



Gwent Transformation Programme delivery plan

Delivering Place Based Care

2021/22

Foreword

The Gwent transformation programme has provided welcome additional resources to support the modernisation of services across Gwent. The scope and success of the programme, demonstrates the continued ambition across Gwent to deliver 'A Healthier Wales'.

Already, the initial evaluations have demonstrated that the four transformation programmes have made a positive impact on citizens, providing better access and a more seamless experience. I am particularly delighted with the progress that the ICEBERG programme



continues to make. This is a once in a generation opportunity to re shape the services provided to children and young people in need of emotional or mental health support. This is more important now than ever as a result of the COVID-19 pandemic. I know that the impact of school closures and continued effect of restrictions will be felt by all children and young people in Gwent. This is why we have placed the whole schools approach at the forefront of the ICEBERG programme in 21/22. This programme really demonstrates the extent of partnership working across education, health and social care in Gwent, to safeguard the wellbeing of our children and young people.

I know too that the Integrated Wellbeing Networks and Compassionate Communities work in primary care have been invaluable, as we continue to navigate the pandemic. The IWN have established themselves as a core asset in maintaining wellbeing and independence and providing information advice and assistance. In 2020 they led work to support isolating and shielding members of the community. Our primary care programme, has provided invaluable support to local residents, providing safe and effective care in a multi-disciplinary environment. The pandemic has truly accelerated the scale and pace of partnership working in Gwent. As Chair of the Regional Partnership Board, I want to see this work embed and create a truly multi-disciplinary workforce, providing a seamless care service in the community.

The impact of austerity and now the COVID pandemic, has been considerable and whilst it has not dampened our ambition to continue to provide good quality care and support to our residents, it will have a lasting impact. The transformation delivery plan for this year has a critical role, in helping to define those new models of care, which we want to mainstream going forward. Key to this is the development of the Gwent 'Place Based Care Framework'. It will provide a regional approach, and local delivery solutions to truly create seamless care. In the final year of delivery for both the transformation and ICF programmes, we will be looking to see what has worked well, what has led to improved outcomes and experience for our citizens, to shape a future sustainable model of care in Gwent.

Cllr Paul Cockeram Chair, Gwent Regional Partnership Board

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1 The Gwent Transformation Programme

The Gwent Transformation programme received funding from Welsh Government in 2018, to deliver a framework of 'Place Based Care'.

Table 1. Gwent Transformation Programme 2018-20

Part 1	System Alignment	A framework for Place Based Care
		Integrated Wellbeing Networks & Compassionate Communities
Part 2	Service Redesign	ICEBERG
	Creating new models of seamless care	HomeFirst

The programmes focus was to create an integrated regional framework for placed based care and test 'new transformative' models of care as part of that framework. This programme was the first in Wales to combine an approach to organisational development alongside the design and testing of new integrated models of care. The purpose, was to create a sustainable organisational framework, from which to deliver new models of care. This has included the development of a 'Heads of Agreement' (2019) around collaboration, the Bevan Commission & Social Care Wales review of the Gwent RPB (2020) and the IPC facilitated seminar on Place Based Care (January 2021).

The work led by Gwent has now been mirrored in other Regional Partnership Boards, with North Wales, West Wales and Cwm Taf all now undertaking similar work. Nationally, a proposal paper developed by Gwent on a programme of organisational development for Regional Partnership Boards, to facilitate and create a supportive environment for transformation was taken to the National Transformation Advisory Board and is now been taken forward by WLGA and Academi Wales.

All four transformation programmes, have embedded well, with evaluation reports demonstrating both financial efficiencies and improved outcomes for citizens. Outcomes include a more seamless experience of care, which promoted community wellbeing and created a multi-disciplinary environment to reduce complexity and handoffs. The initial evaluation points to some evidence of this and in the final year, the emphasis is on pace, scalability and a sustainable place based model.

