

PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

Tue 01 July 2025, 09:30 - 12:30

Microsoft Teams



Agenda

09:30 - 09:30 **1. PRELIMINARY MATTERS**
0 min

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence


Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 2nd April 2025.

Chair

 PPHPC 20250701 1.4 2020402 Draft Minutes.pdf (8 pages)

1.5. Committee Action Log

Chair

 PPHPC 20250701 1.5 Action Log - Approved.pdf (3 pages)

09:30 - 09:30 **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**
0 min

There are no items for inclusion in this section.

09:30 - 09:30 **3. ITEMS FOR DISCUSSION**
0 min

Governance

3.1. Development of Committee Annual Programme of Business 2025/26

Director of Corporate Governance

 PPHPC 20250701 3.1 Cover Report PPHPC Forward Work Plan 2025-26.pdf (4 pages)

 PPHPC 20250701 3.1a Appendix 1 PPHC Forward Work Plan 2025-2026.pdf (5 pages)

3.2. Committee Risk Report

Director of Corporate Governance

 PPHPC 20250701 3.2 Committee Risk Report.pdf (6 pages)

 PPHPC 20250701 3.2a PPHPC Risk Assessments.pdf (17 pages)

Strategic Planning


3.3. IMTP Priority Programmes


Director of Strategy, Planning and Partnerships

 PPHPC 20250701 3.3 Review of Priority Programmes.pdf (13 pages)

3.4. 2024/25 Emergency Planning Resilience and Response Annual Report

Director of Strategy, Planning and Partnerships

 PPHPC 20250701 3.4 Cover paper for EPRR Annual Report.pdf (4 pages)

 PPHPC 20250701 3.4a EPRR Annual Report 2024-2025.pdf (15 pages)

Population Health

3.5. Population Health Management Update Report

Director of Public Health


 PPHPC 20250701 3.6 Population Health Management Report.pdf (8 pages)

3.6. Joint Strategic Needs Assessment Update - Best Start in Life

Director of Public Health


 PPHPC 20250701 3.7 Joint Strategic Needs Assessment- Best Start in Life.pdf (7 pages)

 PPHPC 20250701 3.7a JSNA_Executive Summary.pdf (8 pages)

 PPHPC 20250701 3.7b JSNA_Intelligence Report.pdf (20 pages)

 PPHPC 20250701 3.7c JSNA_Context Report.pdf (7 pages)

 PPHPC 20250701 3.7d JSNA_Data Sources & References.pdf (13 pages)

 PPHPC 20250701 3.7e JSNA_Executive Briefing.pdf (13 pages)

 PPHPC 20250701 3.7f JSNA_Technical Report.pdf (56 pages)

Strategic Partnerships


3.7. Regional Planning Update

Director of Strategy, Planning and Partnerships

 PPHPC 20250701 3.8 Regional Planning Update Jul 2025.pdf (10 pages)

3.8. Primary Care Sustainability Report

Chief Operating Officer

 PPHPC 20250701 3.8 Primary Care Sustainability Report.pdf (24 pages)

09:30 - 09:30


0 min


4. ITEMS FOR INFORMATION

4.1. Eye Care Health Needs Assessment

Chief Operating Officer

 PPHPC 20250701 4.1 EHNA Covering Report PPHC July 25.pdf (4 pages)

 PPHPC 20250701 4.1a EHNA Appendix 1.pdf (2 pages)

 PPHPC 20250701 4.1b EHNA Appendix 2.pdf (3 pages)

 PPHPC 20250701 4.1c EHNA Appendix 3.pdf (10 pages)

 PPHPC 20250701 4.1d EHNA Appendix 4 Wales Eye Health Needs Assessment.pdf (92 pages)

4.2. Audit Wales Report on No time to lose: Lessons from our work under the Wellbeing of Future Generations Act

Director of Corporate Governance

09:30 - 09:30 **5. OTHER MATTERS**

0 min

5.1. Items to be Brought to the Attention of the Board and Other Committees

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting: 7th October 2025



CYFARFOD BWRDD I ECHYD PRIFYSGOLN
 ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
 HEALTH BOARD MEETING

MINUTES OF THE PARTNERSHIPS, POPULATION
 HEALTH AND PLANNING COMMITTEE

DATE OF MEETING	8 th April 2025
VENUE	Microsoft Teams

PRESENT	Ann Lloyd, Chair
	Dafydd Vaughan, Vice Chair
	Richard Clark, Independent Member
IN ATTENDANCE	Penny Jones, Independent Member
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance
	Nicola Prygodzicz, Chief Executive Officer
	Naomi Murtagh, Board Business Manager
	Phil Robson, Specialist Advisor.
	Sara Utley, Audit Wales
	Rhian Gard, Audit and Assurance Services.
	Megan Frampton, Governance Support Officer.
APOLOGIES	None

PPHPC/0204/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/0204/02	Apologies for Absence Apologies for absence were noted.
PPHPC/0204/03	Declarations of Interest There were no Declarations of Interest raised relating to items on the agenda.
PPHPC/0204/04	Draft Minutes of the meeting held on 28 th January 2025. The minutes of the meeting held on the 28th January 2025 were agreed as a true and accurate record.
PPHPC/0204/05	Committee Action Log



	<p>The Committee received the action log and was content with the progress made in relation to completed actions and against any outstanding actions, as set out within the paper.</p>
PPHPC/0204/06	<p>Annual Review of Committee Terms of Reference</p> <p>Rani Dash (RD), Director of Corporate Governance updated the Committee that the current Terms of Reference, approved by the Board in March 2022, had been revised with minor amendments. It was noted that the updated Terms of Reference were to be presented to the Board for approval in May 2025, following the review of the Committee.</p> <p>The Committee noted that there were no changes to Committee scope or material changes.</p> <p>The Committee requested that the Committee Self-Assessment be included in the Independent Member induction.</p> <p>It was highlighted that one of the listed Executive Directors in the report was incorrect and needed to be amended. ACTION: Director of Corporate Governance.</p>
PPHPC/0204/07	<p>The Committee ENDORSED the revised Terms of Reference</p> <p>Committee Annual Report 2024/25</p> <p>Rani Dash (RD), Director of Corporate Governance presented the Annual Report which contained a summary of Committee business from 2024/25 and the results of the Committee self-assessment.</p> <p>The Committee noted the need to alter the language used with the development on clinical futures model under key area of focus for the following year, in order to make it clear that the model was likely to change.</p> <p>RD to amend the title to adoption of clinical model and plans. ACTION: Director of Corporate Governance.</p>
PPHPC/0204/08	<p>The Committee ENDORSED the Annual report.</p> <p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance informed the Committee that there were no changes to risks presented to the Board last week.</p>



The Committee queried whether or not the Llantrisant Health Park needed to be included within the Committees risk register as a risk to the Health Boards future strategy and method of enactment.

Hannah Evans (HE), Director of Strategy, Planning and Partnerships noted that the risk around regional planning would need to be reviewed based on recent activities, to consider scores and mitigations.

Ann Lloyd (AL), Chair, noted that a response was still awaited from the Cabinet Secretary in regard to regional planning. The Committee noted that the Cabinet Secretary had called a meeting of the three Chairs at short notice yesterday, to issue a direction to form a joint Committee with a further direction informing that the membership must include associate members from Powys University Health Board and Velindre NHS Trust, together with an advisor from Welsh Government. The purpose of the Committee was to illuminate variation in progress when delivered at regional level and to enable practice stronger strategic leadership between organisations.

It was noted that the Cabinet Secretary was aiming to have the Joint Committee in place by October/November 2025.

AL to distribute letter from the Cabinet Secretary once received.

ACTION: Chair.

The Committee NOTED the report.

PPHPC/0204/09

Update on the Development of a Long-Term Strategy

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, updated the Committee that the Health Board meetings with Welsh Government had recognised the processes for strategy development and the public engagement approach as best practice. It was routinely discussed as a key theme and an area of strength in our Targeted Intervention meetings.

The Committee noted that there had been minimal progress made since the Christmas period. However, it was moving



into the active phase involving workshops and stress testing for the three key aims of the strategy, and in order to scope out future actions. 4 workshops would be held with 3 focused on a separate arm of the strategy, and the fourth being a wrap up workshop held online in order to attract as many attendees as possible. It was noted that invitations would be issued to independent members who would like to attend a workshop.

It was noted that the final report was on track to be presented to the Board in May.

It was highlighted that the intent of the strategy was to revolutionise service provision for the better, and to encourage a change in the way in which health and care was considered and used both within the organisation and the community.

The Committee NOTED the report.

PPHPC/0204/10

Health Protection & Vaccination Programme Update

Tracy Daszkiewicz updated the Committee that the full annual report would be presented at the next Committee meeting in July.

The Committee noted that vaccination uptake was still not at the desired level. Work was being undertaken to take a closer look into communities and the barriers to people accessing vaccines. It was noted that there were some theories into what may have been causing a decrease in uptake, including, vaccination fatigue, and a reluctance to take any new vaccinations for fear of unwanted side effects or adverse reactions.

The Committee was updated that infant vaccinations had seen a drop in uptake over the last 7 to 8 years, despite the vaccines being long standing immunisations.

TD expressed a desire to test the outreach of vaccination programmes over the next 6 months in order to better understand if vaccinations needed to be further embedded within primary care, or offered through alternative methods such as pop-up centres in order to re-establish uptake.



The Committee questioned the Public Health Wales response to the drop off in MMR vaccinations had been. It was noted that a plan to combat the decrease had not yet been established, but that it was acknowledged that the conversation had to take place within the parental space, as one theory behind the decline, was that current parents do not recognise the risk that the diseases pose due to a lack of exposure.

TD noted that in order to address such a lack of understanding, a history of vaccinations would be included in the Director of Public Health's Annual Report.

The Committee raised a concern around the uptake of the TB vaccine in schools. It was noted that whilst there was no longer a universal BCG vaccine, the vaccine was still available through a targeted approach.

It was highlighted that last year, the Health Board had to administer a mass vaccine programme to children and teachers of a Gwent school due to an outbreak of the illness. The Committee also noted ongoing conversations with Royal Colleges around the implementation of a more universal style immunisation programme due to a resurgence in the disease.

Other programmes highlighted to the Committee included; programme to eliminate Hepatitis B & C by 2030, and a programme aimed at the reduction in transmission of HIV.

The Committee noted the increase in anti-vaccination conversations presented within the communities, especially on social media channels. TD raised a desire to join a conversation with anti-vaccination groups in order to gently challenge ideas.

The Committee noted that the uptake for HPV had witnessed a drop during the COVID-19 pandemic, and work had now started into an accelerated catch-up campaign with the target of being caught up by the end of 2025.

The Committee also noted the need for the HPV Vaccination to be administered to boys as well as girls, due to the transmission of the disease being sexual contact, with HPV being recognised as a leading cause for throat cancer.

The Committee NOTED the update.

PPHPC/0204/11

Regional Partnership Board Update



Hannah Evans (HE), Director of Strategy, Planning and Partnerships presented the report.

The Committee noted that since the report was submitted to the Committee there had been updates received from both the Carers Partnership and the Neath Framework.

The Committee noted that Welsh Government issued the Annual Implementation Report on the 27th March. It was highlighted that throughout the report there were referenced to the Gwent children projects, which showed the recognition of good work within the region.

In regard to investment, it was noted that that there was a meeting of the Adult Partnership scheduled for this week, at which time had been set aside for detailed discussions into bringing investment back into the RPB.

It was noted that RIFT and other monies had already been designated or allocated.

The Committee noted a workshop were going forward on Monday, at which the opportunity for reflection and the development of opportunities to strengthen and align the RPB and PSB would be the forefront of discussions.

Ann Lloyd (AL), Chair, noted that there was going to be changes made within the RPB, such as the extension of membership to include a trade union member and a representative from Welsh Ambulance, and the third sector.

Concern was raised that Welsh Government were seeking to hold the RPB to account in similar methods to that of singular organisations, despite this being more difficult due to the collaborative nature of the partnership.

AL also noted that a meeting had been arranged between herself and the Chair of the PSB in order to ensure that the two organisations were not encroaching upon any work being undertaken by the other.

The Committed noted the good examples of change happening on the ground, but expressed a desire to see a reflection of this change in real terms form the services implementing the change day to day.



	<p>The Committee questioned why the 50-day challenge had seen such a delay in its review. The Committee was assured that this was mostly due to a delay in governance touchpoints.</p> <p>The Committee NOTED the report.</p>
PPHPC/0204/12	<p>Regional Planning</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships updated the Committee that the baseline regional plan for Ophthalmology had been implemented, and continued to make good progress against the key priority areas.</p> <p>The Committee noted discussions with Welsh Government were ongoing to confirm any additional monies for the region to maintain progress into quarter 1 of 25/26. Confirmation had been received that £3 million additional funding was would be provided.</p> <p>The Committee noted that the work continued to progress into the 'Open Eyes' programme with Digital Director of Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board leading the work.</p> <p>Paul Solloway (PS), Director of Digital, noted that the digital eye care systems had been challenging with clinicians struggling with systems. PS noted that it had been decided for ABUHB to take over a lead on the regional digital reporting group from Cardiff and Vale.</p> <p>The Committee noted that within the Cancer pathway, following a revised governance approach to cancer planning, good progress was being made around priorities, such as, ensuring that MDT meetings run consistently.</p> <p>The Committee NOTED the report.</p>
PPHPC/0204/13	<p>Public Services Board</p> <p>Tracy Daszkiewicz (TD) Director of Public Health, provided an oral update to the committee that Anthony Hunt, the Chair of the PSB had a focus on doing fewer task but of a better quality. The PSB's need to galvanise their priorities against legal obligations.</p>



	<p>The Committee noted that the charter for to stop HIV by 2030 was intended to be signed during the meeting but councillors had decided that the charter needed to first go for individual sign off to local authorities. As a result, the sign, off for the charter had been deferred to June 2025.</p> <p>TD had provided the PSB with an update on The Best Start in Life. It was highlighted that areas of work had started to link in with national and regional strategies such as, the Children’s Network and the Early Years Framework.</p> <p>The Committee noted the update provided by the Police and Crime Commissioner into the new Police Crime and Justice Plan.</p> <p>TD noted a scheduled conversation between herself and Anthony Hunt into the development of an overarching plan for the PSB, that linked back into the MARMOT principles. This was following an update from the Cabinet Secretary that there was a desire to make Wales a MARMOT nation.</p> <p>The Committee NOTED the update.</p>
PPHPC/0204/14	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p style="text-align: center;">Long term strategy Health Protection and Vaccination Programme Regional Planning</p>
PPHPC/0204/15	<p>Any Other Urgent Business</p> <p>None raised.</p>
PPHPC/0204/16	<p>Date of the Next Meeting:</p> <p style="text-align: center;">Tuesday, 01st July 2025, 09.30-12.30.</p>



Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2025	PPHPC/2801/08	<p>Update on the development of Capital Programmes</p> <p>An update on the transfer of services from St. Woolos Hospital to the Royal Gwent Hospital was requested for the next Committee meeting.</p>	Director of Strategy, Planning and Partnerships	April 2025	<p>Outstanding</p> <p><u>July Update</u> This item is scheduled to come to the October meeting.</p> <p><u>May update</u> Project Board now established. 3 Groups set up reporting to the Board to take forward the relevant workstreams – Service Group Estates and Infrastructure Finance and Resource</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>Agreed at agenda setting meeting in May for update to come to September's meeting.</p> <p><u>April update.</u></p> <p>To be scheduled for a full Board briefing, alongside an update on other capital projects</p>
April 2025	PPHPC/0204/06	<p>Annual Review of Committee Terms of Reference</p> <p>One of the listed Executive Directors in the report was incorrect and needed to be amended.</p>	Director of Corporate Governance.	July 2025	<p>Complete</p> <p><u>May update</u> Director of Corporate Governance advised action had been completed.</p>
April 2025	PPHPC/0204/07	<p>Committee Annual Report 2024/25</p> <p>The title of the Clinical Futures Model to be amended</p>	Director of Corporate Governance.	July 2025	<p>Complete</p> <p><u>May update</u> Director of Corporate Governance advised</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		to adoption of clinical model and plans.			action had been completed.
April 2025	PPHPC/0204/08	<p>Committee Risk Report</p> <p>Letter from the Cabinet Secretary in respect to regional planning arrangements to be distributed to the full Board once received.</p>	Chair	July 2025	<p>Complete</p> <p><u>May update</u> Director of Corporate Governance advised action had been completed.</p>

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.

Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health and Planning - Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Partnerships, Population Health and Planning Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2024/26 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes:
 - i. Joint committee and partnership planning;

- ii. Engagement and communication; and
 - iii. Civil Contingencies and Business Continuity;
 - c. that partnership governance and partnership working is effective and successful; and
 - d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.
- The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:
- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
 - b. business cases and service planning proposals;
 - c. the alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
 - d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
 - e. the Health Board's priorities and plans to improve population health and wellbeing.

Asesiad / Assessment

The Committee is requested to approve the Committee forward work plan noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / Recommendation

The Committee is requested to:

RECIEVE and APPROVE the proposed Committee work plan and NOTE that it will be brought forward to each future Committee meeting for oversight.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A <i>resource</i> assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working

<https://futuregenerations.wales/about-us/future-generations-act/>

Not Applicable
Choose an item.



Annual Programme of Business for 2025-26

Committee Name: Partnerships, Population Health and Planning

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2024
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: Joint committee and partnership planning; Engagement and communication; and Civil Contingencies and Business Continuity;
- That partnership governance and partnership working is effective and successful; and

that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- The Health Board's priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 02/04/25	QTR 2 July to Sept 01/07/25	QTR 3 Oct to Dec 07/10/25	QTR 4 Jan to Mar 27/01/26
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2025/26	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2025/26	DoCG/ Chair	AN	✓			
Annual Review of Committee Effectiveness 2025/26	DoCG/ Chair	AN	✓			
Committee Annual Report 2024/25	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Update on the Delivery of a Long Term Strategy	DoSP&P	SI	✓	✓	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	

Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An		✓		
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓
Planning Maturity Matrix	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Population Health						
Population Health Management Update Report	DPH	An		✓		
Joint Strategic Needs Assessment Update	DPH	An		✓		
Health Protection & Vaccination Programme Update	DPH	Bi-An	✓		✓	

Lead Officer	
Key	

CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Allied Health Professionals & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

The purpose of this report is to provide an overview of the current strategic risks assigned to the Partnerships, Population Health, and Planning Committee (the Committee) for monitoring on behalf of the Board.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee, in April 2025, there have been no changes to the risk profiles assigned to this Committee for oversight.

Asesiad / Assessment

The Committee risk portfolio, outlined in Table 1, contains four principal risks with eight sub-risks. In accordance with best practice, all risks are reviewed within the appropriate timeframe for their respective levels of risk.

The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in Appendix A (Strategic Risk Dashboard and individual risk assessments).



Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.	Moderate 2 x 4 (8)	Y
		f) Due to unsustainable service models.	Moderate 2 x 4 (8)	y
SRR 002 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that there will be a significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures.	Extreme 3 x 5 (15)	N
		b) Due to significant levels of backlog maintenance and structural impairment.	High 3 x 4 (12)	N
SRR 004 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	Moderate 2 x 4 (8)	Y
		b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.	High 3 x 4 (12)	N
SRR 007 Theme Transformation & Partnership Working Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	Moderate 2 x 4 (8)	Y
		b) Due to the impact of fragile services across the regional and supra regional geography.	High 3 x 3 (9)	Y



Risk Exposure

The risk exposure of the eight sub-risks is illustrated in the infographic below. Most of the risks sit within bottom left quarter of the risk matrix, representing a balance between the probability of occurrence and the severity of the consequences. These risks require a proportional management approach necessitating increasingly robust responses to avoid moving toward the higher-risk categories.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)					
4. Likely (61-90%)					
3. Possible (41-60%)			SRR 007B	SRR 001F *SRR 002B *SRR 004B	*SRR 002A
2. Unlikely (11-40%)				SRR 001E SRR 004A SRR 007A	
1. Rare (1-10%)					

*Outside of appetite

Risks Outside of Appetite

The table below highlights three key strategic risks within the compliance and safety theme, all of which currently exceed the Board's stated appetite.

The Board has articulated a minimal risk appetite in relation to compliance and safety, reflecting its commitment to meeting statutory obligations and ensuring the safety of patients, staff, and visitors. Under this appetite, risks with a residual score above the defined threshold of 8 are expected to be actively managed, reduced, or eliminated where feasible. As such, they require targeted action and close oversight.

Risk ID	Sub Risk Description	Current Score	The Board should:
SRR 002A	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	15	Tolerate the risk until it can be Terminated.
SRR 002B	Due to significant levels of backlog maintenance and structural impairment.	12	TREAT the risk through proactive estate investment and maintenance planning.



SRR 004B	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident	12	TREAT the risk by developing, standardising, and testing effective Business Continuity and Critical Incident Response Plans.
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Focus for 2025/26

The Corporate Governance Directorate is working closely with Executive Directors to develop a comprehensive corporate risk register (CRR). This collaboration helps identify emerging risks early and ensures risk management is embedded in strategic planning. So far, several high-level operational risks have been identified that could affect delivery of the Integrated Medium-Term Plan (IMTP). By adding these to the CRR, the Executive Team can gain a clearer view of its biggest challenges and how they align with strategic objectives.

Each risk is now undergoing detailed assessment to identify control gaps and determine what further action is needed. This targeted approach helps ensure resources are focused where they're most needed, supporting service delivery and minimising potential disruption. In doing so, preventative controls, designed to stop issues before they arise are being strengthened as part of this work. Directive controls, such as policies, procedures, and standards, are also being reinforced to guide consistent, safe practice across the Health Board.

This enhanced approach aims to provide the Committee with greater assurance around its priorities of partnership working, improved population health, and long-term service sustainability in Gwent. In addition, maintaining a strong grip on strategic and operational risks, the Health Board is better equipped to deliver on the IMTP, plan services effectively, and support a safer, more resilient health system for the people of Gwent.

Argymhelliad / Recommendation

The Committee is requested to:

- DISCUSS and NOTE the delegated strategic risks;
- NOTE the ongoing efforts to reduce the three sub-risks to within the Board's risk appetite;
- NOTE the ongoing efforts to ensure the Committee remains informed of risks that could impact the delivery of a collaborative and sustainable health service for the population of Gwent.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. N/A Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk



Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working

<https://futuregenerations.wales/about-us/future-generations-act/>

Choose an item.
Choose an item.
N/A



Risk Details				Risk Score Matrix																			
				2	4	5	6	8	9	10	12	15	16	20	25								
SRR 001	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X ← ●																
			f) Due to unsustainable service models				X	←	-----	●													
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	X ←	-----	-----	-----	◇	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
			b) Due to significant levels of backlog maintenance				X ←	◇	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident				X ←	●	◇	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.				X	◇						●									
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.																				
			b) Due to the impact of fragile services across the regional and supra regional geography		X ←	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effectively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficient in telling us that the controls in place are working effectively with substantial gaps identified which need to be addressed.

Key	Current Score	●
	Target Score	X
	Appetite Threshold	◇
	Current to Target	←

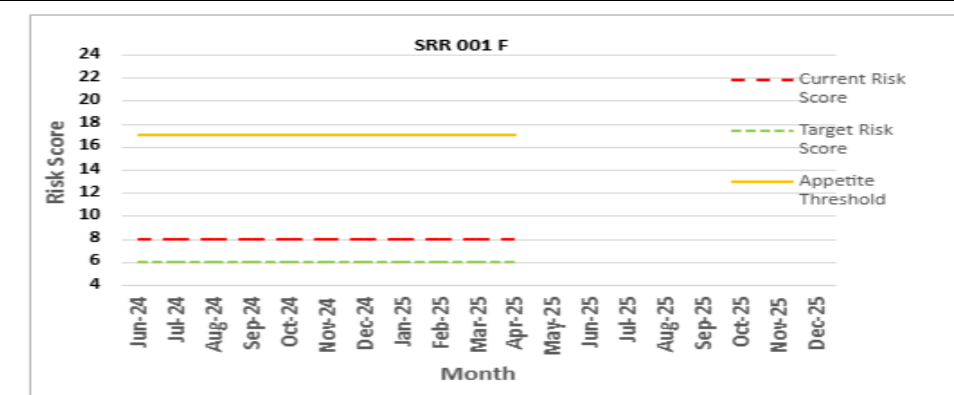
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic/ Corporate Risk SRR 001 E	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	Patient Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes	Staff	Organisation Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence Increased demand	Risk Appetite Threshold – SCORE 17 AND BELOW Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review <i>(Six monthly based on risk score)</i>	01 October 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		

QlikSense – performance information SFN – performance information		Effectiveness of the plans in delivering improvements	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee	Regional Planning reporting to Population Health, Planning and Partnerships Committee		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews 2023-24 <ul style="list-style-type: none"> IMTP Planning (Q1) Outcome – Reasonable Assurance Internal Audit Reviews 2024-25 Internal Audit Partnership Arrangements – Limited Assurance		Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 001 F	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat (As a result of)	Due to unsustainable Service Models			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<u>Patient</u> <ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes 	<u>Staff</u> N/A	<u>Organisation</u> Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence	Risk Appetite Threshold – SCORE 17 AND BELOW Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six monthly based on risk score)	01 October 2025			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> The Health Board's Integrated Medium-Term Plan (IMPT) and associated KPIs Strategic Programmes in place Public Health Wales surveillance data – Covid, flu and other communicable diseases. QlikSense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Public Health Wales surveillance data – COVID, flu and other communicable diseases. QlikSense – performance information 		Evidence of individual arrangements in place to deliver service plans.	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 	Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews 2023-24 IMTP planning Q1. Outcome – Reasonable Assurance. Internal Audit Reviews 2024-25 IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance Partnership Arrangements. Outcome – Limited Assurance	Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	Implementation of the management responses to close off recommendations	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 A	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat (As a result of)	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.			Risk Appetite Level – MINIMUM Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact (Consequences of the threat)	Patient Harm or injury to patients Adverse impacts on delivery of care to patients across acute and non-acute settings	Staff Harm or injury to staff	Organisation Litigation & Financial Penalties Loss of estate	Risk Appetite Threshold – Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)	
Last Reviewed	01 June 2025	Risk rating	= 15 (Extreme)	= 2 (Low)	
Next Review (Monthly based on risk score)	01 July 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<p>Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (most recent December 2025 with report detailing recommendations received in March 2025).</p> <p>Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance</p> <p>Remediation work to areas of high-risk areas undertaken</p> <p>Controlled access to roof areas</p> <p>Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present.</p> <p>Ongoing engagement with expert surveyor</p> <p>Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management</p> <p>Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations</p> <p>Links with NHS England and other Health Boards in Wales for shared learning.</p> <p>Regular dialogue with Welsh Government and Shared Services Estates.</p>	<p>Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues</p> <p>Management Strategy and the Management Plan are completed and scheduled for approval at the March Health & Safety Committee meeting on 9th April.</p>

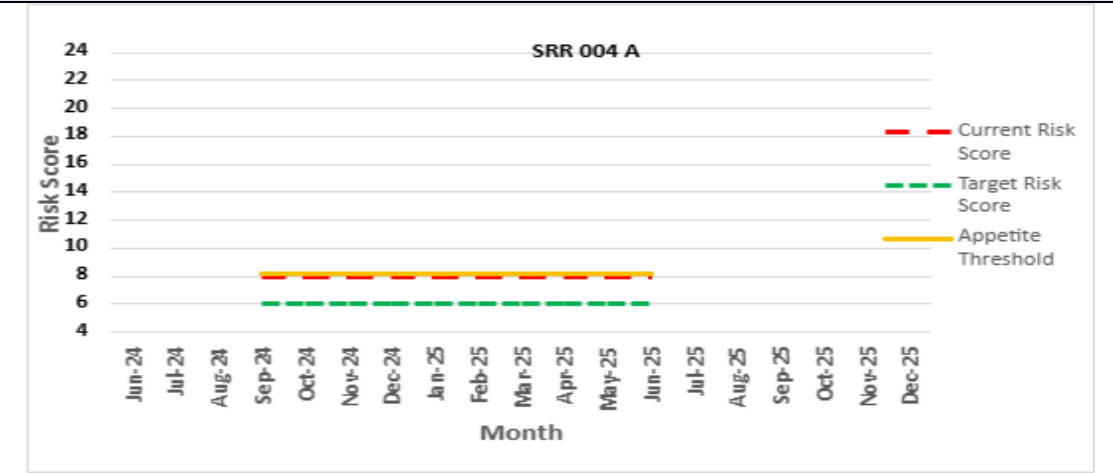
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<p>Fortnightly checks in place for the props in place. Recommendation will be made to reduce these checks to monthly due to the fact that regular checks are not finding any alterations required. Proposal will be to reduce to monthly (supported by external expert advice) Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) Review of existing arrangements in place supported by external body</p>	<p>Ongoing management of the issues.</p>	<p>N/A</p>	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<p>Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. Outcome of H&S risk assessment in place and now being reviewed (May 2025) Formal reporting to the Board/Committees in place Formal update to the PPHPC in July and SOC being developed, led by Planning team</p>	<p>None</p>	<p>N/A</p>	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. Management Action Plan agreed following Internal Audit including the development of a Management Strategy. this document has been drafted and will be submitted to the ABUHB Health and Safety ‘Committee’ in March 2025 Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board. 	<p>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</p>	<p>Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements</p> <p>Internal Audit 2024/25 Plan Implementation of the management responses to close off recommendations been concluded.</p>	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to significant levels of backlog maintenance and structural impairment.				
Impact <i>(Consequences of the threat)</i>	Patient Harm or injury to patients. Adverse impacts on the delivery of care to patients across acute and non-acute settings.	Staff Harm or injury to staff.	Organisation Non-compliance with health and safety legislation. Litigation and financial penalties. Loss of estate		
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 May 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review <i>(Quarterly based on risk score)</i>	01 August 2025				
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p>Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.</p> <p>Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.</p> <p>SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p> </div> <div style="width: 40%; text-align: center;"> <p>SRR 002B</p> <p>Y-axis: Risk Score (2 to 24). X-axis: Month (Jun-24 to Dec-25). Legend: Current Risk Score (red dashed), Target Risk Score (green dashed), Appetite Threshold (yellow solid).</p> </div> </div>					

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. A robust internal training programme in place covering all aspects of estate management including food hygiene. Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Asbestos reinspection programme (over the next 3 years) Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants A clear approach to compliance monitoring and escalation of AE reports has been implemented 	<p>Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.</p> <p>A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.</p> <p>Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.</p> <p>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.</p> <p>Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM.</p> <p>Drive clinical service engagement in compliance meetings where engagement is low.</p> <p>Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.</p> <p>Continuation of the additional £500k backlog maintenance allocation by the Board to the Estates and Facilities Division in 2025/26</p> <p>Informed by the risk assessment processes of the Estates and Facilities Division, the Health Board has secured significant investment in estate during 2025/26 and 2026/27 from the All Wales Targeted Estates Fund (TEF)</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<p>Divisional reporting of Statutory and Mandatory training of staff</p> <p>Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance.</p> <p>Outcome of the Asbestos reinspection programme</p>	<p>If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.</p>	<ul style="list-style-type: none"> • Performance reporting 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<p>The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group</p> <p>Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee</p>	<p>None</p>	<p>N/A</p>	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023- 24</p> <p>Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee</p> <p>Internal Audit Plan 2024-25</p> <p>Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARA</p>	<ul style="list-style-type: none"> • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 	<p>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</p>	<p>Internal Audit 2024/25 Plan</p> <p>Implementation of the management responses to close off recommendations</p>
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 004 A	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a business continuity incident or critical incident			Publication Status Public
Threat <i>(As a result of)</i>	Due to emergency planning arrangements at both the corporate and operational levels lacking the necessary robustness to ensure an effective response.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.
Impact <i>(Consequences of the threat)</i>	Patient <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Harm or injury to patients 	Staff <ul style="list-style-type: none"> Inability to respond to a major incident to meet needs of those affected Harm or injury to staff 	Organisation <ul style="list-style-type: none"> Health Board breaches statutory duties under the Civil Contingencies Act 2004 Litigation & Financial Penalties Reputational damage and loss of public confidence 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications. SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	01 May 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review <i>(Six-monthly based on risk score)</i>	01 November 2025			



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? <i>(Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Local/Divisional action cards are in place in key areas Training undertaken service-specific relating to local response. Major incident exercise 'Euclid' undertaken 20 June 24. Approx. 100 participants and external observers, demonstrated that the Health Board was able to successfully respond to an incident. As a result of the exercise action cards refreshed and renewed with teams to incorporate learning Internal strategic on call training Executive Team attending 2-day strategic training. Loggist training is provided and accessed regularly New all Wales logbooks are in place for use Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP) Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner 	<ul style="list-style-type: none"> Continue to deliver training programmes to support staff preparedness to respond to an incident. Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. BCPs in place across all services. Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP's across key operational areas. National pandemic exercise Pegasus Autumn 2025 Development of a pan plan to support pandemic pathways (HCIDs e.g., MPOX)

<ul style="list-style-type: none"> • LRF Pandemic Solaris undertaken 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls. 	All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 	EPRR Thematic Risk Register	Develop an EPRR	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - Reasonable Assurance • Outcome and feedback from national exercises 	Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.	Implementation of the recommendations and subsequent management responses.	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	COMPLIANCE AND SAFETY																																																																																				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE																																																																																				
Strategic Risk SRR 004 B	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.			Publication Status	Public																																																																																
Threat <i>(As a result of)</i>	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.																																																																																	
Impact <i>(Consequences of the threat)</i>	Patient Harm or injury to patients Adverse impacts on delivery of care to patients across acute and non-acute settings	Staff Staff absence (injury, wellbeing) Harm or injury to staff	Organisation Operational flow if services fail to prepare BCPs against the 5 key themes Loss of infrastructure; Financial implications due to staff absence Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence																																																																																		
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Next Review (Quarterly based on risk score)	01 August 2025																																																																																				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>BC Policy</p> <p>BC Response Guidance</p> <p>BC Template & guidance (reviewed and updated April 2025)</p> <p>Divisional, Directorate & Service BC Plans across a number of key operational areas</p> <p>BC Exercise</p> <p>BC debrief learning.</p> <p>HB and LRF Plans.</p> <p>3C (Command/Control, Communication) structure in place to respond to incidents.</p> <p>1-2-1 training with Divisional BC leads and delivering BC workshops for services.</p> <p>EPRR Group Established.</p> <p>Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies.</p> <p>Awareness raising of the requirement for BC across the Health Board through various training programmes</p> <p>Infectious Diseases plan</p> <p>Joint plan with PH in response to infectious diseases and public health incidence response overall</p> <p>Internal strategic on call training</p> <p>Executive Team attending 2-day strategic training.</p> <p>Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)</p> <p>Joint Planning and Training with LRF and across Wales.</p> <p>Ongoing Participation in exercises UK, Wales, LRF and HB.</p> <p>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update</p>	<p>Ongoing support to develop business continuity plans.</p> <p>Continued engagement with Divisions, Directorates, and service areas to embed contingency planning into the culture of the organisation, Conduct BIAs, develop plans, train staff, test & exercise, and review plans to mitigate the risks and threats to service delivery.</p> <p>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.</p> <p>Continue to engage with the communication team to improve incident cascade during an event to ensure a Health Board wide awareness in a timely manner.</p> <p>Each Division to identify on their risk register any outstanding business continuity plans against the 5 key themes for their areas and escalate any identified risks to the HB risk group for review.</p> <p>Development of a business continuity dashboard that enables divisions & directorates to manage, RAG rate and provide assurance of their BC planning arrangements.</p> <p>Joint working with partners – Exercise Pegasus</p> <p>Pull together a task and finish group to review and plan for the BC recommendations from the Ex Mighty Oak exercise debrief.</p> <p>Develop an off the shelf BC exercise for divisions, directorates & services.</p> <p>Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP's across key operational areas.</p>

<p>knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).</p> <p>Ability to warn & inform the organisation of critical BC incidents via the Health Board communications team.</p> <p>Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place.</p> <p>A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk.</p> <p>The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical.</p> <p>Joint working with LRF partners – Exercise Solaris</p>	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
Plans and action cards in place and up to date. Div/Service BC risk registers Service BC training records Departmental debrief following an incident to inform learning and enhance controls. Debrief with key stakeholders following an incident to inform learning and enhance controls.	All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
Report to the EPRR Group from debrief of incidents Reports to the PPHP Committee on Emergency Planning Preparedness	EPRR Thematic Risk Register	Develop an EPRR	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance <ul style="list-style-type: none"> • Outcome and feedback from national exercise 	Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.	Implementation of the recommendations and subsequent management responses.	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE		SECTION 4: ENABLERS - REGIONAL PLANS		
Strategic Risk: SRR 007A	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <p>Unmet patient need resulting in harm</p>	<p>Staff</p> <p>N/A</p>	<p>Organisation</p> <p>Ineffective use of combined resource Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence</p>	<p>Risk Appetite Threshold – SCORE 17 AND BELOW</p> <p>All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>	
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 4 (Moderate)	
Next Review <i>(Six Months based on risk score)</i>	01 October 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. Through these statutory forums formal partnership arrangements take place. <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>	<p>Governance review of Regional Partnership Board undertaken in August 2023.</p> <p>Renewed Strategy for strategic partnership Capital in place and revised governance processes.</p> <p>New Long-Term Strategy for Health Board to focus on Partnership approach.</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	<ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Deferred 	Recommendations identified in the Limited Assurance RPB Governance Review	Implementation of the management responses to close off recommendations	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING					
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			SECTION 4: ENABLERS – REGIONAL PLANS		
Strategic/ Corporate Risk SRR 007 B	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.				Publication Status	Public
Threat (As a result of)	Due to the impact of fragile services across the regional and supra regional geography				Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<p>Patient</p> <p>Unmet patient need resulting in harm Adverse impacts on delivery of care to patients across acute and non-acute settings</p>	<p>Staff</p> <p>N/A</p>	<p>Organisation</p> <ul style="list-style-type: none"> Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence Ineffective use of combined resources Delayed decision making 	<p>Risk Appetite Threshold – SCORE 17 AND BELOW</p> <p>All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>		
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level		
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x		
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)		
Last Reviewed	01 April 2025	Risk rating	= 9 (High)	= 4 (Low)		
Next Review (Quarterly based on risk score)	01 July 2025					

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. The south east Wales health boards agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. Workstreams are underpinned by a Memorandum of Understanding between the participating health boards, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks. 	<p>Additional direction and guidance have been received from Welsh Government, placing greater emphasis on the role of regional planning to achieve sustainable longer-term positions for a range of services where fragilities currently exist. The principal actions are:-</p> <ul style="list-style-type: none"> Requirement to develop a portfolio of documents to inform and drive the forthcoming development of a regional diagnostic and treatment centre at Llantrisant Health Park (LHP). These will include a clear outline strategy, comprehensive demand & capacity modelling for proposed LHP services, future development opportunities and programme governance arrangements Direction for the participating health boards to establish a Joint Regional Committee in quarter 3 of 2025/26, to exercise the facilitation and oversight of regional planning and drive effective collaboration and regional working. <p>The health boards are progressing the above on a collaborative basis. There remains an absolute commitment to delivering on the existing regional programmes of work, and following 're-baselining' work during 2024/25, there is a continued regional consensus on objectives, outcomes, and planning assumptions.</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Service Divisions reporting to the Chief Operational Officer 	Alignment and effectiveness of partners to deliver integrated services		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of IMTP Priority Programmes
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director Strategy, Planning and Partnerships Kate Fitzgerald, Clinical Futures Assistant Programme Director Simon Roberts, Programme Lead, Urgent and Emergency Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Clinical Futures Programmes have been in place for the last two years, it is appropriate to review the programmes to ensure they remain fit for purpose. As the new organisational strategy is finalised it is important to assess if the programmes are supporting the organisation in achieving its strategic ambitions and IMTP commitments.

