

Research and the contribution to health and wealth

High quality health research is not only important for improving patient outcomes but also has a valuable economic role to play; generating income and creating (and safeguarding) high-value jobs.

Since the infrastructure groups were established in April 2015, researchers based at Health and Care Research Wales Centres, Units, Infrastructure Support Groups and Clinical Trials Units have collectively reported they have led on 532 successful grant awards, bringing more than £139m research funding into Wales, and supporting more than 58 high quality jobs (in addition to the 182 jobs supported by Health and Care Research Wales' direct funding of the research infrastructure). Additionally, researchers have reported that they have published over 2386 new research articles, collected over 49,455 new tissue samples and issued more than 15,227 samples to support translational research projects in Wales and beyond[42].

Health and Care Research Wales Clincal Research Infrastructure outputs from 2015–2018



Case study

Impact of commercial research
Abertawe Bro Morgannwg University Health Board completed a study to compare the outcomes of a standard treatment with or without the addition of an immunotherapy treatment in patients with relapsed or refractory multiple myeloma (a type of blood cancer). The study was sponsored by a biotechnology company, and coordinated by the National Institute for Health Research (NIHR) feasibility service. It aimed to establish whether the addition of immunotherapy would benefit patients, through being more efficient, prolonging survival and improving quality of life. Patients in the study continued to receive treatment as long as they benefited from the study drugs and did not suffer severe side effects. Singleton Hospital was one of eight sites in the UK and recruited six patients in total. Three patients continued to receive treatment as a result of the study and have received better treatment options as a result.

Working collaboratively to ensure value in research

We continue to work with partners to increase the value of health and social care related research and to create funding opportunities for Wales-based researchers.

Ensuring Value in Research – an international effort
Through Health and Care Research Wales we are proud to be a member of the Ensuring Value in Research (EViR) Funders Collaboration and Development Forum. Co-convened by the National Institute for Health Research (England), the Patient Centered Outcomes Research Institute (USA), and ZonMW (Netherlands), the Forum brings together research funders, and others, in a dedicated, collaborative, international effort to advance research funding practice, reduce waste and increase the value we get from the research that we fund.

The work of the Forum gained considerable momentum in 2017–18, with meetings in Den Haag and Washington DC leading to the agreement of a consensus statement, a set of guiding principles, a Lancet article and the creation of the EViR website.

"While agreeing a consensus statement and set of principles does not in itself add value to research, we see it as a precursor to action at both individual and collective levels. In some cases we know what kind of action is needed and the challenge is a practical one. In other cases matters are less obvious. Either way, the Forum allows the exchange of ideas and the sharing of good practice among organisations who have a real will to advance practice and effect real change." Michael Bowdery, Head of Programmes and Joint Interim Director at Health and Care Research Wales

Creating funding opportunities
In keeping with our long term strategy we continue to work with partners to create funding opportunities for Wales-based researchers.

In 2017–18, the launch of UK Prevention Research Partnership (UKPRP) funding calls resulted in a Welsh led network progressing to full-application stage. If successful this could lead to further Welsh involvement in other networks and developing consortia.

We continue to work with a range of funding partners, including the Medical Research Council (MRC), the Economic and Social Research Council, the Engineering and Physical Sciences Research Council, the British Heart Foundation, the Wellcome Trust and the UK government health departments, to help establish the MRC-led Health Data Research UK, of which the Wales and Northern Ireland site, directed by Professor Ronan Lyons of Swansea University, is an integral part.

We also continue to invest in the NIHR-run Health Technology Assessment, Health Services and Delivery, and Public Health Research programmes, and the NIHR/MRC Efficacy and Mechanism Evaluation programmes. In 2017–18, 31 applications were submitted to these schemes led by Welsh applicants or institutions, 8 of which were successful. 102 applications were submitted with co-applicants from Wales (including those which were led from Wales), of which 27 were successful[43].

Case study

Involving the public to ensure research value/impact

Diabetes and related metabolic conditions are a leading cause of ill-health and premature mortality across the UK, putting huge financial pressures on health services. The Diabetes Research Unit Cymru (DRU Cymru) aims to address the health burden caused by diabetes in Wales by bringing together researchers, clinicians and patients to improve the quality of diabetes research and care.

The USTEKID Study

Approximately 3000 people a year are diagnosed with new onset type 1 diabetes across the UK, with over half of them being young people and children under the age of eighteen. The USTEKID study is looking at the effectiveness of a monoclonal antibody (ustekinumab) as a means of preserving insulin producing cells in young people with recent onset type 1 diabetes. The study could show that interrupting the destruction of the insulin producing cells at the time of diagnosis may preserve and maintain some insulin secreting capacity, potentially improving the long-term control of diabetes.

The Diabetes Research Unit Cymru (DRU Cymru) successfully secured five years of funding from the National Institute of Health Research Efficacy and Mechanism Evaluation (NIHR EME) programme for this study, the first successful bid from Wales. The funding contribution from Health and Care Research Wales opens the EME programme to researchers based in Wales.

Patient and Public Involvement

Making sure that research is relevant to and benefits the people it is meant to be helping is essential and the DRU Cymru public engagement team ensured that the views of people with diabetes were taken into account in designing the USTEKID study. A focus group assessed the study procedures and discussed with the Chief Investigator how acceptable and practical these would be to potential participants.

The feedback from the young people and their parents informed the final study design and a study specific information film has now been produced.

The engagement team also arranged for participant information sheets to be reviewed by young people of a similar age to those the study is aimed at, prior to review by the ethics committee. A parent contributor from the DRU Cymru Public Reference Panel then attended the ethics committee meeting with the study team to provide a public perspective on the study.

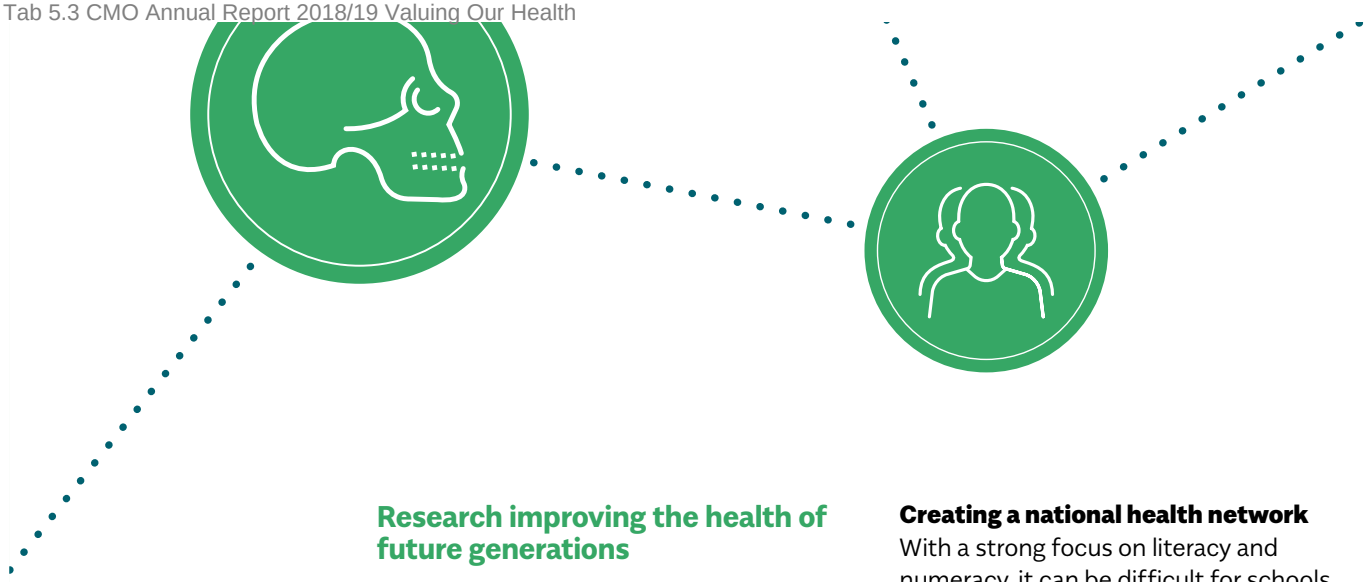
"For this trial, we need volunteers aged 12–18 years. The Patient and Public Involvement team at Health and Care Research Wales advised us that a 3–4 minute 'clickable' online film would help teenagers and their families see and understand what the study involves better than a traditional written information sheet – so we made the first video patient information sheet. DRU Cymru advised us on a film-maker and the Public Involvement team and families with type 1 diabetes guided us on style and content with a great result."
Professor Colin Dayan, Chief Investigator.

Laboratory

Input from the DRU Cymru laboratory team was integral to the design of the study protocol and site sampling manual. The laboratory team advised on the sample collection, storage and analysis processes as well as the logistics of transport of sample collection kits and subsequent temperature controlled transport of study samples from the multiple study sites across the UK. In future, the DRU Cymru laboratory will carry out analysis of study samples; this will include both rapid testing and reporting to determine a participant's eligibility for the trial and longer-term 'batched' analysis of samples from enrolled participants over the planned four and a half year duration of the study.

Type 1 Diabetes UK Immunotherapy Consortium (T1D UK)

The USTEKID Study will be delivered through the Type 1 Diabetes UK Immunotherapy Consortium (T1D UK) with support from the Swansea Trials Unit. The T1D UK consortium has been funded by Diabetes UK and the Juvenile Diabetes Research Foundation (JDRF) since 2015 to promote, develop and support immunotherapy research in type 1 diabetes. The consortium has established a network of 15 research sites strategically distributed across the UK, including Cardiff and Swansea.



Research improving the health of future generations

Wales is leading the way in combating childhood obesity now and for future generations as research finds better ways of enabling children and young people to lead healthy lives, contributing to a healthier, more active Wales.

This year, the number of children dangerously obese by the time they leave primary school will be ten times higher than in the 1990s, and that's a trend that looks set to continue.

Now Wales is pioneering steps to tackle this well into the next 70 years through research harnessing health and activity data from primary and secondary schools, and trials aiming to boost activity by giving young people greater choice.

Changing the research landscape

Wales' National Centre for Population Health and Wellbeing Research (NCPHWR) is at the forefront of research to inform obesity prevention initiatives. Funded by Health and Care Research Wales, the Centre has forged its own path in finding the evidence to develop new approaches.

Professor Sinead Brophy, deputy director of NCPHWR, explains: *"Taking interventions that work for adults and directly applying them to young people as a quick fix has been done in the past and there is little evidence that this works."*

"We're taking a very different approach by developing solutions that young people want, and are sustainable by understanding the issues from the perspective of young people."

Creating a national health network

With a strong focus on literacy and numeracy, it can be difficult for schools to support the health and wellbeing needs of children.

To combat this Wales has established the Health and Attainment of Pupils in Primary Education Network (HAPPEN), which has collected health and activity data on over 4000 pupils from schools across Swansea. This data is helping those schools to spot and tackle health inequalities amongst their students.

According to one deputy head teacher, HAPPEN is already helping to *"increase the opportunities that children receive"*, and the HAPPEN team believe that it could form the basis for a national schools health programme into the next 70 years. *"As a network we are looking to expand across Wales and to provide Wales with a national Primary School Health Network,"* explains Emily Marchant, HAPPEN coordinator

This year, the number of children dangerously obese by the time they leave primary school will be **ten times** higher than in the 1990s

British children and young people remain among the least active in the world.