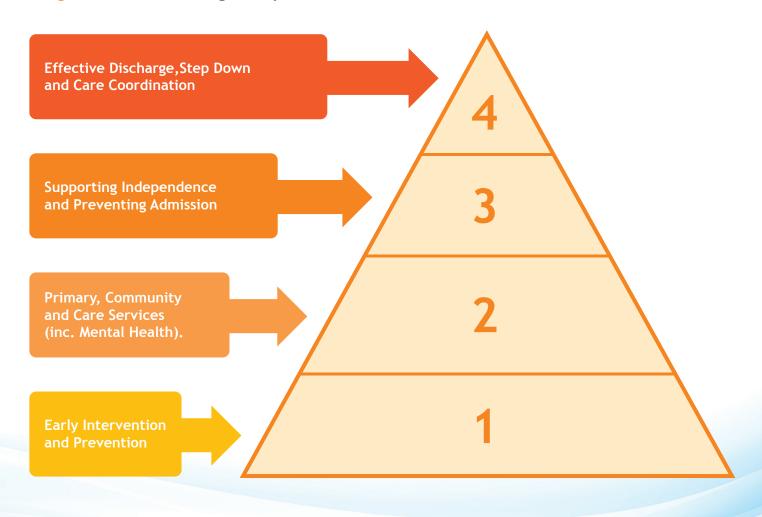
As a direct result of the programme, the pace of integration has been accelerated and the concept of a placed based approach widely discussed at Regional Partnership Board as a premise for service remodelling. Using the ten design principles (AHW) to drive forward transformation, there is a clear emphasis on higher value, good quality and accessible services, driven by the 'what matters to you' approach.

This delivery plan 21/22 sets out the continued delivery of the programmes with a clear emphasis on sustainability, through adoption and scale. This includes scaling of the Integrated Wellbeing Networks programme, to test 2 new programmes centred on promoting mental wellbeing within the community. This is in direct response to the growing impact of COVID-19 on mental wellbeing, and a recognition that community resilience and wellbeing services, will play a pivotal role in helping manage the demand on more acute services.

Also scaled in 21/22 is the Place Based Care programme across all five local authority areas, building into practice the principles of the compassionate communities approach. Designed to specifically recognise the need for flexibility across the five authorities, each area has designed a Place Based Care delivery plan, funded by transformation. This plan will form the building blocks for a 'whole systems' model going forward, which supports the mainstreaming of successful transformation and ICF programmes into a regional framework for Place Based Care, with local delivery plans agreed.

The Gwent RIIC Hub has embedded as a valuable asset to support the delivery of both transformation and ICF, delivering the Learning and Improvement Networks (LINs) and leading the development of an Innovation Framework which could be scaled and adopted by other RPB's. The LIN's have produced case study evidence in key partnership service areas, with ongoing work now underway to continue to inform service design, including workforce development, housing and homelessness and TEC. The 21/22 work plan has been aligned with the delivery of a 'Place Based Framework' providing valuable resource to help construct a model that harnesses research and innovation, and which facilitates continuous improvement. The Learning and Improvement Networks (LIN) will play a key role in achieving this aim, with their specific focus on 'Seamless care', 'Collaboration' and 'Workforce and Digital'.

Diagram 1: Rebalancing the system in Gwent to a Framework for Place Based Care



1.1 Programme Impact

1.1.2 Making a difference - Service user and Professional stories

Service Users express how grateful they are to receive the calls either for post discharge or supportive calls.

We have once again supported several patients this month either for aids or adaptations, carers or arranging for them to receive support from the local food bank.





I feel we have great communication with our link workers and we are all in contact on a regular/daily basis.

This helps when dealing with patients as we are able to feed information and updates back a forth quickly and the patients can receive our help and support more efficiently.

A woman made contact with the Surgery and mentioned she was struggling and mobility problems due to her Fibromyalgia, Osteoarthritis and back problems. The receptionist passed the details to the Compassionate Communities Co-ordinator who telephoned the service user to to find how we could help improve her situation.



The lady explained due to her condition she found it difficult getting up and down the stairs, bathing and struggled outside her home due to the poor condition of her path and no handrails. Her details was passed to link worker who said she would make contact to arrange help.

1.1.3 Impact Dashboards

1 Integrated Wellbeing Networks

Invested

£806,676



Helped

Facebook group for IWN **3,000** members.

Facebook Group for Wellbeing Champions was also set up which now has **241** members.



Provided

Monthly virtual 'Coffee mornings'

Weekly newsletter.