This paper sets out a proposed approach to priority programmes for 2025/26, including a refresh of projects, leadership and clinical support provided to the programmes. This paper has been informed by programmes leads, a development session with the Executive Team in April and considerations of alignment with national programmes.

Cefndir / Background

The Clinical Futures Programmes have evolved over the 5 years since the opening of the Grange with the central team supporting a series of key programmes as well as

further projects supported by teams elsewhere in the organisation such as primary and community care. As set out in the 2024/25 Annual Plan there are currently 5 programmes that make up the portfolio. The below table sets out the current programmes and some of the key projects and pieces of work that sit within these programmes. The Six Goals Programme represents a portfolio approach with a number of significant projects sitting in this space.

Six Goals for Urgent and Emergency Care	Planned Care Recovery Programme	Cancer Programme
<ul style="list-style-type: none"> • Goal 1: Redesigning Services for Older People- Bring together front door services AFR etc/ Care Homes/ CRT/ Community Hospitals/Integrated Front Door • Goals 2/3/4: SDEC/ UPC/ e-triage/ Navigation Hub/ WAST Collaborative/ ED Referral/ Pre Hospital Units • Goals 5/6: CWS2/Complex List Transfer Lounge/ H2H/ End of Life Care/Optimal Hospital Ward/ • Deconditioning 	<ul style="list-style-type: none"> • Health Pathways • Keeping Well • Outpatient Transformation • Diagnostics – Endoscopy/ 2nd MRI/ Regional Cell Path • Theatre Utilisation • Planned Care Academy 	<ul style="list-style-type: none"> • Programme refresh with change of SRO • Enhanced Psychological Programme • Satellite Radiotherapy Unit • SACT Outreach Model • Primary Care • Acute Oncology Service • Research – Clinical Trials
Inpatient Reconfiguration Programme	Decarbonisation Programme	
<ul style="list-style-type: none"> • Nevill Hall Clinical Model • Stroke Reconfiguration • Respiratory Reconfiguration • Acute Medical Model • Inpatient Bed Reduction 	<ul style="list-style-type: none"> • Estates – Refit/Retrofit and energy plan- carbon reduction and biodiversity • Clinical- gasses/ gloves/ engagement with clinical communities/ Theatre Decarb • Procurement and Resources • Waste/Recycling – Lyreco project 	

In addition to these there are a range of key programmes and projects that sit outside of the Clinical Futures portfolio. Including;

- Place Based Care – Sitting within Primary and Community Care and Public Health
- Mental Health Clinical Services Plan- within the Division
- Value and Sustainability Workstreams
- Digital programmes

There are also a significant number of projects in the Regional Partnership Board that have cross over with Health Board programmes and the assessment and review of programmes has given consideration to how these align.

The following considerations were used in assessing the programmes and have informed the discussions with teams and recommendations set out the next section.

- Are these programmes and projects delivering the Strategy?
- Are the programme supporting strategic clinical services planning Vs tactical and operational delivery
- There is a large number of projects and are there opportunities to streamline
- Are resources being spread too thinly to deliver impact
- Are we clear on the impact and benefits the programmes are aiming to realise
- Is there sufficient alignment with other programmes/ projects – particularly RPB/PSB
- Is the balance of the programmes correct, currently they are predominantly acute focussed and limited focus on mental health and learning disability

There are also a significant number of national drivers to take into consideration including;

- Ministerial Priorities
- Care Action Committee
- Six Goals Directive
- Fragile Services Review
- Primary Care Model for Wales
- Mental Health Strategy
- Med Tech and AI Developments
- Regional Delivery
- Value

Finally, we have sought to align the programme with the IMTP Planning Framework and new strategy.

Embedding **Prevention** and Population Health in all that we do

Progressing place-based models of care and sustainability in **primary and community services**

Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways

Continuing to prioritise **cancer, urgent and the longest waiting patients for planned care**

Improving our **Mental health** services

Asesiad / Assessment

From the considerations above and development with the Executive Team it is proposed that six programmes make up the portfolio for 2025/26. The following section sets out a proposed approach to each programme.

1. Place Based Care and Population Health Programme
2. Six Goals for Urgent and Emergency Care
3. Planned Care Programme
4. Cancer Programme
5. Mental Health & LD Programme
6. Clinical Redesign Programme

It was recognised there are a number of wider enabling programmes which will continue but not remain part of the core programme, these include:

Decarbonisation,
Value and Sustainability programme
Value based healthcare projects
Digital change programmes.

It will be important to consider how the totality of the organisation's change resource (Project and Programme Management, Improvement, digital, workforce) contribute to the delivery of these programmes and the organisation's strategy. As the programmes are confirmed finance, workforce and operational leads will be identified for each programme.

1. Place Based Care and Population Health Programme

This programme will include development of the placed based care model, delivery of the premature preventable mortality work and contain line into primary care sustainability. The purpose of this programme will be to establish a clear community

model for the organisation with a preventative approach. It will be driven from the Health Board but link across to partnership work, with initial focus on Torfaen and Blaenau Gwent.

This is a key programme for the delivery of the new organisational strategy and should be at the centre of the organisation's approach. As the programme develops the alignment of partnership programmes (RIF etc) can be driven through a place-based model.

Outputs:

- Clarity/Specification of place-based model – Neighbourhood Care Networks (ISPB)
- Population Health Management approach
- Delivery of prevention programmes – diabetes and cardiovascular risk

<p>Integrated Wellbeing Networks Community orientated public health</p>	<p>Neighbourhood Care Networks Integrated support for individual needs</p>
<ul style="list-style-type: none"> • Community engagement and capacity building • Community asset mapping and organising • Bridging, linking, co-ordinating wellbeing assets • Individual and group behaviour change 	<ul style="list-style-type: none"> • Connecting to non-medical support • Diabetes and cardiovascular risk • Equitable access to enhanced services • MDT working for people with complex needs

Next Steps:

- Specification and delivery plan for Place Based Care to be developed and to come back to Executives in July

Proposed Executive Lead- Tracey Daszkiewicz

Proposed SRO- Lloyd Hambridge

Programme support within the division.

2. Six Goals for Urgent and Emergency Care

The proposed revised projects to be delivered via the Six Goals Programme are set out below. The proposal is to focus on project delivery rather than the specific goals framework.

The National Programme enabling actions are as follows:

1. Implement the 24/7 community-based falls response
2. Implement the single points of access framework

3. Implement the Welsh health circular ambulance patient handover guidance
4. Implement the acute frailty model at the front door framework building on implementation of SDEC
5. Implement the Optimal Hospital Flow Framework

The request from Executive Team was to simplify and reduce the number of projects being delivered through the Six Goals programme. Given the number of national enabling actions and scrutiny accompanying these, opportunity to simplify is limited however, the table below includes the key expected outputs from each project.

Project	Outputs	Leads
Falls (G1)	Community falls response pathway	Exec: Peter Carr SRO: Karen Hatch
Emergency Care at Home (G1)	Aligning community and front door teams to deliver right care by the right people, first time	Exec: Jenny Winslade SRO: Jo Lane
Navigation Hub (G2/3/4)	Delivery of single point of access navigation hub for health professionals	Exec: Leanne Watkins SRO: Steve Bonser
Care Homes (G1)	Support model for care homes- education framework, escalation framework, future care planning and MDT reviews	Exec: James Calvert SRO: Jo Lane
Discharge (G5/6)	Review and refresh discharge pathway including optimal ward model	Exec: Jenny Winslade SRO: Mandy Hale

The 5 workstreams will report into an overarching Six Goals Board. The discharge work will include a board (following on from the winter IDB arrangement) incorporating partner organisations.

A number of current workstreams that sit in Six Goals are and will transition to business as usual and will therefore receive reduced corporate support post-implementation, for example SDEC, transfer lounge, etc. Work on the organisation's frailty model will be included in the clinical services programme set out below.

A national reporting framework is in place that requires reporting against the national priorities as well as a number of additional areas related to the Six Goals Programme (Girft/ quality statement etc). Whilst some national areas transfer to operational business as usual there will still be a requirement to coordinate reporting back to the national programme.

3. Planned Care

This programme will have two functions a focus on transformation in planned care and oversight of planned care metrics and delivery. The programme structure has been refreshed to take into account Ministerial objectives and renewed priority targets.

Delivery of outputs from CIN optimisation frameworks (x8)
 Effective Planned Care Enabling Actions – implement
 Ministerial Advisory Group Recommendations/actions- implement
 Internal / existing GIRFT/deep dive action plans



Outputs

Workstream	Outputs
Theatres Maximisation	Increase theatre utilisation and elective capacity. Revised theatres model
Outpatient Transformation	Modernise outpatient model, to increase capacity
Keeping Well	Supporting those waiting to be informed and keep well
Health Pathways	Implement local pathways
Planned Care Academy	Skills and tools in planned care management

Proposed Executive Lead –Hannah Evans

Proposed SRO- Richard Morgan Evans

SPM- Hattie Aston

4. Cancer Programme

The cancer programme has been refreshed and a new work programme established with 6 workstreams

	Outputs
Prevention	<ul style="list-style-type: none">- HPV Vaccine Uptake- Skin Cancer Training/awareness project
Early Detection	<ul style="list-style-type: none">- DNA/CNA Endoscopy project
Timely Diagnosis	<ul style="list-style-type: none">- Endoscopy- scope to scan- Nurse Bowl screening accreditation- Head and Neck Q Lab Project
Improved and Standardised Care	<ul style="list-style-type: none">- SACT Model- Prehabilitation- AOS- Haematology Model
Living with and beyond Cancer	<ul style="list-style-type: none">- Cancer Café and Connect Programme with third sector
Improving our knowledge of cancer (research, education and learning)	<ul style="list-style-type: none">- Education Programme

Exec Lead: Leanne Watkins

SRO: Richard Morgan-Evans

SPM: Clare Small

5. Mental Health Programme

This programme will develop the models of care for mental health as set out in the division's annual plan.

Workstream	SRO	Project Lead	Areas Covered
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Inpatient Community Services	Louise Turner	Sarah Jones Park	All inpatient – assessment, rehab All except specialist services
Crisis	Louise Turner	Kolade Gamel	SPOA, 111 press 2, Crisis teams, Ty Cynnal,
Alternative accommodation options	Helen Dadoo	Jo Green	Out of county placements, POCD, shared lives, Lodges,

Exec Lead: Leanne Watkins

SRO: Louise Turner

Programme support is provided within the division.

6. Clinical Redesign Programme

This programme would replace the current Inpatient Reconfiguration Programme. It will deliver a number of core outputs necessary to developing a clinical services plan for the organisation

Proposed outputs:

Acute Medical Model	Revised clinical criteria and service delivery framework
Older Person Clinical Model	Revised clinical criteria and service delivery framework
Bed Model for the Health Board	Following above work streams which will inform ELGH bed model
High Risk Adult Cohort	Identification of high-risk adults. Development of proactive care planning for the cohort
End of Life Care	Anticipatory Care Plans and Pathway

All these workstreams will report into a single Programme Board chaired by Leanne Watkins.

Executive Lead: Leanne Watkins

Clinical Lead Programme: Dr Andy Bagwell

Clinical Lead Acute Med: Dr Wendy Munro

Managerial Lead Acute Med: Tracy Morgan

Clinical Lead Older People: Dr Sharan Ramakrishna

Managerial Lead Older People: Lloyd Hambridge

HRCA Exec Lead: Jenny Winslade

SRO: Lloyd Hambridge

End of Life Care SRO: Tracy Partridge-Wilson

Programme support will come from the programme office.

Enablers

Decarbonation programme

	Outputs
Estates and Facilities	- Reducing the carbon emissions of our buildings and fleet and making them more energy efficient
Education and Training	- Supporting the programme by raising awareness of programme activity and training
Clinical and Health Care Planning	- Reducing waste and carbon emissions, through changing work practices and behaviours, through introducing innovative, cost and carbon effective products and streamlining pathways
Resources	- Supporting making changes by sourcing suppliers and products
Waste	- Focuses more on waste process across the Health Board
Adaptations	- Plan and put in place measures to reduce the impact of climate change on our services

Exec Lead: Rob Holcombe

Programme support it provided by the corporate PMO

Clinical Sessions

Currently there are 8 clinical sessions a week supporting the programme teams with two GP roles and one acute care physician. These roles and functions were put in place to support the development of the GUH and the nature of the work has changed

considerably in this time. There is a need for clinical input particularly to support the development of a new long term clinical strategy.

Therefore, it is proposed to review the clinical roles to put in place 2 sessions for a General Practice support and 2 for an acute care clinician, these roles would work jointly to drive the clinical services plan ensuring buy-in and support from clinical colleagues across the pathway. A small change process will need to take place with the sessions advertised as new roles.

Governance and Reporting

It is not proposed to establish an overarching portfolio board but a programme will produce quarterly highlight reports and report to Executive team and PPHPC on a rolling basis.

Measures of Delivery and impact

It is important that each programme sets out clear and measurable delivery milestones and outputs. Once the programmes have been agreed these will be developed where they are not already in place, such as for new programmes. Highlight reports will be put in place and reported quarterly.

Argymhelliad / Recommendation

The PPHPC are asked to;

- Note the six transformation programmes for 25/26
- Note the core purpose of each programme

As programmes are finalised more metrics and milestones will be put in place and reported through to PPHPC.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

3.1 Safe and Clinically Effective Care
3.2 Communicating Effectively
4.1 Dignified Care
7.1 Workforce

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	ED Emergency Department GP General Practitioner UPC Urgent Primary Care IMTP Integrated Medium Term Plan GUH Grange University Hospital CRT Community Resource Team RGH Royal Gwent Hospital YYF Ysbyty Ystrad Fawr NHH Nevill Hall Hospital STW St Woolos Hospital ICU Intensive Care unit SDEC Same Day Emergency Care DVT Deep Vein Thrombosis IPC Infection, Prevention and Control
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships, Population Health and Planning Committee.
TEITL YR ADRODDIAD: TITLE OF REPORT:	Emergency Planning, Resilience and Response Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Wendy Warren, Head of Planning – Civil Contingencies

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board have defined roles and responsibilities under the Civil Contingencies Act 2004 (CAA). These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). The Health Board must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

The Health Board needs to be able to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or terrorist attack. Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial. The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

There is also a requirement to work together with partner organisations in Gwent Local Resilience Forum and from across Wales to plan, prepare, train and exercise in collaboration to enable a wider response to events impacting on the community.

Cefndir / Background

This annual report has been prepared for NHS Wales Performance and Improvement in line with a mandated template and is being provided to the Committee for assurance and to demonstrate the planning, preparation, participation, training, exercising and partnership working that takes place to enable the Health Board to meet the requirements of the CCA, and be able to reduce, control, mitigate and respond to a Major Incident or Business Continuity incident.

Asesiad / Assessment

This report is an annual requirement for NHS Wales Performance and Improvement to demonstrate the activity undertaken by the Health Board to meet the requirements of the CAA.

The 2024/25 report has expanded with additional questions compared to previous reports; this includes more information required in relation to training numbers and a section on the Charter for the Bereaved.

The report outlines the breadth of work the Emergency Planning team undertake in collaboration with divisions and partners to meet the requirements of the CAA.

The Executive Director for Strategy, Planning and Partnerships is the Health Board lead executive for emergency planning and civil contingencies and chairs the Emergency Preparedness Resilience and Response group with membership from Divisions and Directorates where compliance, delivery, strategy, feedback and challenges are addressed. This group has become well established over the past year with engagement from divisions supporting the development of, and engagement in, exercises and demonstrable improvement in the development of business continuity planning and engagement across the Health Board.

In 2024/25 the Health Board undertook a full Major Incident exercise which included participation of divisions, teams and individuals, a 3 yearly requirement under the CAA. The preparation for this exercise and the learning and ongoing training and development of local action cards and additional local exercising has provided additional organisational resilience to a major incident. The outcome of this exercise has enabled Major Incident risk to be reduced on the risk register.

There has been a significant increase in business continuity activity and engagement across all the divisions with support from the emergency planning team for training and development of plans with a suite of supportive documents, templates and guidance and an opportunity to test and exercise plans.

Emergency Planning have developed a business continuity repository to store all service plans and provides services with BC templates, response guidance and any emergency preparedness resilience and response legislation. Embedded into each service a BC lead who take responsibility for uploading service plans to the repository, they also are part of the Health Boards BC Group.

The Public Health and Emergency planning teams have worked together in response to infectious disease incident responses and to develop robust plans to be able to respond to potential risks.

The Health Board continues to work with LRF partners to plan and exercise as a requirement of the CCA and has participated in joint exercises, training and in response local events.

Argymhelliad / Recommendation

The committee is asked to NOTE Emergency Planning Annual Report as assurance of the Health Boards ongoing actions to provide resilience to adverse events and meet the requirements of the CCA.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework Business Continuity: 8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25

Name of NHS
Organisation

Aneurin Bevan University Health Board

Date

2024/25

Signature of Chief
Executive Officer

Nicola Prycodzciz

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. The NHS Executive will review reports from across the system, seeking assurance that organisations:

Mitigate where possible against the risks identified within the NSRA and Wales Risk Register;

Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);

Have appropriate business continuity management arrangements in place;

Regularly test the efficacy of organisational plans through training and exercise; and

Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

Governance

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Hannah Evans – Executive Director of Strategy, Planning & Partnerships

- 2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

As above

- 3. Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Wendy Warren – Head of Planning, Civil Contingencies

- 4. Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

Andrew Goodenough – Emergency Planning Manager

- 5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Wendy Warren – Head of Planning, Civil Contingencies

- 6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?**

YES

- 7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

Emergency Preparedness Resilience and Response (EPRR) Strategy Group

- 8. If applicable, who represents your organisation at the Local Resilience Forum meetings?**

Gwent LRF Strategic Group:

Tracy Daszkiewicz – Executive Director of Public Health

Wendy Warren – Head of Planning, Civil Contingencies

Co-ordination Group:

Andrew Goodenough – Emergency Planning Manager

LRF Sub groups have representation from the Emergency Planning Team, Risk Management, Communication team and Public Health depending on the group and Head of Planning and CC chairs the LRF Human Infectious Diseases Group.

9. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board? Please provide detail of your business continuity management arrangements.

The Business Continuity (BC) Policy was adopted by the Board in 2022.
Organisational Business Continuity is on the Health Board Risk Register and reviewed quarterly
There is a Divisional lead for BC in each area.
There is a full suite of guidance, templates, supporting documentation available for all areas
The team link with each area to develop plans and run workshops
All plans are reviewed by team for interoperability and effectiveness and support testing and exercising
There is a repository for plans on the Health Board's internal Sharepoint site
Business Continuity including any lessons learnt from live incidents are reported through the Health Board EPRR meeting and on to Executive Committee

10. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and the associated mitigating measures.

Yes – two specific risks on MI and BC
All Divisions are including BC to their local risk registers

Key Areas of Progress 2024/25

11. Please provide details of the key areas of progress against your organisation's EPRR priorities detailed in your 2023-24 Emergency Planning Annual Report.

Major Incident exercise undertaken
Continual Improvement in development of BC plans across Health Board
Increase in team hours
Dedicated BC post for Cyber
Dedicated BC Post for Data and Technology
Commencement of new model of internal Gold and Silver training

Major Incident / Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

April 2024

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

May 2024

14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES

15. If NO, what are the gaps and how are these being addressed?

NATIONAL SECURITY RISK ASSESSMENT (NSRA)

The following sections focus on preparedness and risks in relation to some of the highest rated risks within the NSRA and Wales Risk Register. Your organisation's responses to these questions will inform the NHS Executive's programme of work in these areas with a view to improving assurance and resilience across NHS Wales. Please provide any supplementary information in support of your responses below.

Threat Mitigation/ Security

16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES

17. When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
July 2024	Tabletop exercise to assess current site emergency and planned lockdowns was undertaken by the Head of Facilities and Security Manager.

18. Were any issues identified as a result and if so how has / is your organisation addressing these?

Planned Lockdown:
There are established planned lockdown processes in place across Health Board estate. These processes range from site lockdowns by Security Officers at large sites through to designated building occupants at smaller community premises.

At all hospital sites there are a mixture of digital and analogue access-controlled doors, deadlocks and thumb locks. There have been issues identified where doors with thumb locks have been used to exit the building out of hours and later found to be open. Work is being undertaken to resolve these issues.

Emergency Lockdown:

The ability to lockdown hospital sites varies across the Health Board. For example there is a SOP, staff training and testing in place in The Grange University Hospital (GUH). In The Royal Gwent Hospital (RGH) there is a less structured approach to emergency lockdown. This is a particular challenge due to the site having a high number of access and egress points.

The Security Manager has begun assessing all current emergency lockdown procedures and consider unique site challenges. SOPs and testing programmes, using a multi-disciplinary approach, for each of the hospital sites have commenced.

Access Control:

The Health Board has invested in an upgraded digital access control system which will begin to be implemented in Autumn 2025. A review and revision of all access group will be completed as part of the implementation to further strengthen security measures.

General Security:

In December 2024 the Health Board transitioned from a mixed, managed service/in-house, security workforce model. This transfer will allow for standardised processes, systems and training to be developed and implemented with a consistent workforce. Furthermore, this will make the workforce more resilient.

The Health Board have an established working relationship the local Counter Terrorism Security Advisors, to provide additional training for the security team and Facilities Management team.

Power Outage

19. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES

20. Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

Over the past 12 months, the organisation has maintained and reinforced a range of preparedness measures to ensure resilience in the event of a major power outage. Key actions include:

Our main sites GUH, RGH, NHH, YYF, and YAB are equipped with automatic standby generators that provide tertiary power in the event of a mains failure. These generators are adequately sized, connected, and configured to restore essential electrical supply within 15 seconds of power loss.

All generator sets across ABUHB are maintained under a Service Level Agreement with a specialist contractor, aligned with relevant guidance. On-load monthly testing is carried out by our Estates team to verify operational readiness. This provides assurance of generator functionality and early identification of potential issues.

Each site holds bulk fuel storage to support extended generator runtime. While storage is finite, contingency arrangements are in place to facilitate fuel deliveries during prolonged outages, reducing the risk of fuel depletion.

In the event of generator activation, a designated Low Voltage Authorised Person is present on site to oversee all electrical aspects, supported by Works & Estates staff who monitor generator performance, switchgear status, and fuel levels. Any issues are escalated immediately.

If extended generator runtime is anticipated, the specialist contractor can be deployed to site to provide enhanced monitoring and support.

During generator operations, the Authorised Person provides timely updates to local site teams and incident control structures, ensuring coordinated response and situational awareness.

These combined actions ensure a robust and coordinated approach to managing major power outages, supporting continuity of critical services across our healthcare facilities.

21. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

A major power outage presents significant risks to patient safety and continuity of critical services. The most vulnerable services include:

- Critical Care (ICU/HDU)
- Theatres and Anaesthetics
- Emergency Departments
- Neonatal and Maternity Units
- Pathology and Imaging Services (e.g. CT, MRI)
- Pharmacy and Medicines Storage (including refrigeration)
- Medical Gases and Ventilation Systems
- IT Systems and Electronic Patient Records

These services are highly dependent on uninterrupted electrical supply for life-sustaining equipment, time-sensitive diagnostics, and digital systems critical to clinical operations.

All five of our main acute and sub-acute sites GUH, RGH, NHH, YYF, and YAB have been identified as high-risk locations due to the presence of the above services. GUH in particular is the regional trauma centre and holds the largest concentration of critical care and surgical capacity.

Mitigation Measures

Service vulnerability has been assessed through multi-disciplinary risk reviews. Our responses consider such items as, equipment load mapping, essential service continuity, and past outage response performance.

All key clinical areas are connected to emergency power circuits supported by automatic standby generators. Power is restored to these areas within 15 seconds of failure. Monthly generator testing includes verification of load transfer to clinical areas

Departmental Business Continuity Plans (BCPs) are in place across all high dependency. These plans include actions for power failure scenarios such as manual processes, emergency lighting reliance, transfer of patients if required, and critical medication handling.

During outages, there is clear escalation to Gold Command and site-level Silver Command. Site control teams provide updates to service leads to support safe decision-making and coordinated response.

Key departments are briefed on outage protocols and roles during power loss events. On-site facilities teams liaise directly with clinical leads during live incidents or generator testing to ensure real-time situational awareness.

Mass Casualty Incidents

22. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness of response.

Cyber Resilience

The Major Incident Plan aligns with the Casualty Dispersal Plan, this was tested and exercised 20 June 2024. There are agreements in place to receive allocation of P1/P2/P3.

23. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES

24. Has your organisation assessed the risk of a Cyber attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

The risks associated with cyber incidents are captured on the DD&T ICT risk register. Ownership and mitigation are captured as part of the risk assessment and reporting process. Risks are reviewed monthly at the Service Delivery Management Group and also form part of the monthly Cyber Report.

The Governance and Assurance framework allows those risks that are above appetite to be escalated to Senior Information Risk Owner (SIRO)

The Cyber Team has a responsibility under Network and Information Systems Directive to escalate any reportable incident to Cyber Resilience Unit and guidance on reporting is included within the Cyber Incident Response Plan (section 22)

The Cyber Manager also represents Aneurin Bevan Health Board on the Gwent Local Resilience Forum and has contributed to the Gwent Local Resilience Forum Cyber Response Plan which aims to provide a co-ordinated approach to a cyber incident business continuity incident that may impact Local Authorities Blue Light and Health across greater Gwent.

25. Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

Cyber Team has undertaken regular simulated phishing exercises across the entire estate to test staff security awareness around malicious email and provide further email security training guidance to staff where required.

Cyber Team members also attend Governance and Assurance Group meetings again to provide security awareness training around areas of concern Email-Security, Ransomware Business continuity planning, to non-IT Staff to promote a security culture. Tabletop exercise has been arranged with external providers Tarian and will take place in June 2025 and will be built out during 2025-26.

Security messaging and guidance has been provided to all staff through communications sent out through corporate communications and published on Pulse during 2024-25 and will continue going forward.

Communicable Diseases and Pandemics

26. Do your business continuity arrangements include plans to respond to a new pandemic?

The Health Board has in place a 'Public Health Incident Response Plan'

The document aims are to:

Ensure that the Health Board is prepared to respond to and recover from public health incidents.

Establish the key actions required to respond to public health incidents dependant on the categorisation (normal, enhanced or major response).

Reduce, control and mitigate the impact of standard public health incidents (which, nevertheless, remain significant e.g., the re-emergence of Measles, increase in tuberculosis) within normal working arrangements and processes.

Ready the Health Board to respond if an enhanced incident, or major public health incident

It also outlines the governance arrangements, command and control procedures, communications, workforce training and deployment, and debriefing & recovery following an incident.

If an incident is declared, the plan outlines three levels of response:

1. Normal – Incidents of this nature will be responded to within business-as-usual operational arrangements led locally by the Health Protection Service.
2. Enhanced – Public Health Incidents that require co-ordination and resources above those provided by the Health Protection Service and will initially be sought from the wider ABUHB Public Health team.
3. Major - The scale of the response requires a more significant mobilisation of resources and a level of strategic response across the organisation.

The plan provides a framework for establishing, reviewing, and improving resilience to enable the Health Board to undertake an effective, appropriate, and timely response to a public health incident when required.

The plan is currently being reviewed with a view to update it to ensure alignment with the updated Communicable Disease Control Plan for Wales and the Health Protection Framework for Wales, and to inform the planning that is currently underway to prepare for Exercise Pegasus. Relevant operational plans to enable the mobilisation of a local response e.g., testing and clinical treatment pathways including the provision of post exposure prophylaxis are, as part of this, are also being reviewed and updated as appropriate. There are also plans in place to draw together the Health Protection system across Gwent to review roles and responsibilities and understand our local capacity and capabilities to mount a timely response.

27. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The level of response that is required depends on the scale of the incident or emergency, and the associated public health threat. Whilst there will always be a risk in the face of a new pandemic, the review of the ABUHB 'Public Health Incident Response Plan' (see above), used in conjunction with existing ABUHB Major Incident procedures has helped mitigate those risks and gives the guiding principles for an appropriate response to the majority of scenarios.

Dependant on nature of the 'new' pandemic arising, the Health Board's plan can be flexed and adapted to meet the demands of the emerging risk. As part of the preparedness planning, including for Exercise Pegasus, the Public Health Incident plan and associated operational plans are being reviewed.

Following the Covid-19 Pandemic the Health Board recognise the impact on staff well-being and that a number of staff will have left the organisation or moved to new roles.

There is also recognition of human factors and resilience of staff and patients mindful of the lower vaccination uptake post in 24/25

There are a high number of single occupancy rooms across hospital sites, there is however aged estate across supporting enhanced Local General Hospitals (eLGHs) with multiple bedded bays with the subsequent risk of infection consequently effective bed management is essential.

Patient pathways for infectious diseases have been established and tested

There is training and experience re donning and doffing PPE, this and fit testing for respiratory protection would need immediate action/mobilisation.

There would be increased demand on microbiology services – work would need to be prioritised dependent of the nature of the pandemic.

The health service already under considerable pressure with year-round systems pressures this would affect ability to release capacity

28. Following the preparedness activity colleagues across NHS Wales undertook during 2024, please describe the organisation's priorities for 2025/6 in relation to HCID preparedness.

ABUHB has a HCID group consisting of key members of the health board (including Public Health, Emergency planning, Infection Control, Primary Care, Emergency Departments, Microbiology etc) as well as representation from Public Health Wales. This group was established initially to deal with Clade 1 Mpox risks (including developing pathways, laboratory processes, PPE provision and training etc), however the scope of the group has been expanded to provide oversight in the discussion and development of relevant HCID policies and pathways for the Health Board.

Public Health Incident Response Plan and Infection Prevention and Control pathways for infectious diseases identify the following processes in readiness:

- Negative pressure rooms are available within ED, MAU, ITU and C4 at Grange University Hospital (GUH) however always in use so quick access to capacity is essential.
- Policy and procedures available would link to national guidance
- Admission assessment screening questions in ED
- Mask fit testing promoted

The Health Board does not have an Infectious Disease Consultant/Team. Two substantive and one locum consultant have training in infectious diseases whilst working in other specialities, but not role specific. One of these consultants attends ID MDTs in Cardiff to provide a link with the South Wales Infectious Disease Service commissioned in CVUHB

Sustainability of PPE training very challenging and would use more experienced staff

Key staff have attended HCID Cascade training in Sheffield and the training PPE trolleys have arrived for staff to practice

HB policy for HCID is currently under review to align with the new PPW requirements and national changes

CBRN

29. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Separate specific plans and guidance for response actions in relation to a CBRN incident.

30. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

Guidance is being reviewed. Currently working on creating additional in-depth guidance to accompany 'Break Glass' guidance. A training package is in place and being reviewed. There is regular training on PRPS suits and decontamination processes with Emergency Department staff.

Training provided as part of induction to department but also ED Nurse in Charge training. Meetings have taken place with CBRN NILO for South Wales Fire and Rescue (SWFRS) to review current processes, also a meeting with CBRN TAC Officer for Gwent Police as part of partnership information sharing. A review of counter measures PGD's. Ongoing work with facilities team to develop a waste removal process.

31. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

A policy for waste process removal post CBRN incident is being developed
 Due to location of decontamination unit and construction in the area a 'real time' exercise currently not able to be undertaken, this is registered as a risk on the Emergency Department risk register.

Training and Exercise

32. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES

Please describe these below and provide a copy of your lessons identified register if one is held locally.

When plans are being reviewed lessons are reviewed.
 If there is a significant event, locally or nationally, lessons will be reviewed against plans in place.

33. Please provide the dates during 2024/25 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
20 July 24	WAST test
19 Dec 24	Gwent Police Gov.notify test
28 Mar 25	Exercise Wales Connect alert test

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
16 May 24	BC workshop - Medical Illustration
10 July 24	Internal Gold training – with tabletop scenarios
12 Sept	BC workshop - PACCT
17 Oct 24	Internal Gold training – with tabletop scenarios
19 Mar 25	BC exercise - Facilities

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
3 & 4 th	

June 24	Live exercise at NHH, Loss of IT applications/systems - Digital & Data
20 June 24	Major Incident Exercise Euclid

34. Has your organisation had to initiate your major incident / emergency plan between April 2024 to March 2025?

NO

a. If YES, what was the nature of the incident?

b. Were post-event reports produced for these incidents? NA

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

NA

35. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES

Please provide further information of the needs identified through this process.

Individual areas involved in the MI response have assessment undertake for training needs and development
 All Divisions have BC planning and workshops identified as part of planning process

36. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES

Please provide further details including

	Number	Training Provider
Number of staff trained in Gold roles	31	EP Team
Number of staff trained in Silver roles	35	EP Team
Number of staff trained in Bronze roles	255	EP Team

Number of your Executive Team who've attended Wales Gold in the last 3 years	1	Wales Gold
Number of Senior Managers who've attended Wales Gold in the last 3 years	4	Wales Gold

37. Please provide details of any actions undertaken to prepare for the introduction of the Charter for Families Bereaved by Public Tragedy within your organisation.

Following a discussion and commitment made by The Chair, Chief Executive Officer, Board and Executive Team, Aneurin Bevan were one of 50 organisations to come together on March 18th 2025, including the Welsh Government, local authorities, police forces, and fire and rescue services, to sign the Charter for Families Bereaved by Public Tragedy. This charter commits these bodies to respond to public tragedies with openness, transparency, and accountability, ensuring that bereaved families are treated with care and compassion before, during, and after major incidents. The charter, developed by Bishop James Jones KBE, aims to learn from past tragedies like Hillsborough to prevent similar experiences in the future. The Signing event was attended by Professor Tracy Daszkiewicz, Executive Director of Public Health and Strategic Partnerships who signed the Charter on behalf of the Health Board.

Communication

38. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES

Please provide details.

Through the LRF partnership

Assurance

39. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements			
2) Put in place Emergency Plans			
3) Put in place Business Continuity Management arrangements			
4) Share information with other organisations to enhance co-ordination and efficiency			

5) Cooperate with other organisations to enhance co-ordination and efficiency			
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency			
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds into EPAG?			

Priorities

40. What are your priorities for 2025/26 to strengthen your organisation’s emergency planning, resilience and preparedness arrangements?

When submitting the completed report, please include an electronic copy of the following:

- your current Major Incident /Emergency Plan;**
- an organisational chart setting out your organisation’s emergency preparedness structure;**
- a copy of your local EPRR risk register where available;**
- an organisational chart setting out your organisation’s emergency response structure; and**
- any additional information you wish to share which demonstrates your organisation’s preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 31 July 2025.

By email to: Sophie.Barrett@wales.nhs.uk

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships, Population Health and Planning
TEITL YR ADRODDIAD: TITLE OF REPORT:	Population Health Management (PHM) Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	James Attwood, Health Intelligence Consultant Bevleigh Evans, Associate Director of Population

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Gwent Population Health Management (PHM) programme has been significantly delayed and is currently stalled at the very start of the proof-of-concept stage.

1. For much of 2024 the Gwent PHM proof-of-concept was awaiting resolution of the necessary levels of Health Board Governance assurance required for sign off. The DPIA (Data Protection Impact Assessment) and DSA (Data Sharing Agreement) were written and submitted internally for review in June 2024. Following a constructive, but longer than anticipated, period of challenges and subsequent responses internal assurance was reached in April 2025.

With the internal sign off now complete, the DPIA and DSA have now been shared with both the Mount Pleasant Practice who are our pathfinder GP Practice, and their Data Protection Officer (DPO). Discussions have been ongoing between the Mount Pleasant DPO and the Health Board's I.G. team to resolve any outstanding Information Governance issues. It is understood that all of these I.G. issues are now resolved.