Asking the right questions
Beyond primary school, obesity in childhood has serious impacts on young people's growth and development, and later life health. With evidence showing that obese children are staying obese for longer, it's more important than ever that researchers are asking the right questions to create positive change for future generations.

In response, the NCPHWR have developed the largest network of secondary school age health and activity research in the world, with the aim of creating healthy futures for young people.

By collecting data twice a year from more than 100,000 students in secondary schools across Wales, the School Health Research Network (SHRN) allows schools to better understand the challenges facing them, and allows researchers to identify the questions that need answering.

Professor Simon Murphy, principal investigator at SHRN, said: *"We are able to identify the health issues that need addressing, highlight chalk face approaches that are making a difference and work together to develop evidence based approaches that will improve the prospects of future generations."*

Over the next 70 years, SHRN data could be used to conduct more research into the most important and pressing topics in children's health leading to developments in policy and practice.

Letting teens make their own choices
Although policy makers are looking at the evidence and attempting to implement physical activity schemes for young people, British children and young people remain among the least active in the world.

Leading researchers in Wales think they have found the missing link – the teens themselves, their needs and their wants.

That's why on top of collecting data to inform schools, the National Centre is trialling new approaches that treat teenagers as individuals and allowing them to make their own decisions about exercise.

The Active Children through Individual Vouchers Evaluation (ACTIVE) project gave activity vouchers to year nine pupils, aged 13 to 14, to spend on any physical activity they like, empowering young people to make their own decisions, changing attitudes and decreasing inactivity.

Teenagers who took part also gave recommendations about what would make them want to take part in physical activity, including lower costs, having local facilities and dedicated activities for teens.

Michaela James, ACTIVE trial manager, said: *"We are definitely looking into future funding for ACTIVE. Our hopes are that we can answer some questions we have from our findings to develop an even better intervention to help teenagers become more active."*

By considering the teens own recommendations when implementing schemes and policies of the future we may be able to encourage teenagers to lead more active lives.

Impacting Wales as a whole
Young people are our future and so their health is of vital importance to us all, research conducted by the Centre is protecting children's health now and for the future generations of Wales.

Ronan Lyons, director of NCPHWR, said: *"The work being carried out can have a positive impact, not just on young people and their future achievements, health and wellbeing, but potentially on the future productivity and health of Wales as a whole."*

Case study

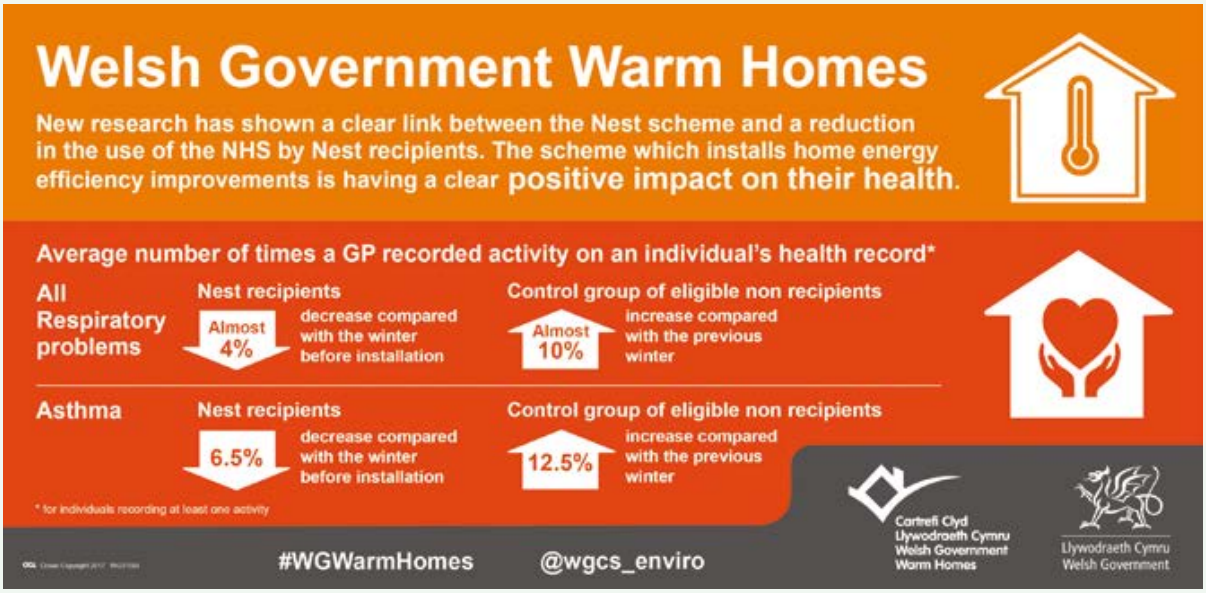
Fuel Poverty Data Linkage Project

As part of its strategy to reduce fuel poverty in Wales, the Welsh Government implemented a demand-led fuel poverty scheme called Nest to improve the energy efficiency of homes. The project, a collaboration between Welsh Government Energy Policy, Welsh Government Knowledge and Analytical Services and the SAIL Databank, used SAIL Databank data linking and research capability to explore the impact of the Warm Homes Nest scheme on health outcomes. Using linked health, warm homes and other datasets the study examined the impact of the current scheme on hospital admissions and general health for recipients of home energy efficiency measures.

The research has had an impact on Welsh Government policy, directly informing debate and consultation on the successor scheme, providing justification for the continuation of funding to the successor scheme and informing the decision to extend eligibility to low income people with respiratory and circulatory conditions. Due to the success of the initial project it has been awarded further funding for 2018–21.

"Findings from the study have directly supported decisions on policy including the targeting and eligibility of our energy efficiency and fuel poverty programme. In particular, they have informed our decision to extend eligibility for free home energy efficiency improvement measures to low income homes where people suffer with respiratory or circulatory health conditions. We are currently piloting this through our Warm Homes Nest scheme. The positive findings have also assisted us in engaging with health partners by demonstrating clear benefits to the health of recipients and reduced use of our National Health Service. It is an excellent example of the potential for data linking to improve the delivery of public services".

Figure 8



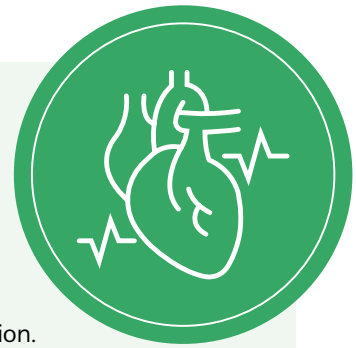
Research Informing policy

Secure Anonymised Information Linkage – SAIL – Databank

Since 2007, the Health Informatics Group at Swansea University has been custodian of the Secure Anonymised Information Linkage (SAIL) Databank. This is a safe haven of billions of anonymised person-based records about the population of Wales with in-built tools for conducting data linkage and analysis. The technology underpinning the SAIL Databank was developed over many years, and is internationally recognised as world leading innovation in data de-identification, security and linkage.

The ability to link multiple sources of data together that relate to e.g. a particular individual, a geographical location or an event, brings a new dimension to answering research questions. Data linkage allows researchers to use existing collections of extensive data that have been routinely collected and stored securely to identify patterns across entire populations to give a much broader picture. Research using data from SAIL has the potential to impact significantly and positively on a range of areas affecting health and wellbeing.

Research using data from SAIL has the potential to impact significantly and positively on a range of areas affecting health and wellbeing.



Case study

Family attitudes, actions, decision and experinces following implementation of deemed consent and the Human Transplantation Act (Wales)

Led by Professor Jane Noyes of Bangor University, this important and highly topical study was awarded funding under the prudent healthcare theme of the Health Research Grants call 2015.

The project explores the impact of a new system of presumed consent to organ donation. To achieve this, the project team took a co-productive approach, partnering with Welsh Government, NHS Blood and Transplant (NHSBT), and patient and public representatives. They collected a range of data using a mixed methods approach, including:

- Interviews with family members and family questionnaires
- Interviews and focus groups with specialist nurses in organ donation, managers, trainers and regional managers
- Routinely collected NSHBT data and Welsh Government data
- Anonynously shared data logs and field notes

Key findings so far include:

- Overall, consent to organ donation improved from 48% to 61% of cases, but the number of transplants stayed the same.
- The media campaign would have been improved if it had better explained how family members were no longer the decision-makers for organ donation. Families are now encouraged to support the donation decision that their relative made during life.
- People can make their organ donation decision known in a variety of ways (including taking about it and registering on the organ donor register), but this has resulted in a more complex system for specialist nurses to document and manage.
- Family members went on to override the organ donation decision of their relative 31 times out of 205 cases.
- Most family members the project team spoke to did not accept that 'doing nothing' (deemed consent) was a positive choice that supported organ donation.
- Family members were required to produce written evidence or have had a witnessed conversation to override their relative's organ donation decision, but the project team found this unrealistic to implement in practice.

Key impacts of the study so far include:

- A new media campaign has been launched, focusing on the changed role of the family in decision-making.
- Additional retraining has been designed for specialist nurses and professionals to help unpick the deceased person's decision from the personal views and decisions of family members
- The findings are being considered by policy-makers in Scotland, England and the Netherlands. Australia is also considering a change to organ transplantation after evaluating the impact in the UK.

Wales' role in the genomic revolution

New genetic and genomic technologies are allowing us to develop a much more detailed understanding of the link between our genes and health. Genomic medicine is an emerging technology driven approach for the prevention, diagnosis and treatment of disease in which testing for changes or variants in the genome (genetic makeup) of a patient, tumour or infectious agent informs clinical decision-making.

In recent years there has been international recognition that these technologies have the potential to revolutionise medicine and public health. New genetic and genomic technologies are allowing us to develop a much more detailed understanding of the link between our genes and health. In recent years there has been international recognition that these technologies have the potential to revolutionise medicine and public health. The pace of change in this area is rapid.

Genomic testing, getting a picture of all the genetic material that shapes each of us, has the potential to allow researchers to develop personalised, targeted treatments rather than a 'one size fits all' approach.

This 'personal touch' could unlock a whole new world of options for people living with rare diseases: faster diagnosis, new treatments, where currently there are none, and an end to the uncertainty of how their disease might develop.

Part of everyday medicine

Precision medicine is all about getting the treatment that's right for you, and crucially, at the right time.

The Welsh Government's ambitious plan, the 'Genomics for Precision Medicine Strategy', aims to ensure everyone in Wales has access to cutting-edge genetic and genomic testing.

"The strategy really does represent something of a step-change in the level of commitment in Wales to making these technologies work in the context of the NHS, and in biomedical research," said Professor Julian Sampson, director of the Health and Care Research Wales funded Wales Gene Park.

The plan aims to make Wales an international leader in precision medicine, with experts working closely together to make genomics and genetics part of everyday medicine.

The Genomics Partnership Wales is the focus for this, bringing together organisations including the All Wales Medical Genetics Service, Public Health Wales and the Wales Gene Park.

Understanding genomes
Your genome is the instructions for making and maintaining you. Everything in the living world has a genome, from us to plants, bacteria, viruses and animals, written in the same four letter chemical code contained in the molecule DNA.

Your genome contains around 20,000 genes, the instructions for making the proteins our bodies are built of – from the keratin in hair and fingernails to the antibody proteins that fight infection.

But genes only make up about 1–5% of your 3.2 billion letter genome, with the rest thought to be 'junk' DNA, with little purpose other than as packaging around the genes. But it's now known to have critical roles in how the code is read, like helping to ensure genes are switched on and off at the right time as we grow.