270 people were recruited as Well-being Champions during the first COVID-19 lockdown.



Supported

400 stakeholders across the community.

Established in all **5** local authority's.



Improved

Meaningful community involvement.



2 Place Based Care

Invested

£3,481,113

4 Projects

Investment across Health, Local Authorities and 3rd sector organisations



Helped

540+ Community connector referrals across Caerphilly & Blaenau Gwent:

Community cohesion accessibility to localised services

> Loneliness Isolation

> > 425+

post-discharge contacts enabling increased support for vulnerable people to ensure individual needs are met



Provided

250+

MDT discussions facilitated

Collaboration co-production

Harm & risk duplication

425 post-discharge contacts enabling increased support fo vulnerable people to ensure individual needs are met



Supported

100% increase in IAA calls, ensuring the right support at the right time

MDT

Discussions have become 'normal' practice following increased facilitation

Experience

of service users increased



Improved

77% of carers engaged in projects reported increased wellbeing*

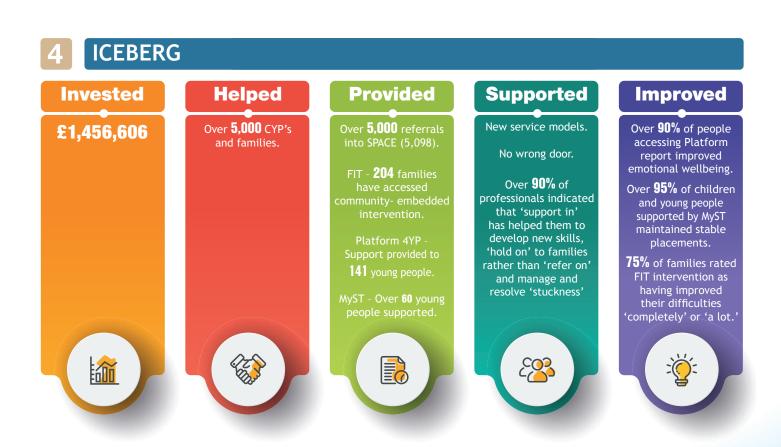
100% of patients supported through projects reported improved outcomes*

* sample of the project population



1.1.3 Impact Dashboards

Home First Supported Helped **Provided Invested Improved** Reduced admissions. Care coordination. £1,799,418 **1,206** patients. Faster discharge. Patient experience. 1,740 discharges. RGH 2,287 Patients. up GUH. GUH **63** Patients.



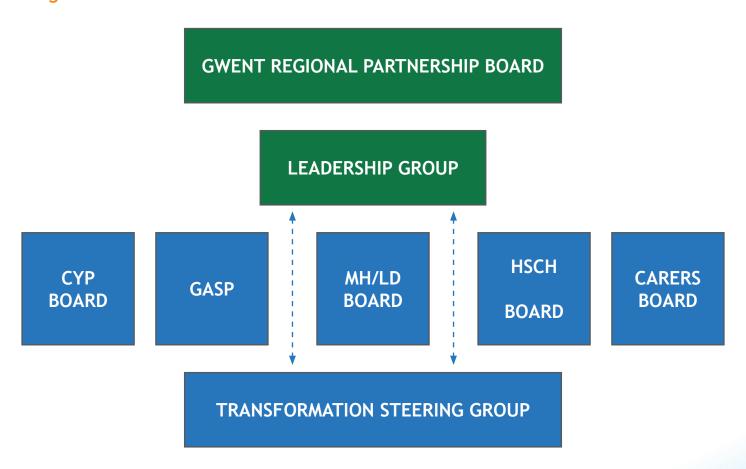
1.2 Governance

The Regional Partnership Board and Leadership Group provide the strategic oversight for the Transformation Programme. Exec Sponsors are the Director of Social Services (Monmouth) and the Executive Director of Primary, Community and Mental Health (ABUHB).

A Transformation Steering Group, Chaired by the Assistant Director (Transformation) provides a line of direct report into the Strategic Boards, providing advice and oversight, with decision making via Leadership Group and Regional Partnership Board. The steering group also provides a space for peer support, identification of collaboration across programmes and a shared approach to engagement, evaluation and outcomes measurement.