2. EMIS are still developing the extraction and delivery tool that will facilitate delivery of Primary Care data from Mount Pleasant Practice to the Gwent Public Health Team. This is not likely to be ready until Q3 of 2025/26.

The time taken for necessary assurance to solidify understanding and technical details resulted a longer than anticipated lead in time in the PHM project proof-of-concept's internal Health Board sign off. The current delay with EMIS will add further delay but this is out of the Health Board's span of control.

Further details

(1) There was a long period of time needed to reach internal Governance assurance through various challenges and technical queries.

A summary of key events relating to the DPIA sign off are provided below

- October 2023 - The Gwent Public Health Team began initial conversations with the Health Board's Information Governance team about an over-arching DPIA for all the planned future data flows relating to the Public Health Data Warehouse including those for to PHM. The idea was that having one over-arching DPIA for all of our data flows meant not having to do a new DPIA each time we wanted to flow a new data set, making delivery of new initiatives streamlined, quick and less resource intensive.
- 9th April 2024 - This over-arching Gwent Public Health Data Warehouse DPIA was signed off and agreed by the Health Board's Information Governance team
- May 2024 - The Health Board's Information Governance team indicated that the over-arching DPIA previously signed off and agreed was not sufficient with regards to PHM. The Health Board's IG team communicated to the Gwent Public Health Team that additional assurance was needed through a Data Sharing Agreement (DSA) as it had not been assessed within the Warehouse DPIA. The IG team also highlighted that there would also need to be assurance from the Health Board's Cyber team.
- May 2024 - A DSA was completed by the Gwent Public Health Team and sent to the IG Team in late May 2024
- 26th June 2024 - The Health Board's Information Governance Team indicated to the Gwent Public Health Team that another DPIA would also be needed in addition to the DSA that had just been completed in order to cover the PHM proof of concept with Mount Pleasant Medical Practice and other GP practices wishing to flow their data to co-development of the PHM platform. This additional DPIA was written and sent to the Health Board's I.G. team in late June 2024.

- July & August 2024 - The Health Board's Cyber Team met with both the Gwent Public Health Team and representatives from EMIS to discuss the proposed Primary Care data flow from GP Practices into the Gwent Public Health Data Warehouse.
- September 2024 – Following the previous meeting between the Health Board's Cyber Team, EMIS and the Gwent Public Health Team it was highlighted that the Cyber Team hadn't fully understood the model and after clarification and discussions cyber assurance was agreed. It was then stated by the Health Board's IG team that there was one highlighted risk that the Health Board's DPO and SIRO were discussing.
- April 2025 – Email confirmation that the DPIA / WASPI documents had now been signed internally within the Health Board in support of the PHM proof of concept.

(2) To deliver Primary Care data from GP Practices in to the Gwent Public Health Team's Data Warehouse, EMIS are developing an extraction and delivery tool to facilitate this. EMIS are building this extraction and delivery tool in conjunction with DHCW to support the future population of the National Data Repository (NDR) with Primary Care data. The Gwent PHM proof-of-concept project is going to utilise that functionality to deliver Primary Care data into the Health Board for the purposes of PHM in Gwent.

Conversations between EMIS and DHCW have been progressing well in terms of contracts for data replication into the EMIS EXA data lake. EMIS were looking to get things over the line in early June 2025 and then start on the development work at the back end of the summer 2025.

It was originally anticipated that this tool would be ready in early 2025, however EMIS have been side-tracked on other work and in conversations with DHCW. In the latest contact with EMIS, on 14th May 2025, EMIS indicated that the expectation to be able to deliver Primary Care Data from Mount Pleasant Practice in to the Health Board will be possible towards the end of calendar year 2025.

When this tool is ready and the data is landed in the Health Board, there will be a resource requirement from the Health Board's Digital Team to support in various ways. The Digital support will be needed for the following aspects

To securely land the Mount Pleasant GP Practice data in to the health board from the EMIS tool

To pseudonymise that data after it has landed, in a way consistent with current pseudonymisation within the health board, to enable linking patients between Primary and Secondary Care by the Gwent Public Health Team.

To deliver that pseudonymised data in to the Gwent Public Health Data Warehouse

To facilitate and provide the security protocols for the re-identification of the data to Mount Pleasant when they access it through secure front-end reports. These front-end reports will be developed in Power BI by the Gwent Public Health Team.

In order to allocate Digital resource for the proof-of-concept

The PHM proof-of-concept was logged on the Health Board's project register on 2nd February 2025 following a meeting with the Assistant Director of Planning, Strategy & Design

A log was created on HALO to log the details of the future Digital support needed later in 2025

The Gwent Public Health Intelligence Team met with the health board's Chief Information Officer on 16th April 2025 to discuss and agree the support needed in more detail and to allocate and earmark resource for later in 2025

Other Wider PHM Developments

During 2025 other projects have surfaced that are not directly related to the Gwent PHM proof-of-concept but may provide opportunities to unlock PHM aspects for the Gwent PHM proof-of-concept and they are listed below

1. PHM in Wales

- As part of the NHS Health Inequalities Group, the Population Health Management (PHM) subgroup made a number of recommendations to the NHS Leadership Board on the use of Population Health Management (PHM) in the NHS in Wales. This included recommending the Welsh Government to supplement the 2025-28 NHS Planning Framework and associated technical guidance with a WG policy framework which will:
 - i. Provide a clear policy narrative to support action, setting out how PHM must drive service planning and delivery to embed prevention, reduce health inequalities and increase value based care.
 - ii. Mandate the NHS Executive to lead the development and roll out of a national digital tool to enable population segmentation and risk stratification, working with PHW and Health Boards
- A Task and Finish Group, chaired by the Deputy Chief Medical Officer for Wales, has been convened to progress these recommendations. The Gwent Public Health Team are a part of this group which met for this first time at the end of June 2025
- A PHM 'current data landscape' group including representatives of the 7 x Welsh Health Boards will be created to understand where each Health Board currently is with their PHM journey and maturity. The Gwent Public Health Team will be a part of this group

2. Local data flows

- There is an emerging project within Gwent that aims to link multiple different datasets including Primary Care data. Early discussions between the Gwent Public Health Team and this project have taken place and will continue to develop. This may be another route in to obtaining the data sources that are essential for delivering PHM.

Cefndir / Background

Population Health Management aims to improve population health by data driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population working from a single dataset to provide one version of the truth to deliver proportionate universalism.

It uses linked data to segment, stratify and model local 'at risk' and 'rising risk' cohorts – then designing, targeting and personalising interventions to deliver proactive care to reduce health inequalities.

The initial concept of PHM was presented to Executives in December 2022, in January 2023 we commissioned a company called Sollis to link the data and run Population Health Management Development Programme. The GP managed practices took part in the programme but despite attending all of the workshops there was no resource to contact the cohort that had been identified for action. In August 2023 it was agreed that we would consider building our own capability and develop our own platform initially within the Gwent Public Health Team and this formed part of the primary care action plan for sustainability, reported at the Sustainability Steering Group and the IMPT reporting.

PHM involves linking many datasets and one of the key data sets is Primary Care. There are a number of GPs and GP Practices within Gwent willing to share Primary Care Data with the Gwent Public Health Team so the Public Health Team can co-develop a PHM Platform that enables them to better manage cohorts of patients and improve health and well-being outcomes.

A proof of concept was agreed in March 2024 to initially use Primary Care data from Mount Pleasant practice in South Monmouthshire. The proposal was to flow their Primary Care data into the Gwent Public Health Data Warehouse during 2024 and for tailored reports to be developed, with the appropriate level of locked down security, to enable Mount Pleasant GPs to improve patient outcomes for specific cohorts, through a better management approach using Primary and Secondary care intelligence. This would prove the art of the PHM possible and whet the appetite for stakeholders gaining buy-in for future phases of PHM development.

EMIS have already been commissioned by Digital Health and Care Wales (DHCW) to flow Primary Care data nationally when the national need and remit arises in the next few years. Due to this, EMIS were consulted by the Gwent Public Health Team about providing the Primary Care data flow from the Mount Pleasant practice into the Gwent Public Health Data Warehouse. EMIS have confirmed that this process is feasible once they develop their Primary Care data extraction and delivery tool.

Originally this was anticipated to be available early in 2025 however EMIS have been side-lined with other work and so this essential tool will likely not be available until Q3 of 2025/26. In addition, utilising this EMIS tool will incur a cost that is yet to be confirmed.

Asesiad / Assessment

The time taken to provide the necessary level of internal Health Board assurance, through necessary, thorough, constructive and informative dialogue combined with the ongoing delay with the EMIS data extraction and delivery tool mean that the PHM project is significantly delayed compared to its original anticipated delivery timescale.

Without clear and efficient processes and timelines for resolving current and future issues, the entire PHM programme risks ongoing significant and avoidable delays. These delays will, in turn, postpone the anticipated benefits that PHM could deliver to the health and well-being of the people of Gwent. Continued delays risk diminishing GP engagement and reducing the availability of Primary Care data, which is critical to the success of PHM.

The recent Welsh Government positive direction of travel with regards to PHM provides a potential opportunity to facilitate faster delivery of PHM within Gwent and explore other ways of acquiring the necessary datasets should the EMIS route fail to deliver within the required timescales.

Argymhelliad / Recommendation

To progress PHM, the following recommendations are proposed:

1. For the Health Board to reaffirm its commitment to support the Gwent Public Health Team's Population Health Management programme.
2. To support the Public Health Team in establishing a PHM project board, to support delivery of PHM across Gwent. This project board would provide governance, manage delivery, escalate outstanding issues and ensure the Health Board's commitment to delivering PHM is carried out in a timely, safe and cost-effective manner
3. In a wider context, the Health Board to commit to supporting the rapidly evolving PHM landscape both locally and nationally. Should the need arise for a revised Gwent approach or new Information Governance documentation such as new or revised DPIAs and DSAs for these to be expedited to avoid internal processes delaying progress against objectives.
4. A shared commitment from all relevant teams within the Health Board, including IG, Cyber, I.T. & B.I. to support the Gwent Public Health Team in delivering PHM in Gwent and with particular focus on enabling a flow of Primary Care data from Mount Pleasant practice into the Gwent Public Health Data Warehouse by the end of Q3 2025/26.

5. It is suggested that the Health Board aim to be in a position ready to receive EMIS data in Q3 2025/26 with the necessary internal support, outlined earlier, and resource made available when the EMIS data finally arrives.
6. A commitment to support the Gwent Public Health Team in developing and delivering front-end Power BI reports back to Mount Pleasant GPs by the end of Q4 2025/26. These reports will provide intelligence that will include both Primary and Secondary care aspects. The GPs viewing these will only be able to see intelligence relating to patients that they are authorised for and that are under their care.
7. EMIS will be asked for
 - a. Regular updates on their anticipated timeframe for their data extraction and delivery tool for flowing Primary Care data from Mount Pleasant Practice into the Health Board
 - b. The cost of flowing the Mount Pleasant Primary Care data when that cost becomes known later in 2025
 - c. A comprehensive cost model for flowing data from additional GP practices, including an estimate for all GP practices across Gwent when that cost becomes known later in 2025
8. Any other local or national opportunities that could benefit delivery of PHM within Gwent should be explored such as the National PHM programme and the Gwent project referenced earlier in this document.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 1. Staying Healthy 2.1 Managing Risk and Promoting Health and Safety 3. Effective Care
Blaenoriaethau CTCl IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCl Key Enablers within the IMTP	Digital, Data, Intelligence

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Joint Strategic Needs Assessment- Best Start in Life
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Tracy Daszkiewicz: Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Natalie Hazard: Principal Public Health Practitioner, Neesha Varsani: Public Health Practitioner, Eryl Powell: Consultant in Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Director of Public Health's Annual Report (2023–24), 'Our Future, Our Voice', highlighted the significant impact of the COVID-19 pandemic on children, young people, and families across Gwent. Given that the early years of life (preconception to aged 4) are critical for shaping children's long-term health, development, and life chances, prioritising this period is essential to reducing inequalities, improving outcomes and mitigating the intergenerational cycle of poverty (Marmot, 2010).

Good health and wellbeing before and during pregnancy — including access to nutrition, mental health support, and safe living conditions — are essential for positive pregnancy and childhood outcomes. However, wider factors like poverty, insecure housing, and service access barriers often restrict healthy choices, particularly for those living in disadvantaged communities. Inclusive, accessible support that responds to diverse needs is crucial to tackling these disparities and laying strong foundations for healthy development (Public Health England, 2018; WHO, 2016; NICE, 2021).

From birth to age four, secure relationships, nurturing environments, and opportunities for autonomy and self-expression underpin children's emotional, cognitive, and social development. Exposure to adverse childhood experiences, such as abuse, neglect and household dysfunction increases the risk of poor



outcomes and entrenched inequalities. Early intervention, wraparound services and family-centred support are vital to prevention, building resilience and mitigating intergenerational cycles of poverty (WHO, 2020; Goodall, Robertson & Schwannauer, 2020).

As child development is influenced not only by healthcare access but also by the wider social determinants, such as housing, income, education, employment, and the environment, addressing these underlying factors is essential to giving every child the best start in life and supporting them to thrive (Dahlgren & Whitehead, 1993). A whole-system, collaborative approach across healthcare services, local authorities, education and community services is needed to create enabling environments and prioritise early intervention.

The Best Start in Life Joint Strategic Needs Assessment (JSNA) outlines the needs and challenges faced by babies, children, and families in Gwent. It identifies the key factors that influence or disrupt childhood health, development, and wellbeing, highlights protective factors, and calls for a coordinated, whole-system approach with a focus on addressing health inequalities and improving long-term outcomes. Based on its key findings, the JSNA provides a set of recommendations for action.

This paper provides the Executive Team with a summary of the Best Start in Life JSNA for information and discussion.

Cefndir / Background

The Best Start in Life is an Area of Focus for the Gwent Public Services Board (PSB). As a Marmot Region, the Public Services Board has committed to implementing the recommendations and actions from the Gwent Marmot Report, integrating them into their Wellbeing Plan approach.

A Regional Best Start in Life Management Group is in development, with representation from local authorities across Gwent and the Health Board, to provide strategic support to the Public Services Board to deliver on reducing inequity through the Best Start in Life Area of Focus.

It is intended that the Regional Management Group will oversee implementation of the JSNA recommendations, monitor progress, and ensure a coordinated response to the identified needs. Action to address recommendations will be driven by subgroups and progress reported into the Regional Management Group and PSB.

Asesiad / Assessment

Method

To enable a robust and representative understanding of early years needs across Gwent, a variety of approaches to gather information were utilised during August 2024 to March 2025. Initially, key health indicators were analysed to identify patterns and areas of concern. To explore this further, and to better understand views of residents and professionals in Gwent, surveys, focus groups, and one-to-one interviews were undertaken. A map-and-gap analysis of current service provision was also completed to identify existing strengths, gaps, and opportunities for improvement.



This methodology shaped the five overarching themes explored in the BSIL JSNA: *'Preconception Health & Care'*, *'Health & Wellbeing (Conception to Age 4)'*, *'Early Development & Childcare'*, *'Wider Determinants of Health'*, and *'Vulnerable and At-Risk Groups'*.

Findings

The JSNA identified challenges, and examples of best practice, affecting the health and wellbeing of children and families in the early years across Gwent.

A need for enhanced preventative and early intervention approaches was identified. At initial antenatal assessment, 61.1% of women in Gwent were recorded as living with overweight or obesity and 13.6% reported smoking (StatsWales, 2024). Given that 47% of all births involved an assisted mode of delivery (StatsWales, 2024), these findings underscore the importance of addressing maternal health needs proactively, with consistent delivery of Making Every Contact Count conversations to promote healthy behaviours and support positive pregnancy outcomes.

Breastfeeding initiation in ABUHB was 61%, the second lowest across Wales, which declined to 21% at six months. These figures represent a significant improvement since 2021, when breastfeeding initiation in Gwent was 58% and only 19% of babies were breastfed at six months. This positive shift is a testament to the concerted efforts made across Gwent to improve breastfeeding outcomes, including enhanced service delivery, increased community engagement, and targeted health professional training. However, these findings still indicate the need for sustained postnatal support to improve continuation of breastfeeding and of using the antenatal period to engage in meaningful conversations about infant feeding, exploring potential barriers, and ensuring families feel informed, supported, and confident ahead of birth.

Engagement with families and key professionals provided important insights. Families reported the need for more conversations about healthy behaviours, highlighting gaps in discussions regarding adopting healthy lifestyles and signposting to relevant information and support. Maternal mental health was a significant concern, with many women reporting not receiving timely care, or any meaningful discussions with healthcare professionals about their emotional wellbeing during pregnancy and the postnatal period.

Professionals identified interdisciplinary working challenges and barriers to healthcare for vulnerable families, such as stigmatisation, leading to disengagement from services. Early Years Professionals noted concerns about speech and language development and expressed a need for more training in areas such as Additional Learning Needs pathways and trauma-informed approaches.

Service mapping and gapping identified geographical variation in the accessibility and availability of early years provision across the region. While numerous examples of high-quality services exist, these are not always well promoted, integrated, or equitably accessed. The ongoing impact of the COVID-19 pandemic—including increased waiting times—continues to place pressure on the early years system. These issues have been exacerbated by workforce capacity



challenges, which limit the system's ability to respond to increasing demand and provide flexible, stepped care.

The BSIL JSNA has highlighted a range of strengths and challenges across the early years landscape in Gwent. While there are clear examples of good practice and innovation, the findings also reveal gaps in accessibility, consistency, and coordination across services. These disparities underscore the need for a whole-system approach that ensures equitable, timely, and effective support for all families, regardless of where they live.

Key themes emerging from the analysis include the importance of improved access to services, stronger multi-agency collaboration, and targeted interventions to address persistent health inequalities. Strengthening these areas is vital to better meet the needs of families and deliver high-quality, integrated support during the crucial early years.

These insights reinforce the urgency of continued cross-sector collaboration to reduce inequalities and improve outcomes for babies, young children and their families. In particular, there is a need to strengthen integration, enhance access to local services, and embed holistic, preventative approaches into early years care. The recommendations that follow are directly informed by these findings and are grounded in both the lived experiences of families and the realities of service provision across Gwent.

Recommendations

In response to the key findings, a set of recommendations has been developed to address gaps, build on existing strengths, and improve the quality and accessibility of early years provision. These recommendations aim to ensure that all babies and children in Gwent are supported to achieve positive outcomes from the earliest stage of life.

1. Explore the role of ABUHB Primary Care in supporting pregnancy planning and strengthen the information available to help individuals and couples make informed decisions when planning for pregnancy.
2. Implement quality improvement approaches across Gwent to reduce barriers to vaccination in pregnancy and improve uptake. Improve the quality and reliability of vaccination in pregnancy data through enhanced collaboration with ABUHB Midwifery and Primary Care teams to ensure accurate, timely recording and proactive response to emerging trends.
3. Analyse and compare ABUHB data on lifestyle behaviours during pregnancy (BMI and smoking status) to identify correlations with mode of delivery and explore how these findings can be used to enhance messaging, antenatal care and support services.
4. Understand the impact of the Gwent Antenatal Programme, focusing particularly on increasing engagement among underrepresented groups and expanding antenatal workshops.
5. Establish a task group involving Local Authorities early years practitioners, Health Visiting, Midwifery, and community representation across Gwent to



streamline and improve communication and support parents, families to enable babies and children to have the best start in life.

6. Promote the use of MECC best start in life messages through ABUHB internal channels, including BadgerNet and ABUHB Pulse.
7. Conduct post-training feedback sessions with the ABUHB Midwifery and Health Visiting Services to assess the integration of MECC principles into practice.
8. Explore opportunities to broaden the scope of MECC training to better equip ABUHB Midwives and Health Visitors to:
 - a. Understand and confidently discuss sexual and reproductive health, including contraception
 - b. Recognise and embrace their role in providing contraceptive advice as part of a wider pathway of care
9. Seek to understand the barriers faced by dads, partners, and LGBTQIA+ parents, across Gwent, in accessing early years services with their babies and children, ensuring they are recognised and included as integral to shaping the care and support provided for babies and children.
10. Assess the Baby & Me and equivalent programmes in Gwent, for at-risk / looked after children to clarify existing provision and plan improvements based on this understanding.
11. Identify and implement actions from the Welsh Government's Mental Health & Wellbeing Strategy to improve access to mild to moderate perinatal mental health support across Gwent.
12. Fully harness the potential of place-based services in Gwent, such as the 19-Hills Health & Wellbeing Centre, to provide enhanced early years support and ensure care is accessible, inclusive, and delivered closer to home.
13. Explore opportunities to address gaps in children's weight management pathway, particularly at Level 2.
14. Provide targeted training for pre-school settings staff across Gwent on supporting early speech, language & communication and physical literacy.
15. Integrate early years resources into the Integrated Wellbeing Network maps to enable access and support signposting amongst early years professionals.
16. Strengthen efforts to achieve equitable childhood immunisation coverage across all Local Authorities in Gwent by identifying and addressing areas of low uptake through targeted, co-produced interventions that improve access and reduce barriers for families.
17. Co-develop a shared understanding of school readiness with residents living in Gwent and Early Years Professionals working across the region, focusing on enabling children to achieve their developmental milestones in readiness for school.

Next Steps

The Best Start in Life Joint Strategic Needs Assessment will be shared with key stakeholders at both regional and national levels.



The Regional BSIL Management Group will oversee implementation of JSNA recommendations.
 Engagement with children, young people, and families will remain a priority and their insights will shape decisions.
 Public Health Wales Early Years Framework will be reviewed and aligned with local delivery plans once published.
 The BSIL JSNA will lay the foundation for future assessments of Children and Young People in Gwent.

Argymhelliad / Recommendation

The Committee is asked to note the findings and recommendations of the Best Start in Life JSNA and support the implementation of the recommendations.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 1. Staying Healthy 6.3 Listening and Learning from Feedback 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities (Link to IMTP)	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	See the BSIL JSNA: Data Sources & References document attached.
Rhestr Termau: Glossary of Terms:	



Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	NA

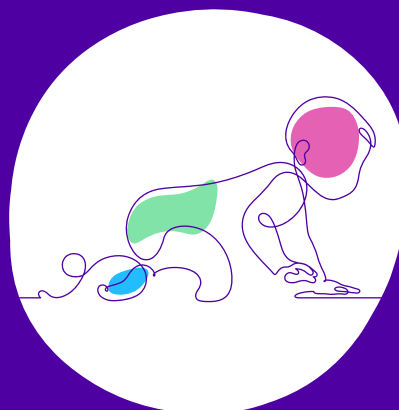
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



The **Gwent** Best Start in Life

Joint Strategic Needs Assessment: Executive Summary

June 2025



Foreword

This *Executive Summary* highlights the core findings of the *Best Start in Life Joint Strategic Needs Assessment: Technical Report* and sets out the case for targeted, collaborative action. It underscores the importance of early intervention, prevention, and a whole-system approach to addressing the wider determinants of health—such as housing, income, education, and community safety.

Investing in the early years is not just a health priority—it is a societal imperative. The evidence is clear: giving every child the best start in life is one of the most powerful actions we can take to improve lifelong wellbeing and build a fairer, healthier Gwent.

Background & Purpose

The *Best Start in Life Joint Strategic Needs Assessment* outlines the needs and challenges faced by babies, children, and families in Gwent. It identifies the key factors that influence or disrupt childhood health, development, and wellbeing, highlights protective factors, and calls for a coordinated, whole-system approach with a focus on addressing health inequalities and improving long-term outcomes.

The Best Start in Life refers to the crucial period from pregnancy through to age seven—a time when the foundations for lifelong health, learning, and wellbeing are established. This stage encompasses early childhood development, parental support, and access to high-quality health and early years services, recognising that early intervention is essential for reducing inequalities and promoting better outcomes throughout life.

The Director of Public Health's Annual Report (2023–24), '[Our Future, Our Voice](#)', highlighted the significant impact of the COVID-19 pandemic on children, young people, and families across Gwent. Given that the early years of life are critical for shaping babies and children's long-term health, development, and life chances, prioritising this period is essential to reducing inequalities, improving outcomes and mitigating the intergenerational cycle of poverty (Marmot, 2010).

Good health and wellbeing before and during pregnancy — including access to nutrition, mental health support, and safe living conditions — are essential for positive pregnancy and childhood outcomes. However, wider factors like poverty, insecure housing, and service access barriers often restrict healthy choices, particularly for those living in disadvantaged communities. Inclusive, accessible support that responds to diverse needs is crucial to



tackling these disparities and laying strong foundations for healthy development (Public Health England, 2018; WHO, 2016; NICE, 2021).

From birth to age four, secure relationships, nurturing environments, and opportunities for autonomy and self-expression underpin children's emotional, cognitive, and social development. Exposure to adverse childhood experiences, such as abuse, neglect and household dysfunction increases the risk of poor outcomes and entrenched inequalities. Early intervention, wraparound services and family-centred support are vital to prevention, building resilience and mitigating intergenerational cycles of poverty (WHO, 2020; Goodall, Robertson & Schwannauer, 2020).

As child development is influenced not only by healthcare access but also by the wider social determinants, such as housing, income, education, employment, and the environment, addressing these underlying factors is essential to giving every child the best start in life and supporting them to thrive (Dahlgren & Whitehead, 1993). A whole-system, collaborative approach across healthcare services, Local Authorities, education and community services is needed to create enabling environments and prioritise early intervention.

Key Findings

This methodology and assessment identified a number of significant health and wellbeing challenges affecting babies, children and families across the early years period in Gwent. Analysis of maternal health data highlights the need for enhanced preventative and early intervention approaches. At initial antenatal assessment, 61.1% of women were recorded as living with overweight or obesity and 13.6% reported smoking (StatsWales, 2024). Given that 47% of all births involved an assisted mode of delivery (StatsWales, 2024), these findings underscore the importance of equipping services to address maternal health needs proactively, with consistent delivery of Making Every Contact Count conversations to promote healthy behaviours and support positive pregnancy outcomes.

Breastfeeding initiation stood at 65%, with Aneurin Bevan University Health Board reporting the second lowest rates across Wales. This declines significantly to just 21% at six months, indicating the need for sustained postnatal support to improve continuation. Nonetheless, these figures represent a significant improvement since 2021, when breastfeeding initiation in Gwent was 58% and only 19% of babies were breastfed at six months. This positive shift is a testament to the concerted efforts made across Gwent to improve breastfeeding outcomes, including enhanced service delivery, increased community engagement, and targeted health professional training. Overall, these findings highlight the importance of



using the antenatal period to engage in meaningful conversations about infant feeding, explore potential barriers, and ensure families feel informed, supported, and confident ahead of birth.

The engagement with families and key professionals revealed several important insights. Families emphasised the need for more conversations about healthy behaviours, highlighting gaps in discussions regarding adopting healthy lifestyles and signposting to relevant information and support. Furthermore, maternal mental health was a significant concern, with many women not receiving timely care, or reporting that no meaningful discussions had taken place with healthcare professionals about their emotional wellbeing during pregnancy and the postnatal period.

Professionals identified interdisciplinary working challenges and barriers to healthcare for vulnerable families, such as stigmatisation, leading to disengagement from services. Early Years Professionals noted concerns about speech and language development and expressed a need for more training in areas such as Additional Learning Needs pathways and trauma-informed approaches.

The service mapping and gap analysis identified geographical variation in the accessibility and availability of early years provision across the region. While numerous examples of high-quality services exist, these are not always well promoted, integrated, or equitably accessed. The ongoing impact of the COVID-19 pandemic—including increased waiting times—continues to place pressure on the early years system. These issues have been exacerbated by workforce capacity challenges, which limit the system's ability to respond to increasing demand and provide flexible, stepped care.

This Assessment has highlighted a range of strengths and challenges across the early years landscape in Gwent. Findings emphasise the importance of a whole-system approach, the need for better access to services, stronger multi-agency collaboration, and targeted interventions to reduce health inequalities.

While examples of good practice and innovation are evident, there remain gaps in accessibility, consistency, and coordination across services. Addressing these challenges is essential to ensure equitable, timely, and effective support for all families, regardless of where they live.

These findings reinforce the need for coordinated, place-based action to reduce fragmentation, improve communication, and enhance workforce capacity. They emphasise

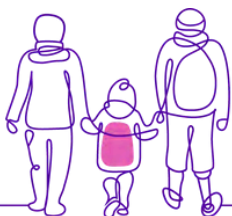


the importance of addressing the wider determinants of health through planning and implementation of proportionate universalism, improving access to early intervention, and ensuring that all children in Gwent are supported to have the best possible start in life.

Recommendations

The JSNA highlights both significant challenges and examples of best practice affecting the health and wellbeing of children and families in the early years across Gwent. In response to the key findings, a set of recommendations were developed to address gaps, build on existing strengths, and improve the quality and accessibility of early years provision. These recommendations aim to ensure that all babies and children in Gwent are supported to achieve positive outcomes from the earliest stage of life:

1. Explore the role of ABUHB Primary Care in supporting pregnancy planning and strengthen the information available to help individuals and couples make informed decisions when planning for pregnancy.
2. Implement quality improvement approaches across Gwent to reduce barriers to vaccination in pregnancy and improve uptake. Improve the quality and reliability of vaccination in pregnancy data through enhanced collaboration with ABUHB Midwifery and Primary Care teams to ensure accurate, timely recording and proactive response to emerging trends.
3. Analyse and compare ABUHB data on lifestyle behaviours during pregnancy (BMI and smoking status) to identify correlations with mode of delivery and explore how these findings can be used to enhance messaging, antenatal care and support services.
4. Understand the impact of the Gwent Antenatal Programme, focusing particularly on increasing engagement among underrepresented groups and expanding antenatal workshops.
5. Establish a task group involving Local Authorities early years practitioners, Health Visiting, Midwifery, and community representation across Gwent to streamline and improve communication and support parents, families to enable babies and children to have the best start in life.
6. Promote the use of MECC best start in life messages through ABUHB internal channels, including BadgerNet and ABUHB Pulse.
7. Conduct post-training feedback sessions with the ABUHB Midwifery and Health Visiting Services to assess the integration of MECC principles into practice.
8. Explore opportunities to broaden the scope of MECC training to better equip ABUHB Midwives and Health Visitors to:



- a. Understand and confidently discuss sexual and reproductive health, including contraception
 - b. Recognise and embrace their role in providing contraceptive advice as part of a wider pathway of care
9. Seek to understand the barriers faced by dads, partners, and LGBTQIA+ parents, across Gwent, in accessing early years services with their babies and children, ensuring they are recognised and included as integral to shaping the care and support provided for babies and children.
 10. Assess the Baby & Me and equivalent programmes in Gwent, for at-risk / looked after children to clarify existing provision and plan improvements based on this understanding.
 11. Identify and implement actions from the Welsh Government's Mental Health & Wellbeing Strategy to improve access to mild to moderate perinatal mental health support across Gwent.
 12. Fully harness the potential of place-based services in Gwent, such as the 19-Hills Health & Wellbeing Centre, to provide enhanced early years support and ensure care is accessible, inclusive, and delivered closer to home.
 13. Explore opportunities to address gaps in the children's weight management pathway, particularly at Level 2.
 14. Provide targeted training for pre-school settings staff across Gwent on supporting early speech, language & communication and physical literacy.
 15. Integrate early years resources into the Integrated Wellbeing Network maps to enable access and support signposting amongst early years professionals.
 16. Strengthen efforts to achieve equitable childhood immunisation coverage across all Local Authorities in Gwent by identifying and addressing areas of low uptake through targeted, co-produced interventions that improve access and reduce barriers for families.
 17. Co-develop a shared understanding of school readiness with residents living in Gwent and Early Years Professionals working across the region, focusing on enabling children to achieve their developmental milestones in readiness for school.

Next Steps

The Best Start in Life Joint Strategic Needs Assessment will be shared with key stakeholders at both regional and national levels. Both Aneurin Bevan University Health Board and the Gwent Public Services Board have committed to prioritising Best Start in Life within their strategic plans, recognising early intervention's role in reducing inequalities and improving long-term outcomes for children and families.



A Regional Best Start in Life Management Group has been established to oversee implementation, monitor progress, and ensure a coordinated response to the identified needs. The recommendations from this JSNA will inform Best Start in Life groups, guiding the development of targeted Delivery Plans.

Engagement with children, young people, and families will remain a priority, in line with the United Nations Convention on the Rights of the Child. Their insights will shape decisions, supported by a 'You Said, We Did' feedback loop to ensure transparency and accountability.

At the national level, Public Health Wales is developing an Early Years Framework, which will be reviewed and aligned with local delivery plans once published.

This JSNA will also lay the foundation for future assessments of Children & Young People, ensuring a continuous, whole-systems approach to improving outcomes from birth to young adulthood.



The **Gwent** **Best Start in Life**

Joint Strategic Needs Assessment:
Executive Summary

June 2025

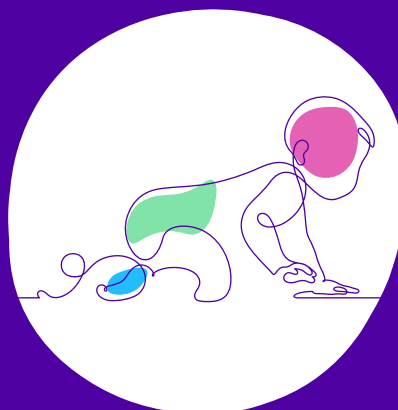
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The **Gwent** Best Start in Life

Joint Strategic Needs Assessment: Intelligence Report

June 2025



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Foreword

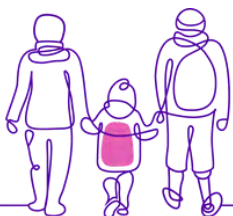
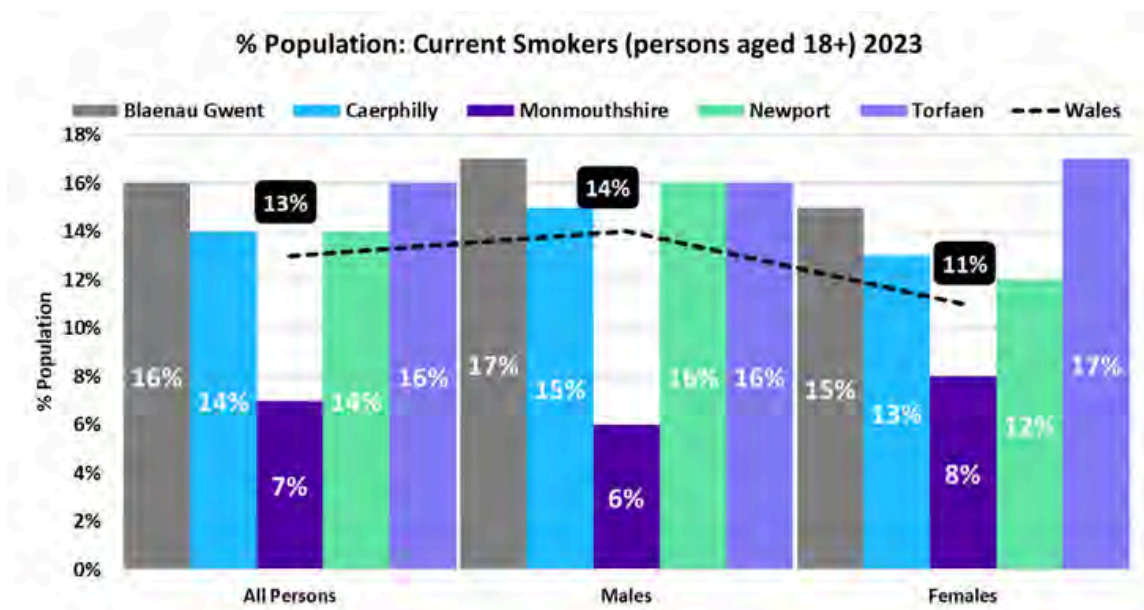
This *Intelligence Report* provides a summary of the key data that underpins the findings and recommendations set out in the *Best Start in Life Strategic Needs Assessment: Technical Report* for Gwent. It has been developed to provide an accessible overview of the most relevant intelligence shaping our understanding of the health and wellbeing of babies and young children across the region.

The Report highlights key trends, patterns and disparities across Gwent – through use of core indicators such as birth rates, breastfeeding initiation, immunisation uptake – to enable progress monitoring, identify emerging issues and assess the impact of strategies and interventions. The structure of this Report mirrors the thematic layout of the Best Start in Life Technical Report.