Changing lives
For those with rare diseases unique to them and maybe a few others in the world, there is no off-the-shelf diagnostic test or treatment, meaning years, or even a lifetime of uncertainty and distress.

Scanning their entire genomes for small changes in the code, perhaps just one letter's difference, could pinpoint the cause of their condition but this remains cutting edge, costly science.

Now, Wales is part of the ground-breaking 100,000 Genomes Project, aiming to show how this could be done. A world first, it aims to sequence (decode) 100,000 genomes from 70,000 people with rare diseases and their families, as well as those with cancer.

"Patients in Wales with rare conditions in whom routine testing failed to make a diagnosis now have a chance to access the most comprehensive genetic test available; sequencing of their entire genome," said Professor Julian Sampson, who leads the project in Wales. *"This will increase the chances of achieving a specific diagnosis to inform their healthcare."*

"Wales' participation in this UK-wide project is helping to establish genomic medicine in the NHS. This will have far-reaching benefits for the understanding, diagnosis and treatment of many conditions."

Already making a difference
Genomic medicine is already advancing our understanding of diseases like cancer and Alzheimer's disease, with discoveries that could transform patient care.

Researchers from Cardiff University's School of Medicine, led by Professor Duncan Baird, have developed a new test that could give blood cancer patients more certainty, and help design individual treatments for them.

The test measures the length of telomeres; protective stretches of DNA that cap the end of the DNA packages, or chromosomes, which our genome is sorted into. Those chromosomes divide to make new copies each time a new cell is made, with telomeres acting like plastic shoelace tips, preventing the chromosome ends from fraying or sticking as they divide.

Genomic medicine is already advancing our understanding of diseases like cancer and Alzheimer's disease.

Shorter DNA structures can leave chromosome ends exposed, accelerating cancer progression and drug resistance.

"Our research provides strong evidence that shortening of telomeres plays a vital role in the progression of these blood cancers and that a significant number of patients should be receiving different levels of treatment," said Professor Baird, Wales Cancer Research Centre Lead for Cancer Genetics and Genomic Instability.

Professor Baird and his team's telomere length test gives a highly accurate indicator of disease progression for those with myeloma, causing life threatening bone marrow failure, and pre-leukaemia myelodysplastic syndromes – bone marrow disorders that often lead to acute myeloid leukaemia, a blood cancer that is difficult to treat and cure.

Similar hope for better prediction and management of Alzheimer's has come from the discovery of two new genes linked to people's risk of the condition, by researchers at the Medical Research Centre for Neuropsychiatric Genetics and Genomics. The Centre is the first of its kind in Wales and the largest psychiatric genetics group in the UK. It is hoped this discovery could lead to new screening tests and personalised treatments for patients living with the disease.

The next generation of genomics researchers

Health and Care Research Wales' commitment to driving Wales' precision medicine forward through research is clear, with many of its funded centres and units carrying out or supporting precision medicine research.

Growing the next generation of genomics researchers is critical to this and the recently awarded Sêr Cymru Precision Medicine Fellowships, part-funded by the European Regional Development Fund through the Welsh Government – in collaboration with

NHS and higher education institutions in Wales – will support early-stage researchers tackling key health issues, including resistance to antibiotics.

A global health issue that threatens to make common illnesses and routine procedures lethal once more as antibiotics become increasingly ineffective, the fight against antibiotic resistance demands new understanding and tools – with those new approaches coming from unexpected places.

Initial studies have shown that a low molecular weight alginate extracted from seaweed can increase the effectiveness of antibiotics when treating highly resistant bacteria.

Research fellow, Dr Manon Pritchard, is now leading a study to find out exactly how the 'seaweed' affects the behaviour of bacteria and its ability to make antibiotics more effective. That information could then be used to develop new treatments for patients with conditions like serious lung infections in cystic fibrosis, where current antibiotics may become ineffective.

Other research fellowship projects will use the findings from genomic testing to develop potential treatments for liver disease, colorectal cancer and acute myeloid leukaemia.

Chief Scientific Adviser for Wales, Peter Halligan said: *"I am really pleased and impressed to see how working collaboratively with our partners is driving Welsh investment in building research capacity and capability in keeping with the aims of the Welsh Government strategy Science for Wales."*

Recommendations

Coordinate Activity

There should be continued and coordinated investment in research and innovation. Cross public sector work engaging key stakeholders in the design, delivery and implementation of research and innovation should be improved for the benefit of the people of Wales.

Continue to fund impactful research

Research which has the potential to have a positive impact on the health, wealth and well-being of the people of Wales should be funded as a priority. The Welsh Government must continue to work with partners to realise the value of research.

Increase public involvement opportunities

The research community in Wales, supported by the Welsh Government, should continue to work with and for the public to increase opportunities for patients, service users, carers and the public across Wales to be involved in research.

4. Working together to protect the public from health threats

Legislation is a **powerful** tool in tackling public health issues

Preventing and controlling infections that are likely to be treated with antimicrobials is one way of reducing the need for antibiotics.

Public Health Wales (Act) 2017

Legislation is a powerful tool in tackling public health issues. The Public Health (Wales) Act 2017[44] has so far provided protection for young people by prohibiting the intimate body piercing of children under 18 and established a process to encourage improved planning of provision and access to toilets for use by the public[45].

The health threats we currently face

A range of health protection threats and harms currently exist such as healthcare acquired infections, anti-vaccination campaigns, antibiotic overuse and resistance, imported high consequence infections, and changing environment threats. Health security has become a greater public health priority, whether from chemicals, radiation, nuclear or other environmental effects including climate change. In Wales, we have responded to a significant number of public health threats in the last year. Statistics on the wide range of communicable disease threats are provided by Public Health Wales and are included at **Annex A**.

The response to threats requires early detection, good planning and the application of resources in collaboration with others. We need to continue to invest in our health protection services and infrastructure to ensure we remain resilient to the threats we face.

Threats from Antimicrobial Resistance

Antimicrobial resistance is an increasing problem in Wales and has already led to a small number of difficult to treat infections in all health board areas, leading to failed therapy and potential complications.

During the 5-year period, 2013/14 to 2017/18, health and social care in Wales focused their efforts on the prevention and control of healthcare associated infections and reduction in inappropriate use of antibiotics. Over this time period there was an 11.9%[46] reduction in total antibacterial usage across GP practices in Wales. Current data shows that this downward trend is continuing through 2018/19 in support of the 5%[47] reduction in total antimicrobial volume goal set by Welsh Government for this financial year. So progress has been made but we need continue to work with GP practices in Wales to ensure appropriate antibacterial use.

Preventing and controlling infections that are likely to be treated with antimicrobials is one way of reducing the need for antibiotics. The UK's five-year national action plan[48] (2019–2024) sets new target for the UK. One priority area for action is to reduce the incidence of drug resistant infections by 10% by 2025 and halve the number of healthcare associated gram-negative blood stream infections by 2021. The national action plan also sets reduction targets for antimicrobial use. Antimicrobial usage is to reduce by 15% by 2025, including a 25% reduction in antibiotic use in the community and a 10% reduction in use of antibiotics in hospitals.

These reduction expectations will be challenging for health and social care services and there is an urgent need for resources to be available in community settings to support infection prevention and antimicrobial stewardship.

In 2017–18 just **820,000** people were vaccinated against flu

Representing **25%** of the population of Wales

Threats from vaccine preventable diseases

In 2017–18 we saw the highest numbers of flu cases diagnosed in general practices and hospitals since the 2009 pandemic[49]. In addition 88[50] outbreaks of acute respiratory illness were reported across hospitals and care homes.

Flu vaccination offers the best protection from flu and each year we have seen an increase in the number of individuals who get vaccinated. In 2017–18 just over 820,000[51] people were vaccinated, representing 25% of the population of Wales. Uptake in two and three year olds increased to 50.2%[52] and in four to eight year olds increased to 68.3%[53].

The vaccination of children reduces their risk of catching flu but also reduces the amount of flu circulating in the community. In 2017–18 the Welsh Government expanded the flu vaccine offer for primary school children to children in Year 4 (programme now covers reception class to Year 4)[54]. For 2018–19 the Welsh Government will be expanding the flu vaccine offer to all children in primary school (by adding Year 5 and 6 to the programme).

Elderly residents living together in close proximity where flu can spread easily are particularly vulnerable and so for 2018–19, as well as vaccinating the residents, staff working in adult residential care homes and nursing homes were offered flu vaccination through their community pharmacy.

Outbreaks of measles can cause significant harm to individuals and take significant NHS resources to contain. The UK has again retained its status of effectively eliminating measles[55] thanks to the hard work undertaken by surveillance and health protection teams to limit the impact of imported cases of this serious disease. The Measles, Mumps and Rubella (MMR) vaccine is a safe and effective vaccine[56]. The 2017–18 annual report on vaccine uptake in children in Wales shows that uptake of the first dose of MMR vaccine in two year old children remains below 95%[57] and the uptake of two doses of MMR by children aged five years was below 90%[58]. It is important that professionals have the right information to give to parents to counteract the impact of anti-vaccination campaigns.

There are currently a large number of measles outbreaks in many countries in Europe with most cases and fatalities occurring in unvaccinated adults and children[59]. In 2017–18 we saw measles cases in Wales imported from these affected countries. We can expect these sporadic cases to continue while so many of our children are unprotected.

Nearly every year there is a tragic death of a student from meningococcal disease[60]. New university entrants are at particular risk of getting the disease as they are likely to be mixing closely with many new people, some of whom will unknowingly carry meningococcal bacteria. As such, all new university entrants should be vaccinated before the start of the new academic term (or as soon as possible after). Based on data for the age groups turning 19, 20 and 21 during 2017–18 it is estimated that uptake in university entrants is around 40%[61], so six out of ten students starting this academic year are unprotected. Practice nurses should remember to check that students have received the MenACWY vaccine.

The infections discussed above are vaccine preventable and we need to take every opportunity to continue to promote uptake, particularly through the use of effective social marketing.

Exposures to environmental hazards across Wales continue to pose health risks for individuals and communities alike.

Threats from treatable communicable diseases

New anti-viral medications have revolutionised the treatment of hepatitis C so the disease is now, to all intents and purposes, curable. Treatments are well tolerated and of relatively short duration. This fundamental change in treatment provides an opportunity to significantly reduce hepatitis C in all communities across Wales.

In 2017–18 a framework was communicated to NHS Wales setting out what services they need to provide to deliver on the government's commitment to eradicate hepatitis B and C as a significant public health threat[62]. We have made a good start but there are challenges to overcome if we are to succeed. Testing and treating in the community must become a reality if we are to achieve the commitment. The longer the estimated infected 12,000[63] or so individuals in Wales remain untreated the more the infection will spread in the community, creating a greater problem for the future.

Sexually transmitted infections continue to rise[64]. A review of sexual health services in Wales, undertaken by Public Health Wales, was published in early 2018[65]. Its nine key recommendations have been accepted by the Welsh Government and are being taken forward under the oversight of the Sexual Health Programme Board. These recommendations when implemented will see improvement in case management, access to services and improved patient experience.

Threats from our environment

Exposures to environmental hazards across Wales continue to pose health risks for individuals and communities alike. These may arise because of natural phenomena such as flooding, or extreme heat and cold weather conditions, or accidental (even deliberate) releases of pollutants, chemicals and radiation.