Additionally, the delivery plan has been presented to the Gwent Citizens Panel and GAVO/TVA Boards, reflecting the continued engagement of citizen's reps and third sector organisations in the development and delivery of the transformation programme.

Diagram 2: Gwent Governance Model



2 Gwent Transformation Strategic Priorities & Delivery Plans 2021/22

The final year of the programme is focused on delivery, evaluation and sustainability planning. Those successful elements of transformation and ICF will form core building blocks of the Gwent Place Based Care Framework, defining future models of care and support.

2.1 Strategic Approach

Priority Activity	Outcome
Programme Delivery.	Scaled activity across the region. Proof of concept to inform sustainability planning.
Comprehensive Independent Evaluation.	Robust evidence to demonstrate: Proof of concept. Improved outcomes for service users. Achievement of Design Principles/Quadruple aim. Evidence of financial efficiencies.
Development of sustainability business cases.	Clear set of proposals to mainstream or exit programmes. In alignment with ICF approach to inform sustainable Place Based Model.

2.1.1 A Changed Context

The COVID-19 pandemic has had a profound impact on the capacity and resilience of local NHS and social services. It is likely to have a long term impact on wellbeing, especially in terms of mental wellbeing and the ongoing impact of 'long COVID'. In line with Welsh Government policy, the delivery of the programme in 21/22 takes into account the need to reduce the impact of the four harms.

Diagram 3: Delivering Transformation in the context of COVID-19 (Four harms)

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

The transformation in Gwent is particularly aligned to reduce impact of the harm from an overwhelmed system and harm from wider societal lockdown. The clear emphasis in our plan on supporting mental wellbeing, early intervention and prevention and creating more integrated resources based in the community are in direct alignment. The evaluation will consider this and seek to address specifically, the impact of our activity on the four harms.

The programme will contribute to reducing the harm from a wider societal lockdown by:

- Delivering the 'Foundation Tier' and 'Sanctuary' provision to increase the capacity and reach of a 'whole systems' approach to support mental wellbeing in the community.
- Delivering the Whole Schools Approach in Schools and in alignment with the adoption of the NEST early reach Framework.

The programme will provide support to ensure the system is not overwhelmed and can rebalance by:

- Delivering more services in the community in partnership with our 5 local authorities and including Hospital Discharge, Audiology, Speech and Language Therapy
- Delivering community connectors, wellbeing champions and a programme of workforce stabilisation to build an operational multi-disciplinary team
- Placing a robust emphasis on workforce development by offering a suite of transformation/multi-disciplinary training programmes to ensure that 'integrated' working becomes embedded across our system.

2.1.2 Programme Delivery: A Regional Framework for Place Based Care

All programmes are now well established and are delivering. In line with the original offer, the focus in the final year is to determine which elements of the programme's, the Regional Partnership Board will wish to sustain and how going forward into 22/23 the successful programmes, are aligned with other activity into a strategic plan for Gwent, using a strategic organisational framework derived from a 'place based model'.

Alongside the continued delivery, strategic review work will be undertaken to consider a definition of Place Based Care, which fits Gwent's unique context. An outline approach is highlighted below. The impact of the pandemic has prevented bringing the outcomes of the organisational development work (including the Bevan Commission/Social Care Wales) work together to inform the structure of a place based approach, but this will now recommence and help shape the future model of service delivery in Gwent.

The creation of a strategic Place Based Care Framework was a commitment within the original Transformation Offer (2018). To date significant progress has been made across the five local authority footprints, with transformation and ICF funding accelerating the range of integrated pathways and service models. Additionally, the RPB has undertaken a programme of organisational development to build effective structures and behaviours to support enhanced collaboration between health, social care, third sector and housing, to enable the delivery of a 'whole systems' approach.

Whilst COVID delayed further work on this, it is intended to progress in 21/22. The framework will be set within the context of; the Population Needs Assessment COVID refresh (2020), evidence of 'what works' from the across the Transformation and ICF programmes and existing models of care. It will provide a clear route map for mainstreaming these and delivering more integrated service models to improve population wellbeing (from 2022). The framework is structured on a common set of regional design principles, from which 5 local 'Place Based Care' plans will be formed. It is intended that the development and governance will be provided by the ISPBs. Plans will reflect agreed activity by each partner agency (IMTP etc.) and will need to be underpinned by integrated estates and workforce planning and embracing digital opportunities. The initial focus of the framework will be on older adults.