Preconception Health & Care

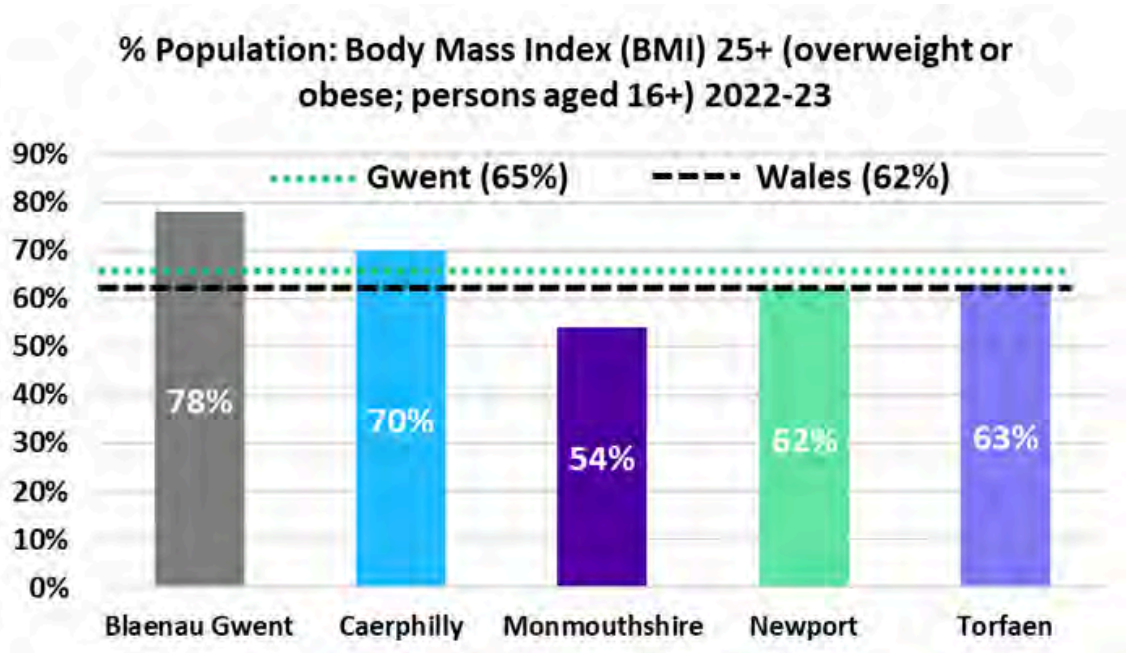
Smoking

The most recent data shows that 13% of the Gwent population are current smokers, aligning with the national rate for Wales (ONS, 2023). Smoking rates vary across local authorities, with the highest prevalence among men in Blaenau Gwent (17%) and among women in Torfaen (17%). Although the proportion of current smokers in Gwent has declined steadily over the past decade—from 21.4% in 2013—further progress is needed to achieve the Welsh Government’s [Tobacco Control Strategy](#) goal of a Smoke-Free Wales by 2030, which aims to reduce adult smoking rates (aged 16 and over) to 5% or less.



Body Mass Index

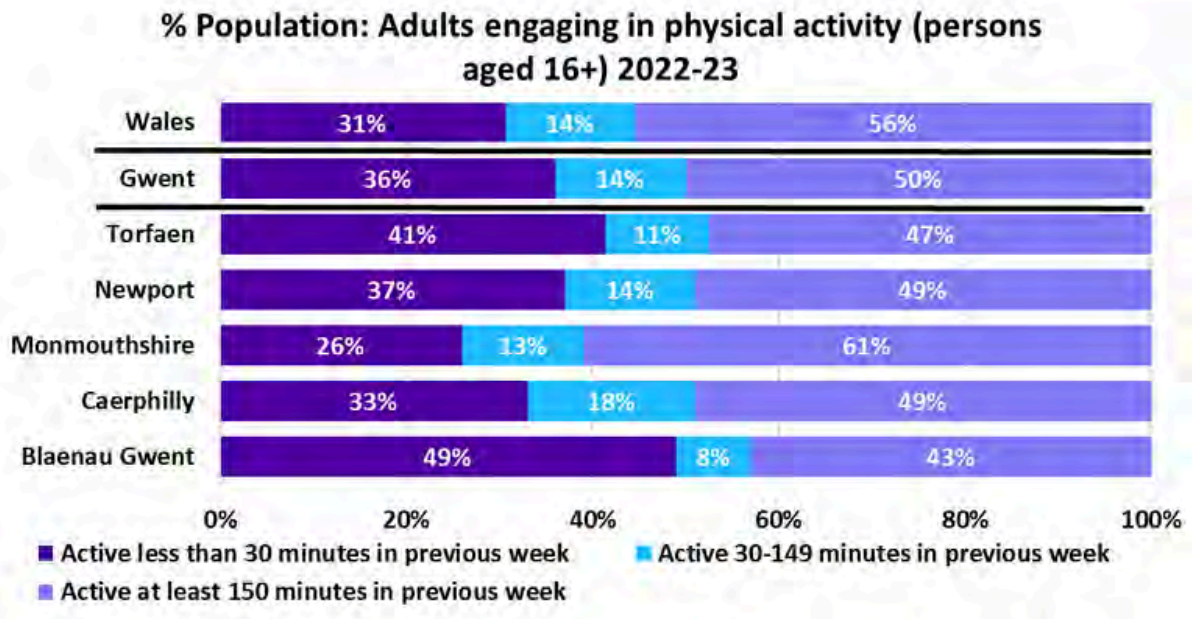
In 2022–23, 65% of adults in Gwent were living with overweight or obesity—slightly above the Welsh average of 62% (StatsWales, 2023). Rates varied across the region, from 78% in Blaenau Gwent to 54% in Monmouthshire. This marks a notable increase from 2016–17, when 32% of adults in Gwent were reported to be living with overweight or obesity.



Physical Activity

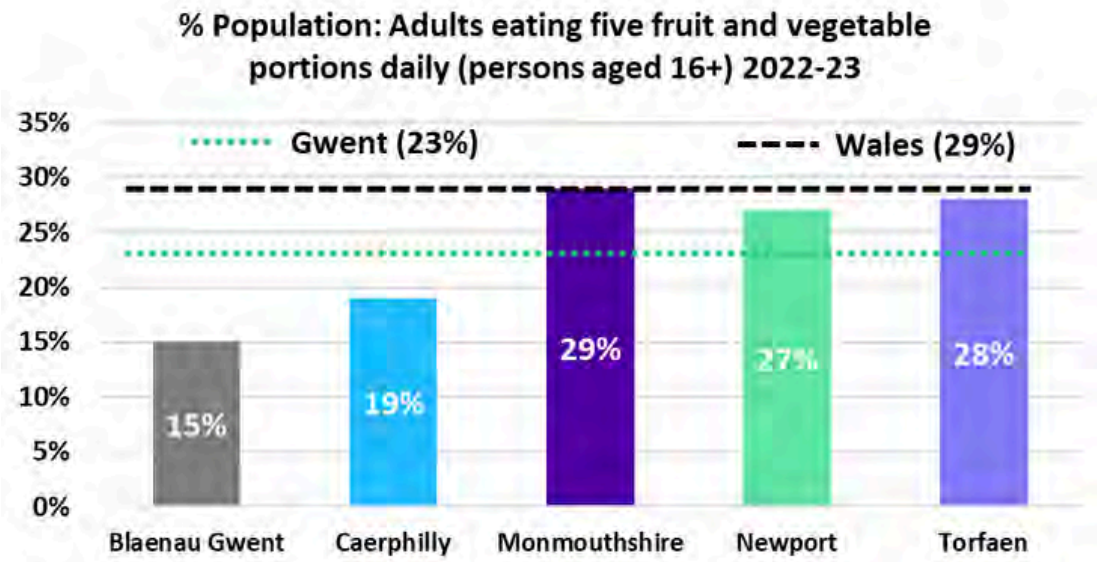
In Wales, 31% of adults reported less than 30 minutes of activity in the previous week (Stats Wales, 2023). Figure 3 demonstrates how this rises to 36% in Gwent and nearly 49% in some Local Authorities. Monmouthshire reported the highest physical activity levels, with 61% meeting the recommended 150 minutes per week. These figures have remained relatively stable since 2016-17, when 53% of adults reported meeting the recommended guidelines.





Fruit & Vegetable Consumption

In 2022-23, only 23% of adults (aged 16+) in Gwent met the recommendation of eating five portions of fruit and vegetables daily, falling below the Welsh national average of 29%. Within the region, Monmouthshire had the highest proportion at 29%, matching the Wales average, followed closely by Torfaen (28%) and Newport (27%), both just under the national figure. In contrast, Caerphilly (19%) and Blaenau Gwent (15%) had lower rates, with Blaenau Gwent recording the lowest in the region.



Health & Wellbeing (Conception to 4)

Vaccinations During Pregnancy

Public Health Wales’ annual coverage report provides data on pertussis, influenza and COVID vaccination coverage in pregnant women, at the point of delivery, during a five-day period in January. The data is collated by each Health Board’s Public Health Midwife; below is a breakdown of the offer and uptake figures, across Gwent, during the 2023/24 and 2024/25 reporting period:

	2023/24		2024/25	
	Offer (n=73)	Uptake	Offer (n=70)	Uptake
Pertussis	94.5%	72.6%	100%	78.8%
Influenza	80.8%	67.1%	100%	70%
COVID	87.7%	72.6%	Data not required by PHW*	
RSV	No data available**		97%	55.7%

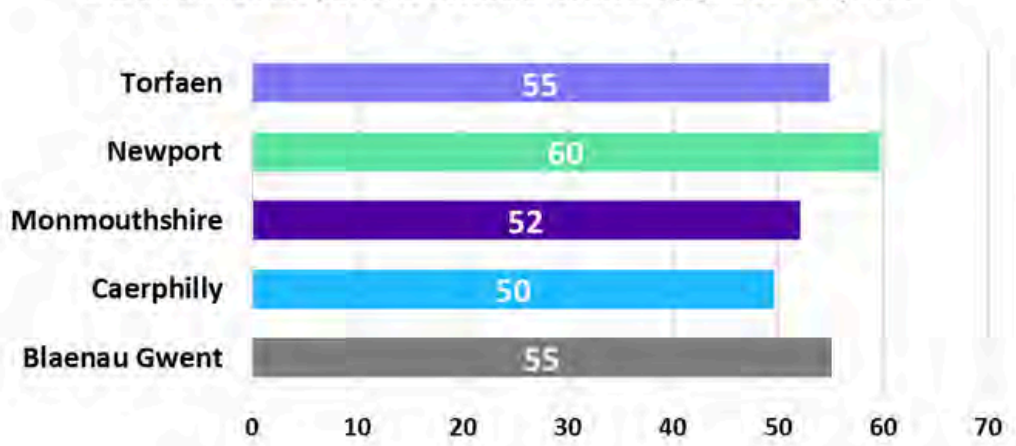
* COVID vaccination uptake data was not collected for the 2024/25 period, as this was no longer required by Public Health Wales. ** RSV vaccination data is unavailable for the 23/24 reporting period, as it was only introduced in September 2024

While there has been a positive increase in pertussis and influenza vaccine offer and uptake between 2023/24 and 2024/25, the sample size remains small (70–73 records) compared to over 5,000 births in Gwent in 2024.

Live Births

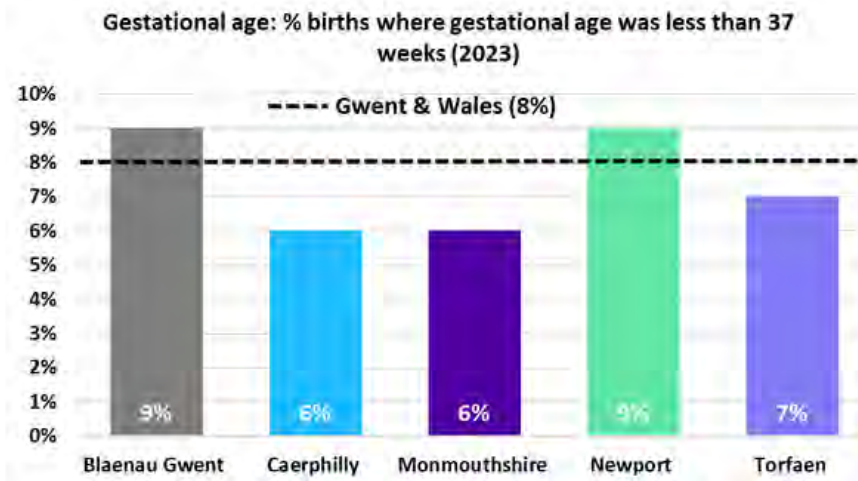
In 2023, Wales recorded over 27,374 live births, with 5,714 in Gwent. The crude birth rate in Wales was 8.7 per 1,000 women aged 15–44, with all Gwent Local Authorities, except Monmouthshire (7.6), having higher rates. Newport had the highest rate at 11.2 live births per 1,000 women (ONS, 2024).

Live births: Births per 1,000 female residents (aged 15 - 44) 2022

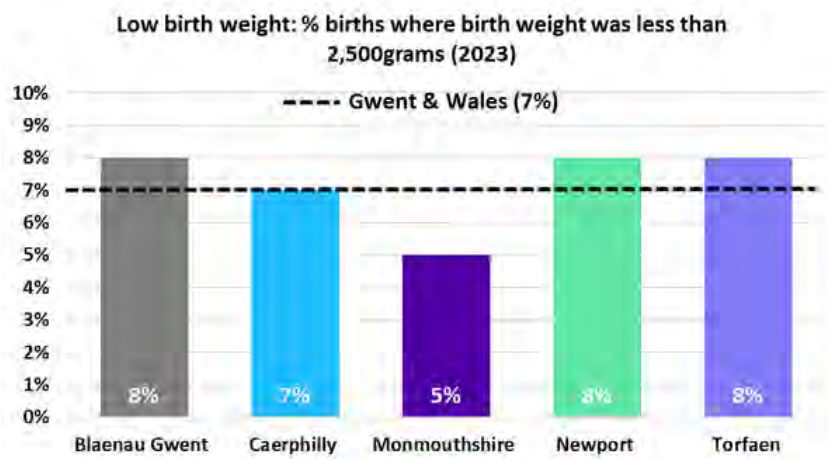


Preterm Births and Low Birth Weight

Of all births in Wales and Gwent during the reporting period, approximately 8% were preterm (born before 37 weeks' gestation), with higher rates observed in Blaenau Gwent and Newport at 9% (StatsWales, 2024).

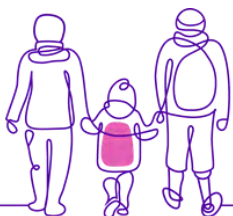


Separately, around 7% of all births were of low birth weight (under 2,500 grams), with Blaenau Gwent, Newport, and Torfaen each reporting 8%, while Monmouthshire reported a lower rate of 5% (StatsWales, 2024).



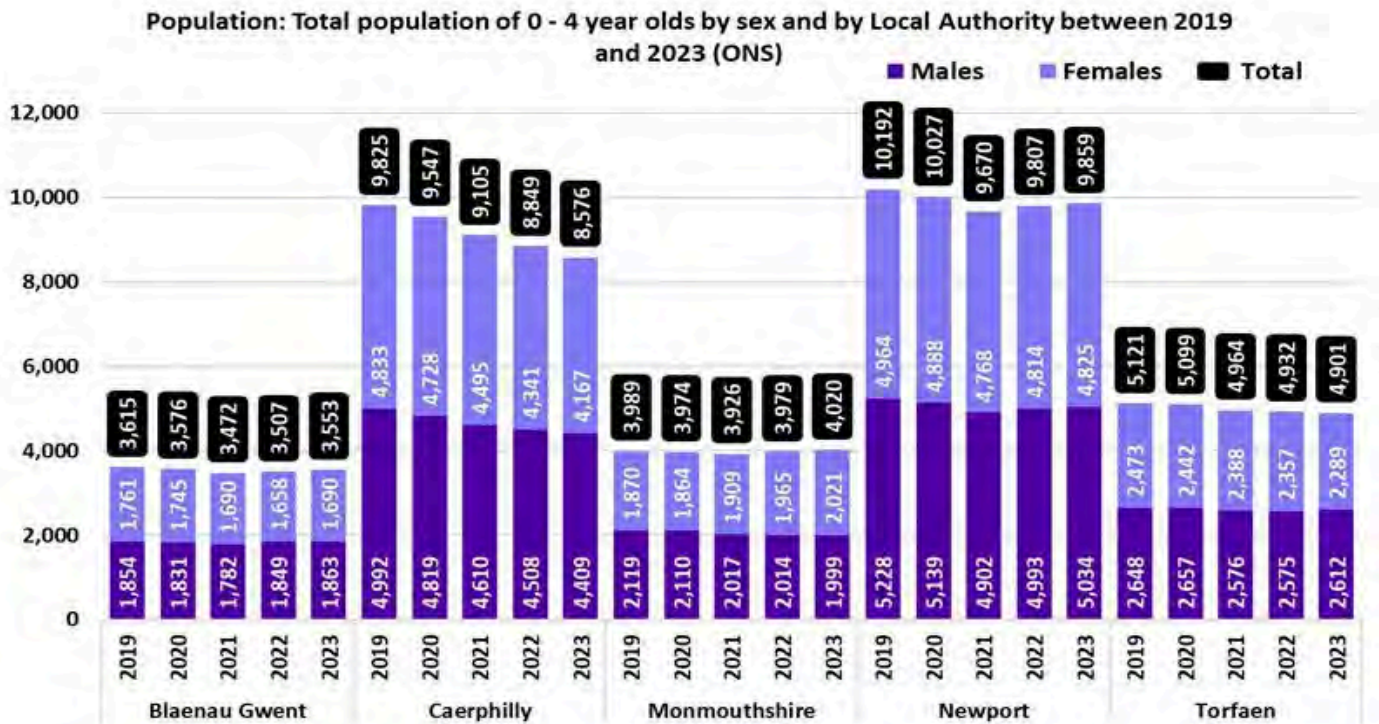
Child Mortality

In 2023, the stillbirth rate across Gwent was 4.5 per 1,000 live and stillbirths, with Newport having the highest rate at 5.8 per 1,000. Perinatal mortality, which includes stillbirths and early neonatal deaths, was 5.3 per 1,000 live and stillbirths in Gwent, with Newport again having the highest rate at 7.8 per 1,000. The infant mortality rate in Gwent was 3.7 per 1,000 live births, with Blaenau Gwent recording the highest at 4.5 per 1,000 (ONS, 2024).



The Gwent 0-4 Population

Below illustrates the mid-year population estimates* for male & female residents, aged 0-4 years old, in each of the Gwent Local Authorities 2019 to 2023 (StatsWales, 2024). This consistent decline in the population is reflective of the broader trends such as decreasing birth rates, migration patterns, or socio-economic changes impacting family demographics.

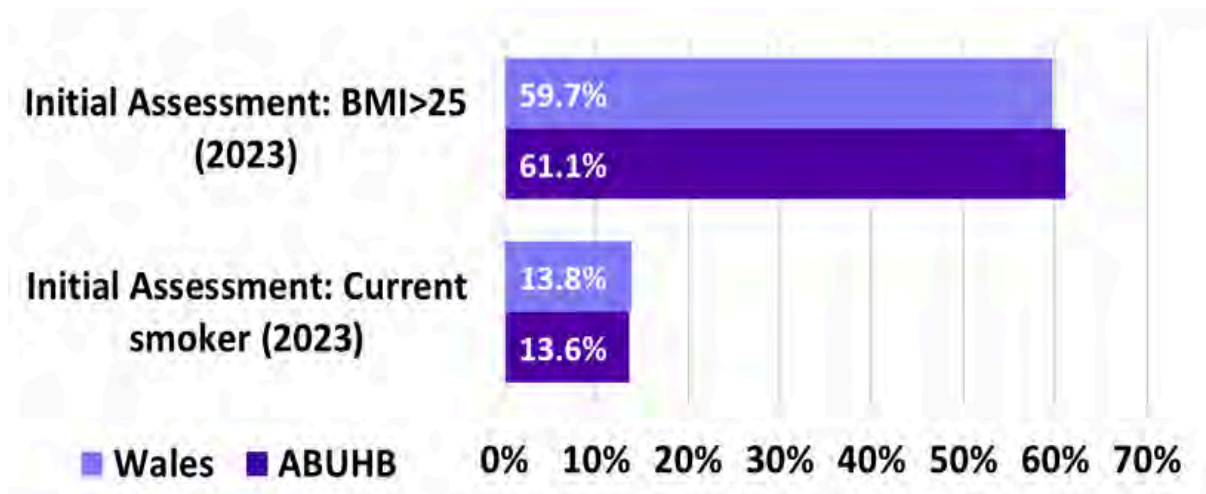


*Population estimates are calculated by combining birth and death registration data together with estimates of international migration and internal migration flows to calculate estimates for the usually resident population of each area as at 30 June each year.

Lifestyle Behaviours

In 2023, 61.1% of expectant mothers in Wales were living with overweight or obesity, and 13.6% were recorded as smokers at their booking appointment. Higher BMI is associated with greater likelihood of caesarean sections, wound infections, and longer hospital stays (Centre for Maternal and Child Enquiries, 2010).

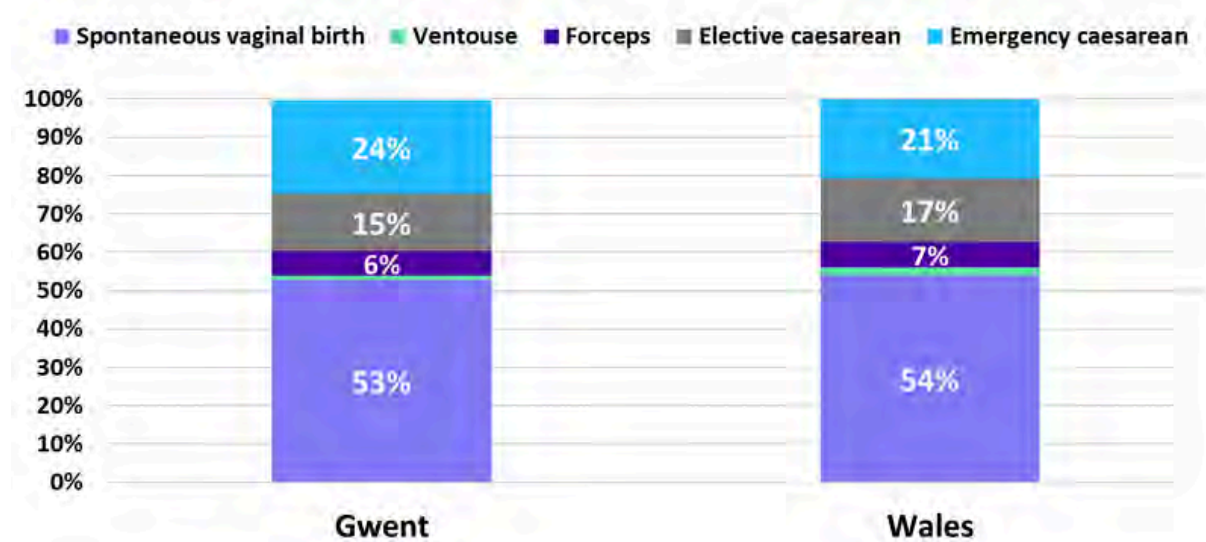




Mode of Delivery

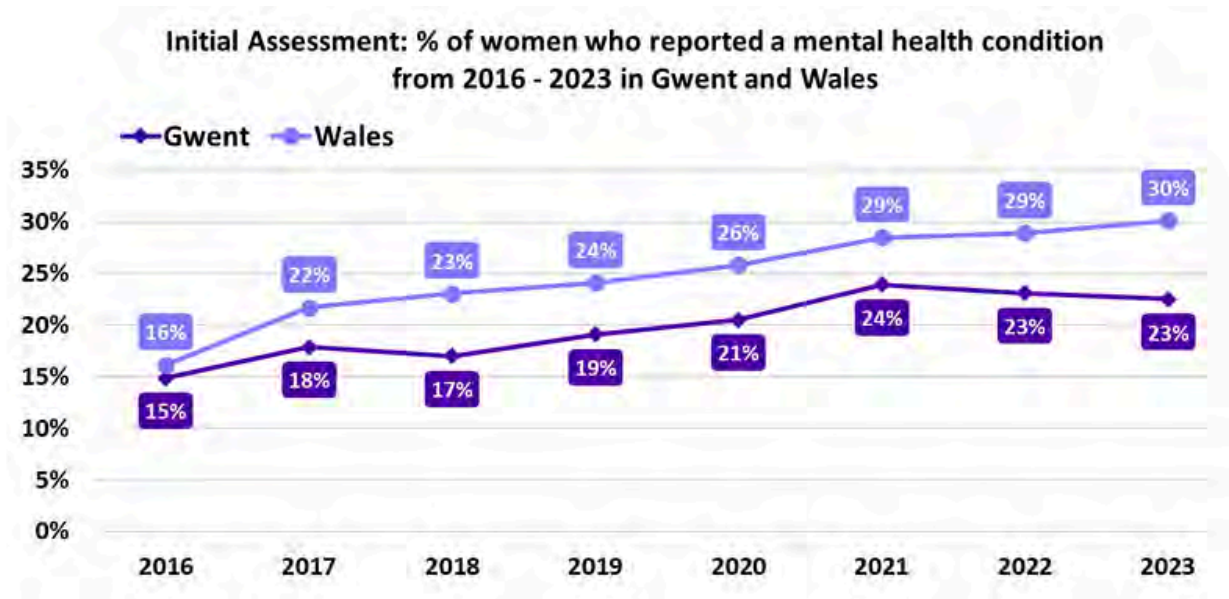
The above factors may help explain patterns observed in mode of delivery across the region – as 47% of births across Gwent were assisted; however, a detailed analysis is needed.

Mode of delivery: Gwent and Wales (2023)



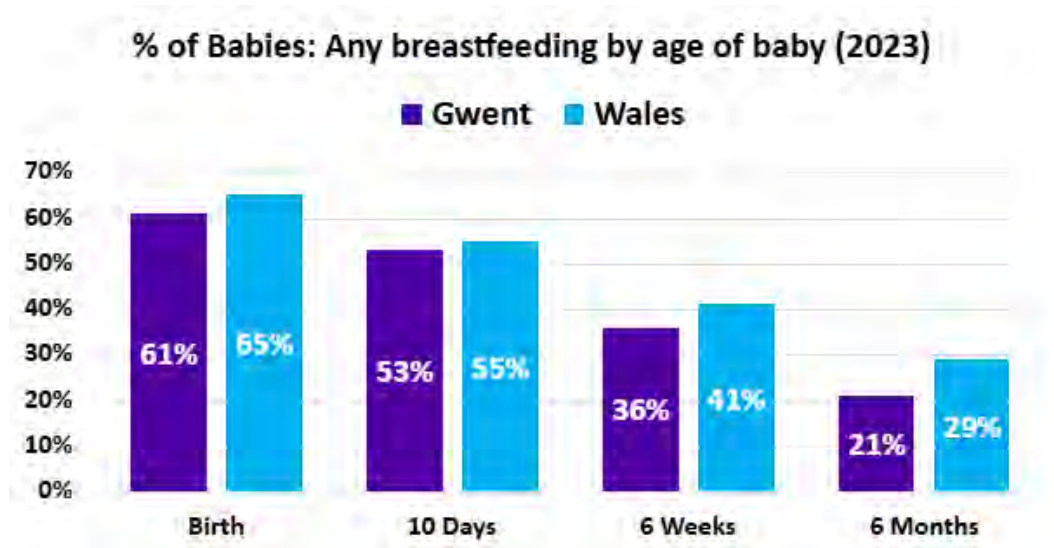
Emotional Health & Wellbeing

In 2023, 30% of pregnant women in Wales reported a mental health condition at their booking appointment. In Gwent, the rate was slightly lower at 23%, but this represents an 8% increase since 2016, when it was 15% (StatsWales, 2024).



Breastfeeding Uptake

In 2023, 65% of babies in Wales were breastfed at birth, compared to 61% in Gwent (StatsWales, 2024). Gwent consistently reported lower rates at each milestone, with 21% still breastfed at 6 months versus 29% across Wales. Despite this, rates have steadily improved since 2016, when initiation was 57% and only 14% were breastfed at 6 months.



Childhood Immunisations

Below shows the uptake of selected immunisations in resident children across Gwent by their first and second birthday (Public Health Wales COVER 153 Report, 2025); the colour coding system applied is as follows: green for uptake rates of 95% and above, orange for rates between 90% and 94%, and red for rates below 90%.

Local Authority	No. of children	Age 1				Age 2				
		6in1	MenB	PCV	Rotavirus	No. of children	MMR1	PCVf	MenB	Hib/MenC
Blaenau Gwent	158	91.8	91.1	95.6	91.8	167	94.6	95.8	94.0	94.6
Caerphilly	405	95.1	95.8	95.8	92.1	390	93.1	92.8	92.8	92.3
Monmouthshire	205	95.1	95.6	96.1	91.2	201	93.5	93.5	93.5	93.0
Newport	503	92.8	93.6	95.2	90.1	464	87.3	87.1	86.2	86.9
Torfaen	253	92.5	92.9	96.0	89.7	269	92.9	91.4	91.4	91.1
Gwent Total	1524	93.6	94.1	95.7	90.9	1491	91.5	91.2	90.7	90.7

There is generally strong uptake by the age of one, with Caerphilly and Monmouthshire achieving uptake rates of 95% or above for the 6-in-1, MenB, and PCV vaccines. However, Rotavirus vaccine uptake was consistently lower across all localities, with the lowest rates observed in Torfaen (89.7%) and Newport (90.1%). By the age of two, uptake declined across most immunisations, with only Blaenau Gwent reaching the 95% threshold for the PCVf booster and Newport reporting the lowest coverage across all vaccines.

Below presents the proportion of four-year-olds who were up to date with their scheduled immunisations and the uptake of the second dose of the Measles, Mumps and Rubella (MMR2) in five-year-olds (Public Health Wales COVER 153 Report, 2025).

Table 3		Aged 4		By their 5th Birthday		
Local Authority	No. of children	Up-to-date in schedule	No. of children	MMR2	4-in-1	
Blaenau Gwent	168	82.1	176	90.3	90.3	
Caerphilly	418	86.6	464	90.5	90.3	
Monmouthshire	197	90.4	224	95.1	94.6	
Newport	459	77.6	530	83.6	84.5	
Torfaen Gwent	213	82.6	251	91.2	90.8	
Total	1455	83.2	1935	89.0	89.1	

The MMR2 vaccine—currently administered at 3 years and 4 months—has the lowest uptake across Gwent (89%), falling significantly short of the World Health Organisation’s 95% target for herd immunity. Uptake is lowest in Newport (83.6%) and Blaenau Gwent (90.3%), while Monmouthshire has the highest at 95.1%. Similarly, uptake of the 4-in-1 preschool booster—which protects against



diphtheria, tetanus, pertussis, and polio—follows the same trend, with overall Gwent coverage at 89.1%. The percentage of children up to date in the schedule is also comparatively low at 83.2% across Gwent and ranging from 77.6% in Newport to 90.4% in Monmouthshire.

Oral Health

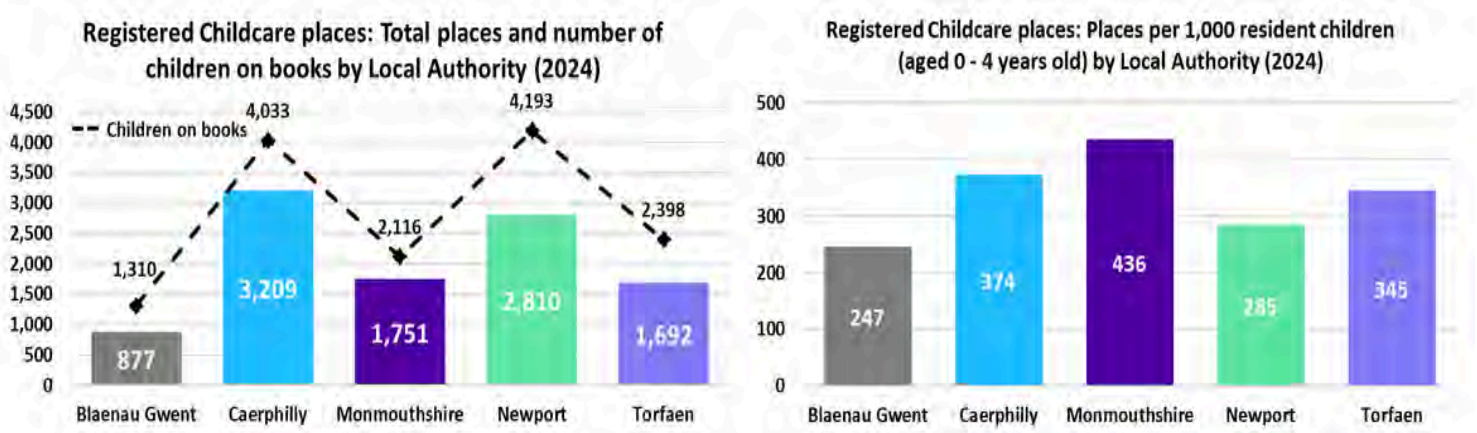
In 2022/23, 32.2% of five-year-olds in Gwent had decayed, missing, or filled teeth, a significant improvement from 54.8% in 2007/08, closely matching the Wales average of 32.4%. On average, children in Gwent had 3.3 affected teeth, compared to 3.4 in Wales. The percentage of children with untreated tooth decay was 28.7% in Gwent, with an average of 2.9 untreated decayed teeth, compared to 29.3% and 3.1 in Wales.

While improvements are evident, 19% of parents in Gwent reported that their child's oral health affected their family's quality of life, similar to the Wales average (18.4%; NHS Wales Dental Epidemiology Programme, 2024).

Early Development & Childcare

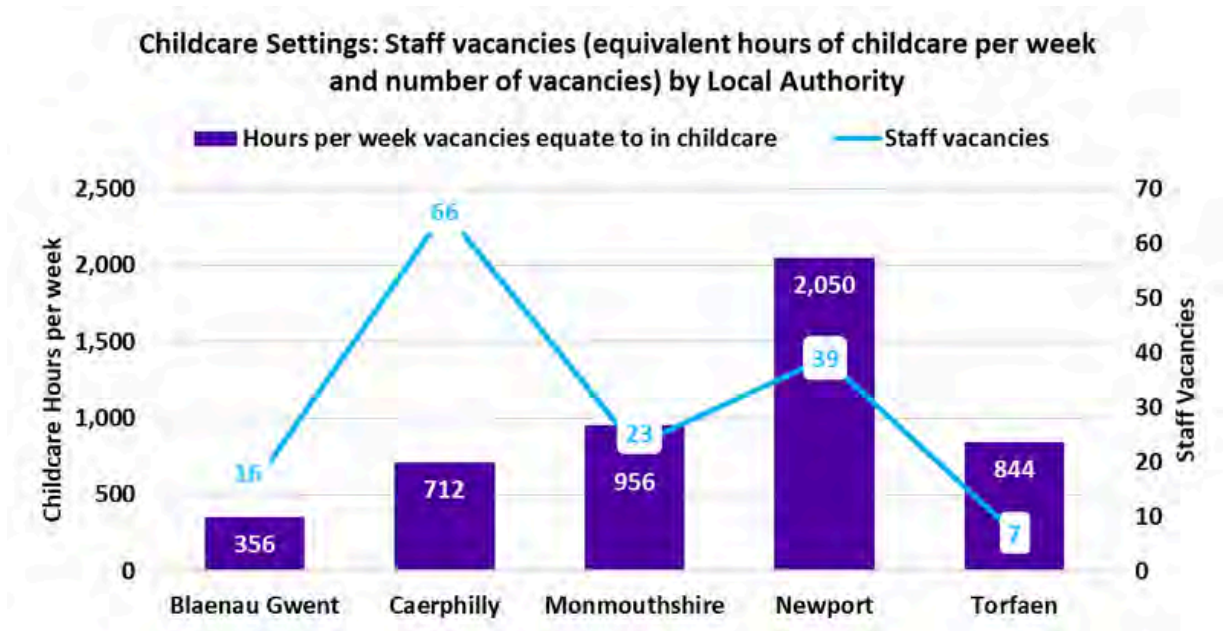
Childcare Places

According to the 2024 Self-Assessment of Service Statement (SASS) for Childcare and Play Settings, Gwent has over 10,300 registered childcare places—approximately 334 per 1,000 children aged 0–4. Full day care makes up the largest proportion of settings, especially in Torfaen (90%) and Monmouthshire (78%). Most settings offer part-time places; only about 27% of places in Caerphilly are full-time.



Staff Shortages

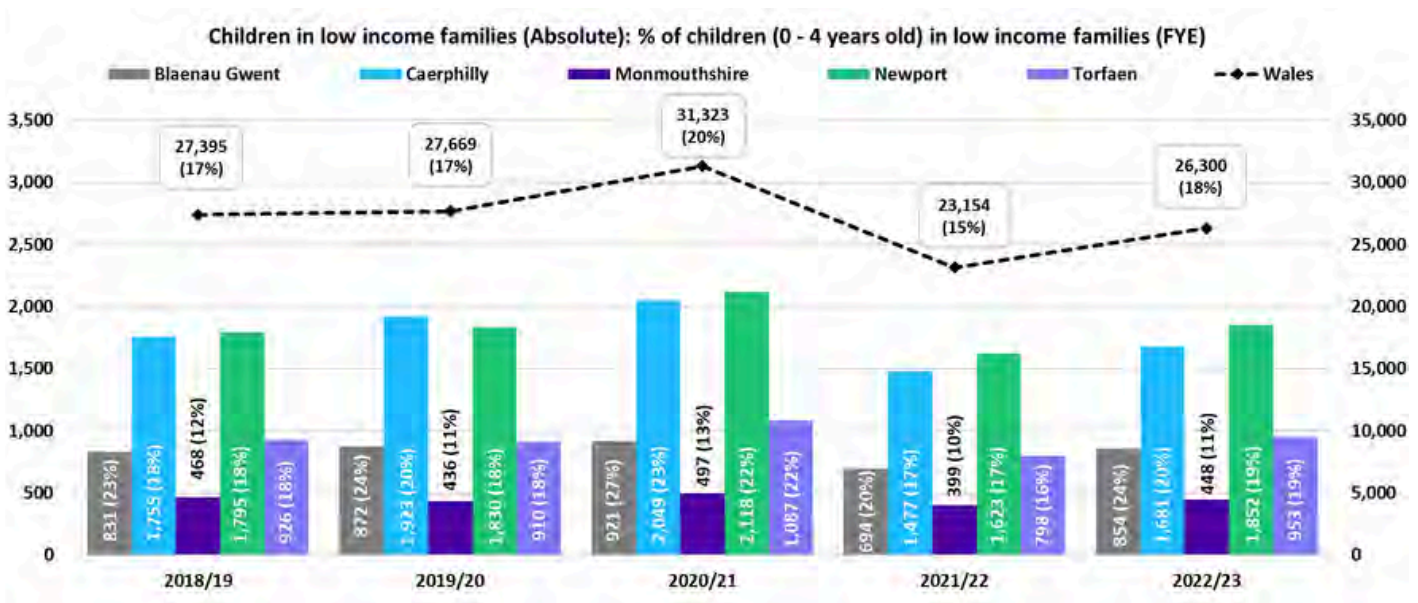
Workforce challenges are significant. In the past year, 391 staff have left their roles across Gwent, with 151 posts currently vacant. This is the equivalent to 4,918 hours of unmet childcare provision per week. Workforce planning by 186 settings highlighted a need to recruit 227 additional staff over the next two years to meet demand. Caerphilly has the highest number of vacancies (66), while Newport's 39 vacant posts represent over 2,000 hours of potential weekly childcare.