In 2017–18, Public Health Wales' Environmental Public Health Team[66] responded to around 500 separate requests for advice and support from partner agencies to help assess and manage risks. This included 274 incidents, 90 environmental health enquiries and 129 land-use planning / environmental permit consultations. Service demands continue to increase year on year.

Chemical contamination of air, water and land caused most public health concern[67]. In addition, Public Health Wales supported partner agencies and the public in understanding the risk and providing advice on health protection measures for the many grass fires seen during the summer of 2017.

The harms air pollution has on health are well documented[68]. A Welsh Government-led Clean Air Programme has been established to develop and take forward an ambitious Clean Air Plan for Wales. Actions include: reviewing evidence, undertaking research, monitoring and assessing capabilities, improving communications to effect behaviour change and greater integration across sectors (transport, planning, industry, agriculture and public health).

There is a need to develop air quality and health surveillance capabilities, risk assessment methodologies and embed public health in transport, planning and environmental sustainability policy and practice.

Recommendations

Managing the threats from Antomicrobial Resistance (AMR) and other high consequence infectious disease

There is an urgent need for resources to be made available in community settings to support infection prevention and antimicrobial stewardship and we need to continue to invest in our health protection services and infrastructure to ensure we remain resilient.

Eliminating hepatitis as significant public health threat

Health boards should invest in community services so that populations at risk of hepatitis C are tested and referred to treatment where necessary.

Increase vaccine uptake

Welsh Government, Public Health Wales and NHS Wales need to take every opportunity to continue to promote uptake, particularly through the use of effective social marketing.

Reducing sexually transmitted infections

The nine recommendations identified through the independent review of sexual health services in Wales and accepted by Welsh Government should be implemented as soon as practicable in order to improve services and patient experience and ultimately reduce infections.

Improving air quality

Air quality and health surveillance capabilities and risk assessment methodologies require investment and public health must be embedded in transport, planning and environmental sustainability policy and practice.

Annex A. Communicable Disease.

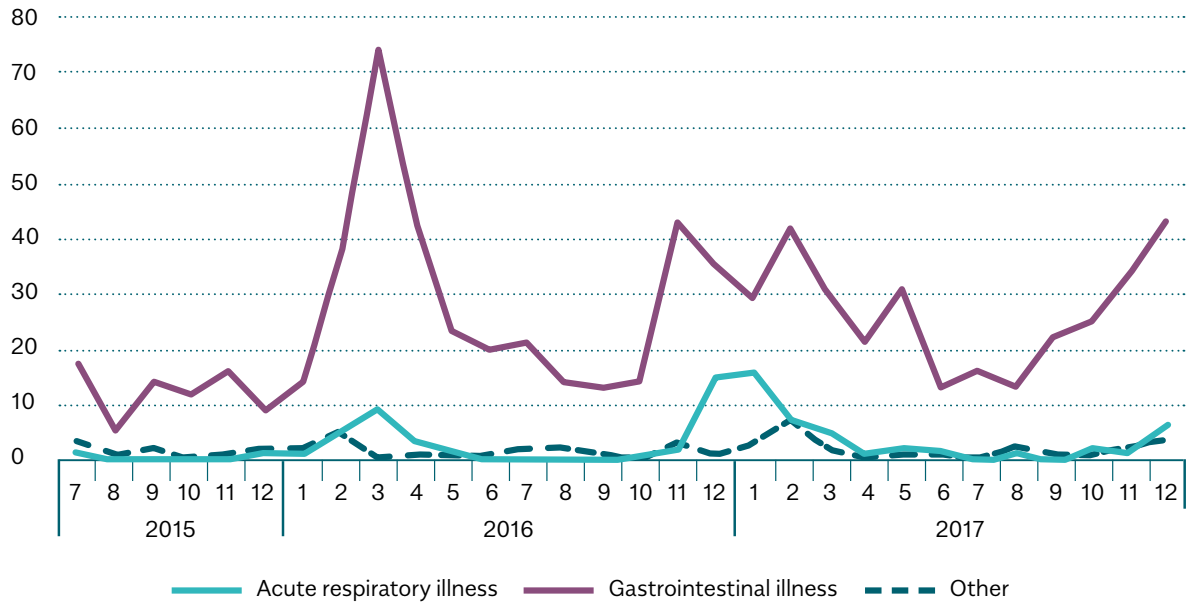
Notifiable diseases and organisms and outbreaks reported to CDSC 2017.

A full list of notifiable diseases can be found on the Public Health Wales website at **www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544#a**

Table 1: Outbreaks and incidents reported to the CDSC by setting, 2017

Setting	Acute respiratory illness	Gastro-intestinal illness	Other	Total
Residential home	18	138	10	**166**
Hospital	23	79	2	**104**
School	0	49	6	**55**
Other	1	20	3	**24**
Nursery	0	17	3	**20**
Restaurant / hotel / pub / takeaway	0	11	0	**11**
Prison	0	2	0	**2**
Farm	0	1	0	**1**
Travel abroad	0	1	0	**1**
Total	**42**	**318**	**24**	**384**

Figure 9: Outbreaks reported by month[1] reported, from July 2015 (when reporting started) to December 2017.



[1] Month of report generated using date of report. If date of report was not available, date of onset used. If date of onset was not available then date of report generated using the Monday of the week reported.

Table 2: Number of diseases notified[6], 2017[7]

Notifiable disease	Frequency
Encephalitis (acute)	3
Enteric fever (typhoid or paratyphoid fever)	6
Food poisoning	3,587
Haemolytic uraemic syndrome (HUS)	5
Infectious bloody diarrhoea	3
Infectious hepatitis (acute)[1]	174
Invasive group A streptococcal disease and scarlet fever[2]	1,610
Legionnaires' Disease	51
Malaria	16
Measles	236
Meningitis (acute)[3]	163
Meningococcal septicaemia[4]	35
Mumps	522
Rubella	24
Tetanus	1
Tuberculosis	124
Viral haemorrhagic fever (VHF)[5]	1
Whooping cough	277

[1] Includes Acute Infectious and Acute Viral Hepatitis

[2] Includes Scarlet Fever and Invasive group A streptococcal disease (IGAS)

[3] Includes Acute Meningitis, Meningitis, Meningococcal diseases, Meningococcal meningitis and TB meningitis

[4] Includes meningococcal septicaemia and 'meningitis and septicaemia'

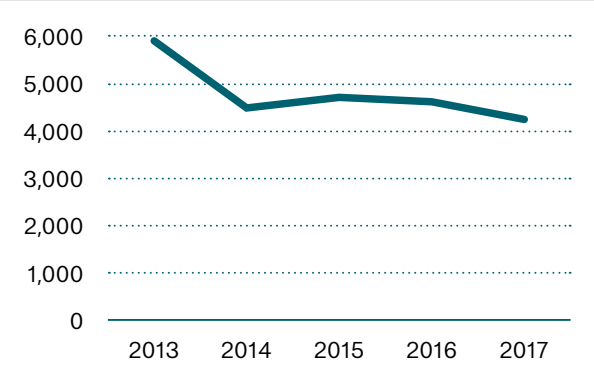
[5] Includes Dengue fever, Ebola haemorrhagic fever and Viral haemorrhagic fever

[6] Notifications of diseases diagnosed clinically may not correlate to a laboratory confirmed case

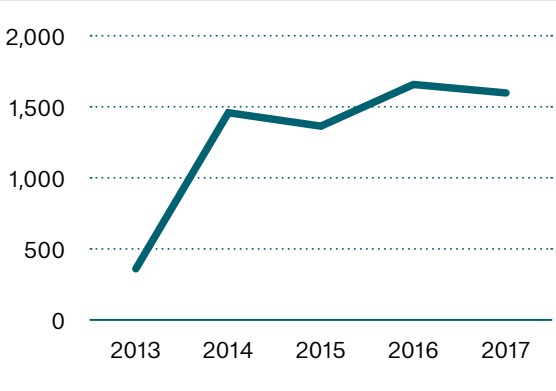
[7] There were no reported notifications of Anthrax, Botulism, Brucellosis, Diphtheria, Leprosy, Plague, Rabies, SARS, or Yellow Fever in 2017

Figure 10: Annual disease notifications by year and disease category

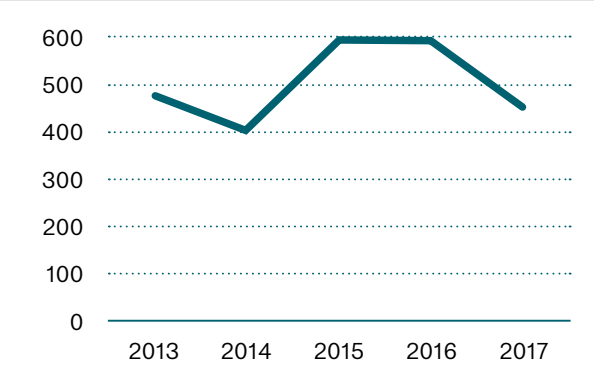
Gastroenteritis[1]



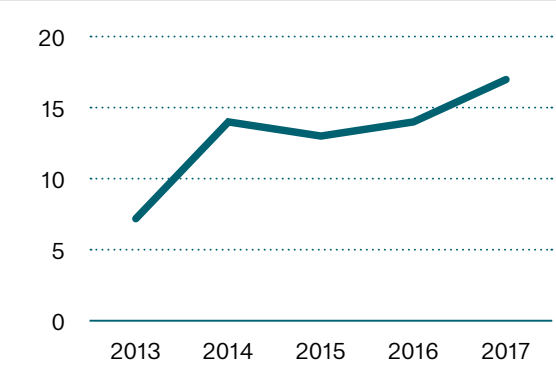
Scarlet fever and iGAS



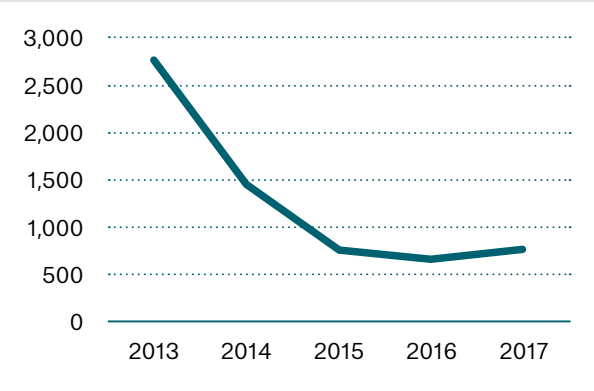
Respiratory[2]



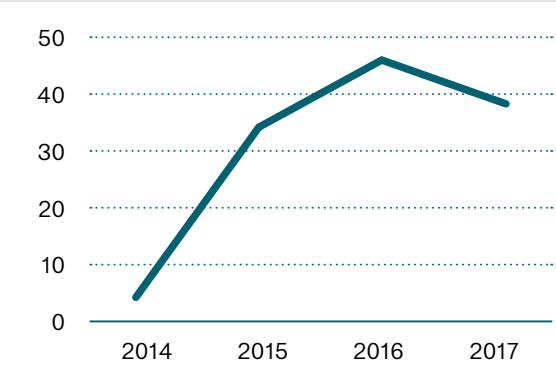
Vector/Zoonotic[4]



Mumps and Measles



Lyme Disease



[1] Gastroenteritis diseases includes Cholera, Enteric fever, Food poisoning, Haemolytic uraemic syndrome, and Infectious bloody diarrhoea
[2] Respiratory diseases include Legionnaires Disease, Tuberculosis and Whooping Cough.
[3] Methods of reporting of Hepatitis updated in 2014
[4] Vector/Zoonotic includes Brucellosis, Malaria, Plague, Rabies, Typhus and Yellow Fever