Diagram 4: Proposed DRAFT Framework for Place Based Care

STEP 1: COMPLETE TEMPLATE (March) Map current activity STEP 2: Agree content of regional IMTP framework (April - June) Social Services corporate plans **Level 1:** Early NCN IMTP's Intervention & **STEP 3:** Apply locally via Prevention Estates/workforce ISPB (June - December) strategies **Level 2:** Access to Primary, Community Transformation/ Design local delivery and Care services **ICF** Evaluations plan based on: **Level 3:** Services which Identify Available PNA 2020 support independence resources and prevent admission Description of services where it is safe to do so at each level **Level 4:** Effective Agree shared resources hospital discharge/ Monitoring framework step down/care for delivery and outcomes coordination services

In 21/22 we will also place a far stronger emphasis on developing the integrated workforce by delivering the 'Better Outcomes' training in partnership with Social Care Wales and Health Education Improvement Wakes. Alongside this we will develop a range of training programmes and packages for social care, third sector and health professionals and ensure programme and strategic leads have access to master classes and seminars led by organisations such as the Kings Fund.

2.1.3 Evaluation

Each of the transformation programmes is supported by a comprehensive approach to independent evaluation, with the Institute of Public Care (Oxford Brookes) and Cedar Associates continuing their existing evaluation work into the final year.

Phase 2 reports are due in draft by the end of March, and will be reviewed by the transformation Team and the strategic partnership boards to ensure they are robust, focused and set out a clear statement of evidenced benefits including, social value, cost effectiveness and improved service user outcomes. The phase 1 and 2 reports taken together will provide the basis for informing a sustainability plan for each programme. A final report is due in March 2022, with early drafts to be received from June 2021 onwards to support sustainability planning.

Open procurement is underway for the Sanctuary and Foundation Tier with contracts expected to be awarded by early June.

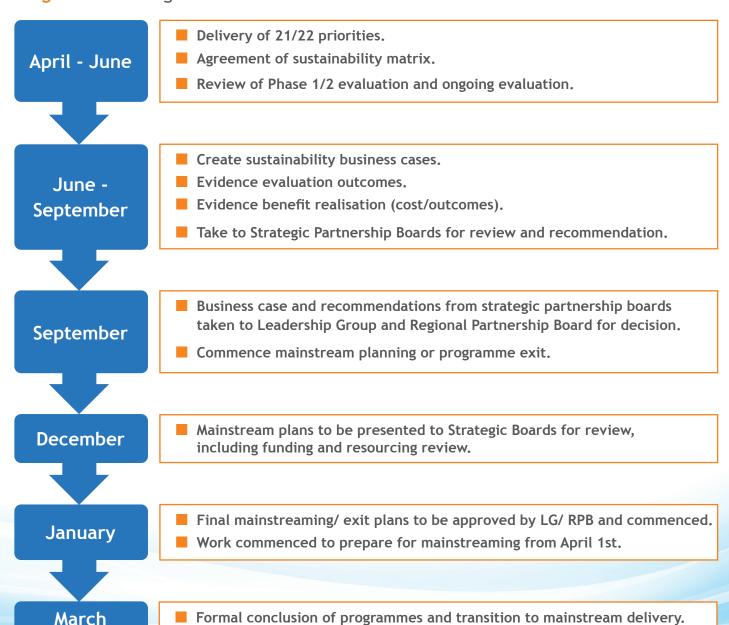
2.1.4 Sustainability Planning

The final year of the Transformation Programme will be driven by the requirement to develop robust business cases for the longer term sustainability of the programmes. A common sustainability framework has been developed and additional support is expected from Welsh Government, to assist regions in bringing together early and emerging evidence to frame business plans.

