

## WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

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

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

### *Introduction and Context*

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

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

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

### *The Role of Annual Reports in Self Reflection*

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

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

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

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

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

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

### *The Self-Reflection Tool*

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

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

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

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

The tool is presented in three sections:

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

This reflection tool will therefore enable you to:

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

### *Next Steps*

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

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

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

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

This work will be completed by June 2019.

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

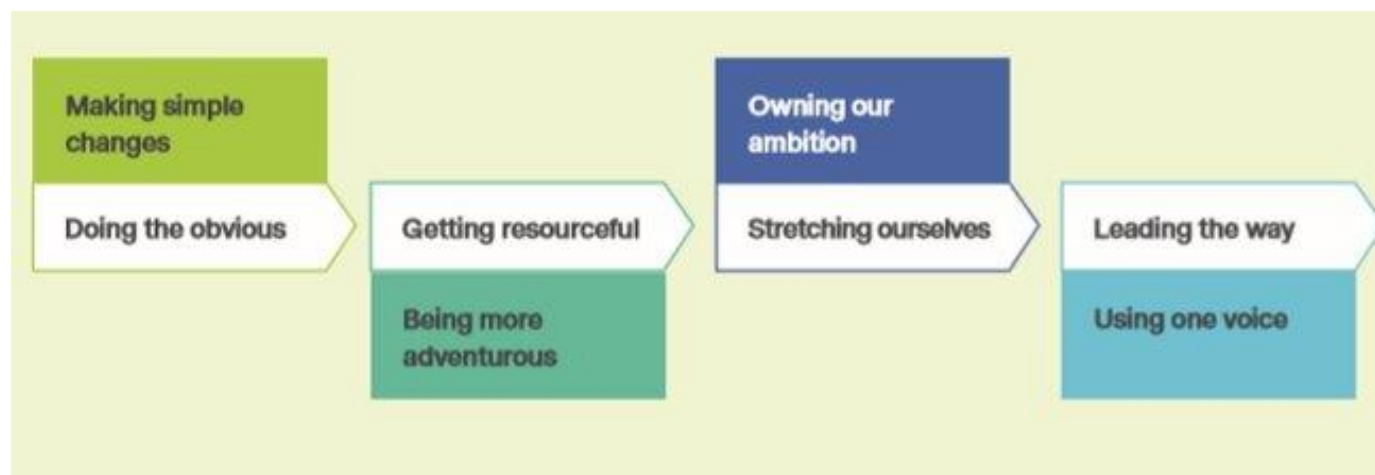
**Many thanks for your time and commitment in respect of this exercise.**

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

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

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

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



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


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

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

Therefore, you should:

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



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

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

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

Examples of areas of focus for future years include:

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

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

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

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

Examples of future activity include:

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

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

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



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

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

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

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

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

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

#### Families and Therapies Division

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

#### **Ffrind i Mi/Friend of Mine®** ([www.ffrindimi.co.uk](http://www.ffrindimi.co.uk)) has:

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

#### **Advance Care Planning**

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

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

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

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

### **Scheduled Care**

#### Head and Neck

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

#### Breast

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

#### Dermatology

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

#### Ophthalmology

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

#### Trauma and Orthopaedics

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

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

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

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

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

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

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

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

#### Families and Therapies Division

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

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

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

ABCi Improvement Collaboratives:

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

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

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

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

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

**Scheduled Care**  
Urology



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

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

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

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

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

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

#### Family and Therapies Division

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

#### **Ffrind i Mi/Friend of Mine® ([www.ffrindimi.co.uk](http://www.ffrindimi.co.uk)) has been:**

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

#### **College Career Consortium**

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

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

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

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

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

The Estate Strategy is centered around several key principles:

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

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

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

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

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

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

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

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

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

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

The Estate Strategy is centered around several key principles:

- Future Focused
- Sustainability & WBFG Act Principles
- Fit for Purpose

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

#### Family and Therapies Division

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

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

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

#### Falls Prevention

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

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

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

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

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

### Scheduled Care

#### Head and Neck

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

#### Ophthalmology

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

#### Urology

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

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



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

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

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

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

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

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

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

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

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



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

#### Family and Therapies Division

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

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

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

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

#### Scheduled Care

##### Head and Neck

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

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

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

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

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

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

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

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

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



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

In this second table you will:

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

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

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

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

## Annex 1

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

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

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

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

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

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

### SECTION 3 – KEEPING FOCUSED AND MAINTAINING THE MOMENTUM

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Adverse Childhood Experiences** – roll-out across Gwent.

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

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

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

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

7) If your organisation covers a broad geographical area:

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

#### Geographical differences

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

#### Best Practice

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

8) *Capturing the most important lessons.* Annual reports and other corporate reporting processes can often focus on success rather than on the rich learning that can come from challenges and things that did not work out quite so well:

- a) Does your reporting highlight key challenges or barriers that need to be raised or addressed internally or more widely?
- b) Have lessons from any failures or difficulties been captured in a way that others may learn from?

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

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

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

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

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

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

No

## APPOINTED CONSULTANTS



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