Table 3: Number of notifications of laboratory confirmed organisms[6], 2017[7]

Notifiable organism	Frequency
Bordetella pertussis	24
Borrelia spp	55
Campylobacter spp	3,616
Clostridium perfringens[1]	17
Cryptosporidium spp	347
Giardia lamblia	123
Hepatitis A	59
Hepatitis B[2]	271
Hepatitis C[2]	599
Hepatitis E	47
Influenza virus	1215
Legionella spp[3]	46
Listeria monocytogenes	8
Measles virus	22
Mumps virus	10
Mycobacterium tuberculosis complex[4]	71
Neisseria meningitidis	44
Rubella virus	1
Salmonella Typhi or Paratyphi	10
Salmonella spp[5]	372
Shigella spp	21
Varicella zoster virus	177
Verocytotoxigenic Escherichia coli (including E.coli O157)[3]	29

[1] Only if associated with food poisoning

[2] Results may include repeated tests on the same patient with chronic Hepatitis

[3] Results are for tests done in Welsh laboratories and may not have been confirmed by UK national reference laboratoriesv

[4] Includes Mycobacterium africanum, Mycobacterium bovis and Mycobacterium tuberculosis

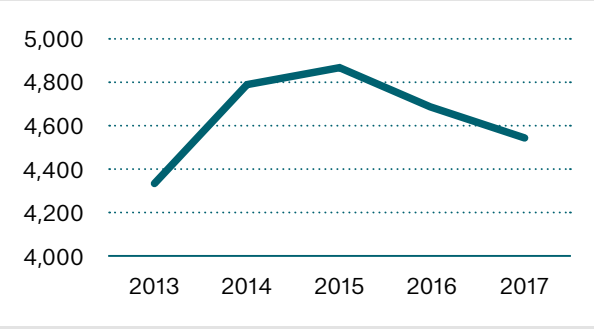
[5] Not including Salmonella typhi or paratyphi

[6] Samples tested in non-Welsh laboratories may not v included

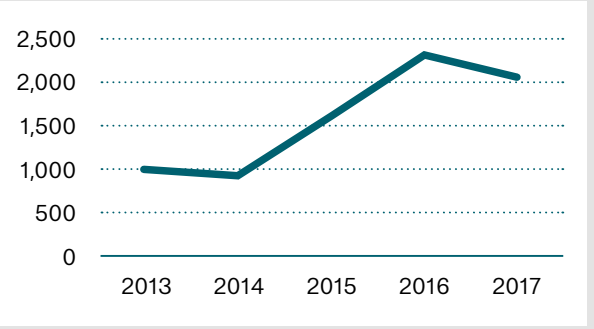
[7] There were no reported notifications of Chlamydophila psittaci, Coxiella burnetii, Leptospira interrogans, Brucella, Chikungunya Virus, Clostridium botulinum, Corynebacterium ulcerans in 2017

Figure 11: Annual disease notifications by year and disease category

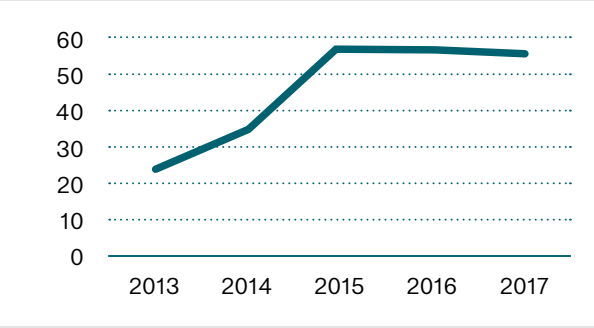
Gastroenteritis[1]



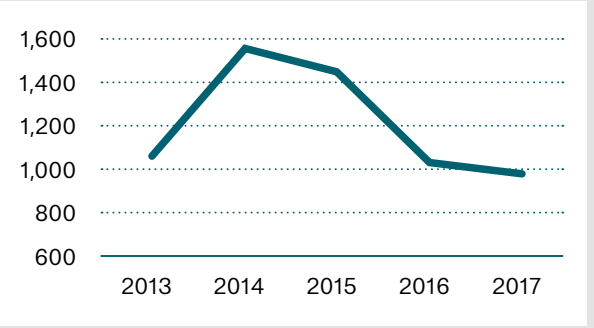
Respiratory[2]



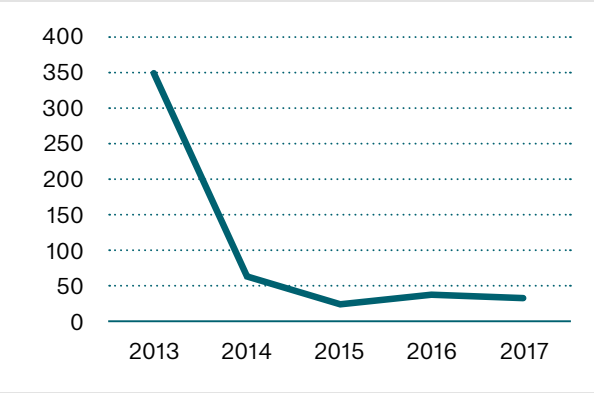
Vector/Zoonotic[3]



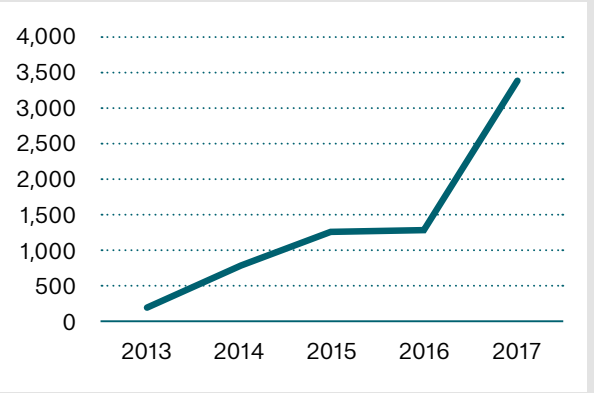
Hepatitis



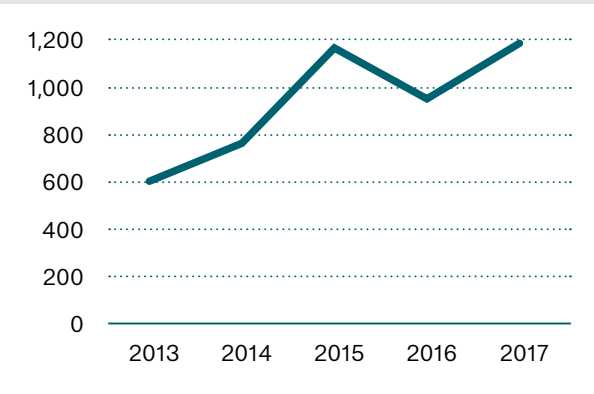
Mumps and Measles



Influenza[4]



Neisseria gonnorrhoeae



[1] Gastroenteritis includes Entamoeba histolytica, Vibrio cholera, Bacillus cereus (food poisoning only), Campylobacter spp, Clostridium perfringens (food poisoning only), Cryptosporidium spp, Giardia lamblia, Listeria monocytogenes, Salmonella Typhi or Paratyphi, Salmonella spp, Shigella Spp and Verotoxigenic, Escherichia Coli.

[2] Respiratory includes Haemophilus influenza, Streptococcus pneumoniae, Bordetella pertussis, Influenza virus, Legionella spp, Mycobacterium tuberculosis complex, Rubella virus, Varicella zoster virus.

[3] Vector/Zoonotic includes Bacillus anthracis, Brucella spp, Chikungunya virus, Dengue virus, Francisella tularensis, Plasmodium(falciparum, vivax, ovale malariae, knowlesi), Rabies virus (classical rabies) and rabies-related lyssaviruses, Rift Valley fever virus, West Nile Virus, Yellow fever virus, Yersinia pestis, Borrelia spp, Chlamydophila psittaci, Coxiella burnetii, Hanta virus, Leptospira interrogans and Rickettsia spp

[4] Number of notifications is per financial year.

Annex B. Gambling-related harm.

Updated since 2016–17

Recommendations on action to tackle public health harms from problem gambling – November 2018.

The Welsh Government has been working across portfolios to identify actions that can be taken to reduce the prevalence of problem gambling and the impact it has on health and wider society, in line with the recommendations in last year's Annual Report. A Welsh Government officials' group has been established to develop a strategic approach on action to reducing gambling-related harm across Wales, and improve the co-ordination and promotion of existing prevention and treatment services.

This Group has been collaborating with third sector providers and other partners to build on the good work already going on in Wales and to drive the shift towards a population approach to tackle the harm from gambling. For example, discussions are ongoing with Public Health Wales (PHW) as to how problem gambling can be integrated as a topic in the Making Every Contact Count initiative in Wales. PHW and Bangor University have written a joint report on Gambling and Public Health, which draws on a report by Bangor University on the spatial distribution analyses of gambling related issues across Wales[69]. Welsh Government will consider this evidence and ask local authorities to do the same to help inform local and national actions to prevent gambling related harms across Wales. The next review of Healthy Working Wales will consider how advice to employers on action to reduce gambling-related harm could be incorporated. Advice to highlight the risks and links between online gaming and gambling-type behaviours has been added to a social media and gaming workshop resource for parents and carers provided via the Welsh Government's Hwb[70].

The Group has also been engaging with GambleAware – who have a responsibility to fund research and treatment, and to increase awareness of gambling-related harm across Great Britain – to increase heir presence and activity in Wales. As a result, GambleAware are making their resources available in the Welsh language

so that they may be incorporated into lesson plans and displayed in GP surgeries across Wales. The Group will work with GambleAware as they take action to increase the number of sites in Wales where treatment services are offered by GamCare and raise awareness of these services. The Group has also liaised with GambleAware on the creation of a Welsh Advisory Panel, consisting of representatives from the public health community, to further inform their activity in Wales.

The Welsh Government co-hosted a roundtable discussion with the Gambling Commission in January. This brought together key stakeholders to raise the profile of gambling as a public health issue and help to inform future action by both the Welsh Government and the Gambling Commission in Wales.

The prevalence of gambling and problem gambling in Wales has to date been monitored through survey work commissioned by the Gambling Commission. The Welsh Government arranged to include questions on gambling in the Health Behaviour in School-aged Children/School Health Research Network survey during 2017/18; the results of which will be published in spring 2019. Questions on frequency, participation and attitudes to gambling will also be included in the National Survey for the first time in 2020–21. This will enable the prevalence of gambling behaviours to be analysed against other public health issues such as alcohol consumption and mental health.

In September, the Welsh Government brokered a seminar with DECIPHer at Cardiff University that brought together researchers and academics with an interest in gambling-related harm[71]. Information gathered from the seminar will be used to inform future research by the DECIPHer team. Swansea University has been funded by the Forces in Mind Trust to undertake the first ever UK survey to understand and explore the levels of gambling participation and attitudes to gambling in ex-Service personnel. Welsh Government officials are in contact with the research team and will be promoting awareness of the research study to maximise take up in Wales.