Each programme will be required to demonstrate:

- Improved service user outcomes
- Social Value
- Evidence integration/collaboration
- Cost effectiveness
- Impact on trends over time (access/waiting list/outcomes)
- Ability to take down services in favour of new model

Diagram 5: Strategic Decision Process Timeline 21/22



2.2 Delivery Plans 2021/22

Part 1: System Alignment

Programme 1: Integrated Wellbeing Networks

The Integrated Wellbeing Networks have embedded well, acting as a critical resource to support community resilience during the pandemic, with specific work on vaccinations, support for those shielding and building the community capacity to manage COVID. Place-based Well-being Networks are now established in all areas, with at least 400 stakeholders across the community, public and voluntary sectors committing to work together to develop community well-being on a place basis. The programme will re-focus on addressing the health and well-being impacts of COVID-19 in communities, in particular the detrimental impact on mental health and well-being.

Specific work has been added to the programme in 21/22 around Mental Wellbeing and resilience, prioritising this quadrant of the overarching IWN model. Two specific pieces of work will be undertaken, and include the delivery of a new train the trainer programme on mental wellbeing, designed to improve reach and outcomes for those in need and also the provision of a 'sanctuary' model in Gwent, which if successful can be scaled, and responds specifically to the escalating levels of need due to loneliness, isolation, shielding and the closure of many community resources during the pandemic.

Table 1. Overarching Programme Summary

Programme	Activity
Integrated Wellbeing Networks	Identify 'Hubs'Develop 'Wellbeing Workforce'Develop sustainable IWN model
Foundation Tier	Develop sustainable 'Training Hub' for Connect 5.
Community Cwtch (Sanctuary)	Develop and deliver sustainable community resource, in light of COVID impact on mental wellbeing to enable self-management, sign post, refer if required.

Table 2. Integrated Wellbeing Networks

Table 2. Integrated Wettbellig Networks		
Objectives	Establish place based co-ordination & development of well-being resources.	
	Identify ways that hubs can be centres for well-being resources in the community.	
WELL-BEING NETWORKS GWENT	Develop the well-being workforce (people delivering services & support).	
	Ensure easy access to well-being information & support.	
	Lay the foundations for a sustainable approach to Integrated Well-being Networks.	
	■ Deliver the foundation Tier.	
	Deliver a sustainable Community Cwtch (Sanctuary Model).	
Outcomes	Deliver a sustainable model of community wellbeing and resilience.	
	Develop an approach that will support reconstruction stabilisation post COVID.	
	Create the foundations for a Wellbeing workforce.	
Delivery Plan	IWN Milestones 21_22 VOa 29.12.21.doc	
Budget	Outline Budget.doc	

PROGRAMME 1A. The Gwent Foundation Tier (Connect 5)





Changing the conversation on mental wellbeing

Visit melo.cymru to find out more melo.cymru/gwent-connect-5

Table 3. Foundation Tier Programme Summary

Objectives	To establish a Gwent Connect 5 Training Hub.
	To embrace the digital transformation prompted by Covid-19 to test digital approaches to promote mental wellbeing.
	Establish Gwent as Training Centre for Connect 5.
Outcomes	Sustainable Mental wellbeing training resource within the IWN approach.
	Less inappropriate referrals to Primary Care, Third Sector organisations and ABUHB Primary Care Mental Health Support Services (as people better understand the impact on their mental wellbeing and use self-help activities, resources and courses).
Delivery Plan	Plan for WG TF - Foundation Tier 202.doc
Budget	Outline Budget.doc

PROGRAMME 1B. Community Cwtch (Sanctuary)

The RPBs Mental Health and Learning Disabilities Board is overseeing a whole systems approach with the ambition to, 'Transform Mental Health crisis support into a model of care which provides a timely, person-centred, effective and efficient 24/7 response across the whole care system in Gwent for those in crisis'.

This element of the programme, developed in direct response to the COVID-19 pandemic sets out the delivery of an integrated and transformative model of care, to provide a non-clinical approach to support people experiencing a personal, emotional or early stage mental health crisis in the community. It offers a non-accommodation based 'safe space', designed to support wellbeing, promote sign posting and access to IAA services, and provides the facility for referral if needed. It is intended that this initial year will act as a pilot to determine a sustainable model of funding that could be scaled up across the region.