Wider Determinants

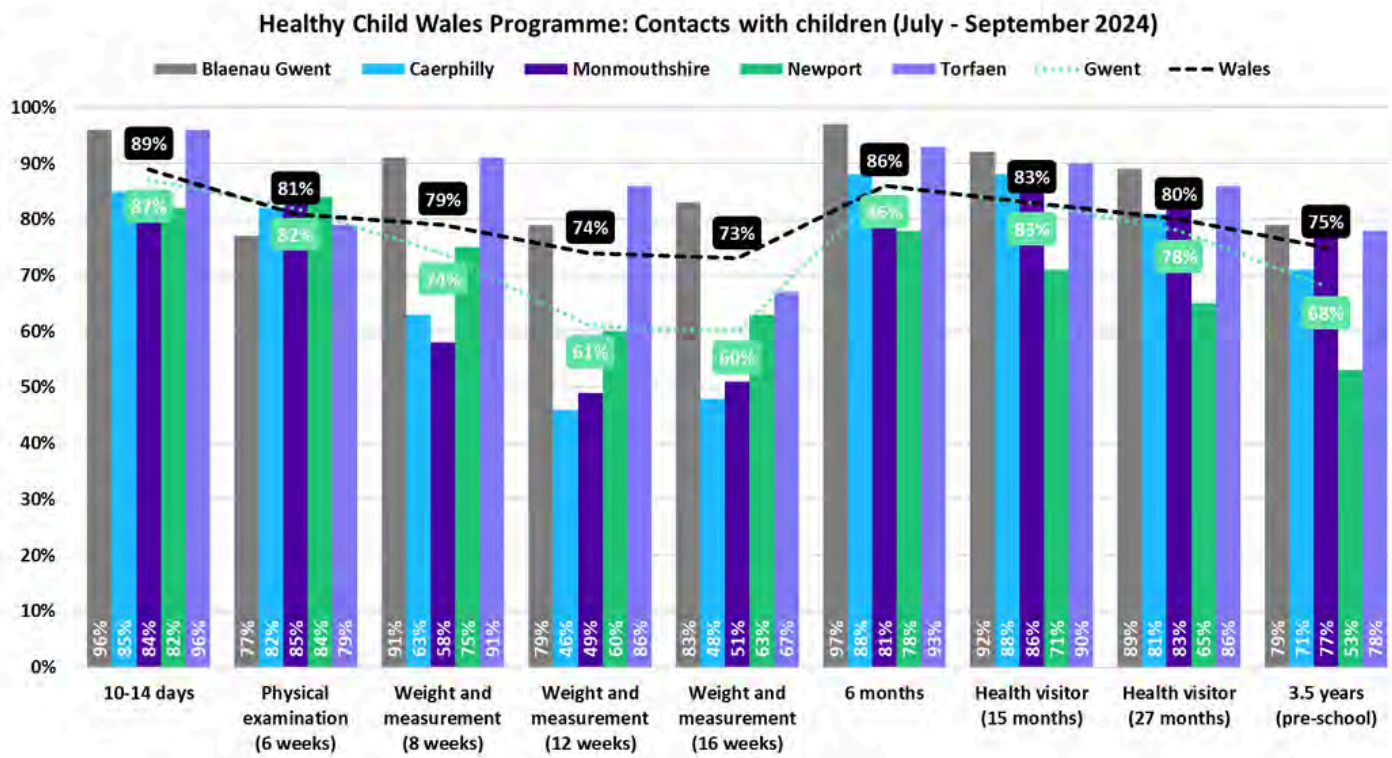
Children in Poverty

As of 2022/23, 5,788 (18.6%) children aged 0-4 in Gwent were living in absolute low income, defined as households with income below a certain threshold that prevents them from meeting basic needs like food and shelter. Data from 2019 to 2023 shows significant regional disparities, with Monmouthshire consistently having the lowest percentages (10%-13%) and Blaenau Gwent and Newport showing higher percentages (nearly 1-in-4 children). The 2020/21 financial year end saw a 16% increase in the number of children living in absolute low income across Gwent, reflecting the COVID-19 pandemic's disproportionate impact on low-income families due to economic instability and job losses.



Healthy Child Wales Contacts

Below demonstrates the percentage of eligible children with recorded Healthy Child Wales contacts across Gwent from July to September 2024, revealing variations in uptake across contact points and Local Authorities. Early-life contacts, such as the 10–14-day visit, show high coverage, with Blaenau Gwent at 96.3% and Newport at 82.1%. However, coverage declines in later contacts, particularly weight and measurement appointments at 12 and 16 weeks, which fall below 65% in most areas. Newport shows the lowest engagement at the 3.5-year pre-school contact (52.9%).



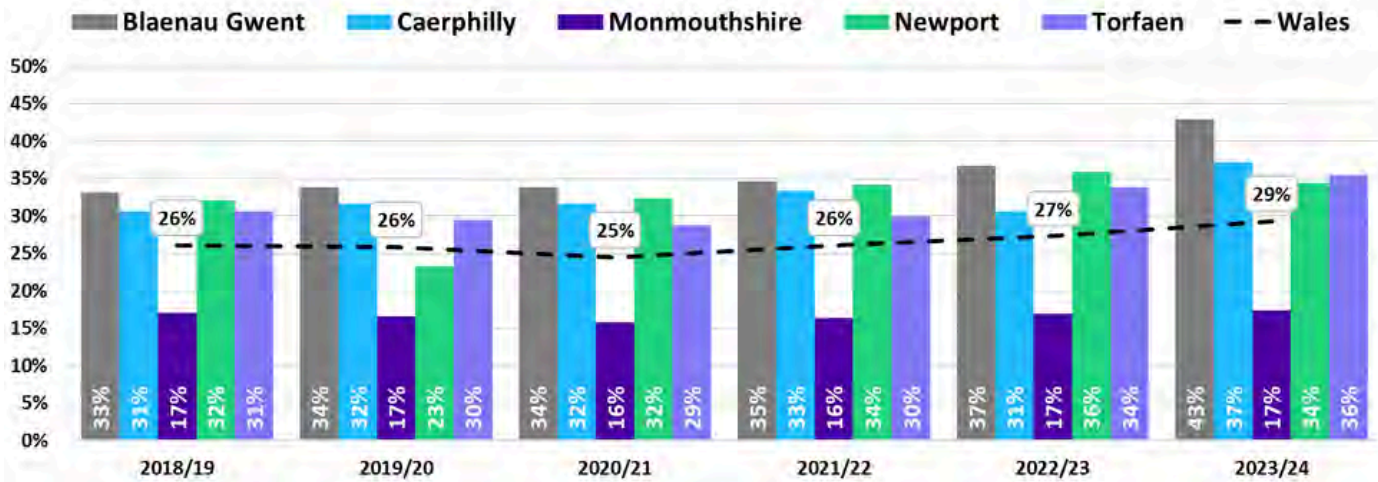
* Caution is advised when interpreting data for the 6-week GP and 8-week immunisation appointments due to a known data quality issue stemming from incomplete paper-based data collection.



Flying Start Services

The proportion of children under 4 receiving support from Flying Start Services has gradually increased across Wales due to the phased expansion by Welsh Government, reaching 29% of children in 2023/24. In Monmouthshire, between 16% and 17% of children have received support each year, compared to 43% in Blaenau Gwent.

Flying Start services: % of children (under 4) receiving Flying Start services

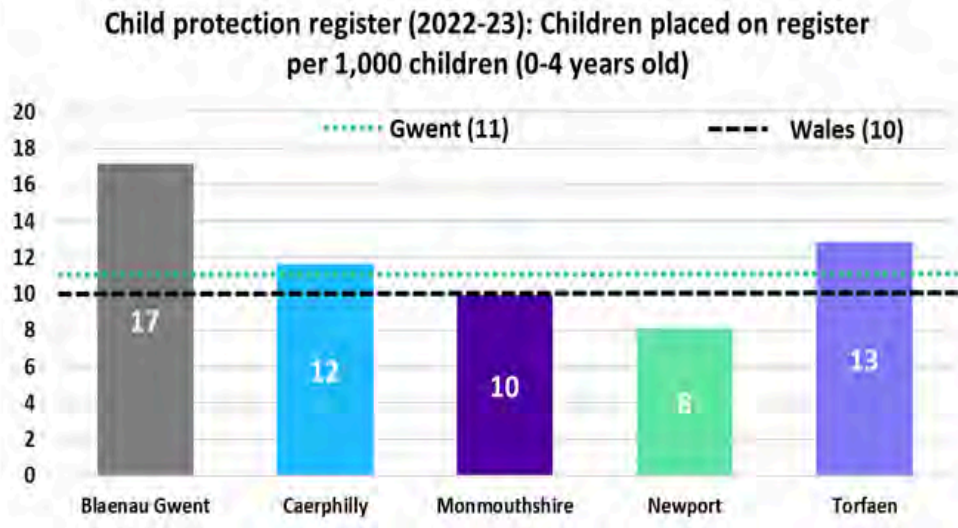


Vulnerable & At-Risk Families

Safeguarding

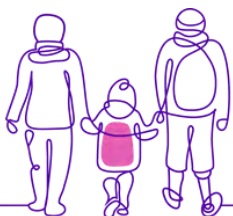
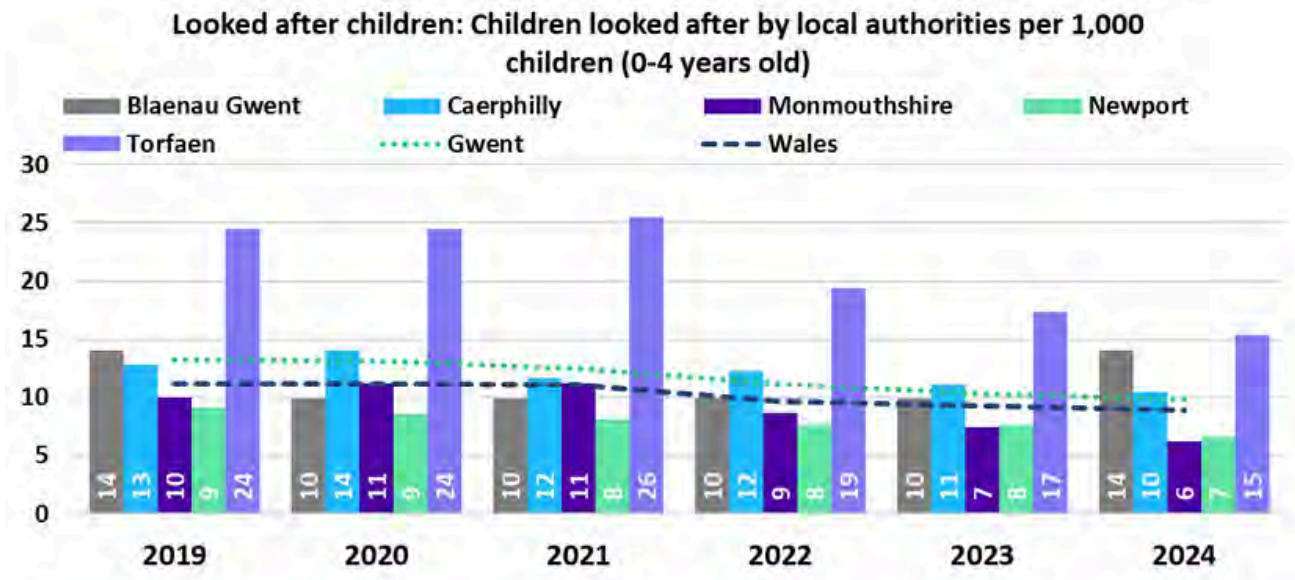
During 2022-23, there were 1,553 children (a rate of 10 per every 1,000) aged 0-4 years old placed on the child protection register in Wales (StatsWales, 2023). A higher rate than Wales, approximately 11 per 1,000 children (aged 0-4) living in Gwent were placed on the child protection register during 2022-23. Blaenau Gwent had the highest rate with 17 per 1,000 children; followed by Torfaen (13 per 1,000 children) and Caerphilly (12 per 1,000 children).





Looked After Children (<4)

As of March 2024, there were 1,335 children aged 0-4 (9 per 1,000) across Wales who were looked after by Local Authorities (Figure 15; StatsWales, 2025). In Gwent, the rate was slightly higher at 10 per 1,000. Torfaen had the highest rate of looked after children in Gwent, with 15 per 1,000 children aged 0-4 as of March 2024. While Torfaen has consistently recorded the highest rates, this figure was significantly higher in previous years, peaking at 26 per 1,000 in March 2021. In Blaenau Gwent, the rate of looked after children has now returned to pre-pandemic levels, with 15 per 1,000 children looked after for the first time since COVID-19 (StatsWales, 2025).

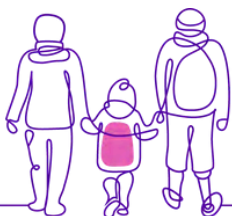


Asylum Seekers

Across Wales as of March 2023, there were 230 unaccompanied child asylum seekers (all ages) receiving care and support and 35 children (all ages) from members of families seeking asylum in Wales (StatsWales, 2024).

Temporary Accommodation

During the period January to March 2024, there were 1,755 families with children living in temporary accommodation across Wales (StatsWales, 2024). Over 300 of these families were residing in Gwent (17%) with almost half living in Newport (49%). Many families were also residing in Caerphilly (24%) and Monmouthshire (20%); fewer families lived in Torfaen (7%) and Blaenau Gwent (1%). Although there are fewer families in temporary accommodation in Torfaen and Blaenau Gwent, it does not provide an indication of need in these areas. The figures suggest that many families may be relocated to a different Local Authority when temporary accommodation is required. Families with children are most frequently supported in temporary accommodation due to being moved out of other unsuitable accommodation (StatsWales, 2024).



Title & Hyperlinks	Source
Adult Smoking Habits in the UK: 2023	Office for National Statistics
Adult Lifestyles by Local Authority & Health Board, 2020-21 Onwards (2023) BMI & Physical Activity	StatsWales
Adults Eating Five Portions of Fruit & Vegetables Per Day (2022-23)	Public Health Outcomes Framework
Coverage of Pertussis, Influenza and COVID-19 Vaccination in Pregnant Women in Wales (2023/24)	Public Health Wales
Births in England & Wales: 2023	Office for National Statistics
Live Births to Welsh Residents by Local Health Board and Gestational Age	StatsWales
Singleton Live Births with Low Birth Weight by Area (2024)	StatsWales
Child and Infant Mortality in England and Wales: 2023 (2025)	Office for National Statistics
Population Estimates for England and Wales: Mid-2023 (2024)	Office for National Statistics
BMI at Initial Assessment (2023)	StatsWales
Smoking at Initial Assessment & Birth (2023)	StatsWales
Mode of Birth by Health Board Providing the Service (2023)	StatsWales
Women at Initial Assessment Who Reported a Mental Health Condition (2023)	StatsWales
Breastfeeding by Age of Baby and Health Board (2024)	StatsWales
Vaccine Uptake in Children in Wales: Oct-Dec 2024 (2025)	Public Health Wales
Oral Health of 5-year-old Children in Wales 2022-23: Summary (Oral Health Intelligence Cardiff University)	Public Health Wales
Self-assessment of Service Statement (SASS) for Childcare: Childcare & Play Self Reporting Data Tool	Care Inspectorate Wales
Children in Low Income Families: Local Area Statistics, Financial Year Ending 2022/23	Gov.UK
Annual Percentage of Healthy Child Wales Programme Contacts Received Within Age Ranges (2023)	StatsWales
Children Receiving Flying Start Services, by Local Authority	StatsWales
Children on the Child Protection Register During the Year, by Local Authority	StatsWales
Children Looked After, by Local Authority: 2022-23 (2025)	StatsWales
Children Receiving Care and Support by Asylum Seeker Status, Gender and Looked After Status: 2023 (2025)	StatsWales
Total Placements in Bed and Breakfasts, by Length of Stay and Provision; 2023-24 (2024)	StatsWales

The **Gwent** Best Start in Life

Joint Strategic Needs Assessment:
Intelligence Report

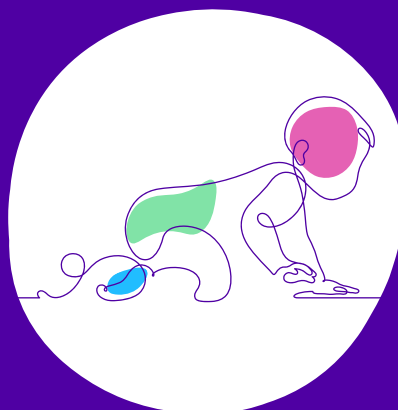
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The **Gwent** Best Start in Life

Joint Strategic Needs Assessment: Context Report

June 2025



Foreword

This *Context Report* supports the *Best Start in Life Joint Strategic Needs Assessment: Technical Report* by outlining the rationale for a shared strategic commitment and whole-systems approach to addressing entrenched health inequalities and strengthening support for families – ensuring **every** baby gets the best start in life.

The Best Start in Life Vision

The period from conception to age four is fundamental to a child's physical, emotional and cognitive development. Brain development begins before birth and is most rapid in these early years, making this a critical window for prevention and support; however, this period is also one of great vulnerability. Too many children are unable to reach their full potential due to adverse conditions in their environment.

Enabling the best start begins with high-quality prenatal and postnatal care – promoting maternal health, encouraging healthy behaviours and ensuring safe pregnancies and births. Continued support in early childhood – such as accessible newborn care, timely immunisations, health screenings and breastfeeding support – helps safeguard healthy development.

However, the best start in life is shaped by more than clinical care. Positive early experiences – such as nurturing relationships, responsive parenting, socio-economic stability and access to high-quality early education and care – are equally vital. Secure housing, adequate income, education, employment and safe environments underpin these experiences and must be addressed (Marmot, 2010).

Why the Early Years Matter

There are three key reasons why prioritising the early years is necessary: inequalities at this stage have lasting impacts; it is the most effective time to disrupt those inequalities; and early intervention is cost-effective and offers significant return on investment (Marmot, 2020). The earlier that we act, the greater the opportunity to promote health, prevent harm and reduce inequality across the life course.

Gwent is a region that has both the poorest and richest Local Authorities in Wales, with areas of deep, long-term deprivation and pockets of poverty dotted in towns and rural areas (Marmot et al., 2023). These inequalities are reflected in the deprivation gap in healthy life expectancy at birth: in 2021–2023, females born in Monmouthshire were expected to live 65.9 years in healthy life—almost 11 years longer than those born in Blaenau Gwent (55.1



years; Gwent JSA, 2025). While these figures do not account for the many social, behavioural and environmental factors, they nonetheless offer a stark illustration of how early life conditions shape long-term health and wellbeing.

Foundations of Health and Development

Early childhood lays the foundation for a healthy, capable and resilient population. It is during this formative stage that the building blocks for lifelong physical, emotional and cognitive development are established (Department of Health & Social Care, 2021). Positive early experiences – such as secure attachment, responsive caregiving and a safe, stimulating environment – support healthy development and long-term wellbeing (Shonkoff & Phillips, 2000).

Conversely, exposure to adversity – such as poverty, neglect or unstable caregiving – can disrupt development and significantly increase the risk of negative outcomes across the life course, including poor physical and mental health, reduced educational attainment, involvement in the criminal justice system and premature mortality (Bellis et al., 2015).

Emotional Health & Wellbeing

Good parental mental health supports secure attachment, responsive caregiving, and a stable home environment—all of which are vital for a child’s emotional development and resilience. When parents are mentally well, they are more likely to provide consistent, nurturing care, helping children to develop healthy relationships, regulate their emotions, and feel safe and valued (Department for Education, 2023).

However, not all children have the same start in life. Pre-school children whose parents experience poor mental health are three times more likely to face mental health challenges themselves compared to those whose parents have good mental health (NHS Digital, 2018). Furthermore, exposure to Adverse Childhood Experiences – such as domestic violence, household dysfunction, or neglect – can disrupt emotional development and increase the risk of long-term harm (Bellis et al., 2015)

Creating Enabling Environments

Children thrive in safe, stable, and stimulating environments. Secure housing, access to green spaces, and opportunities for play support emotional regulation, creativity, and learning. Outdoor play and green spaces, in particular, fosters physical health, benefits coordination, problem-solving, balance and strength in children (Taylor, Pringle & Roscoe, 2024).



Children living in poverty are more likely to face challenges such as poor housing, food insecurity, exposure to environmental pollution and limited access to early education. These cumulative disadvantages can lead to developmental delay, difficulties in school, long-term health issues and reduced life expectancy (Public Health Wales & World Health Organisation, 2023). In Gwent, nearly 1 in 5 children under the age of five live in absolute low income – this is a call to action (Department for Work & Pensions, 2023).

Physical Health

Good nutrition and physical activity are vital for brain development, immunity, and energy. Breastfeeding, healthy weaning, and active play support physical growth and cognitive function. Vaccination in pregnancy and childhood immunisations protect against preventable diseases, helping to ensure children can thrive without avoidable setbacks (Nandi & Shet, 2020).

When physical health needs go unmet—due to poor diet, lack of activity, or missed vaccinations—children are at greater risk of obesity, developmental delays, and chronic illness. Parental health behaviours, such as smoking, high body mass index, and sedentary lifestyles, can also significantly influence a child’s health trajectory. These behaviours not only increase the risk of adverse birth outcomes and long-term health conditions in children but can also shape children’s own health behaviours through modelling and shared environments (Public Health England, 2020).

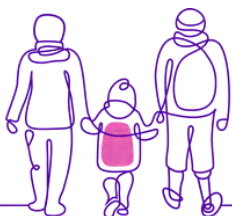
Speech, Language and Communication

Early communication skills form the foundation for learning, social interaction and emotional expression. When children understand and use language effectively, they are better able to form relationships, express their needs and engage with the world around them. Strong speech and language abilities are closely linked to improved literacy, academic success, greater confidence and a stronger sense of self (Public Health England, 2020).

If speech and language needs are not identified early, children may experience long-term difficulties with reading, behaviour and social inclusion (Law et al., 2017). This highlights the importance of ensuring equitable access to speech and language development through early interaction, play and timely interventions.

School Readiness

Access to high-quality early childcare creates opportunities for early socialisation, fosters independence and supports cognitive and emotional growth – this contributes to children achieving their developmental milestones in readiness for school. It can also help mitigate the effects of disadvantage by increasing the likelihood of academic success, better physical



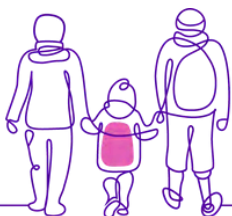
and mental health and the ability to break the cycle of poverty later in life (Public Health Wales & World Health Organisation, 2023).

Supporting school readiness involves more than just preparing children—it also means ensuring that schools and families are ready. This includes fostering children's social-emotional and cognitive development, creating inclusive and safe school environments, and encouraging active family engagement (UNICEF, 2022). A shared understanding of school readiness enables early identification of emerging needs, promotes consistency across early years settings, and strengthens collaboration between families, schools, and services.

A Public Health and Economic Imperative

Giving babies and children the best start in life is a necessity. Prevention and early intervention reduce the need for specialist services later on, easing pressure on health, education, and social care systems. Children who start well are healthier, more engaged, and better equipped to thrive. They're less likely to face unemployment, illness, or harmful behaviours as they get older.

Enabling **every** baby and child to have the best start in life is therefore essential to building healthier, fairer, and more resilient communities. To enable this, a whole-system approach, involving collaboration between health, education, social care, housing and community services, is essential.



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Title / Hyperlink	Source / Authors
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Households below average income (HBAI) statistics (2024).	Department for Work & Pensions
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The **Gwent** Best Start in Life

Joint Strategic Needs Assessment:
Context Report

June 2025

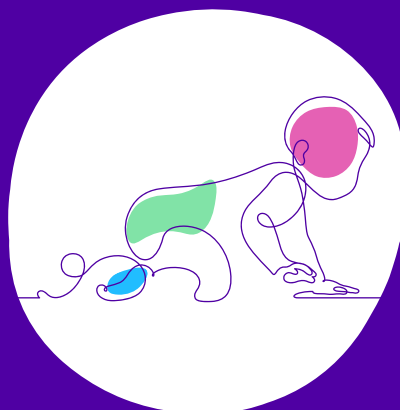
For further information please email:
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The Gwent Best Start in Life

Joint Strategic Needs Assessment: Data Sources & References

June 2025



Data Sources & References

Title	Source	Page	Hyperlink
Our Future, Our Voice: Babies, Children & Young People of Gwent (2023/24)	ABUHB Director of Public Health's Annual Report	2	Our Future, Our Voice: Babies, Children & Young People of Gwent (2023/24)
The Dahlgren-whitehead 'rainbow Model' (1991)	Policies and Strategies to Promote Social Equity in Health (G. Dahlgren & M. Whitehead)	2, 36	The Rainbow Model
Building a Fairer Gwent: Improving Health Equity & the Social Determinants (2023)	Institute of Health Equity (M. Marmot, J. Allen, T. Boyce, P. Goldblatt & O. Callaghan)	2, 3, 36	Building a Fairer Gwent: Improving Health Equity & the Social Determinants (2023)
Fair Society, Healthy Lives: The Marmot Review (2010)	Institute of Health Equity (M. Marmot, J. Allen, P. Goldblatt, T. Boyce, D. McNeish, M. Grady & I. Geddes)	2, 3, 42	Fair Society, Healthy Lives: The Marmot Review (2010)
Making the Case for Preconception Care (2018)	Public Health England	2, 6, 7	Making the case for preconception care
World Report on Social Determinants of Health Equity (2025)	World Health Organisation	2	World Report on Social Determinants of Health Equity
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The Gwent Best Start in Life

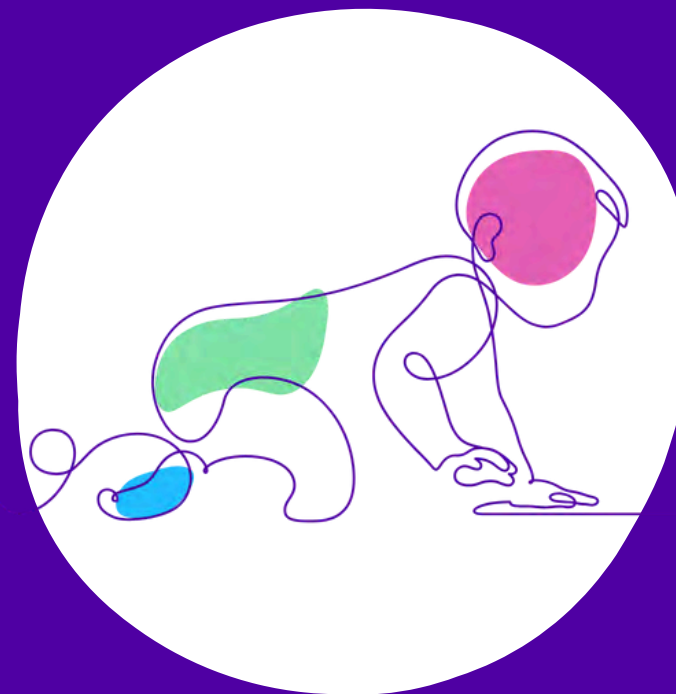
Joint Strategic Needs Assessment:
Data Sources & References

For further information please email:
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The **Gwent** Best Start in Life Joint Strategic Needs Assessment Executive Briefing





Science tells us that a child's experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow.

It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.



Jason Knauf, CEO of the Royal Foundation





Joint Strategic Needs Assessment

A systematic approach to assessing the health and wellbeing needs of the population includes:

- Collecting and analysing diverse data to understand local needs.
- Engaging with communities and stakeholders to identify unmet service demands.
- Mapping existing services to identify gaps in provision.

This process allows for a targeted and coordinated approach, directing resources to areas of greatest need.





What We Heard From Families

- A need for more open conversations about healthy behaviours, with gaps reported around lifestyle advice and signposting.
- Limited antenatal discussions about breastfeeding
- A lack of maternal mental health support
- Financial pressures were a cause for concern whilst on maternity / paternity leave.
- The cost-of-living crisis was cited as impacting their child's development.
- Lack of awareness of the existing support services and information available





What Early Years Professionals told us

- The introduction of BadgerNet has strengthened collaboration
- Lack of service collaboration and ongoing postnatal support for women whose baby has been removed by Social Services - leaving them to navigate their trauma
- Childcare Practitioners expressed a desire to engage in further training to better support children's development.
- A clearer understanding of the term 'school readiness'
- Families face multiple barriers to healthcare access



Service Provision

- Variability in access to early years services in the region
- High-quality services exist but lack promotion and equitable access
- Outdated service information on Health Board and Local Authority platforms
- The legacy of COVID-19 has affected service capacity, leading to longer wait times
- Need for more accessible, place-based provision to overcome local barriers
- Limited support for women with mild-to-moderate perinatal mental health issues
- Gaps in inclusive information for dads, birth partners, and LGBTQIA+ families





The Recommendations

- Explore the role of ABUHB Primary Care in supporting pregnancy planning and strengthen the information available to help individuals and couples make informed decisions when planning for pregnancy.
- Implement quality improvement approaches across Gwent to reduce barriers to vaccination in pregnancy and improve uptake. Improve the quality and reliability of vaccination in pregnancy data through enhanced collaboration with ABUHB Midwifery and Primary Care teams to ensure accurate, timely recording and proactive response to emerging trends.
- Analyse and compare ABUHB data on lifestyle behaviours during pregnancy (BMI and smoking status) to identify correlations with mode of delivery and explore how these findings can be used to enhance messaging, antenatal care and support services.



- Understand the impact of the Gwent Antenatal Programme, focusing particularly on increasing engagement among underrepresented groups and expanding antenatal workshops.
- Establish a task group involving Local Authorities early years practitioners, Health Visiting, Midwifery, and community representation across Gwent to streamline and improve communication and support parents, families to enable babies and children to have the best start in life.
- Promote the use of MECC best start in life messages through ABUHB internal channels, including BadgerNet and ABUHB Pulse.
- Conduct post-training feedback sessions with the ABUHB Midwifery and Health Visiting Services to assess the integration of MECC principles into practice.





- Explore opportunities to broaden the scope of MECC training to better equip ABUHB Midwives and Health Visitors to:
 - Understand and confidently discuss sexual and reproductive health, including contraception
 - Recognise and embrace their role in providing contraceptive advice as part of a wider pathway of care
- Seek to understand the barriers faced by dads, partners, and LGBTQIA+ parents, across Gwent, in accessing early years services with their babies and children, ensuring they are recognised and included as integral to shaping the care and support provided for babies and children.
- Assess the Baby & Me and equivalent programmes in Gwent, for at-risk / looked after children to clarify existing provision and plan improvements based on this understanding.



- Fully harness the potential of place-based services in Gwent, such as the 19-Hills Health & Wellbeing Centre, to provide enhanced early years support and ensure care is accessible, inclusive, and delivered closer to home.
- Explore opportunities to address gaps in the children's weight management pathway, particularly at Level 2.
- Provide targeted training for pre-school settings staff across Gwent on supporting early speech, language & communication and physical literacy.
- Integrate early years resources into the Integrated Wellbeing Network maps to enable access and support signposting amongst early years professionals.





- Strengthen efforts to achieve equitable childhood immunisation coverage across all Local Authorities in Gwent by identifying and addressing areas of low uptake through targeted, co-produced interventions that improve access and reduce barriers for families.
- Co-develop a shared understanding of school readiness with residents living in Gwent and Early Years Professionals working across the region, focusing on enabling children to achieve their developmental milestones in readiness for school.





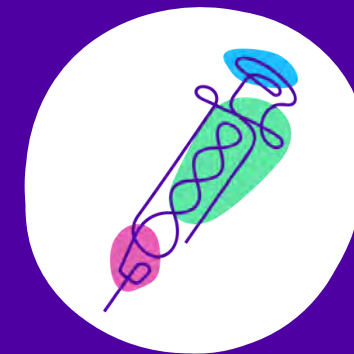
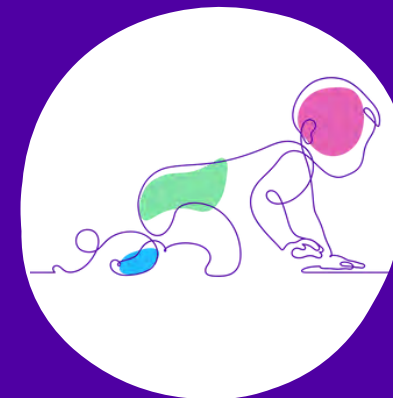
Next Steps

- Report will be shared with Gwent PSB, Babies, Children & Young People Strategic Group, and the National Child Health Network.
- Recommendations will form part of delivery plans for Gwent PSB and Babies, Child & Young People Strategic Group
- A 'You Said, We Did' feedback loop will be used to provide progress updates to all those that participated in the JSNA





This is a Call to Action...



The **Gwent** Best Start in Life

Joint Strategic Needs Assessment: Technical Report

June 2025



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This document uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby. It is recognised that there are many different family arrangements.

“

Science tells us that a child's experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.

”

Jason Knauf, CEO of the Royal Foundation (2020).



Background, Purpose and Scope

The Director of Public Health's Annual Report (2023-24), '[Our Future, Our Voice](#)', highlighted the profound impact of the COVID-19 pandemic on the health and well-being of babies, children, young people, and families in Gwent. Emphasising the crucial early years (preconception to age four), the report called for renewed focus on reducing inequalities and supporting children's development during this foundational period.

The Best Start in Life

A child's development is shaped by both biological and wider social determinants of health, including housing, income, education, employment, and access to healthcare (Dahlgren & Whitehead, 1993). While healthcare access is vital, reducing health inequalities requires addressing these broader conditions (Marmot, 2023). Providing the best start in life involves investing in quality early experiences, equitable education, stable housing, fair employment, and income security. Tackling discrimination and climate-related challenges is also key to shaping long-term outcomes (Marmot, 2010).

A whole-system approach, involving collaboration between health, education, social care, housing, and community services, is essential. Without coordinated efforts, inequalities can deepen, making it harder for some babies and children to thrive. A shared, strategic commitment is needed to reduce health inequalities and support early childhood development.

Preconception Health: Laying the Foundation

The health and wellbeing of prospective parents – such as nutrition, mental health, physical health, and avoiding harmful substances – before conception significantly affect fertility & pregnancy and child health outcomes (Public Health England, 2018). However, wider social determinants like poverty, unstable housing, and insecure employment often limit access to healthy choices and services (WHO, 2025).

Even where services such as smoking cessation programmes exist, engagement can be lower in deprived areas due to financial strain, low awareness, or competing priorities. It is crucial that information and support are accessible, inclusive, and adapted to meet diverse needs.

Pregnancy: Supporting Healthy Beginnings

Pregnancy lays the foundation for a child's physical and neurological development. Access to timely antenatal care, mental health support, and good nutrition are vital for reducing risks and



promoting healthy outcomes (NICE, 2021; WHO, 2016). Chronic stress, poor housing, language barriers, financial hardship, and domestic violence can all adversely affect pregnancy and maternal wellbeing; Jones et al., 2022; Bacchus et al., 2006). Support must extend beyond medical care to address the wider conditions affecting families. This includes culturally sensitive care, emotional support, safeguarding, and social support mechanisms to mitigate these risks.

0-4 Years: Creating Enabling Environments

From birth to age four, children undergo rapid brain development. This period is crucial for shaping emotional, cognitive, and social skills. Secure attachments and loving relationships lay the foundation for resilience and positive lifelong outcomes (WHO, 2020).

As cited in the United Nations Convention on the Rights of the Child, even babies experience rights through care and support. Nurturing environments that encourage autonomy, self-expression, and choice are essential for fostering confidence and self-worth (Scottish Government, 2024).

Vulnerable and at-risk families often experience multiple, overlapping challenges—such as low income, insecure housing, mental ill health, and exposure to violence or substance use—which can negatively affect both parental and child wellbeing (Marmot, 2010). Exposure to abuse, neglect, and household dysfunction (referred to as Adverse Childhood Experiences) increases babies and children’s risk of adverse outcomes, including poorer health, educational attainment, and long-term disadvantage (Bellis et al., 2015). Early intervention, wraparound support, and cross-sector collaboration are essential to mitigate these risks and break intergenerational cycles of harm.

Addressing Inequalities for the Best Start in Life

In response to the exacerbation of existing inequalities by the pandemic, the Gwent Public Services Board committed to becoming Wales' first Marmot Region in March 2022, pledging to tackle the social determinants of health. The [Building a Fairer Gwent](#) report (2023), developed with the Institute of Health Equity, outlined key recommendations, including strengthening early years support, improving access to education and employment, reducing poverty, and ensuring equitable service delivery.

These priorities are embedded in the [Wellbeing Plan for Gwent](#) (2023), which adopts the Marmot principles, and the Health Board’s Integrated Medium-Term Plan (awaiting publication), which prioritises early years as a cornerstone for long-term health. This Joint Strategic Needs Assessment (JSNA) contributes vital evidence to monitor progress and inform targeted actions, ensuring that policies and services support babies, children and families effectively from the earliest stages of life.