The Welsh Government has consulted on proposed changes to the Town and Country Planning (Use Classes) Order 1987[72] which included a proposal to require each new betting office to be considered through a planning application. This change would enable future policy intervention through the planning system should research

confirm a causal relationship between, for example, an 'over-concentration' of betting offices increasing levels of gambling-related harm. Welsh Government officials have also approached Directors of Public Protection Wales (DPPW) to consider further the role of local authorities in action to prevent gambling-related harm. DPPW agree that there is an opportunity for local authorities to contribute towards efforts here such as embedding the Health Impact Assessment process into the planning and licensing regime; consultation with DPPW on how to achieve this is ongoing.

The Welsh Government has continued to urge the UK Government to do more to tackle the public health concerns and to maximise the various options available to address the issue of problematic gambling. For example, in April the Cabinet Secretary for Health and Social Service issued a joint letter with the Leader of the House to the Advertising Standards Authority (ASA) to raise their concerns about the proliferation of gambling advertising on television and online, particularly in relation to how they influence the vulnerable and, especially children and young people. The Cabinet Secretary also wrote to the Minister for Sport and Civil Society to express his disappointment at the initial delay to the implementation of changes to the maximum stake for fixed odds betting terminals (FOBTs) given the wide-ranging impacts that will be prolonged by such a decision. The UK Government has since announced that they will implement the maximum stake of £2 by April 2019. A decision has been made not to use the powers in the Gambling Act 2005 prior to the implementation of the policy changes by the UK Government due to the very limited impact this would have before the UK Government's changes take effect in April 2019.

The Welsh Government is committed to progressing further action against the recommendations in Gambling with our Health in the coming year.

The Welsh Government has continued to urge the UK Government to do more to tackle the public health concerns and maximise the various options available to address the issue of problematic gambling.

Annex C.
Statistical annex.

Notifiable diseases and organisms and outbreaks reported to CDSC 2017.

A full list of notifiable diseases can be found on the Public Health Wales website at **www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544#a**