Table 4. Community Cwtch (Sanctuary) Programme Summary

Objectives Provide an out of hours service for adults (18+) who are experiencing a personal, emotional or early stage mental health crisis, but do not require a clinical mental health assessment or intervention from other existing service providers. To provide the service 6pm - 3am, Thursday to Sunday, however this may change slightly subject to demand. To sign post, refer, liaise and broker support for people who require additional advice and support as part of their recovery plan. Outcomes Enable individuals to self-manage and find their own solutions to their own crisis in a non-judgemental, empathetic and respectful way. Reduce the need, where appropriate, for people to be referred into primary and secondary care services. **Delivery Plan** Sanctuary Delivery Plan v1 Feb 2021.doc & Budget

PROGRAMME 2. Place Based Care (Compassionate Communities)

The ambition of the Place Based Care programme, was to develop an approach that could provide the basis of a 'Place Based Care' pan regional framework. Its objective was to shift more health care from hospitals settings, closer to people's homes. To move from reactive care to prevention and proactive models of care based on early intervention and improved wellbeing. It is delivered in close partnership with the Integrated Wellbeing Networks as the front line of supporting community wellbeing and with HomeFirst, recognising the importance of the D2RA approach and the implementation in Gwent of the 'recovery' model.

The evaluation of Place Based Care found that the evidence so far suggests that 'where the compassionate communities model has been implemented and is managed efficiently, with the right processes and professionals in place, positive outcomes for patients are realised and positive working arrangements for staff are reported in a multi-disciplinary environment'. Based on the successful evaluation an increased bid was submitted for 21/22 to allow scaling of the Gwent CC principles to all five boroughs. This was approved by Welsh Government and this delivery plan includes five individual plans by local authority footprint, alongside individual service plans, to support the development of more models of care outside of a hospital setting.

All five of the locality plans, build on the agreed theory of change and logic model, and demonstrate the ability across Gwent to meet local needs through a flexible approach to local priorities. They reflect the changed context and impact of COVID with greater emphasis placed on mental wellbeing, community resilience and an MDT approach.

Table 5. Programme Summary Place Based Care (Compassionate Communities)

Objectives

- Make more care available closer to home by remodelling key services (Audiology, Ophthalmology & Speech and Language therapy).
- Create a Multi-Disciplinary approach in primary care by building up the MDT workforce and approach.
- Effective sign posting and care navigation b developing a model for IAA.
- To place an emphasis on mental wellbeing in respect of the impact of the COVID-19 pandemic.
- To ensure the MDT approach is responsive to long COVID patients.

Outcomes

- Improve population health and wellbeing through combining the principles of compassionate communities with an enhanced model of primary care.
- Improving the working lives of clinical teams by broadening the many ways people can be helped, specifically through a multi-disciplinary approach.
- Widening the options available to clinicians and patients by enhancing services in the community.
- Reduced number of referrals into primary care that can be dealt with by alternative services.
- Reducing emergency admissions through a more responsive post discharge MDT approach and effective model of IAA.
- Improved patient experience, with fewer handoffs and single points of entry.

Table 6. Programme Activity Table

Programme	Activity	Delivery Plan & Budget
Blaenau Gwent	 Sustainable & Scalable model of IAA Embed Compassionate Communities Model in all 10 GP practices Embed practice based MDTs Enhance TEC provision within the model Describe clear PBC model aligned with IWN for mainstreaming 	
Caerphilly	 Enhance specialist mental health practitioner capacity in response to COVID Continue Community Connectors Fund extended roles to support MDT Pilot post hospital discharge service Undertake review and development of CRT service 	
Monmouth	 Develop 'Place Based' generic support workers as part of MDT approach Pilot community and partnerships lead practitioner role Develop community database that is accessible by all of people in need of care and support (user story approach to develop) 	
Torfaen	 Transformation of respite and reablement offer away from a bed based care model to a community hub that will provide a mix of short stay accommodation Access to a person centred recovery and reablement plan of intervention which can flex up and down in an environment that mirrors their own home 	
Newport	 Increase community Discharge Liaison Capacity Provide enhanced MDT support for 'most vulnerable groups' Administration capacity to support MDT reach Funding of the OPP in line with compassionate communities approach 	

Table 7. Programme Activity Table

Programme	Activity	Delivery Plan & Budget
Service modernisation	Investment to develop community models at scale for: Ophthalmology Audiology Speech & Language Therapy	
Workforce stabilisation	Additional MDT capacity to increase stability for care provision across the primary care and community footprint	
Digital Development	 Lead a programme to Scope the provision of technological support across the five local authority areas, to inform Place Based Care delivery plans 	
Budget	Budget.xlsx	

Part 2: Service Redesign

PROGRAMME 1. ICEBERG

The programme will continue to deliver the work streams that are fully- or partly-funded through the Transformation Grant during 2021/22 or that were funded through the Grant initially as we continue to 'test' the component elements of a transformational whole-system.