The Current Picture Across Gwent

Pregnancy to age 4 years data journey (data from 2022-2024)



Pregnancy

*Data at initial assessment

13.6%

of mothers smoking



23%

of mothers disclosed a mental health condition

61.1%

of mothers living with overweight or obesity

Birth

47%

of mothers received assisted delivery

8%

of births were preterm

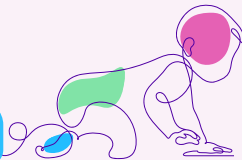


7%

of babies were born with a low birth weight

0-4 Years

mothers in Gwent who breastfeed



61%
at 10 days

21%
at 6 months

83.2%

Children up to date with their immunisations



18.6%

of children are living in poverty

305

of children are looked after

62.2%

completed 3.5-year Healthy Child Wales programme contact



321

children are on the safeguarding register

66.5%

phase 2 Flying Start childcare uptake

23%

of children are living with overweight or obesity



Methodology

To develop a robust and representative understanding of early years needs across the region, key health indicators were first analysed to identify patterns and areas of concern. Residents and professionals across Gwent were engaged through surveys, focus groups, and one-to-one conversations. A map-and-gap analysis of current service provision was also undertaken to identify existing strengths, gaps, and opportunities for improvement. This overall process was carried out from August 2024 to March 2025.

Key Health Indicators

Data, such as rates of maternal smoking and breastfeeding initiation, childhood immunisation & and child poverty rates, were reviewed to assess early years outcomes across Gwent. This data was sourced from Public Health Wales, the Office for National Statistics, and Health Board datasets.

Community Engagement

Surveys

Eight surveys were co-developed with key partners, gathering responses from **357 Gwent residents** and **35 Early Years Professionals**. Except for professionals, respondents were required to be at least 16 and live in Gwent. Most were aged 30–39 (58%), identified as White Welsh (72%), and lived in Caerphilly. Lower participation from ethnic minority groups and uneven representation across Local Authorities are noted limitations. The surveys explored experiences across several key areas:

Survey	Eligibility	Responses
Females' Awareness of Preconception Care	Female / assigned female at birth; not pregnant; no children	27
Males' Awareness of Preconception Care	Male / assigned male at birth; no children	19
Pregnancy & Birth Care	Pregnant or gave birth since 01/08/23	90
Birth Partner Experience	Birth partner since 01/08/23	12
NICU Experience	Child born since 01/08/23 with NICU admission	12
Parenting 0-4	Parent of child aged 0–4	120
Health & Wellbeing 0-4		77
Early Years Professionals	Work in pre-school settings in Gwent	35



Focus Groups & 1-2-1 Conversations

Five qualitative sessions took place to provide lived experience and professional perspectives:

1. **Antenatal & Early Years Professionals:** Explored interdisciplinary working, service challenges, and barriers to accessing healthcare for vulnerable families.
2. **Gwent Drug & Alcohol Service:** Discussed barriers for pregnant women affected by substance misuse.
3. **Home-Start Cymru:** Shared insight into family issues and advocacy efforts
4. **Monmouthshire Flying Start Team:** Identified barriers to access and communication.
5. **Five Mothers (1-2-1):** Personal experiences across the perinatal and early years period.

Service Provision: Mapping & Gapping

A comprehensive mapping exercise was carried out to capture existing services across the early years' pathway. This included statutory provision (such as Maternity and Health Visiting services), Local Authorities, third-sector organisations, and early education providers. The process was informed by input from key stakeholders and partners, who helped ensure the mapping reflected the full range of support currently available to families. In parallel, a gap analysis was undertaken to highlight where services may be duplicated or where unmet needs exist.

Themes

The different strands of the methodology, and a review of the relevant local and national policies provided a well-rounded understanding of current needs and areas of inequity across Gwent. This helped shape the five overarching themes explored in this JSNA: Preconception Health & Care, Health & Wellbeing (Conception to Age 4), Early Development & Childcare, Wider Determinants of Health, and Vulnerable and At-Risk Groups.

Preconception Health & Care

Improving the health of both men and women during their reproductive years is a public health priority, as many behaviours and risk factors associated with adverse birth outcomes are established before pregnancy and can be difficult to modify afterwards (Public Health England, 2018). Preconception health encompasses the adoption of healthy behaviour and preconception care, which includes medical interventions delivered through Primary and Secondary Care and Sexual and Reproductive Health Services; all of which optimise parental health and improve outcomes for both parent and child (Fleming et al., 2018).

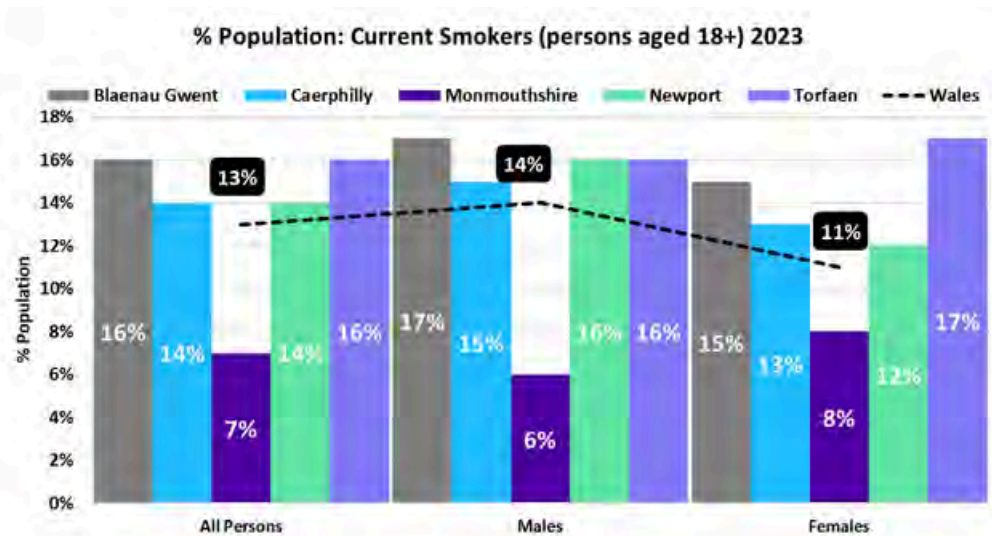


Data

Modifiable lifestyle behaviours—such as smoking, high BMI, and low physical activity—have a significant impact on reproductive health for both men and women. Public Health England’s (2018) ‘[Making a Case for Preconception Care](#)’ outlines how these behaviours affect fertility outcomes and contribute to long-term health challenges for future generations. By pairing this national evidence with local Gwent data, we have highlighted why more emphasis needs to be placed on preconception care.

Smoking

Smoking in men reduces sperm count, impairs motility, and increases DNA damage, whilst in women, it disrupts hormone balance, lowers ovarian reserve, and raises the risk of pregnancy complications. Exposure to second-hand smoke also affects fertility outcomes.

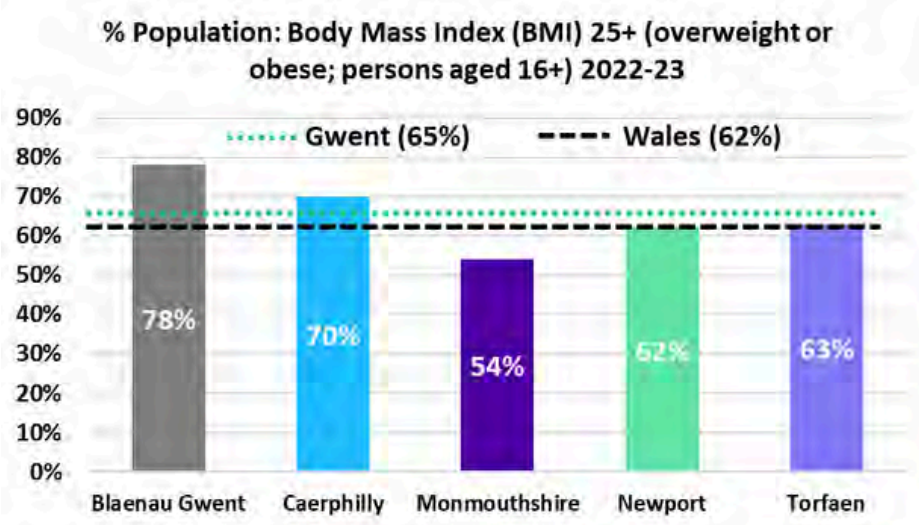


Most recent data (from Figure 1) suggests that 13% of the Gwent population reported to be current smokers (ONS, 2023) which coincides with the rate across Wales (13%). Rates across Local Authorities are highest for men in Blaenau Gwent (17%) and for women in Torfaen (17%).

Body Mass Index

Maintaining a healthy BMI is important for fertility. A high BMI ($\geq 25\text{kg/m}^2$) can reduce sperm quality in men and cause menstrual and ovulatory issues in women, while being underweight may also disrupt reproductive function. Healthy weight management through diet and activity can improve fertility in both men and women.



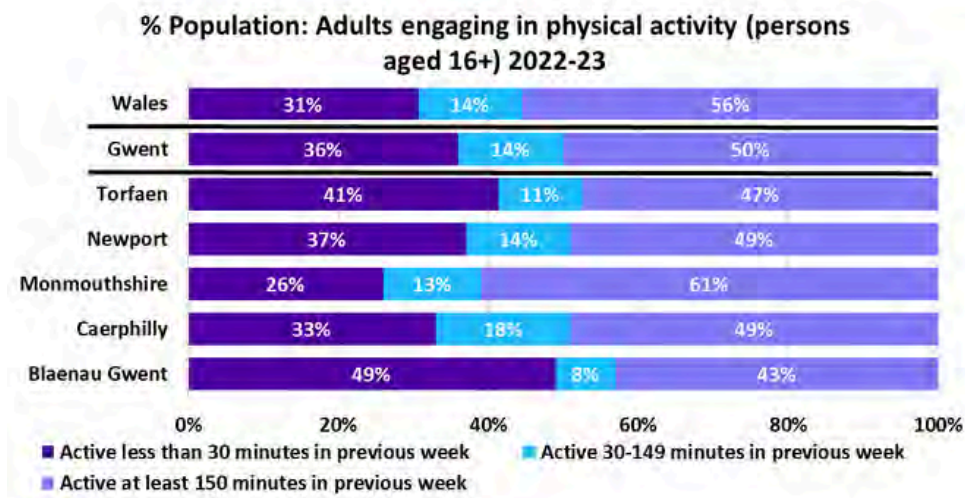


In 2022–23, 65% of adults in Gwent were living with overweight or obesity—slightly above the Welsh average of 62% (StatsWales, 2023). Rates varied across the region, from 78% in Blaenau Gwent to 54% in Monmouthshire – as highlighted in Figure 2. This marks a notable increase from 2016–17, when 32% of adults in Gwent were reported to be living with overweight or obesity.

This upward trend reflects the growing influence of the **obesogenic environment**—an environment that promotes unhealthy eating and physical inactivity—which continues to shape population health outcomes. Tackling these wider structural and environmental drivers is essential for reversing current trends and supporting healthier behaviours across communities (Public Health Wales, 2019).

Physical Activity

Regular physical activity supports reproductive health by improving hormone balance, insulin sensitivity, and cardiovascular function, while also reducing stress and promoting well-being.



In Wales, 31% of adults reported less than 30 minutes of activity in the previous week (StatsWales, 2023). Figure 3 demonstrates how this rises to 36% in Gwent and nearly 49% in some Local Authorities. Monmouthshire reported the highest physical activity levels, with 61% meeting the recommended 150 minutes per week.

Engagement

The key findings from the two preconception surveys have been outlined below.

Health Behaviours

Respondents were asked to list the top five behaviours that they should adopt and stop / avoid doing to ensure a healthy pregnancy and baby.

Behaviours to start doing:

Younger women prioritised developing knowledge—such as seeking lifestyle tips, attending workshops, or doing research (50% of 16–24s; 29% of 25–29s). This theme was absent from the top five for those aged 30–48, possibly reflecting greater exposure to pregnancy through peers or family. Men shared similar health-focused intentions but often emphasised supporting their partner over changing their own behaviours, possibly reflecting their younger age.

Behaviours to avoid / stop doing:

Avoiding alcohol was the most common response among women—reported by 100% of respondents, except 88% of those aged 30–39. Women aged 25+ also mentioned avoiding fatty foods and unhealthy diets, while 16–24s highlighted stopping birth control. Men also identified stopping smoking, drinking, and using illicit substances as key behaviours, along with getting tested for STIs.

Importance of Preconception Health

Men were asked to rank the importance of prioritising their own health and wellbeing during family planning on a scale of 1 (least important) to 10 (most important). Nearly half (47%) rated it 8 or above, indicating an awareness of its significance. However, the 53% who scored it 7 or below suggests a gap in understanding the full impact of men health on fertility and pregnancy outcomes. This highlights an opportunity to improve awareness and engagement around preconception health in men.



Contraception & Fitness for Pregnancy

Improving fitness for pregnancy and addressing preconception risk factors can reduce adverse pregnancy outcomes and improve long-term health for families. A wide range of professionals—including those in social services, migrant health, and community-led support services—play a vital role in promoting preconception health (e.g., debt management and legal advice).

Despite the importance of contraception in reproductive health, gaps remain in preconception care, particularly around equitable access and awareness. To help address this, Midwives, across Gwent, have been undertaking Bridging Contraception training, which enables them to prescribe a 12-week supply of the progesterone-only pill and administer the Depo-Provera contraceptive injection.

A mother in Torfaen also highlighted the lack of a comprehensive preconception care offer in the UK, contrasting it with more proactive approaches abroad:

“...regardless of whether they’ve been trying for a long time or have been unsuccessful. If you’re ready to start a family, they have a whole package where they do your bloods, they put you on all of the right tablets to optimise you... they also look at the men’s health. There is nothing equivalent in the UK”

(Mother, Torfaen).

Health Visitors have expressed interest in strengthening their role in sexual and reproductive health support. Insight work, led by the [Public Health Prevention team](#), in North East & North Cumbria, delivered MECC-based contraception training to upskill Midwifery and Health Visiting staff, building confidence in providing advice in 2021. There is potential to explore how this approach could be adapted in Gwent.

Contraceptive services in Gwent are available via GP practices, some pharmacies (for emergency contraception), [Sexual & Reproductive Health clinics](#) (offering LARC), and the [Gwent C-card Scheme](#) (for young people aged 13–25). However, these services largely focus on contraception and do not routinely address wider aspects of preconception health nor fitness for pregnancy.

Seeking Advice & Information

Of 27 women, 67% (n=18) were considering having a baby in the future. Among them, 94% (n=17) planned to make lifestyle changes before conception, and 89% (n=16) would seek advice or support. Most preferred seeking advice from Healthcare Professionals (52%), while others cited online resources, apps, prenatal classes, or family and friends.



Accessing information online was a common preference due to its convenience and the wide range of topics available. When using trusted, evidence-based sources, it can be an empowering tool for learning about preconception health. However, the prevalence of misinformation—particularly on social media—poses risks, making it essential that individuals are supported to identify and use reliable, accurate resources.

These findings highlight the behaviours individuals associate with pregnancy preparation, but such actions are influenced by broader social and economic conditions. Addressing these wider determinants—through cross-sector collaboration and targeted support—is key to improving reproductive health and supporting families throughout the journey to parenthood.

Service Provision and Gaps

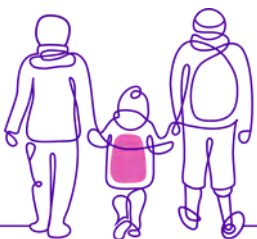
Preconception Health Clinics

Nationally, there are no dedicated preconception health clinics; general advice around healthy lifestyle behaviours is discussed as part of patient contraception care, particularly if they have chosen to discontinue contraception use. GP practices can offer this advice, but the patient would need to actively book the appointment. There is more advice and support available around planning for pregnancy for those with pre-existing medical conditions or those looking to undertake fertility treatment. This includes specific pathways and fast track appointments for services such as weight management.

The ABUHB Healthier Together website has a page '[Planning for Pregnancy](#)' dedicated to preconception health. It contains basic advice related to the healthy behaviours all adults should adopt and the behaviours to avoid or stop. There are existing adult-based services, aimed at the general population, that support in addressing health behaviours such as [Help Me Quit](#) (smoking cessation service), [ABSDAS](#) (Aneurin Bevan Specialist Drug & Alcohol Service) and the [Weight Management Service](#).

Relationships & Sexuality Education

The [Curriculum for Wales](#) (2022) requires schools to teach 'Sexual Health & Wellbeing' through the [Relationships and Sexuality Education \(RSE\) Code](#). This includes contraception, reproductive choices, sexual health risks, and the impact of conditions related to fertility and reproductive health.



While individual schools interpret and deliver these areas, the framework's emphasis on reproductive choices, sexual health, and fertility provides a valuable opportunity to integrate preconception health education. By embedding this within the curriculum, schools can play a key role in raising awareness about the importance of preconception health and its role in supporting long-term health and wellbeing.

Health and Wellbeing (Conception to 4)

The early years, from conception to age four, are a critical period for a child's development and future wellbeing. During this time, babies and children are particularly vulnerable to health issues, and unmet developmental needs can lead to long-term challenges. Timely identification and support are essential to ensure children reach their potential (Goode, Diefendorf & Colgan, 2011).

Integrated maternity and early years services play a key role in supporting families, monitoring child development, and addressing needs early. Collaboration between health, education, and social care enables a preventative approach—helping to reduce inequalities and improve outcomes for babies, children and families across Gwent (Public Health Wales, 2025).

As part of this integrated approach, social prescribing offers a valuable opportunity to strengthen early intervention and holistic care. The Welsh Government's [National Framework for Social Prescribing](#) (2024) emphasises the need for a more structured and consistent model across health and care services. Embedding social prescribing within antenatal and postnatal care—by incorporating it into routine appointments—can help families access the right community-based support from the outset. Encouraging healthcare professionals to adopt this approach will ensure a more proactive, personalised, and preventative system of care during the early years.

Data

Vaccinations During Pregnancy

Vaccinations during pregnancy protect both mother and baby by helping the mother develop antibodies that reduce the risk of complications such as premature birth or severe illness in newborns. Recommended vaccines include pertussis (Whooping Cough; from 16 weeks), RSV (from 28 weeks, as of September 2024), and COVID and influenza (available during Autumn/Winter; COVID will no longer be offered from Spring 2025 – WHO, 2024).



Public Health Wales' [Annual Coverage Report](#) provides data on pertussis, influenza and COVID vaccination coverage in pregnant women, at the point of delivery, during a five-day period in January. The data is collated by each Health Board's Public Health Midwife. Table 1 presents a breakdown of the offer and uptake figures, across Gwent, during the 2023/24 and 2024/25 reporting period:

Table 1	2023/24		2024/25	
	Offer (n=73)	Uptake	Offer (n=70)	Uptake
Pertussis	94.5%	72.6%	100%	78.8%
Influenza	80.8%	67.1%	100%	70%
COVID	87.7%	72.6%	Data not required by PHW*	
RSV	No data available**		97%	55.7%

* COVID vaccination uptake data was not collected for the 2024/25 period, as this was no longer required by Public Health Wales.

** RSV vaccination data is unavailable for the 23/24 reporting period, as it was only introduced in September 2024

While there has been a positive increase in pertussis and influenza vaccine offer and uptake between 2023/24 and 2024/25, the sample size remains small (70–73 records) compared to over 5,000 births in Gwent in 2024. As such, the data does not account for factors such as demographics or Local Authority trends.

A key challenge lies in the lack of integration between systems. When a pregnant woman is vaccinated at her GP surgery, the practice is responsible for recording the immunisation to the Welsh Immunisation System. Midwives must then review WIS and manually enter the data into BadgerNet, creating additional administrative burden and risking delays or gaps in records.

The introduction of the RSV vaccine has added further complexity, as not all GP practices offer this. Pregnant women registered at these surgeries must instead attend a vaccination centre, which can create access challenges—particularly for those facing transport or childcare barriers.

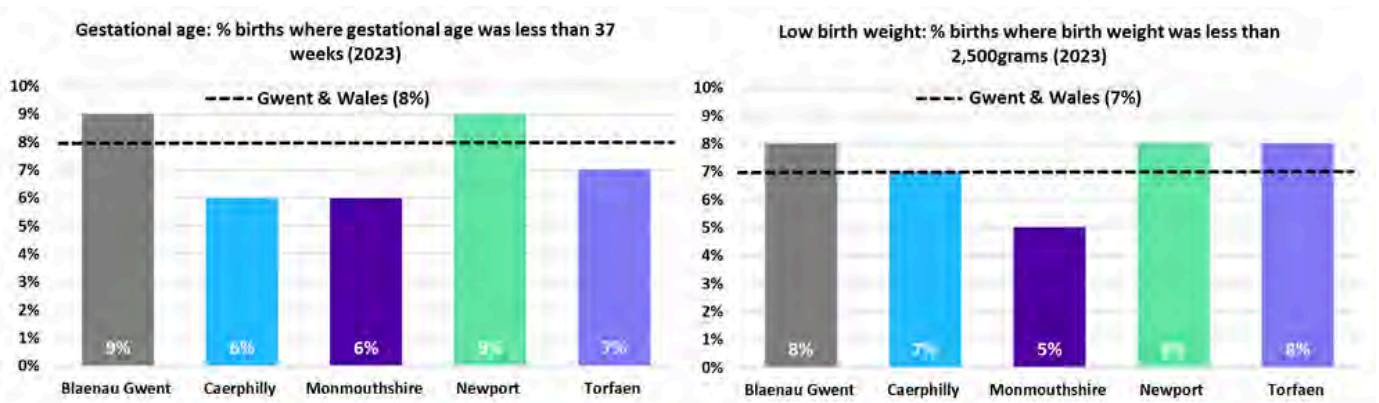
The requirement to book separate vaccination appointments—often outside of routine antenatal care—can be a barrier to uptake. Streamlining the process and integrating systems is key.



Live Births

In 2023, Wales recorded over 27,374 live births, with 5,714 in Gwent. The crude birth rate in Wales was 8.7 per 1,000 women aged 15–44, with all Gwent Local Authorities, except Monmouthshire (7.6), having higher rates. Newport had the highest rate at 11.2 live births per 1,000 women (ONS, 2024).

Of all births in Wales and Gwent during the reporting period, approximately 8% were preterm (born before 37 weeks' gestation), with higher rates observed in Blaenau Gwent and Newport at 9% (StatsWales, 2024). Separately, around 7% of all births were of low birth weight (under 2,500 grams), with Blaenau Gwent, Newport, and Torfaen each reporting 8%, while Monmouthshire reported a lower rate of 5% (StatsWales, 2024).



Child Mortality

In 2023, the stillbirth rate across Gwent was 4.5 per 1,000 live and stillbirths, with Newport having the highest rate at 5.8 per 1,000. Perinatal mortality, which includes stillbirths and early neonatal deaths, was 5.3 per 1,000 live and stillbirths in Gwent, with Newport again having the highest rate at 7.8 per 1,000. The infant mortality rate in Gwent was 3.7 per 1,000 live births, with Blaenau Gwent recording the highest at 4.5 per 1,000 (ONS, 2024).

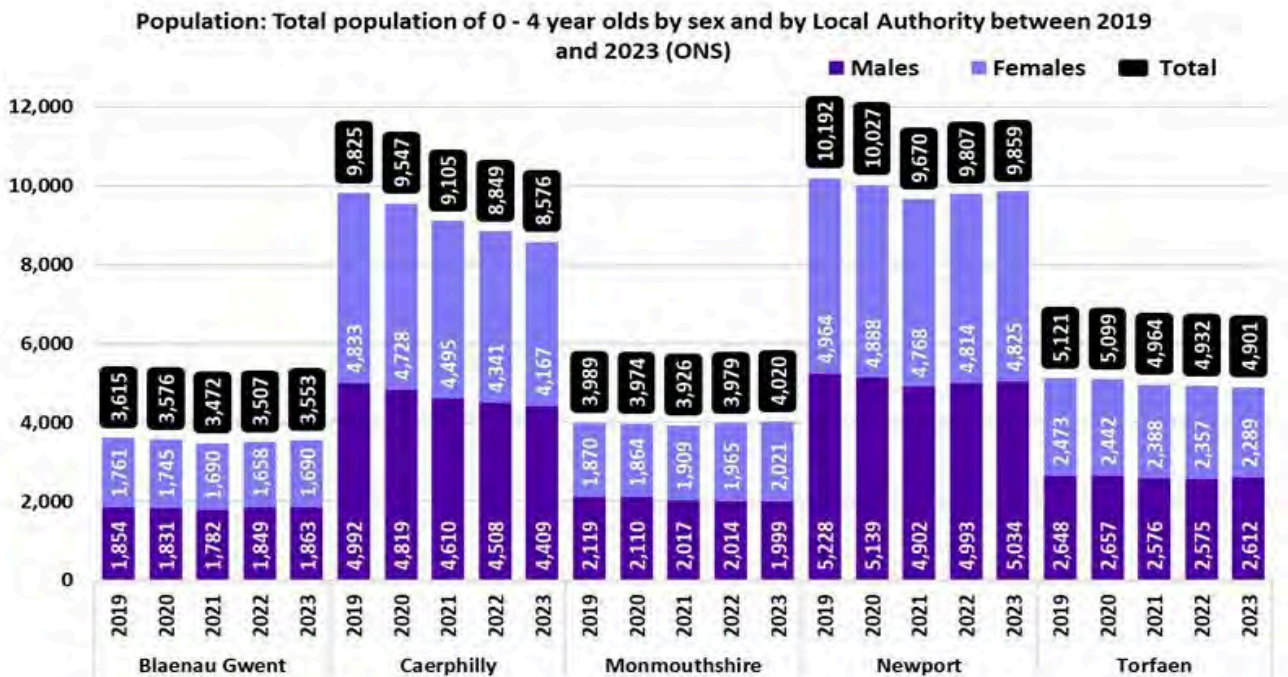
Factors such as socioeconomic deprivation, limited access to antenatal care, and a higher prevalence of health conditions contribute to these elevated rates. Newport's diverse population may also play a role, as national data shows that babies of Black and Asian ethnicities experience higher perinatal mortality rates compared to their White counterparts (MBRRACE-UK, 2025).

Infant mortality, in particular, is closely linked to socioeconomic status, along with maternal health behaviours like smoking, alcohol consumption, and obesity, which are more prevalent in deprived areas such as Blaenau Gwent (Ho et al., 2024).



The Gwent 0-4 Population

Figure 6 presents the mid-year population estimates* for male & female residents, aged 0-4 years old, in each of the Gwent Local Authorities 2019 to 2023 (StatsWales, 2024).



*Population estimates are calculated by combining birth and death registration data together with estimates of international migration and internal migration flows to calculate estimates for the usually resident population of each area as at 30 June each year.

This consistent decline in the population is reflective of the broader trends such as decreasing birth rates, migration patterns, or socio-economic changes impacting family demographics.

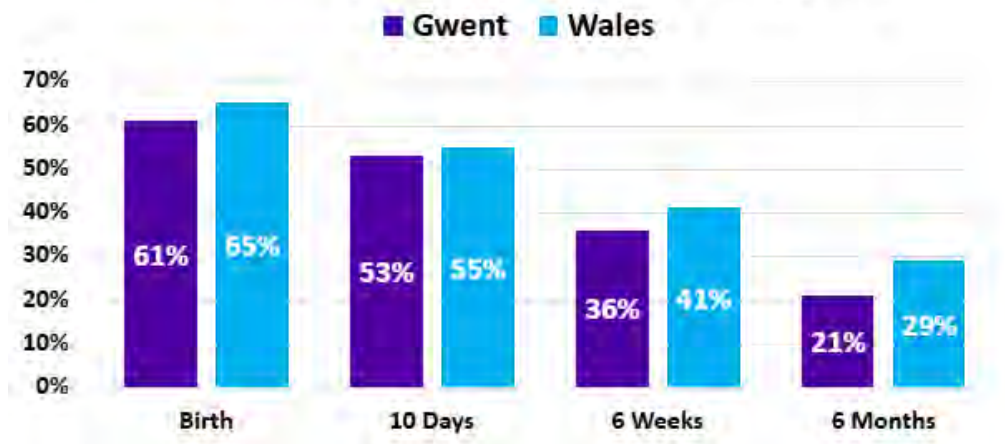
Breastfeeding Uptake

Breastfeeding provides optimal nutrition, strengthens immunity, supports brain development, and promotes emotional wellbeing for babies. It reduces the risk of infections, allergies, and chronic diseases, while also fostering secure attachment. For mothers, breastfeeding supports postpartum recovery and lowers the risk of certain cancers and other health conditions (The Lancet, 2016).

In 2023, 65% of babies in Wales were breastfed at birth, with a slightly lower rate of 61% in Gwent (Figure 6; StatsWales, 2024). Gwent consistently showed lower breastfeeding rates at each age milestone, with 21% of babies breastfed at 6 months compared to 29% across Wales. However, these figures represent a significant improvement since 2021, when breastfeeding initiation in Gwent was 58% and only 19% of babies were breastfed at 6 months.



% of Babies: Any breastfeeding by age of baby (2023)



Significant efforts have been made across Gwent over the last two years to improve both the initiation and maintenance of breastfeeding. This progress can be evidenced by the implementation of several strategies from the [Becoming Breastfeeding Friendly in Wales](#) (2022) report, such as strengthening leadership, improving healthcare professional training, and expanding community breastfeeding networks – see [pages 20 & 21](#).

Childhood Immunisations

Immunisations are crucial for child development, protecting against infectious diseases and supporting overall health. Beyond immediate health benefits, immunisations have been linked to improved cognitive outcomes and higher educational attainment, which can enhance long-term economic productivity and thereby help to break the intergenerational cycle of poverty, poor health and low income (Nandi & Shet, 2020).

Table 2 shows the uptake of selected immunisations in resident children across Gwent by their first and second birthday, while Table 3 presents the proportion of four-year-olds who were up to date with their scheduled immunisations and the uptake of the second dose of the Measles, Mumps and Rubella (MMR2) in five-year-olds ([Public Health Wales COVER 153 Report](#), 2025). The colour coding system applied is as follows: green for uptake rates of 95% and above, orange for rates between 90% and 94%, and red for rates below 90%.



Local Authority	No. of children	Age 1				Age 2				
		6in1	MenB	PCV	Rotavirus	No. of children	MMR1	PCVf	MenB	Hib/MenC
Blaenau Gwent	158	91.8	91.1	95.6	91.8	167	94.6	95.8	94.0	94.6
Caerphilly	405	95.1	95.8	95.8	92.1	390	93.1	92.8	92.8	92.3
Monmouthshire	205	95.1	95.6	96.1	91.2	201	93.5	93.5	93.5	93.0
Newport	503	92.8	93.6	95.2	90.1	464	87.3	87.1	86.2	86.9
Torfaen	253	92.5	92.9	96.0	89.7	269	92.9	91.4	91.4	91.1
Gwent Total	1524	93.6	94.1	95.7	90.9	1491	91.5	91.2	90.7	90.7

Immunisation uptake demonstrates a generally strong performance by the age of one, with Caerphilly and Monmouthshire achieving uptake rates of 95% or above for the 6-in-1, MenB, and PCV vaccines. However, Rotavirus vaccine uptake was consistently lower across all localities, with the lowest rates observed in Torfaen (89.7%) and Newport (90.1%). By the age of two, uptake declined across most immunisations, with only Blaenau Gwent reaching the 95% threshold for the PCVf booster and Newport reporting the lowest coverage across all vaccines at this age.

Local Authority	Aged 4		By their 5th Birthday		
	No. of children	Up-to-date in schedule	No. of children	MMR2	4-in-1
Blaenau Gwent	168	82.1	176	90.3	90.3
Caerphilly	418	86.6	464	90.5	90.3
Monmouthshire	197	90.4	224	95.1	94.6
Newport	459	77.6	530	83.6	84.5
Torfaen	213	82.6	251	91.2	90.8
Gwent Total	1455	83.2	1935	89.0	89.1

The MMR2 vaccine—currently administered at 3 years and 4 months—has the lowest uptake across Gwent (89%), falling significantly short of the [World Health Organisation's](#) 95% target for herd immunity. Uptake is lowest in Newport (83.6%) and Blaenau Gwent (90.3%), while Monmouthshire has the highest at 95.1%. Similarly, uptake of the 4-in-1 preschool booster—which protects against diphtheria, tetanus, pertussis, and polio—follows the same trend, with overall Gwent coverage at 89.1%. The percentage of children up to date in the schedule is also comparatively low at 83.2% across Gwent and ranging from 77.6% in Newport to 90.4% in Monmouthshire.

MMR2 uptake is a growing global concern, prompting the Joint Committee on Vaccination and Immunisation to recommend moving the second dose to 18 months by 2026. All recommended changes are outlined in the [Changes to the Childhood Immunisation Schedule](#)' statement (2022).



Oral Health

In 2022/23, 32.2% of five-year-olds in Gwent had decayed, missing, or filled teeth, a significant improvement from 54.8% in 2007/08, closely matching the Wales average of 32.4%. On average, children in Gwent had 3.3 affected teeth, compared to 3.4 in Wales. The percentage of children with untreated tooth decay was 28.7% in Gwent, with an average of 2.9 untreated decayed teeth, compared to 29.3% and 3.1 in Wales.

While improvements are evident, 19% of parents in Gwent reported that their child's oral health affected their family's quality of life, similar to the Wales average (18.4%; NHS Wales Dental Epidemiology Programme, 2024). Disadvantaged children continue to experience higher rates of tooth decay, with access to NHS dental services remaining a key challenge.

Engagement

The key findings from the new mothers' and birth partners experiences, families' experiences of the Neonatal Intensive Care Unit and the families' support received in the first four years of their child's life are outlined below:

BadgerNet Maternity Notes

Overall, 47% of respondents reported that they had used the BadgerNet Maternity Notes App ([page 24 details the BadgerNet app](#)) during their pregnancy. Of these, nearly 80% strongly agreed or agreed that it was easy to register personal details for their Booking Appointment. However, 66% disagreed that sufficient information was provided about upcoming appointments, and half felt their Midwife could have given clearer guidance on using the app. Additional feedback included:

"[The App] was difficult to navigate"

"Majority of midwives did not know how to use the app, so could not explain how to use"

"Information not regularly uploaded"

"The app is slow to load, I would have much preferred to have physical notes"

To address these concerns, Community Midwives should direct expectant mothers to the '[BadgerNotes: Digital Maternity Records](#)' page on the Healthier Together website, which offers guides in ten languages and a tutorial video. Midwives can also access further training via the ABUHB Intranet. As BadgerNet is new, some issues may resolve as familiarity and system improvements grow.



Pregnancy Loss

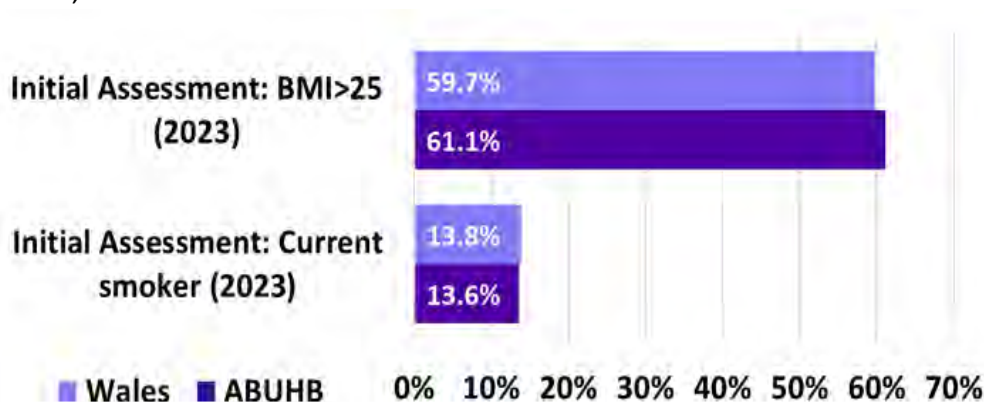
Fourteen respondents (16%) reported experiencing a pregnancy loss in the past two years, with 86% occurring during the first trimester. Around 70% felt Healthcare Professionals were empathetic and attentive to their needs. However, 86% received no follow-up care, and only 14% were offered emotional or wellbeing support. Those experiencing loss are offered the Maternity Bereavement Experience Feedback survey to gain insights into the support received from staff; all feedback is reviewed by the ABUHB Bereavement Midwife Lead, and changes are implemented where possible. Additional one-to-one support is offered, if needed, with signposting to services.

In March 2025, the [ABUHB Bereavement Collaborative](#) held a session for families affected by pregnancy or infant loss to gather insight into their experiences and support needs. The findings will be shared with relevant ABUHB colleagues to inform and implement service improvement, with the longer-term goals aimed at shaping local support services and improving community awareness of baby loss to ensure that bereavement care better meets the needs of families.