Figure 12: Deaths, all causes, 2001–2017

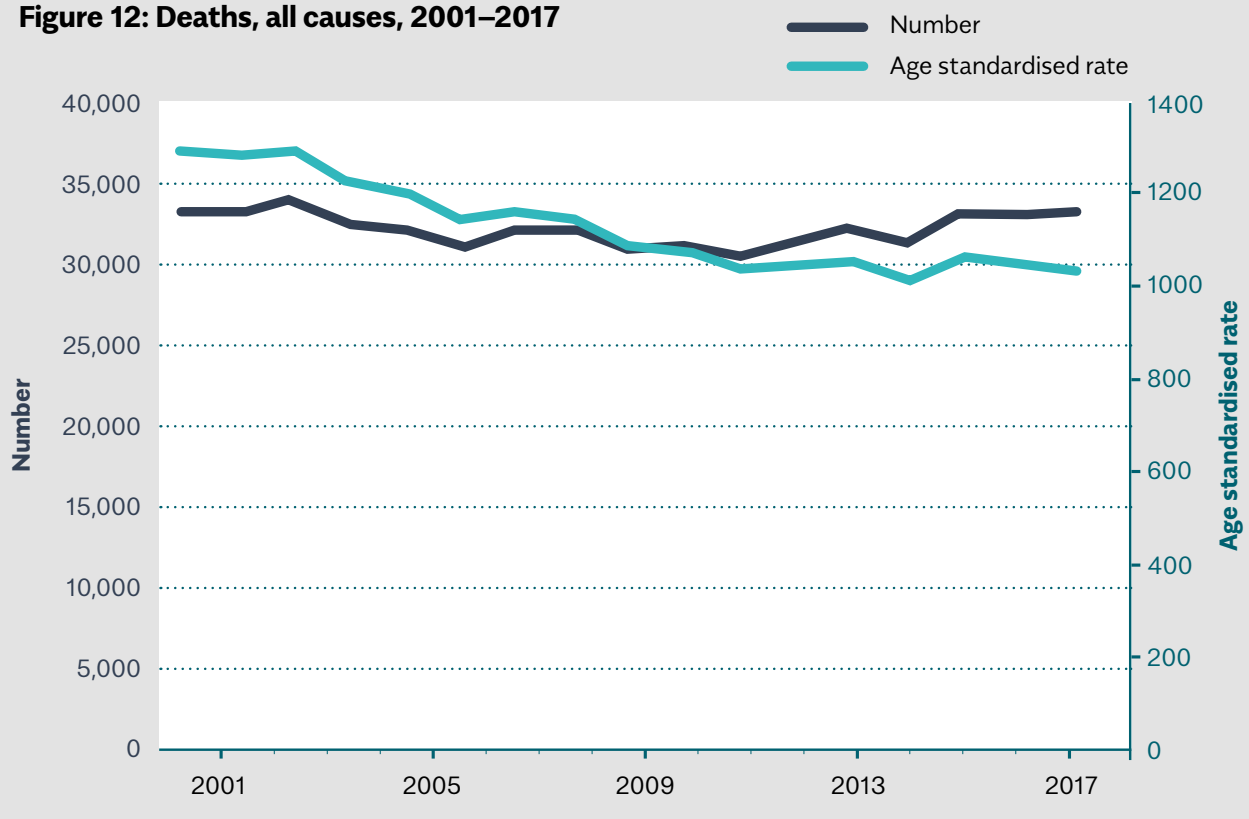


Figure 13: Death rates, selected causes, 2001–2017

Source: NHS Dental Services

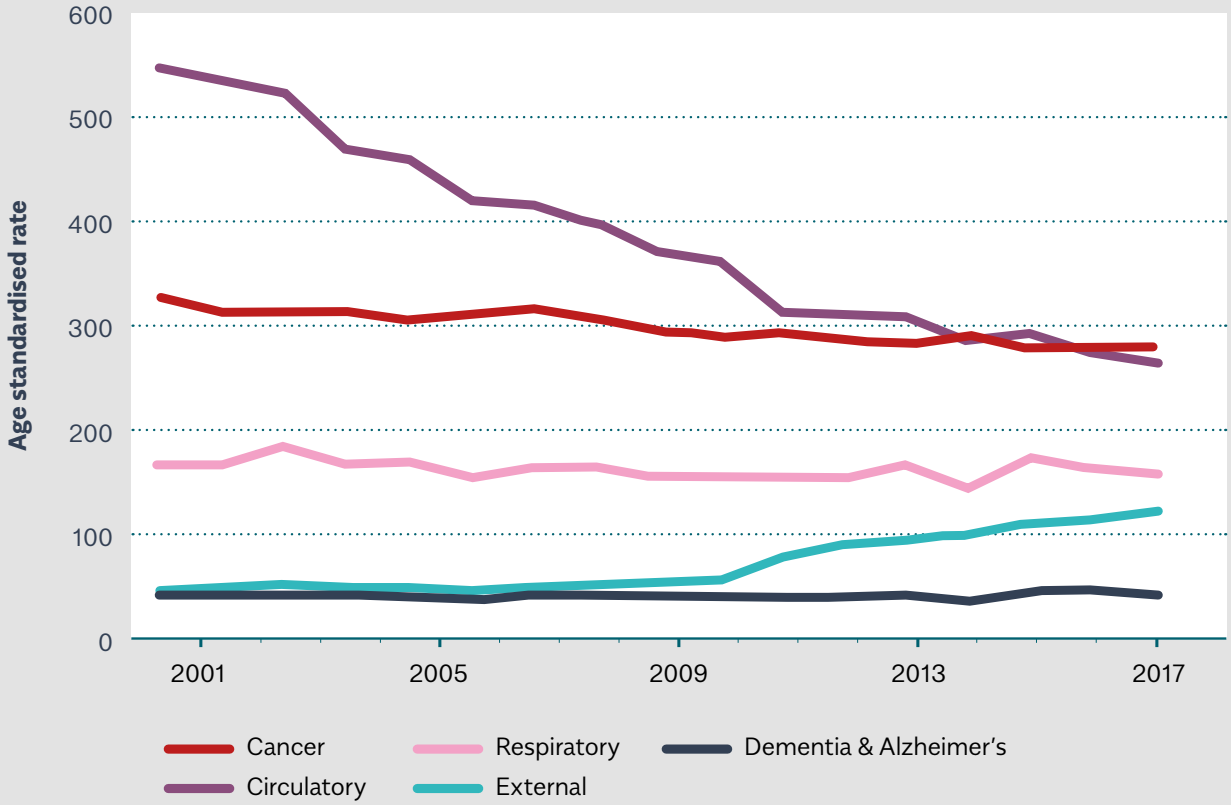


Figure 14: Life expectancy at birth, 2001–2003 to 2015–2017

Source: Office for National Statstics

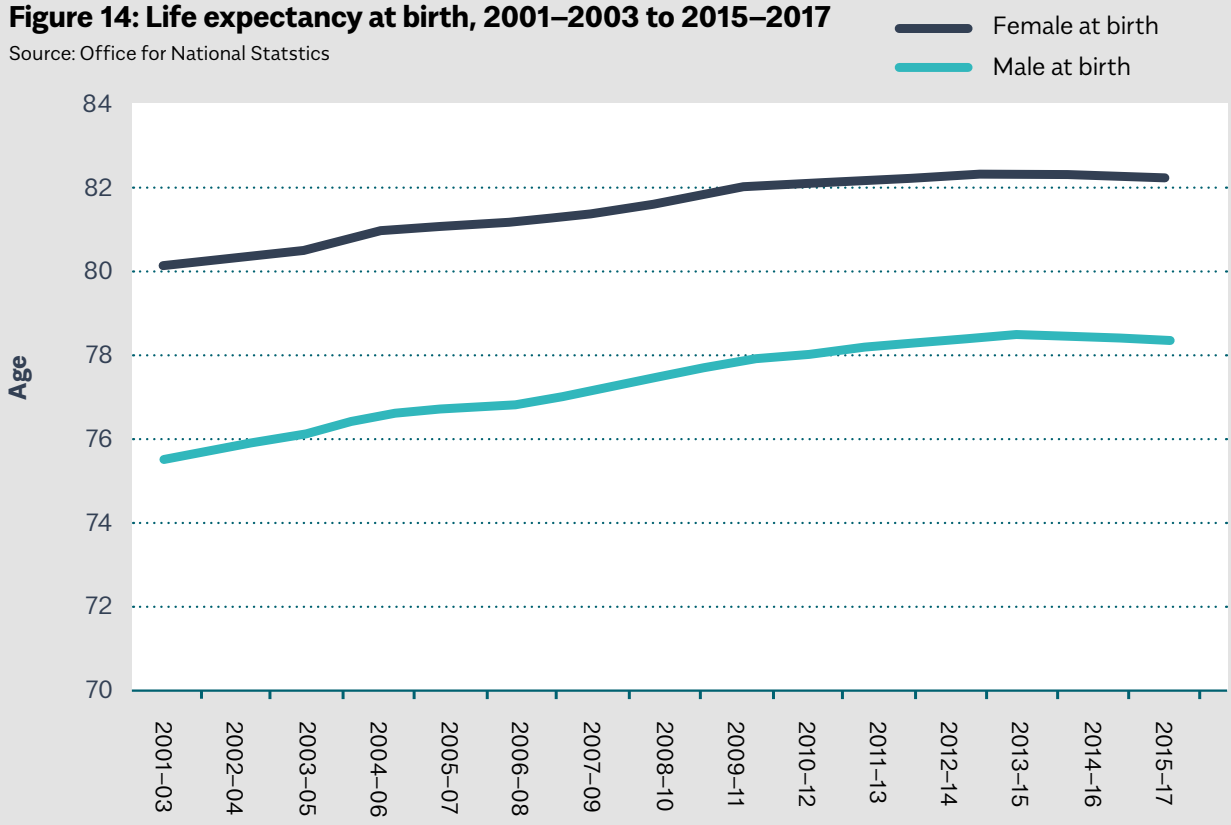


Figure 15: Life expectancy age 65, 2001–2003 to 2015–2017

Source: Office for National Statstics

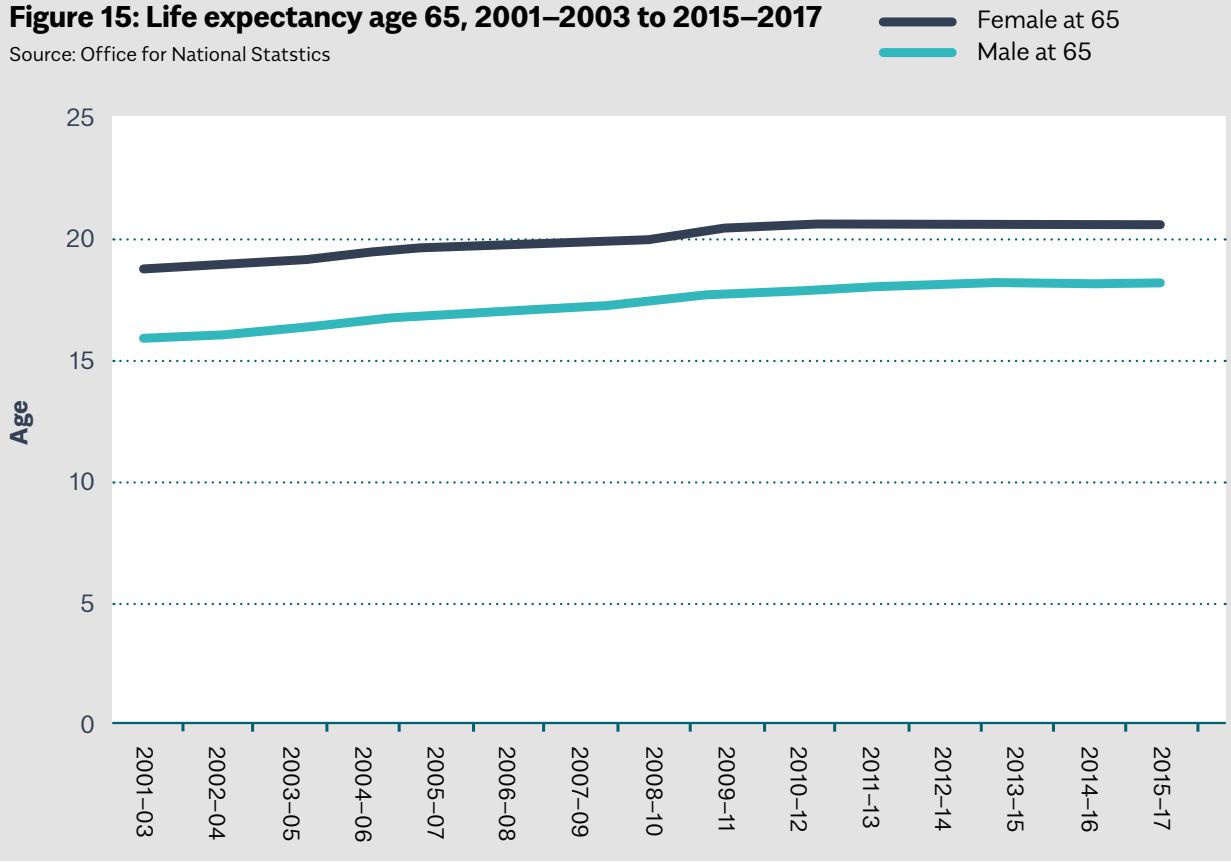


Figure 16: Adults following healthy lifestyle behaviours, by deprivation quintile, 2017–18

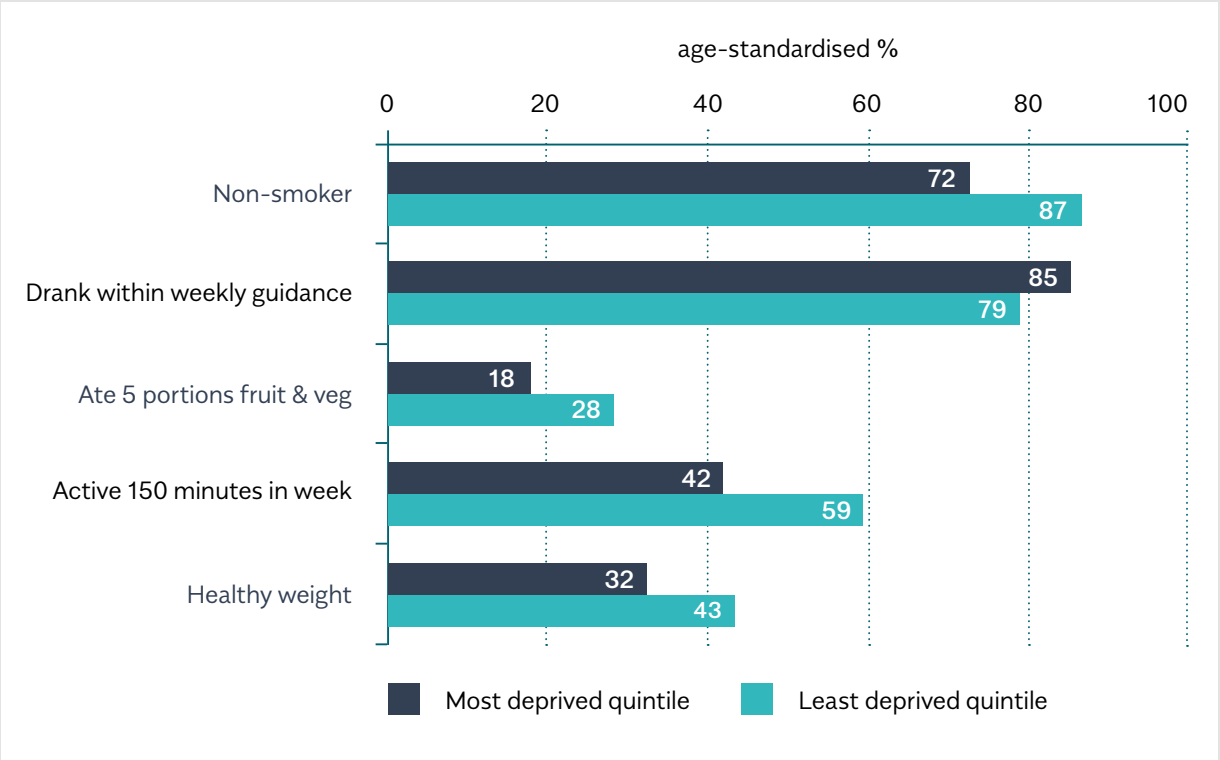
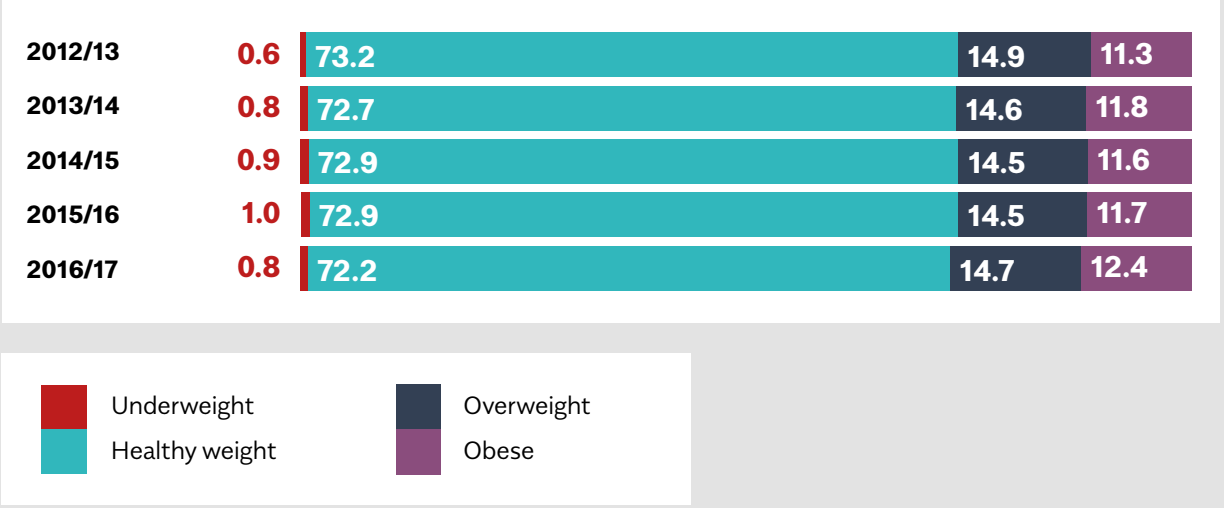
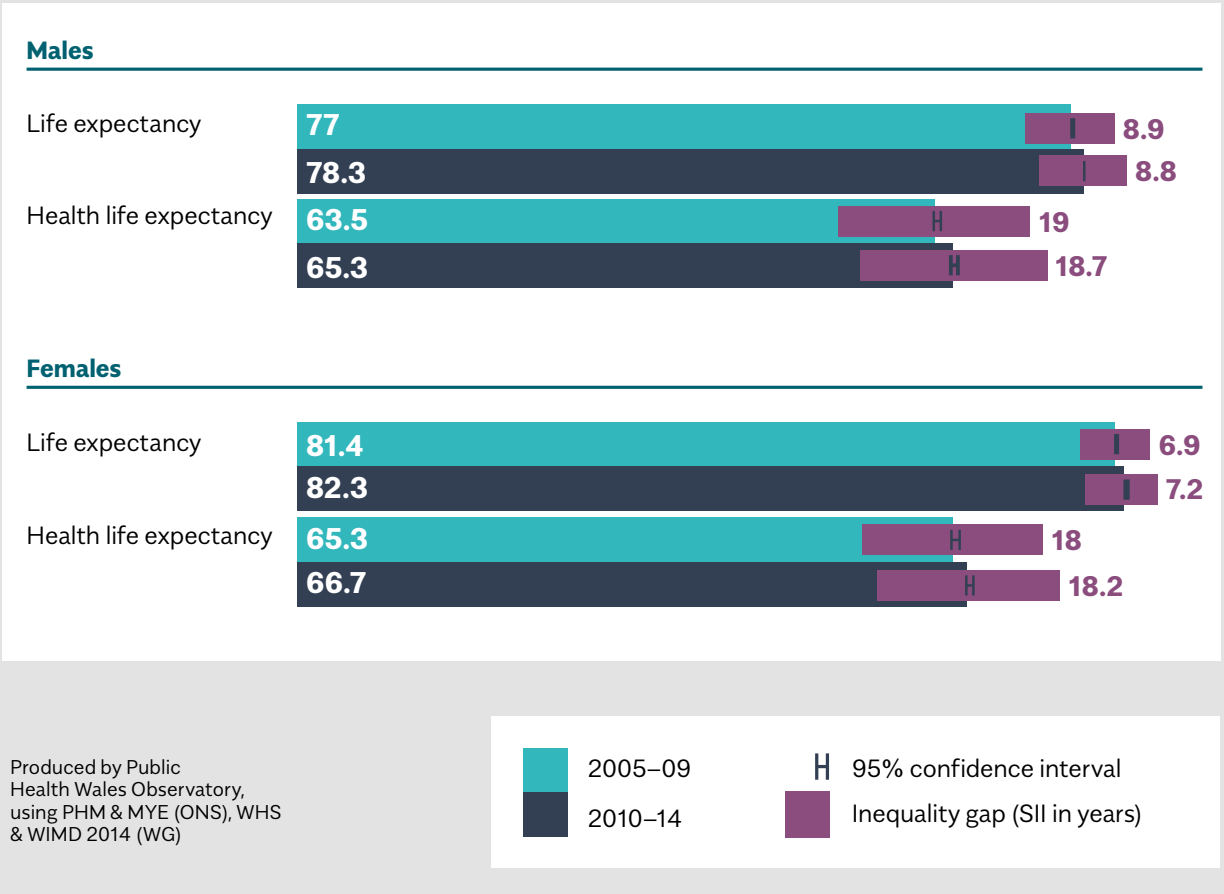