The programme Steering Board has carried out an initial rating of priorities in September 2020. The Steering Board will carry out a re-prioritisation exercise in Q1 of the 2021/22, informed by evaluation data. Following this (Qs 1-2), for prioritised programme work streams, initial sustainability models will be developed for (1) the 'mainstreaming' of these services as part of a wider service redesign that incorporates changes to existing 'core' services and (2) the (full or partial) 'mainstreaming' of the functions delivered by these services by 'core' partner services.

Table 8. Programme Activity Table

Objectives	 Training and support to allow staff to 'hold' on rather than 'refer on' Provide more intervention at lower levels of need Increase levels of coordination across services Provide recognised single point of access 'No wrong door'
Outcomes	 Earlier interventions to give better outcomes and be more cost efficient Right service, Right Place, Right time 'A system that 'makes sense' Staff feel supported and able to meet the needs of children and families A system centred on needs of CYP, not structure driven Integrated service delivery Fewer children requiring support in clinics
Delivery Plan	Iceberg plan 21-22 29012021.doc
Budget	Iceberg budget.xlsx

Table 9. Programme Activity Table

Programme	Activity
SPACE WELLBEING	Work will be progressed in Qs 1 and 2 to determine the most prudent workforce model for SPACE-wellbeing co-ordination as part of a wider review and remodelling of decision-making panels relating to children's mental health and emotional wellbeing in Gwent.
Whole Schools Approach	The team will shift to full delivery in the 2021/22 period, working with pilot clusters and evaluating the impact of this new approach.
Platform	Peer support including self-management training for young people aged 14-18.
FIT	Community-embedded, psychological formulation-based early intervention for families (direct intervention).
MYST	The Transformation Grant funds leadership posts for this vital service which will be delivered in full through the 21/22 period. The service currently operated in four of the five local Authority Areas of Gwent and full Regional coverage will be delivered in the 2021/22 period.

Part 2: Service Redesign

PROGRAMME 2. HomeFirst

Home First has continued to provide a critical frontline service 7 days a week to support hospital discharge during the current COVID19 crisis. The Grange University Hospital opened mid November 2020 and Home First was extended to cover the site from the beginning of December. The model continues to support a regional approach to discharge and to work with health colleagues to support discharge at the earliest opportunity. The development of Home First onto three sites has been achieved against a backdrop of staffing and recruitment challenges.

Amidst the ongoing pandemic, Heads of service and HB Executives are working collaboratively, using available funding sources to scope a future sustainable model. Given the current context this remains challenging.



Table 10. Programme Activity Table

ectives

- Review of the landscape across what will become District General Hospitals i.e. RGH and NHH to understand remit of the wards, ongoing demand and flow of patients.
- Confirm Home First requirements on each site following review of landscape and in conjunction with LA resources currently 'In Reaching' into the sites and with the expectation of Monmouth attending GUH.
- Work closely with ABUHB to understand the discharge pathway for GUH to ensure patients that can be discharged home are not 'stepped down' to other sites.
- Review the interface of other services supporting discharge across the three sites eg ABUHB Discharge Team, to ensure all services dovetail and do not overlap or duplicate work.
- Further work to collate statistics around number of people attending 'front door' following fall and review cases and pathway to evidence if attendance could have been prevented in the community.
- Determine if there is an opportunity to provide scope and remit for supporting a resource from Home First to be based at Control Centre for WAST as a pilot.

Outcomes

- To create a sustainable approach across all 5 boroughs and 3 hospital sites.
- To reduce unnecessary admissions at the front door and align with key pathways such as falls.

Delivery Plan Budget

H F Initial Plan Feb 2021.doc