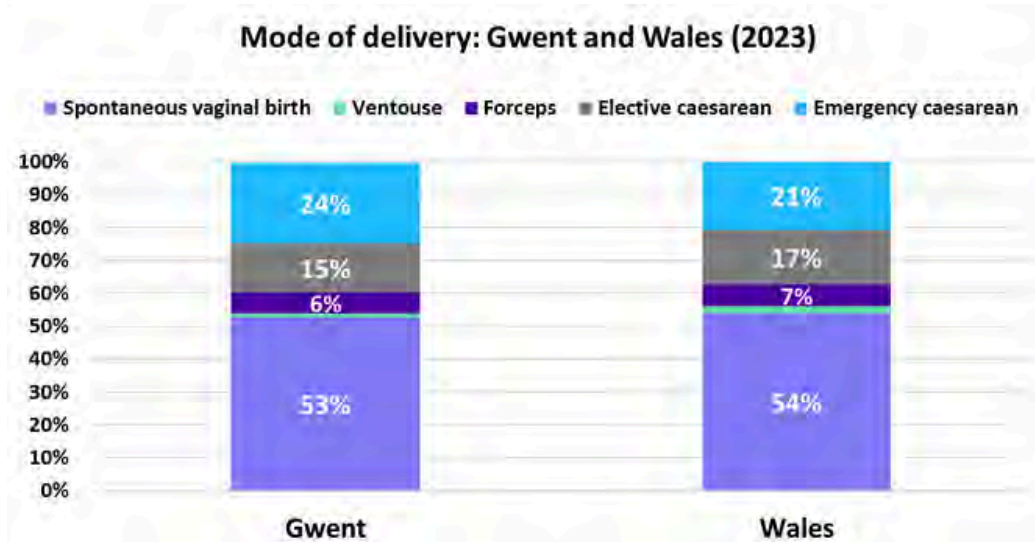
Lifestyle Changes

Midwives play a key role in discussing lifestyle behaviours during the Booking Appointment and Dating Scan. Around 75% of expectant mothers recalled discussions about healthy eating and gentle exercise; however, only 34% were signposted to further support—potentially due to eligibility criteria for services. Nonetheless, universal signposting to trusted resources remains important for empowering informed choices.

Figure 7 show 61.1% of expectant mothers in ABUHB were living with overweight or obesity, and 13.6% were smoking at their Booking Appointment (StatsWales, 2023–24). Both are linked to increased risks of miscarriage, perinatal complications, and poorer maternal and infant health outcomes (Centre for Maternal and Child Enquiries, 2010). These women often require additional surveillance, such as serial growth scans, increasing strain on NHS resources, Midwifery and Obstetric teams, and healthcare costs.



Higher BMI is associated with greater likelihood of caesarean sections, wound infections, and longer hospital stays (Centre for Maternal and Child Enquiries, 2010).



As demonstrated in Figure 8, 47% of births across Gwent were assisted (2023), but data lacks detail on contributing factors such as smoking or BMI status – addressing this data gap would support better understanding of the factors influencing assisted births.

To address lifestyle behaviours, ABUHB provides [Making Every Contact Count](#) training to Midwives and Health Visitors, covering topics like healthy weight and tobacco use. Work is underway to evaluate its impact on workforce practice.

Antenatal Classes

The [ABUHB Maternity Services](#) and the Healthier Together [‘Exercise in Pregnancy’](#) webpages signposts women to join the ‘ABUHB Maternity’ and ‘All Wales Antenatal Education Page’ Facebook pages for access to the antenatal classes schedule. However, 78% of respondents said that their Midwife did not inform them about these classes. Those who did attend shared positive feedback:

“The best prep I did for birth”

“The classes where the midwife attended were great!”

Barriers such as work schedules, limited internet access, and digital literacy can prevent some families—particularly those facing socioeconomic disadvantage—from attending. Providing paper-based materials like the ‘Every Child Wales’ booklet can help address this gap.



Evaluative work is needed to assess participation rates and the broader impact of the training on families' health, wellbeing and readiness for parenting. Furthermore, given Gwent's ethnically diverse population; assessing the resource's cultural relevancy and sensitivity is crucial to foster inclusivity and improve engagement across communities.

Birth Empowerment & Labour Rights

Choice, control, and clear communication are key to a positive birth experience, helping to reduce anxiety and promote wellbeing (Nunes et al., 2014; WHO, 2018). While 56% of respondents felt able to discuss birth preferences and location options, nearly half did not share this experience, and 46% said they were not encouraged to create a Birth Plan—highlighting gaps in informed decision-making and communication.

Among those who had given birth (89% of survey respondents), over 60% felt positive about their experience, particularly in being heard and supported. However, around one in four did not feel in control or aware of their right to decline treatment. Some shared empowering experiences:

"... [the staff] made me feel safe and empowered even when labour was difficult"

"My midwife arrived 15 minutes before the [home] birth, and she was absolutely phenomenal and gained my trust immediately"

Others expressed concern:

"I wasn't given the choice of declining an internal exam to see how dilated I was"

"[The Midwives] didn't talk me fully through anything, made me feel like I had to do what they say rather than presenting me with options".

Notably, about 1 in 5 respondents selected 'neutral' or 'not applicable,' suggesting a potential lack of awareness about birth rights or limited confidence in advocating for their preferences.

Birth Partners

A birth partner provides emotional, practical, and advocacy support during childbirth (WHO, 2018). While 58% felt well-prepared to support labour and delivery, only 42% felt their views were valued or that they were treated with respect by Healthcare Professionals and only a third were kept up-to-date during the delivery. Some described feeling excluded:



“I felt isolated as a dad”

“I didn’t get any help at all. I was completely ignored and wasn’t made to feel welcome”

“...no support offered and not spoken to directly, feeling excluded”

These findings highlight the need for more inclusive maternity care that recognises and supports birth partners as active participants.

Infant Feeding Support

Over half (54%) of women reported no antenatal discussions about breastfeeding. Among those who did, most had already decided to breastfeed (78%), suggesting missed opportunities to inform and support those undecided. Additionally, 80% of birth partners felt they lacked practical guidance, and 67% of mothers reported insufficient support when they had concerns.

Postnatal experiences were more positive—mothers who exclusively breastfed for six months (44%) cited strong support from Hospital and Community Midwives, the Responsive Feeding Team, and Health Visitors. Most received practical advice (71%) and found staff empathetic (59%).

Despite this, ABUHB has the second-lowest breastfeeding rate in Wales—dropping from 61% at birth to 21% at six months (StatsWales, 2024; Figure 6). These findings underline the need for earlier, proactive antenatal conversations and better involvement of birth partners to improve breastfeeding outcomes. These discussions help address misconceptions, build confidence, and offer tailored support—especially for undecided women. Involving and equipping birth partners throughout the antenatal and postnatal period is also key to supporting breastfeeding success.

Ongoing Work to Improve Breastfeeding Support

Below outlines the work that is currently underway to improve initiation and maintenance rates of breastfeeding, which has already shown improvements since 2022 (56.5% at birth and 17% at 6 months).

- ABUHB’s [Breastfeeding Policy for Maternity, Neonatal & Community Services](#) (2023) follows the best-practice from the [UK UNICEF Baby Friendly Initiative](#) (1994), which emphasises consistent professional support from pregnancy through postnatal care.
- **Gwent Breastfeeding Steering Group:** Provides strategic leadership for local initiatives.
- **Workforce Training:** Over the last 18 months, Midwifery, Health Visiting, and Early Years staff have received foundation to advanced training to support responsive feeding and breastfeeding practices.



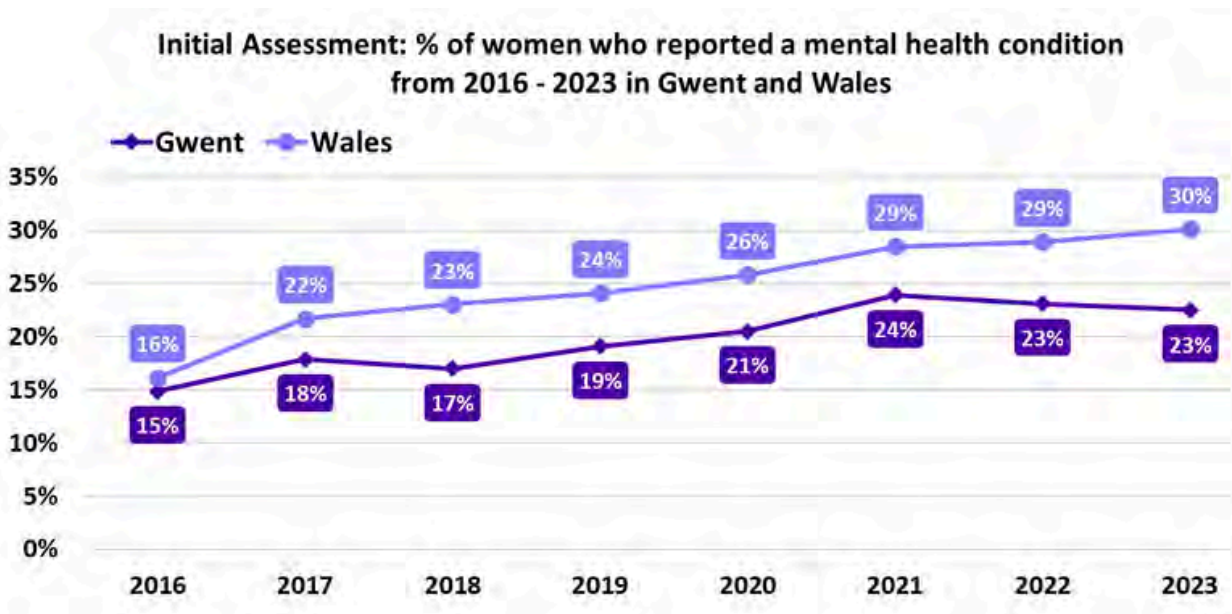
- **Antenatal Breastfeeding Workshops:** Being rolled out across Gwent (currently in Blaenau Gwent and Caerphilly) to better prepare families.
- The Health Visiting Services’ **Responsive Feeding Team:** Offers support for a month after hospital discharge, including referrals to home visits and breastfeeding groups.
- **Breastfeeding Peer Supporters:** Trained individuals with lived experience offer guidance in person, online, and through community outreach. Additional funding is expanding support in Newport.

Evaluation of these initiatives is key to identifying what’s working well and where further improvements are needed to boost breastfeeding rates and improve family experiences.

Emotional Health & Wellbeing

Maternal mental health directly affects both mother and infant, influencing outcomes such as preterm birth, bonding, and long-term development (Stein et al., 2014; O’Dea et al., 2023). Societal pressures, including financial strain and limited support, continue to compound these issues, as well as long waiting lists and strict referral criteria for perinatal mental health services may mean that many women struggle to access timely support, further impacting both maternal well-being and infant outcomes. (Fitzsimons et al., 2017).

Figure 9 demonstrates that 23% of pregnant women in Gwent disclosed a mental health condition at their booking appointment in 2023—up from 15% in 2016 (StatsWales, 2024).



Referrals to the [Gwent Perinatal Mental Health Service](#) increased by 64% (2023–24), highlighting the need for emotional wellbeing support. Yet over 80% of expectant mothers said this wasn't discussed during antenatal care, and 25% didn't receive any mental health information postnatally. NICU feedback also highlighted limited emotional support, with only one respondent being referred to support services:

“The staff rightly focused on [our baby], but we were furniture to them.”

“No consideration was made regarding my mental health.”

While Health Visitors are expected to address wellbeing under the [Healthy Child Wales Quality Assurance Framework](#), experiences were mixed: 10% said no maternal wellbeing conversation occurred, 18% said the topic of postnatal depression was not addressed and 54% received no discussion on resilience.

A clear gap exists for women with mild-to-moderate emotional needs. The upcoming [Mental Health & Wellbeing Strategy for Wales \(2024-34\)](#) aims to improve support; ABUHB and partners will be key in delivering these improvements once finalised.

Health Visitor Visits

Most respondents had positive experiences with Health Visiting appointments—83% felt comfortable discussing their child's health, and over 70% described professionals as empathetic, knowledgeable, and supportive. However, only 43% agreed that developmental checks had a positive impact, suggesting mixed views on their effectiveness. Feedback revealed disparities in support. Some felt overlooked:

“there's been no support for my partner ... the Health Visitor hasn't even asked how he is.”

“No check-ins on my mental health.”

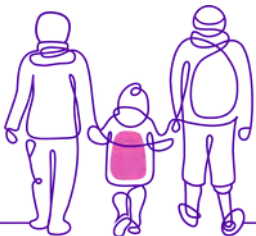
“No contact unless I rang them... had to leave a message and wait days for a response.”

Others described supportive experiences:

“They followed up with a phone call [when upset], which was welcomed and helped me feel supported”

“The Breastfeeding Support Group in [Local Authority] was invaluable and an excellent resource/community”

“I know where the team are if I need them and it's open access”



About 27% used the Central Phone Line—81% were contacted within 48 hours and found staff helpful. Yet, nearly one in three said the service didn't meet their communication needs and reported difficulty locating the number.

Weaning

Families should receive advice on delaying weaning until six months and guidance on introducing solids during the six-to-eight-month visit. Among the 82% of respondents who had their six-to-eight-month visit, over 50% recalled discussions regarding signs of readiness, methods of introducing solid foods and suitable foods. However, 70% said the four food groups weren't covered, and 59% didn't receive practical advice on choking or gagging—highlighting key gaps in safety and nutrition support.

Although 80% felt confident in supporting their baby's diet, this was largely attributed to personal research, family support and books with meal plans; however, no respondents mentioned receiving direct support or resources from Health Visitors. To improve this, Weaning Workshops are now being delivered in Blaenau Gwent by the Gwent Early Years Service – with expansion into other Local Authority areas currently being explored to ensure more families can access consistent, practical support.

Service Provision & Gaps

National Strategic Clinical Network for Child Health

Launched in Spring 2024, the [Child Health Network](#), aims to improve NHS services for babies, children and young people across Wales. It works collaboratively with healthcare professionals, Welsh Government, and families to deliver early, preventative care. Guided by the [National Clinical Framework](#), its [annual workplan](#) focuses on reducing service variation, improving outcomes, and building a learning health system. Aligning ABUHB's services with these priorities ensures a targeted, evidence-based response to local needs.

Every Child Wales

Public Health Wales host the [Every Child Wales](#) website to support families from pregnancy to a child's 7th birthday. The site features the [Your Pregnancy to Birth](#) booklet (part one of a four-part series), containing information, practical advice and links to trusted sources. Midwives should provide expectant parents with a physical copy during booking appointments, with a digital version available via BadgerNet Maternity Notes.



Healthy Child Wales Programme

The national [Healthy Child Wales Programme](#) (HCWP) provides a universal, structured framework for Health Visitor-led care from the antenatal period through early childhood. It emphasises early identification of needs through screening, developmental surveillance, and health promotion. Beginning at 28+ weeks gestation, the programme builds trusting relationships with families to support positive parenting and reduce health inequalities.

ABUHB Health Visiting Service

The ABUHB [Health Visiting Service](#) is responsible for delivering the HCWP locally, supporting families from birth to five years old. Health Visitors use their clinical judgement to assess health needs, deliver tailored advice (e.g., on nutrition and immunisation), and identify families requiring enhanced or intensive support. They work closely with multi-disciplinary teams, including Midwifery, Social Care, and other professionals, to ensure coordinated care.

To improve accessibility, a Single Point of Access phone line was introduced in 2022, allowing families to seek support and information between scheduled visits. Although the service previously faced workforce capacity challenges, initiatives such as skill mix utilisation and the Integrated Birth Book have strengthened delivery, with the workforce now progressing toward full capacity.

ABUHB Maternity Services

Maternity services are provided by the Health Board. Public information on what to expect from the service is available via the '[Pregnant/New Baby](#)' page on the Healthier Together website.

BadgerNet, the electronic maternity healthcare record system, launched across Gwent in February 2024. BadgerNet enables the Maternity department to capture and maintain accurate live clinical information, eliminate the need for paper records and allows women to view their health-related information (via BadgerNotes).

Expectant families can access the Gwent Antenatal programme, delivered by ABUHB and Local Authority Early Years teams, which offers online and face-to-face courses based on the Solihull Approach and Welcome to the World programmes. Welsh Government also provides free access to the self-guided [Solihull Approach Antenatal Programme](#) online in 108 languages.



Maternal Lifestyle Support Services

The Healthy Pregnancy Service

The Healthy Pregnancy Service, a pilot from August 2022 to February 2024, offered Level 2 and 3 support for expectant mothers with a BMI >30 kg/m². The service included education (e.g., '[Foodwise in Pregnancy](#)'), exercise programs (Aqua Natal and Yoga), and 1-2-1 guidance. Positive outcomes included increased breastfeeding rates, reduced inductions, and lower rates of gestational diabetes and emergency caesarean sections. With permanent funding secured, the service relaunched in March 2025, with ongoing evaluation of long-term postnatal impacts.

Help Me Quit Maternity Service

Midwives routinely screen pregnant women for smoking and, where applicable, make an automatic (opt-out) referral to the [Help Me Quit Maternity Service](#). This service offers 12 weeks of intensive behavioural support to help pregnant smokers quit, focusing on strategies to overcome challenges and maintain smoke-free lifestyles. Support is available in various accessible settings—including antenatal clinics, hospital grounds, or via telephone—and extends into the postnatal period if needed. It is also offered to household members, close friends, and family who smoke, helping to create a healthier environment for the baby.

To support a consistent approach, an ABUHB [Maternal Smoking Cessation Guideline and Pathway](#) has been developed by the Gwent Public Health Team, ensuring all ABUHB staff align with national guidance, strategies, and plans around smoking cessation in pregnancy. Midwives have received training on the ABUHB referral pathway and Making Every Contact Count, enabling them to engage confidently in conversations about smoking cessation and effectively support mothers in achieving healthier outcomes.

Aneurin Bevan Specialist Drug & Alcohol Service (ABSDAS)

[ABSDAS](#) is a trauma-informed specialist addiction service that supports individuals in achieving abstinence and reducing substance-related harm. For pregnant women, the service offers psychosocial and, where appropriate, medicinal support throughout pregnancy and for six months postnatally. Each woman is assigned a named nurse linked to their Local Authority, with additional care provided by a dedicated Perinatal Nurse who ensures priority access to medical appointments, including prescribing or detox needs.

ABSDAS works in partnership with Maternity Services, following a structured pathway that includes timely nursing assessments, regular reviews, and a transition to GDAS for continued support unless extended care from ABSDAS is needed.



However, a lack of flexible, place-based support has been identified as a systemic gap. Many women face challenges such as unstable housing, mental health issues, or stigma, and the pressure of attending multiple service appointments can lead to misinterpreted disengagement. While ABSDAS collaborates closely with Housing Services, a Drugs & Alcohol Social Worker, and Perinatal Mental Health teams, improved coordination and more adaptable service models are essential to reduce barriers and better support vulnerable women.

Health & Wellbeing Centres

Two Health and Wellbeing Centres ([19-Hills](#) and [The Bevan](#)) have opened in Ringland (Newport) and Tredegar (Blaenau Gwent), offering a range of services such as Health Visiting, Speech & Language Therapy, and Sexual Health, with additional services like CAMHS, Weight Management, and Wellbeing Activities planned. These centres represent positive steps in bringing care closer to home and improving access for local communities; however, there is an opportunity to fully exploit the potential of place-based services and ensure care is accessible and inclusive.

ABUHB Perinatal Mental Health Service

This service offers [evidence-based treatments](#) to pregnant women or new mothers that are at risk of or are affected by mental illness, such as a serious mental illness or anxiety disorder, postpartum psychosis (or a family history of this) or an eating disorder. Treatments offered include practical & emotional support, psychological interventions and care planning, delivered across Maternity Hospitals, Outpatient Clinics and home settings.

There is a significant gap in services for women with mild to moderate perinatal mental health issues, which are often managed through Primary Care. These services face long waiting lists and lack the specialist expertise needed for perinatal mental health, leaving a gap in timely support.

Gwent Perinatal Infant Mental Health (G-PIMHS)

The [G-PIMHS service](#) supports expectant and new families struggling to emotionally connect with their baby, working collaboratively with other services to help strengthen the parent- infant relationship. The service provides play & development groups, such as Circle of Security, and Core Infant Mental Health Training for staff.



ABUHB Mental Health Services

Single Point of Access for Children's Emotional Wellbeing (S.P.A.C.E-Wellbeing)

S.P.A.C.E-Wellbeing manages referrals for children's emotional wellbeing and mental health, with a multi-agency panel (facilitated by each Local Authority) ensuring timely support through a clear 'request for support' pathway. Referrals can be made by professionals or directly by families, and the panel facilitates collaboration across services to meet families' needs.

There is limited awareness of the service among families, and service pressures following COVID-19 have hindered consistent attendance at panel meetings, which is crucial for facilitating comprehensive multi-agency discussions and delivering effective, joined-up care for families. Addressing these gaps is vital for improving service access and delivery.

ABUHB Child and Family Psychology and Therapies Service

This service brings together a range of specialist professionals—including Clinical Psychologists, Child Development Advisors, and Parent Peer Mentors—to support the emotional well-being and development of children and families. Working collaboratively across health, education, and social care, the service aims to provide inclusive, holistic care through the following specialist teams:

- **Children's Centre Psychology:** Provides tailored assessments, interventions and training for children with disabilities and their families across three Gwent centres.
- **Family Intervention Team:** Delivers 12-week, strengths-based psychological interventions in homes and communities to reduce distress and prevent escalation.
- **Paediatric Psychology Service:** Supports children and families living with physical health conditions through individual therapy, group work, consultation, and training.
- **Child and Family Community Psychology:** Promotes community-based emotional well-being and resilience using a 'hold on' approach to foster cultural change.
- **Child Development Advisory Service:** Supports children under five with developmental needs via home-based activities, assessments and onward referrals.
- **Gwent Attachment Service:** Improves outcomes for children affected by attachment issues and trauma through specialist training for professionals and trauma-informed approaches.

Dietetics & Weight Management

Maternal obesity increases the risk of obesity in children, with long-term health impacts (Ziauddeen et al., 2019). The ABUHB Dietetics Service promotes healthier lifestyles across the life course, but limited resources—such as just one Dietitian for Gwent—restrict the delivery of targeted interventions in deprived areas. Gaps also exist in antenatal nutrition education and national guidance on 'positive parenting around food and exercise.'



- **Acute Adult Dietetics:** Supports pregnant women with diabetes and Hyperemesis through Diabetic Clinics, hospital care, and home visits. Reduced BMI screening thresholds in 2024 increased referral demands, leading to the suspension of group sessions.
- **Nutrition Skills for Life:** A [Public Health Dietetic service](#) providing accredited training to early years staff based on Welsh Government ‘[Food & Nutrition Guidance for Childcare Providers](#)’. Settings can earn the [Gold Standard Healthy Snack Award](#) by promoting healthy eating environments and habits.
- **Paediatric Dietetics:** Addresses issues like weaning, food allergies, autism, and weight concerns in clinics, homes, and wards. High demand and complex cases, along with Health Visitor shortages, contribute to preventable hospital admissions.
- **CONNECT:** Wales’ first Level 3 Specialist Weight Management Service for children and young people supports families with nutrition, behaviour, and emotional regulation. However, the service is currently facing capacity issues, which limits its ability to meet growing demand. In addition, the absence of a Level 2 service and limited access to exercise and therapy provision means that a comprehensive weight management pathway for children and young people does not yet exist.

Occupational Therapy

ABUHB’s [Occupational Therapy](#) service supports children and young people in developing essential life skills such as self-care, play, and social interaction. Starting from 8 weeks of age, the service offers needs-led assessments, one-to-one and preventative interventions, delivered in homes, schools, children’s centres, or groups across Gwent. Referrals come via Healthcare Professionals or Social Services. However, there is currently no provision for acute paediatric inpatients or neonates, resulting in unmet needs for these groups.

Integrated Support for Children with Additional Needs (ISCAN)

[ISCAN](#) offers a single point of access for children (0–18) with two or more developmental needs, coordinating input from services such as Community Paediatrics, Occupational Therapy, Physiotherapy, and Speech & Language. The ISCAN panel ensures appropriate support is in place while avoiding duplication, and care coordinators help families navigate multiple services. Referrals must come from professionals already supporting the family, with family views included.

While ISCAN provides valuable, coordinated support, gaps remain. Greater awareness among professionals is needed to ensure timely referrals, and consistent attendance from all relevant services at panel meetings is essential for effective multi-disciplinary collaboration.



Additional Learning Needs (ALN)

Under [The ALN Code for Wales \(2021\)](#), each Local Authority must appoint an Early Years ALN Lead Officer to identify ALN, manage Individual Development Plans, and arrange appropriate support for children under statutory school age. However, variations exist across Local Authorities in how ALN is determined. For example, Blaenau Gwent uses direct referral to ISCAN, while Torfaen relies on an Emerging Needs Panel. Health professionals often lack awareness of these differing processes, highlighting a need for better communication and targeted training to ensure timely and consistent support.

Speech, Language & Communication (SLC)

The Welsh Government [Talk with Me](#) initiative promotes early SLC development for children under five. ABUHB has acted on objectives outlined in the 2020–22 [Delivery Plan](#), including early intervention for deaf children (as part of the [Newborn Screening Tests](#)), screening during the 15- and 27-month HCWP reviews, and referral pathways to [ABUHB's Speech & Language Therapy](#). Training is also delivered to Health Visitors and Childcare Practitioners to support early identification and intervention. However, a post-2022 plan has not been published, and no formal evaluation has been conducted.

Despite progress, gaps remain—no commissioned services currently exist for neonates or children with selective mutism. Neurodevelopmental Service pressures continue to delay diagnosis and limit support. In response, the Welsh Government announced £13.7 million in February 2025 to extend the [National Neurodivergence Improvement Programme](#) to 2027, aiming to reduce waiting times and improve access to support regardless of diagnosis. Monitoring the impact of this investment will be vital to strengthening early SLC support.

Designed to Smile

Funded by the Welsh Government, [Designed to Smile](#) is a national oral health improvement programme aimed at children aged 0-7, focusing on preventing dental decay through supervised toothbrushing and oral health education in nurseries and schools in disadvantaged areas. By working closely with families and educators the programme promotes lifelong oral health habits, reducing health inequalities.

Early Development & Childcare

Early child development and access to quality childcare play a crucial role in shaping a child's future, providing a strong foundation for lifelong success. High-quality childcare provides



opportunities for early socialisation, fosters independence and supports cognitive and emotional growth all of which contribute significantly to educational achievement.

For children from lower socio-economic backgrounds, these early experiences are particularly impactful. Access to childcare can help mitigate the effects of disadvantage, increasing the likelihood of academic success, better physical and mental health, and the ability to break the cycle of poverty later in life (Public Health Wales & World Health Organisation, 2023).

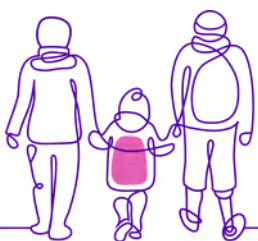
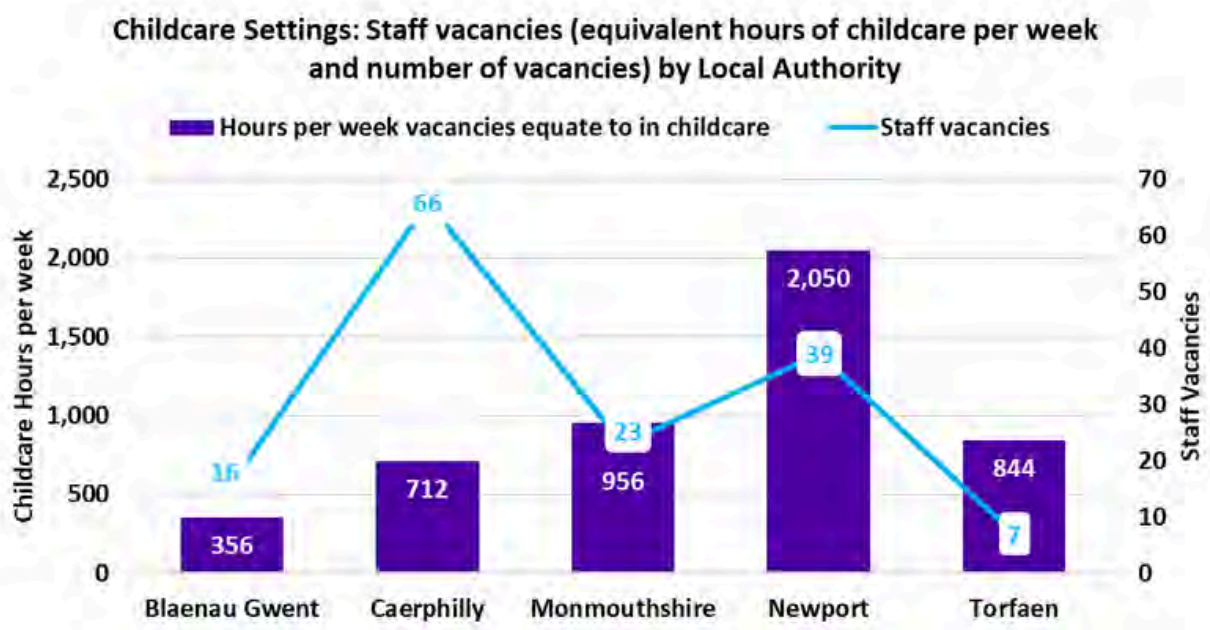
Data

Childcare Places

According to the 2024 [Self-Assessment of Service Statement \(SASS\) for Childcare and Play Settings](#), Gwent has over 10,300 registered childcare places—approximately 334 per 1,000 children aged 0–4. Full day care makes up the largest proportion of settings, especially in Torfaen (90%) and Monmouthshire (78%). Most settings offer part-time places; only about 27% of places in Caerphilly are full-time. Ad hoc places remain limited, with Torfaen having the highest share (5%).

Staff Shortages

Workforce challenges are significant. As shown in Figure 10, in the past year, 391 staff left their roles across Gwent, with 151 posts currently vacant—equivalent to 4,918 hours of unmet childcare provision per week.



Workforce planning by 186 settings highlighted a need to recruit 227 additional staff over the next two years to meet demand. Caerphilly has the highest number of vacancies (66), while Newport's 39 vacant posts represent over 2,000 hours of potential weekly childcare.

Engagement

The findings from Surveys 6 (Parenting) and 7 (Early Years Professionals) are explored below.

Childcare Arrangements & Provision

Younger parents (20–29 years: 58%; 30–34 years: 56%) tended to use a mix of childcare options, while older parents (40–50 years) mainly used formal settings or childminders. Among those using mixed or formal childcare, 11% received full government funding, 65% partially self-funded with government top-up, and 24% fully self-funded. Notably, 53% of those accessing government-funded childcare were unaware of the schemes before their child started, with most learning about them informally—primarily through family and friends (30%).

These findings underline the need for clearer, earlier communication of childcare funding options via Health Visitors, childcare providers, Family Information Services websites, and the Gwent Antenatal & Parenting Programmes.

Factors Influencing Childcare Provider

The most significant factors influencing parents' choice of childcare provider were location and convenience (76%), quality of care (72%), and personal visits/impressions (63%), which offer reassurance and align with daily routines. Less prioritized factors included provider qualifications/experience (16%), healthy food offerings (9%), and cultural or language considerations (2%). This may be due to parents assuming a baseline level of professionalism and nutrition, or because such factors are less immediately observable. The low emphasis on cultural or language aspects could also reflect limited diversity among respondents.

Child Development

The Six Areas of Development

Early Years Professionals play a crucial role in identifying developmental concerns and referring families to appropriate services. Post-pandemic, disruptions to social interactions and routines have contributed to delays in language, social, and emotional development (Viner et al., 2022). Additionally, increased stress and financial pressures on parents have affected their ability to support their children's development (Daly et al., 2022). Early identification and timely support are critical in addressing these challenges.



When asked about concerns in children's development, over half of Early Years Professionals (56%) highlighted Speech & Language development, with 24% expressing concerns across all six areas (Approaches to Learning, Cognitive, Emotional, Physical, Social & Emotional and Speech & Language):

“We are still feeling the effects of covid and speech and language is a noticeable area children seem below”

“The impact of technology on interactions between children and caregivers”

“Since Covid-19, a lot of the children that have come into the setting suffer with social & emotional issues, particularly those that were born during the lockdown periods. With the financial instability a lot of children are not getting their needs met.”

Families eligible for the Flying Start Programme receive targeted support, including group-based play interventions (e.g., Chatty Children and Talking Together) and 1-2-1 home visits from Speech & Language Therapists. These therapists also train practitioners to monitor and address speech and language needs. Given the widespread concern around Speech & Language development, ensuring equitable access to early intervention across Gwent is essential.

Tools, Resources & Barriers

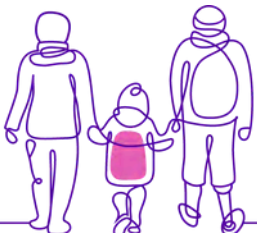
Nearly one-in-three respondents (29%) felt they lacked sufficient tools and resources to support children's development. The most reported barrier was parents' lack of awareness of how to support their child's developmental needs (51%). Other key barriers included difficulty accessing specialist services (specifically long waiting times for appointments and complex referral pathways; 46%), insufficient funding to purchase essential tools and limited access to technology and digital resources for childcare providers and low parental engagement (43%).

School Readiness

While there is no agreed definition across Wales, [UNICEF's Conceptual Framework](#) (2022) defines 'school readiness' across three interconnected dimensions:

1. **Ready Children** – focusing on physical health, social-emotional skills, language, and cognitive development.
2. **Ready Schools** – inclusive, safe environments with trained staff and suitable curricula.
3. **Ready Families** – supportive home environments and active engagement in a child's early learning.

Of the 18 respondents who answered this question, 26% had not heard of the term, 37% were familiar with it, and 37% did not respond.



Twelve Early Years Professionals shared their views, which fell into two themes: ‘child-led factors’ and ‘responsibilities of childcare settings’:

“Preparing the child and family for the transition to school”

“How we can help a child prepare to succeed in school - socially, emotionally and cognitively”

“Prepare all the paperwork for each child to transition into school. This allows the school to have a brief understanding of each child before they start”

When asked about school readiness, responses varied significantly. Of the 20 respondents, 35% estimated that 90-100% of children were ready for school, while 30% believed only 50% or fewer were prepared. This highlights the wide range of perceptions regarding school readiness.

A shared understanding of school readiness helps identify and support emerging needs early, ensures consistency across early years settings, and promotes collaboration between families, schools, and services. It is equally important for parents to understand the concept, as their involvement and support at home play a vital role in preparing children for a positive start to school life.

Working at a Childcare Setting

Training & Professional Developmental Opportunities

Nearly half of Early Years Professionals (46%) expressed a need for more training and professional development to enhance their knowledge and skills in supporting children’s development. Key areas of interest included training on ALN (Additional Learning Needs) pathways, specialist speech and language development, in-depth child development and milestones (especially for children aged 0-2 years), and trauma-informed & Adverse Childhood Experiences approaches. Respondents also emphasised the value of refresher training, though noted limited opportunities due to the demands of their roles and challenges in taking time away from work.

Staff Retention

Early Years Professionals identified key factors for improving staff retention and reducing turnover, with 49% citing better work-life balance and 46% highlighting support with workload management. Additionally, 37% called for more training and development, and 34% sought help gaining relevant qualifications—emphasising the importance of education and career progression. Though pay, job satisfaction, and workplace support were mentioned less often, they still reflect concerns about compensation and recognition. Overall, improving working



conditions, providing growth opportunities, and ensuring staff feel valued are essential to building a stable workforce.

Service Provision & Gaps

Access to Childcare

Childcare benefits children, families, and the wider economy by enabling parents to work or study, reducing financial stress, and driving economic growth. Two key UK Government schemes support these needs:

- **Tax Free Childcare:** Assists working families with children under 12 (or under 17 if disabled) by covering up to 20% of childcare costs, up to £2,000 annually (£4,000 for disabled children). Families must meet eligibility criteria, including both parents/carers working and earning within specified income limits.
- **Childcare Offer for Wales:** Provides up to 30 hours per week of free childcare for three- and four-year-olds during term time, plus up to nine weeks of additional support in school holidays. To qualify, parents must earn at least the National Minimum Wage for 16 hours per week, with an income cap of £100,000 annually.

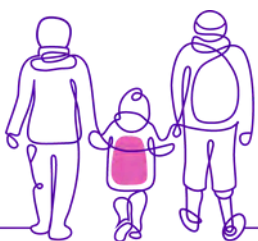
Nursery Education

Local Authorities must provide funded part-time (a minimum of 10 hours a week) **nursery education** for three- and four-year-olds, promoting children's cognitive, emotional, and social development and supporting school readiness.

Flying Start Programme

Flying Start, a Welsh Government programme, supports families with children aged 0-4 in disadvantaged areas by offering funded, part-time childcare for 2–3-year-olds, an enhanced Health Visiting Service (additional interventions based on the assessment and analysis of resilience and identification of additional need), parenting support and support for Speech, Language & Communication development.

Local Authorities manage the delivery of services, but **full expansion** of the programme is expected by 2026-27, with a focus on the areas with the greatest need first. However, pockets of deprivation like parts of Monmouthshire, remain excluded due to its geographical targeting. Additionally, the programme may overlook families in need outside its criteria, assuming affluence equates to resilience and capability.



Family Information Service

Family Information Services (FIS) in Wales offer essential support and resources for families with children aged 0-20 years. Each Local Authority tailors services to meet the needs of its community, providing advice, signposting, and resources on childcare, parenting, health, and well-being.

FIS structures vary across Gwent. For example, [Blaenau Gwent](#), [Caerphilly Early Years & Childcare Service](#) and [Torfaen](#) have dedicated websites, while [Monmouthshire](#) and [Newport](#) integrate FIS into their main Local Authority sites, which can result in limited or outdated information. Additionally, each FIS offers its own resources, advice and programmes; Torfaen's FIS offers a dedicated 'For Dads' section, focusing on '[Perinatal Mental Health](#)' and [groups for new and expecting fathers](#), a feature not found on other platforms.

To improve accessibility, shared features such as dedicated websites with up-to-date information across all Local Authorities could support professionals in guiding families to the appropriate resources.