Figure 17: Percentage of children aged 4 to 5 years who are underweight, healthy weight, overweight or obese 2012–13 to 2016–17



Produced by Public Health Wales Observatory using CMP data (NWIS)

Figure 18: Comparison of life expectancy and healthy life expectancy at birth, with Slope Index Inequality (SII), 2005–2009 and 2010–2014



Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

Figure 19: Smoking rates among adolescents (years 7–11), 1986–2014

Pupils in years 7, 9, 11. *Data for 2018 is provisional; data collection moved online for 2018 which may effect comparability

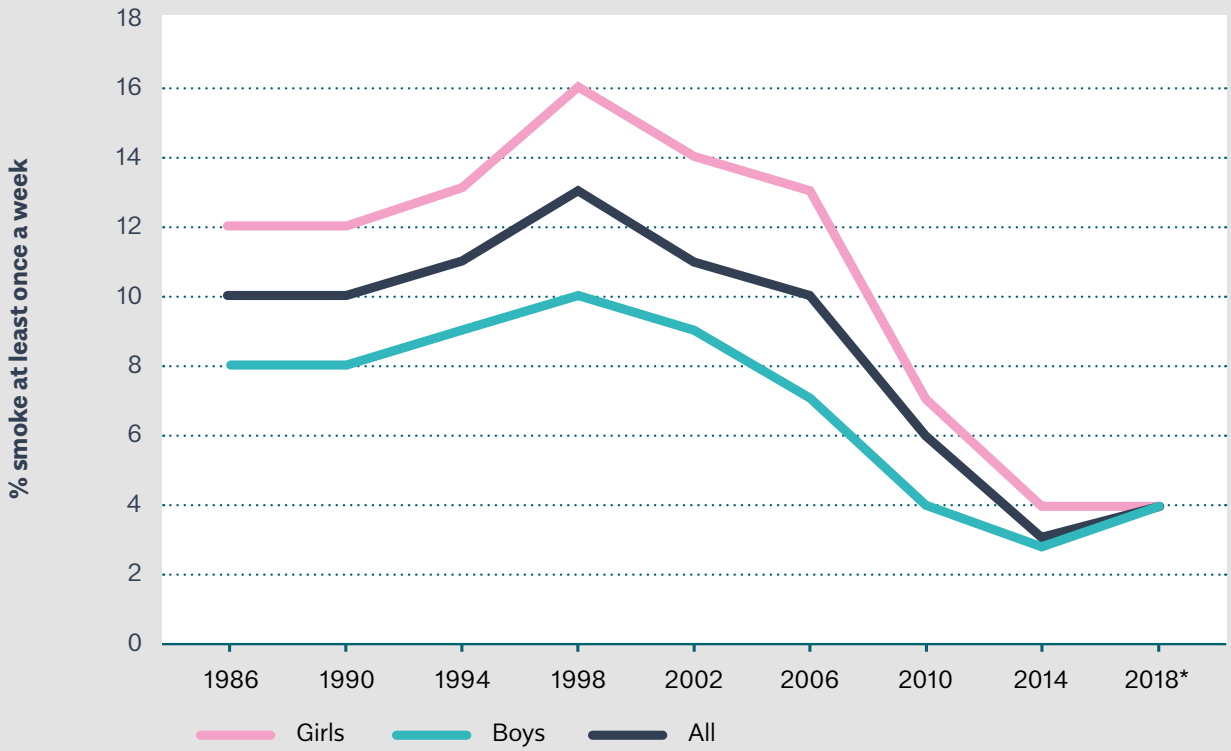
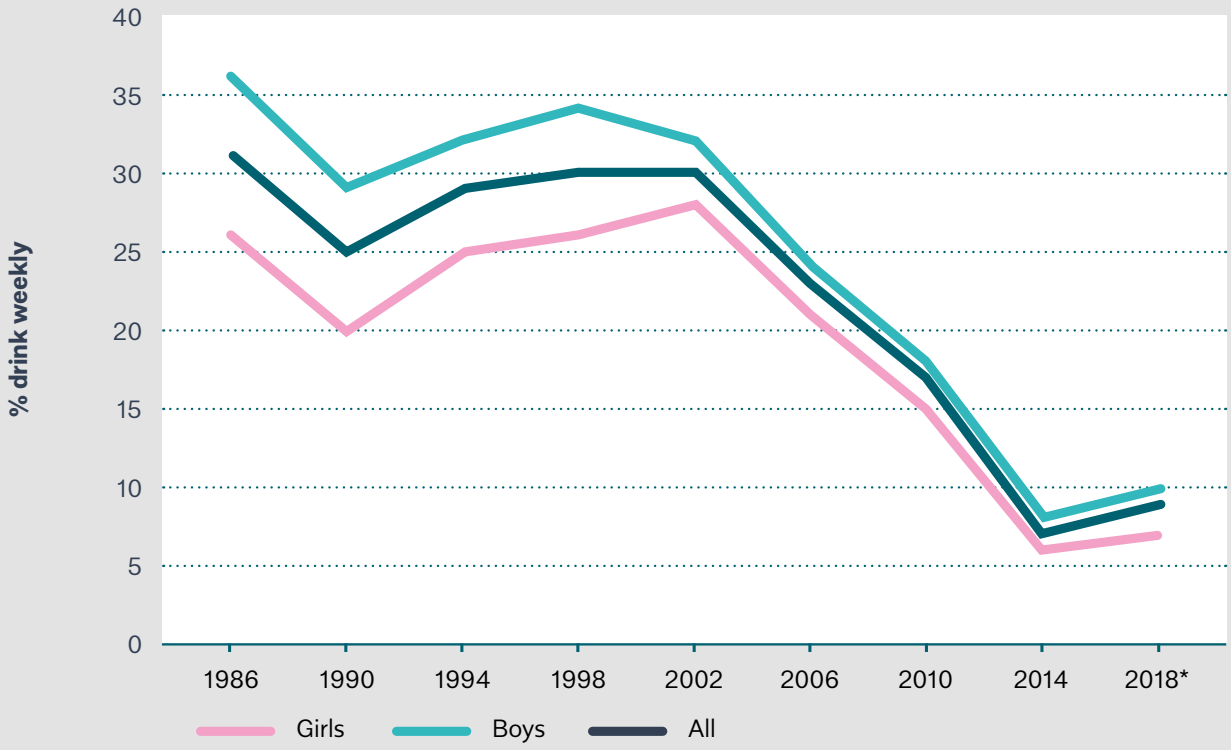


Figure 20: Drinking rates among adolescents (years 7–11), 1986–2014

Pupils in years 7, 9, 11. *Data for 2018 is provisional; data collection moved online for 2018 which may effect comparability



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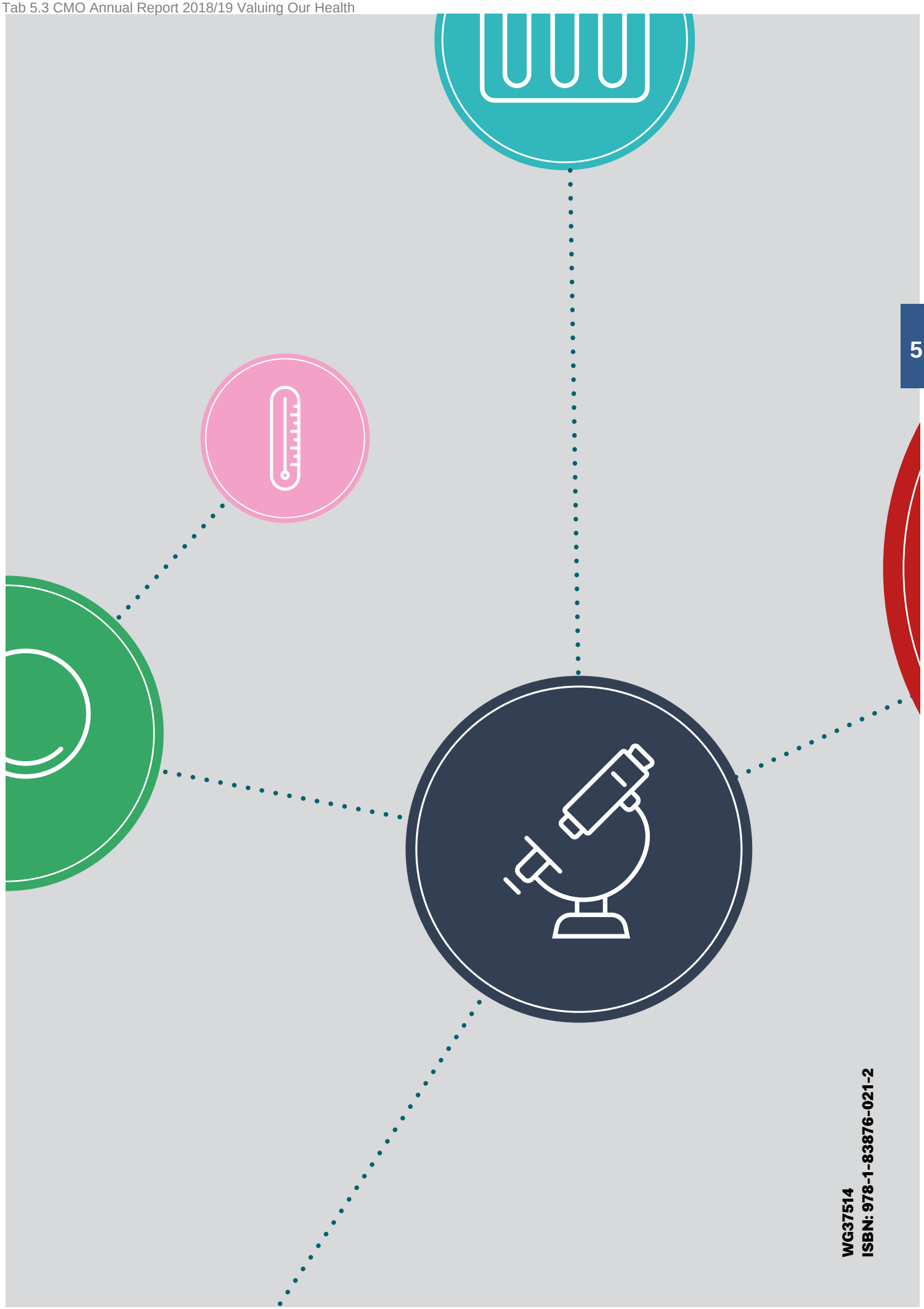

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