Parenting Programmes

In collaboration with Midwifery and Health Visiting Services, Early Years teams across Local Authorities offer face-to-face and online parenting programmes designed to strengthen family relationships and resilience. These programmes, such as the internationally recognised [Circle of Security](#) course and [Parents As First Teachers](#), focus on child attachment, neuroscience, and child development.

Delivery is provided by various professionals, including Health Visitors, Speech and Language Therapists, and third-sector organisations. Access to these programmes is often guided by What Matters conversations, ensuring that families receive the most appropriate and tailored support based on their specific needs. Some programmes are open to all families, while others are specific to those eligible for Flying Start.

Healthy & Sustainable Pre-School Scheme

The [Healthy & Sustainable Pre-School Scheme](#), implemented across all Local Authorities in Wales, supports early years settings in promoting health, well-being, and sustainability. It encourages healthy eating, physical activity, emotional well-being, and safety while addressing social responsibility. The scheme is aligned with the [Welsh Network of Healthy School Schemes](#) is currently under review to better align with the [Curriculum for Wales](#) and to reflect the policy commitment to health and well-being in education.



Play Wales

The Welsh Government, through its [Play Policy](#) (2002), advocates for every child's right to play, recognising its vital role in fostering development and wellbeing and outlines strategies to ensure all children access high-quality, inclusive play opportunities. [Play Wales](#) promotes the physical, emotional, and social benefits of play.

The Gwent Public Health Team is actively advocating for formal and informal play to be integrated into the built environment, ensuring children have play opportunities in everyday spaces. This initiative aims to foster greater physical activity, social interaction, and overall well-being by optimising green spaces and designing environments that encourage play.

Early Years Wales

[Early Years Wales](#) provides training, resources, and guidance to support Early Years Professionals, focusing on physical literacy and fostering inclusive environments for children's physical, emotional, and social development.

From January to March 2024, ABUHB Gwent Public Health Team commissioned Early Years Wales to deliver physical literacy training to Early Years Providers, strengthening the Healthy & Sustainable Pre-School Scheme's physical activity elements. The training, especially for [Active Baby](#) (0-18 months) Session, received positive feedback. However, low attendance from setting managers may have limited the impact of the training in embedding practices effectively.

Wider Determinants

The wider determinants of health, such as stable housing, employment, and social support, play a crucial role in ensuring the best start in life (Dahlgren & Whitehead, 1991). The cost-of-living crisis has exacerbated these challenges, particularly for families from lower socio-economic backgrounds and ethnically diverse groups, leading to increased financial strain, poor mental health, and difficulties meeting basic needs. These issues for example those facing food insecurity, inadequate housing and limited access to extracurricular activities can have long-lasting effects on children's health and well-being. They may hinder cognitive & social development and increase the risk of developing chronic conditions later in life (Marmot et al., 2023; Frongillo, Adebiji & Boncyk, 2024).

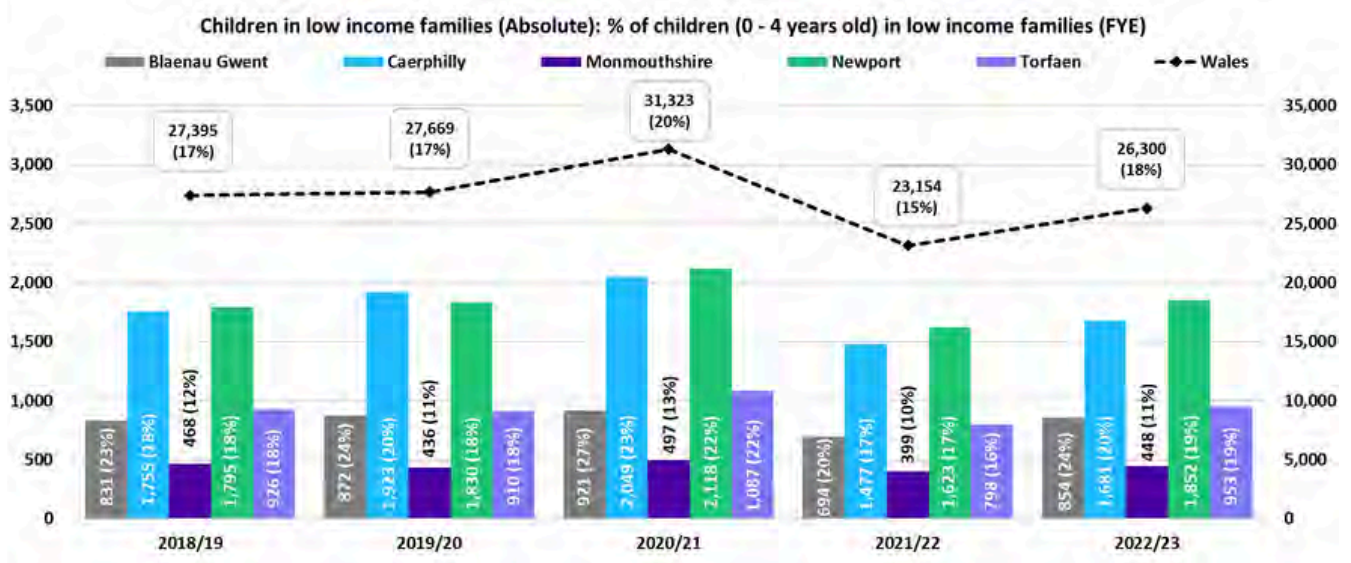


Data

Children in Poverty

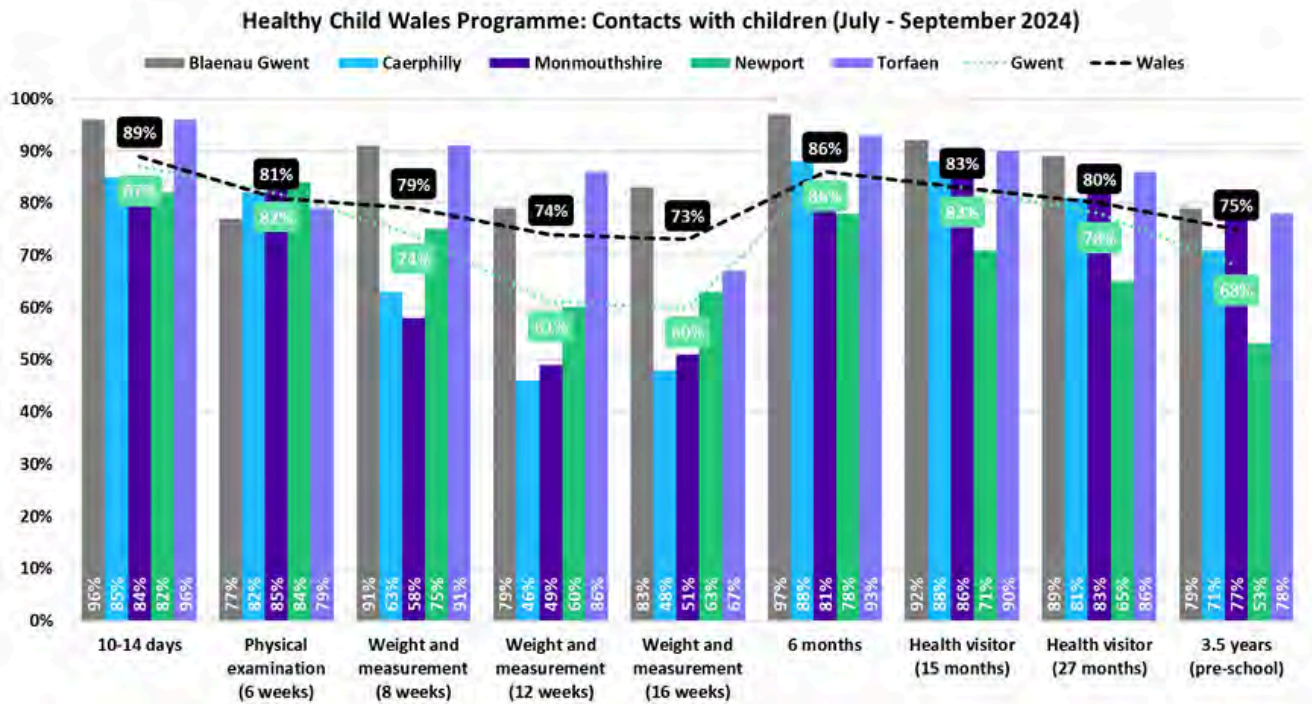
As of 2022/23, 5,788 (18.6%) children aged 0-4 in Gwent were living in absolute low income, defined as households with income below a certain threshold that prevents them from meeting basic needs like food and shelter (Department of Work & Pensions, 2024). Data from 2019 to 2023 (Figure 11) shows significant regional disparities, with Monmouthshire consistently having the lowest percentages (10%-13%) and Blaenau Gwent and Newport showing higher percentages (nearly 1-in-4 children).

The 2020/21 financial year end saw a 16% increase in the number of children living in absolute low income across Gwent, reflecting the COVID-19 pandemic's disproportionate impact on low-income families due to economic instability and job losses.



Healthy Child Wales Contacts

Figure 12 shows the percentage of eligible children with recorded Healthy Child Wales contacts across Gwent from July to September 2024, revealing variations in uptake across contact points and Local Authorities.



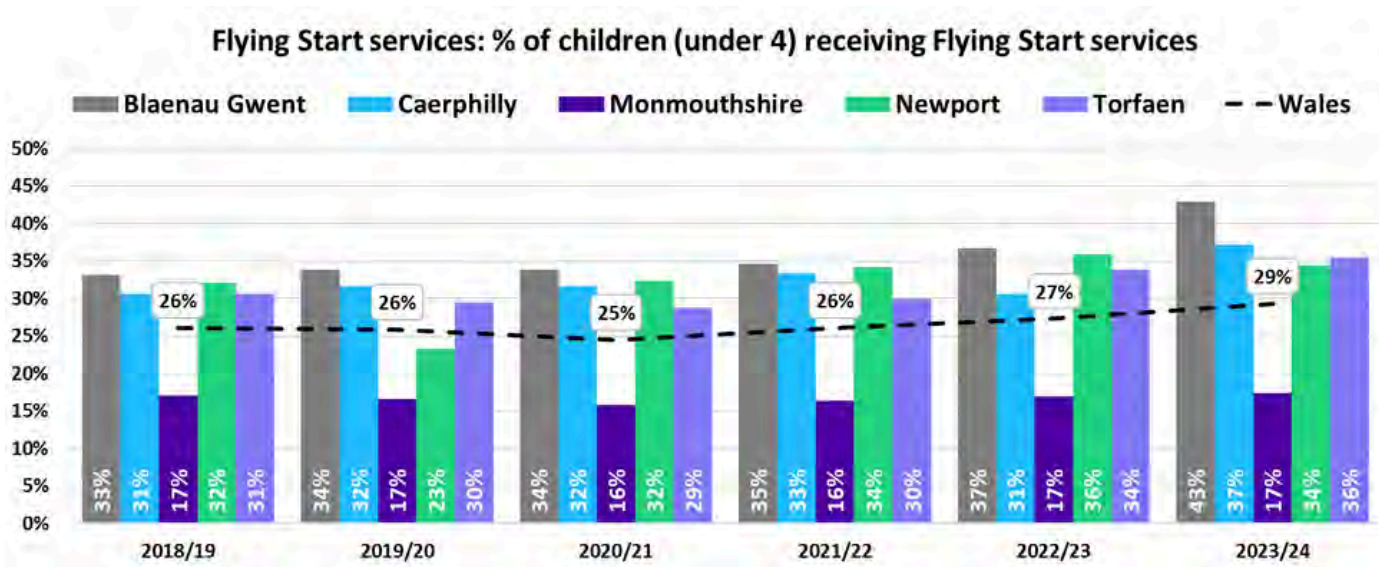
* Caution is advised when interpreting data for the 6-week GP and 8-week immunisation appointments due to a known data quality issue stemming from incomplete paper-based data collection.

Early-life contacts, such as the 10–14-day visit, show high coverage, with Blaenau Gwent at 96.3% and Newport at 82.1%. However, coverage declines in later contacts, particularly weight and measurement appointments at 12 and 16 weeks, which fall below 65% in most areas. Newport shows the lowest engagement at the 3.5-year pre-school contact (52.9%). Staffing capacity issues within the Health Visiting Service have impacted the ability to meet the Healthy Child Wales Programme ambitions, and ongoing monitoring is necessary to identify gaps and target improvements in service delivery and engagement.



Flying Start Services

The proportion of children under 4 receiving support from Flying Start Services has gradually increased across Wales due to the phased expansion by Welsh Government, reaching 29% of children in 2023/24 (see Figure 13). In Monmouthshire, between 16% and 17% of children have received support each year, compared to 43% in Blaenau Gwent.



Engagement

The findings from Surveys 6 (Parenting) and 7 (Early Years Professionals) are explored below.

Parental Leave & Financial Pressures

Parental leave (maternity, paternity, shared parental, and adoption) is crucial for supporting parents' health, well-being, and bonding with their newborn, extending breastfeeding duration, while also contributing to broader societal goals like reducing health inequalities. However, financial barriers can limit the ability to fully utilise parental leave, impacting families' time at home during this critical stage (Heshmati, Honkaniemi & Juarez, 2023). Financial concerns led 31% of parents to take less leave than planned, with younger (46% aged 20–29) and older respondents (43% aged 40–50) most affected. These findings suggest that younger parents face challenges due to lower earnings, while older parents (the **'sandwich generation'**) may be impacted by competing financial responsibilities, such as mortgages or family care.

Parents highlighted significant financial pressures during parental leave, particularly related to household expenses, emergencies, and childcare costs. The most notable barrier was balancing household expenses with reduced income, with 83% of respondents expressing concern.



Insufficient savings for emergencies was the top worry, with 74% concerned and 41% feeling 'very worried.' Childcare costs post-maternity leave also caused concern for 68% of parents, with 37% feeling 'very worried.' In contrast, around 30% reported no concerns about affording food, essentials, or rent/mortgage payments. Younger (20–29 years) and older (40–50 years) respondents were more likely to report high levels of financial worry, reflecting their distinct challenges.

Factors Impacting Child Development

Overall, 26% of parents expressed concerns about their child's growth and development, with 43% of these concerns coming from older respondents (40–50 years old). The lack of data on whether parents had older children may have influenced these responses, as more experienced parents might perceive and report concerns differently compared to first-time parents.

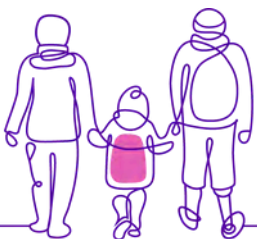
Common concerns included speech and language, general behaviour, toileting, and sleeping. Additionally, 26% of parents reported that factors in their home or personal life were impacting their child's development, with older parents (50%) more likely to report this. The cost-of-living crisis was a key concern for 81% of respondents across all age groups. Older parents (40–50 years) also cited 'family structure and support' as impacting their child's development (71%), which may explain why they were more likely to rely on childcare settings or childminders, rather than family or friends, for support.

Early Years Professionals reported similar factors when asked about the biggest challenges they think parents are currently facing. Family income, structure and lack of parental engagement were the top three responses, closely followed by a lack of parental knowledge of child development.

These insights underscore the importance of addressing the broader socioeconomic and health-related challenges families face, as they have a direct influence on children's developmental opportunities and access to support.

The Best Start in Life

Of 120 respondents, 97% felt they understood how to give their child the best start in life, and 96% felt confident doing so—though the lack of a clear survey definition may have influenced responses. Despite this confidence, financial challenges were a key theme. Parents highlighted the need for affordable local activities (96%), accessible childcare (95%), and support with the cost-of-living crisis (84%). Additionally, 89% wanted more information on supporting child development. This suggests that while parents feel capable, affordability and access to resources remain major barriers, reinforcing the need for targeted support and clear guidance on how to best support children's development.



Early Years Support

Awareness of early years support was low, with less than half of parents (43%) knowing what was available in their area. Among those who were aware, 64% had been signposted by their Health Visitor, while only 20% found information on their Local Authority's website. Of those parents aware, 42% accessed services such as Gwent-Perinatal Mental Health Service, speech & language support and parenting groups (e.g., Circle of Security). Feedback on the support received varied:

“By the time we were seen by services, the issue had gone. The waiting time was not good”

“After multiple attempts to chase up no one contacted me and no support was given”

“They helped me massively, especially with having very little to no help from Health Visitors”

These findings indicate a need for improved awareness, accessibility and responsiveness of early years support services to better meet the needs of children and their families.

Service Provision & Gaps

Cost-of-Living Support

All Gwent Local Authorities provide cost-of-living advice via their websites, with links from the FIS. These sections offer guidance on managing financial challenges and provides links to support, such as schemes, grants and local services that can assist with housing, energy costs and other essentials; however, this information varies across Gwent. For example, [Monmouthshire](#) provides a clear, age-specific leaflet, while Caerphilly's '[Help for Families with Children](#)' page is less centralised making it more difficult to navigate and Torfaen's '[School & Childcare Costs](#)' page does not cover the support for families with babies and children aged 0-2. This can make it challenging for both families and professionals to find and signpost comprehensive support efficiently.

Maternity Allowance

The UK Government offers [Maternity Allowance](#) to support expectant mothers not eligible for Statutory Maternity Pay, such as the self-employed or recently unemployed. It provides up to £184.03 per week for 39 weeks, starting from 26 weeks of pregnancy. However, this is significantly lower than National Living Wage (based on £12.21 per hour, over a 35-hour work week, for those aged 21 or over), creating financial strain for many families relying solely on this allowance.



The Healthy Start Scheme

The [Healthy Start Scheme](#) provides financial support to eligible expectant mothers (from 10 weeks pregnant) and families with children under four years old, who are on a low income or receiving certain benefits. The scheme offers prepaid cards to assist with the purchase of healthy food, milk, and formula for qualifying families alongside free vitamins during pregnancy and across early years. Applications are accessible online, streamlining the process and ensuring families can efficiently access this valuable support.

As of February 2025, 4,561 families across Gwent are in receipt of Healthy Start Scheme (ONS, 2024). However, due to previous reporting issues, data on the gap between eligible families and those actively receiving support has not been available. Consistent promotion is key to ensuring eligible families benefit fully.

Food Banks

Each Local Authority in Gwent has its own Food Partnership, working to create sustainable, equitable food systems that tackle food insecurity, support local producers, reduce food waste, and promote environmental sustainability. The online presence of these partnerships varies: [Monmouthshire](#) and [Blaenau Gwent](#) have dedicated websites, [Torfaen](#) offers limited information on the Council's website, and Newport and Caerphilly lack any specific online presence.

Additionally, the [Trussell Trust](#) provides a nationwide network of food banks and support; the 'Find a Food Bank' feature helps individuals locate all the Trussell emergency food services near them. There is no Gwent-wide resource for locating local or pop-up food banks, which can hinder access to information and limit effective signposting by Early Years Professionals. Although this may not be feasible due to Gwent's varying landscape, there is a clear need for comprehensive websites (and cross-referencing between resources) to be developed, to enable effective signposting.

Integrated Wellbeing Networks (IWN)

Facilitated by the Gwent Public Health Team, the [ABUHB IWN](#) provides a strategic framework for developing integrated, place-based wellbeing systems across Gwent. By uniting partners from Health, Social Care, Education, and the Third Sector, the IWN supports cohesive and sustainable services tailored to each Local Authority's needs. It maps local assets, identifies service gaps, and promotes partnership working to improve access to support—embedding social prescribing to better connect individuals with relevant community resources.

All Local Authorities have interactive service maps (e.g., [Caerphilly's Cwtsh](#)), offering user-friendly platforms to help families and professionals navigate local mental health services, community groups, and more.



The IWN has also helped establish community-based hubs, run by volunteers and attended by multiple services, enhancing access and supporting continuity of care. While these tools are largely geared toward older populations, expanding their scope to include early years support would better meet the needs of young families.

Vulnerable & At-Risk Families

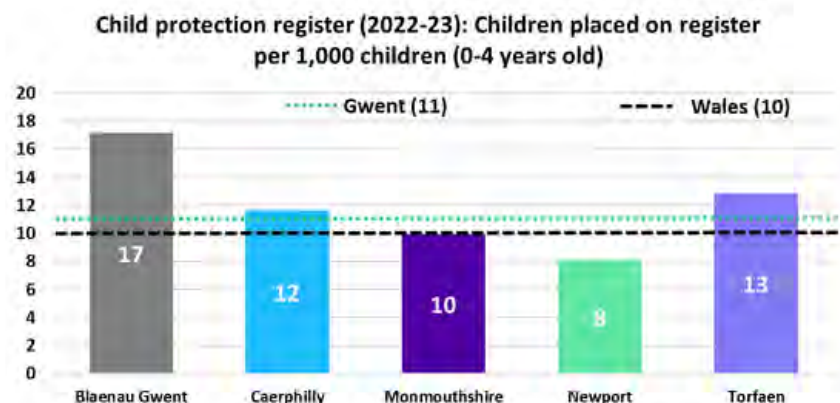
Vulnerable and at-risk families often face multiple, overlapping challenges—such as low income, unstable housing, mental ill health, and exposure to violence or substance use—which can significantly impact both parental and child wellbeing (Marmot, 2010; Goodall, Robertson & Schwannauer, 2020). These factors increase the risk of poor nutrition, developmental delays, and long-term health conditions in babies and children, which can affect their education, relationships, and future opportunities—directly undermining best start in life outcomes. Adverse Childhood Experiences such as abuse, neglect, or household dysfunction further compound these risks and are strongly associated with poor mental and physical health across the life course (Felitti et al., 1998).

Disengagement from services is more common in these groups, highlighting the importance of recognising the complex relationships between the wider determinants of health. Traditional models of care may not be sufficient; instead, coordinated, multi-agency support tailored to the unique needs of each family is essential to breaking intergenerational cycles of disadvantage and improving health and wellbeing outcomes.

Data

Safeguarding

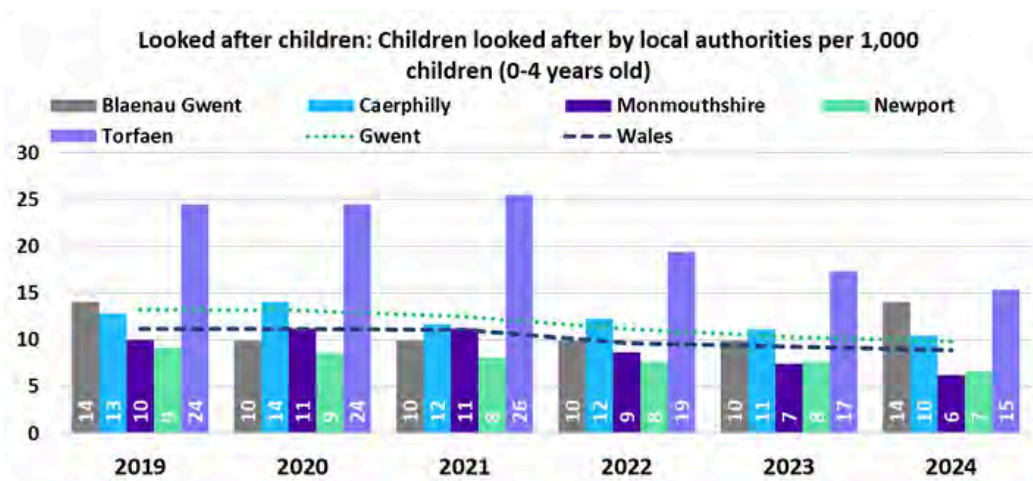
As shown in Figure 14, during 2022-23, there were 1,553 children aged 0-4 years old placed on the child protection register in Wales (StatsWales, 2023). This figure represents a rate of 10 per every 1,000 children aged 0–4 years old in Wales. A higher rate than Wales, approximately 11 per 1,000 children (aged 0–4) living in Gwent were placed on the child protection register during 2022-23. Blaenau Gwent had the highest rate with 17 per 1,000 children; followed by Torfaen (13 per 1,000 children) and Caerphilly (12 per 1,000 children).



Looked After Children (<4)

As of March 2024, there were 1,335 children aged 0-4 (9 per 1,000) across Wales who were looked after by Local Authorities (Figure 15; StatsWales, 2025). In Gwent, the rate was slightly higher at 10 per 1,000. Torfaen had the highest rate of looked after children in Gwent, with 15 per 1,000 children aged 0-4 as of March 2024. While Torfaen has consistently recorded the highest rates, this figure was significantly higher in previous years, peaking at 26 per 1,000 in March 2021. In Blaenau Gwent, the rate of looked after children has now returned to pre-pandemic levels, with 15 per 1,000 children looked after for the first time since COVID-19 (StatsWales, 2025).

Further research by the Torfaen Health Determinants Research Collaborative is planned to explore the significant difference in looked after children's rates in Torfaen compared to the rest of Gwent.



Asylum Seekers

Across Wales as of March 2023, there were 230 unaccompanied child asylum seekers (all ages) receiving care and support and 35 children (all ages) from members of families seeking asylum in Wales (StatsWales, 2024).

Temporary Accommodation

During the period January to March 2024, there were 1,755 families with children living in temporary accommodation across Wales (StatsWales, 2024). Over 300 of these families were residing in Gwent (17%) with almost half living in Newport (49%). Many families were also residing in Caerphilly (24%) and Monmouthshire (20%); fewer families lived in Torfaen (7%) and Blaenau Gwent (1%). Although there are fewer families in temporary accommodation in Torfaen and Blaenau Gwent, it does not provide an indication of need in these areas, suggesting that many families may be relocated when temporary accommodation is required. Families with children are most frequently supported in temporary accommodation due to being moved out of other unsuitable accommodation (StatsWales, 2024).



Engagement

This section will explore the discussions from the Antenatal & Early Years Professionals, Gwent Drug & Alcohol Service and Home-Start Cymru focus groups.

Stigmatisation & Mistrust

Vulnerable groups often experience stigmatisation and mistrust, which can deter individuals from accessing healthcare services. This mistrust is frequently rooted in prior discriminatory encounters or the absence of culturally sensitive care (Nyblade et al., 2019), compounding feelings of exclusion.

Home-Start Cymru noted that Asylum Seekers and refugees can wait up to five years to receive refugee status, during which time they are excluded from public funds and often feel isolated. A volunteer with lived refugee experience described how they built trust with a family by offering empathy and understanding. As one Asylum Seeker in Newport shared:

“By meeting someone from the same culture, religion, and who speaks the same language, it reassured me that I was safe and had someone I could trust to talk to.”

Long waiting lists, intensified by the COVID-19 pandemic, further undermine trust. Delays are often seen as barriers to care, leading to disengagement and, in some cases, escalating unmet needs that are later identified by Social Services.

To help rebuild trust, ABUHB Maternity Services introduced mandatory cultural competency training for frontline staff (including Midwives and NICU teams), alongside improved communication tools such as iPads with translation apps, posters highlighting multilingual volunteers, and access to language line services. These efforts earned the Silver Distinction from Diverse Cymru and represent a promising step toward more inclusive care.

However, addressing mistrust requires a system-wide, culturally sensitive approach that strengthens relationships between services and communities. While tackling long waiting times remains a challenge, enhancing signposting and improving referral pathways to alternative or interim services can provide more immediate support and help prevent disengagement while systemic solutions are explored.



Collaborative Working

Collaboration is essential in addressing the complex needs of vulnerable groups. Cross-sector partnerships ensure care is holistic, inclusive, and coordinated—pooling expertise and resources to provide more responsive support (World Health Organisation, 2017).

Postnatal Support

Lack of postnatal support was raised as a key concern. The Gwent Drug & Alcohol Service reported women experiencing significant setbacks when their baby is removed by Social Services—often leading to disengagement from treatment, relapse, and emotional instability. Without collaborative and ongoing postnatal support, women are left to navigate this trauma alone. Services like Barnardo’s Baby & Me and the Caerphilly Intensive Support Team are highly valued. However, professionals noted a gap in such intensive services across Blaenau Gwent, Monmouthshire, and Torfaen:

“There’s got to be somebody, a team that can wrap around these women who have had their babies taken off of them.”

Perinatal Mental Health Support

There is limited access to the Perinatal Mental Health Service for women at risk of, or who have experienced, child removal. Professionals highlighted a critical support gap before the Reflect service is available—26 weeks postnatally. As one Specialist Health Visitor said:

“...But it's 26 weeks later. By then, they're subsequently pregnant or they've had even further trauma on the top of the trauma that they've already got. There's nothing in place.”

BadgerNet

The introduction of BadgerNet in maternity services has strengthened collaboration, especially for women with safeguarding concerns or transient lifestyles. It supports real-time communication, safeguarding alerts, and information sharing with Social Services and NHS Trusts in England. It also addresses issues like lost handheld notes, improving continuity of care. While not yet fully implemented across Wales, [Welsh Government plans](#) to expand BadgerNet nationally by March 2026.



Service Provision & Gaps

Gwent Safeguarding Service

Gwent Safeguarding Service provides multi-agency support for children and families, promoting coordinated efforts across health, education, voluntary, and local authority sectors. It delivers training and guidance to improve safeguarding practices and foster a culture of protection across the region.

ABUHB Services

Safeguarding Midwives

ABUHB Safeguarding Midwives ensure safeguarding concerns around mothers and children are effectively addressed. They work within multi-disciplinary teams, offer training to staff, review safeguarding protocols, and advocate for vulnerable families during pregnancy and postnatally.

Health Inclusion Service

This nurse-led service improves healthcare access for vulnerable groups—such as asylum seekers and refugees—across Gwent. Through assessments, immunisations, referrals, and pop-up clinics, the team addresses health inequalities. However, there is currently no specific provision for vulnerable children; a Health Needs Assessment is planned for 2025/26 to identify their needs.

Families First

Families First is a Welsh Government initiative offering early intervention and whole-family support. It uses approaches such as the Joint Assessment Framework for Families (JAFF), Team Around the Family (TAF), and supports disability-focused work. Service delivery varies across Local Authorities:

- **Blaenau Gwent & Caerphilly:** Services fall under Social Services. Both use the JAFF model and support children and young people aged 0–25. Blaenau Gwent’s support is promoted via Facebook and the [Local Authority’s website](#), with the section on the [FIS website](#) currently in development. [Caerphilly](#) offers more detailed online information, including referral pathways.
- **Torfaen:** Operates under TAF, supporting children up to 18. Clear service information and referral steps are available via the [FIS website](#).
- **Monmouthshire & Newport:** referrals are managed by a SPACE-Wellbeing Coordinator and Families First Panel to determine appropriate support pathways:
 - Monmouthshire supports families with children aged 0–18, with details mainly hosted on the [Healthier Together](#) website.
 - Newport supports those aged 0–25 under the [Prevention and Inclusion Team](#). While information exists on the Healthier Together site ([SPACE-Wellbeing](#)), the Local Authority website lacks dedicated content.



Barnardo's Baby & Me

The [Barnardo's Baby & Me](#) service, developed in partnership with Newport City Council, is a trauma-informed and relationship-based practice, with the aim of helping families navigate the court process, offering emotional and practical support to reduce distress and improve understanding of proceedings. Whether families are preparing to care for their baby or facing separation, the service works to reduce distress, promote positive engagement, and support parents in building confidence and strengthening relationships. Through close collaboration with existing services, the support provided ensures families are guided and connected to appropriate resources.

Support is provided from 12 weeks of pregnancy up to six months postpartum, as this was identified by both professionals and families as the most appropriate time to end support. Following this period, ongoing support is provided through the relevant services based on assessed need, using a step-down or step-up approach to ensure families continue to receive appropriate help at the right level and time.

Caerphilly Intensive Support Team

While the Barnardo's Baby & Me service is exclusive to Newport, Caerphilly offers a similar model through its [Intensive Support Team](#) within [Children's Services](#). This multidisciplinary team—including a Specialist Health Visitor, Social Workers, and Family Support Workers—delivers tailored interventions to address complex needs, promote family stability, and build resilience.

The Specialist Health Visitor leads pre-birth assessments from 13 weeks' gestation to reduce the number of babies entering care. However, with only one Specialist Health Visitor supporting 30–40 families, capacity to deliver in-depth support remains limited.

To strengthen and clarify provision across the region, there is a need to assess the Baby & Me programme and equivalent services for at-risk and looked after children, using these insights to inform future planning and ensure support is consistent, effective, and appropriately targeted.

Gwent Drug & Alcohol Service

The [Gwent Drug & Alcohol Service](#) (GDAS) provides vital support for individuals, aged 18+, caught in a cycle of offending related to their alcohol and/or substance misuse, offering services across various locations in Gwent. Alongside individual recovery support, GDAS deliver training and professional advice to agencies (e.g., Health & Social Care staff) on issues affecting adults experiencing substance misuse problems. [Gwent Drug & Alcohol Family Service](#) supports those who are affected by someone else's substance use.



CAMHS Drug & Alcohol Team

The CAMHS Drug & Alcohol Team, as part of [Gwent N-gage](#), provide complex interventions for children and young people (under the age of 18) with substance use problems at a tier 3-4 level where substance use problems are having significant impairment on physical, psychological and/or social functioning. Referrals for young pregnant people are allocated to the CAMHS Drug & Alcohol Team to support the complications that could arise from pregnancy and drug/alcohol use, as well as support wider mental health concerns, provided therapeutic interventions and where indicated, treatment.

Home-Start Cymru

[Home-Start Cymru](#) is a Welsh charity that provide tailored support to families, addressing challenges such as postnatal depression, isolation, physical health problems and helping to boost overall wellbeing. By working closely with partners like Health Services, Home-Start delivers parenting and family support services that strengthen families, build resilient communities, and create nurturing environments where children can thrive.

A Policy & Public Affairs Manager conducts internal consultations with the families they support to identify trends in service delivery and shared experiences. These insights are then presented at wider consultations, such as those held by the Welsh Government, Local Authorities, and Public Health forums, to ensure the voices and lived experiences of families inform the development of policies and initiatives across Wales.

Cyfannol Women's Aid

[Cyfannol Women's Aid](#) is a Welsh-based charity specialising in supporting women, girls and children who have experienced any form of violence, domestic abuse and/or sexual violence. Across Gwent, a range of person-led and trauma-informed services are delivered such as drop-in & crisis support, refuge accommodation, community-based 'floating' support and a range of 1:1 and group-based support options for children and young people.

A Domestic Abuse Health Needs Assessment is scheduled for the 2025–26 financial year. This assessment will offer valuable insights into the specific needs of vulnerable families affected by domestic abuse and will help shape the development and delivery of future support services and strategies.



Building on What We've Learnt

This Best Start in Life Joint Strategic Needs Assessment has highlighted a range of strengths and challenges across the early years landscape in Gwent. Findings emphasise the importance of a whole-system approach, the need for better access to services, stronger multi-agency collaboration, and targeted interventions to reduce health inequalities.

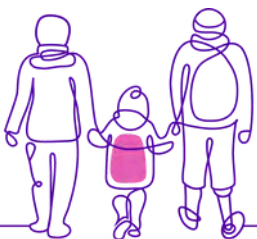
While examples of good practice and innovation are evident, there remain gaps in accessibility, consistency, and coordination across services. Addressing these challenges is essential to ensure equitable, timely, and effective support for all families, regardless of where they live.

The need for continued collaboration across sectors to reduce inequalities and improve outcomes for families with young children is key, as well as strengthening integration, improving access to local services, and embedding holistic, preventative approaches into early years care. These insights directly inform the recommendations that follow, ensuring they are grounded in both lived experience and the realities of service provision across Gwent.

Recommendations

In response to the key findings, a set of recommendations have been developed to address gaps, build on existing strengths, and improve the quality and accessibility of early years provision. These recommendations aim to ensure that all babies and children in Gwent are supported to achieve positive outcomes from the earliest stage of life:

1. Explore the role of ABUHB Primary Care in supporting pregnancy planning, and strengthen the information available to help individuals and couples make informed decisions when planning for pregnancy.
2. Implement quality improvement approaches across Gwent to reduce barriers to vaccination in pregnancy and improve uptake. Improve the quality and reliability of vaccination in pregnancy data through enhanced collaboration with ABUHB Midwifery and Primary Care teams to ensure accurate, timely recording and proactive response to emerging trends.
3. Analyse and compare ABUHB data on lifestyle behaviours during pregnancy (BMI and smoking status) to identify correlations with mode of delivery, and explore how these findings can be used to enhance messaging, antenatal care and support services.
4. Understand the impact of the Gwent Antenatal Programme, focusing particularly on increasing engagement among underrepresented groups and expanding antenatal workshops.
5. Establish a task group involving Local Authorities early years practitioners, Health Visiting, Midwifery, and community representation across Gwent to streamline and improve communication.



6. Promote the use of MECC best start in life messages through ABUHB internal channels, including BadgerNet and ABUHB Pulse.
7. Conduct post-training feedback sessions with the ABUHB Midwifery and Health Visiting Services to assess the integration of MECC principles into practice.
8. Explore opportunities to broaden the scope of MECC training to better equip ABUHB Midwives and Health Visitors to:
 - a. Understand and confidently discuss sexual and reproductive health, including contraception
 - b. Recognise and embrace their role in providing contraceptive advice as part of a wider pathway of care
9. Seek to understand the barriers faced by dads, partners, and LGBTQIA+ parents, across Gwent, in accessing early years services with their babies and children, ensuring they are recognised and included as integral to shaping the care and support provided for babies and children.
10. Assess the Baby & Me and equivalent programmes in Gwent, for at-risk / looked after children to clarify existing provision and plan improvements based on this understanding.
11. Identify and implement actions from the Welsh Government's Mental Health & Wellbeing Strategy to improve access to mild to moderate perinatal mental health support across Gwent.
12. Fully harness the potential of place-based services in Gwent, such as the 19-Hills Health & Wellbeing Centre, to provide enhanced early years support and ensure care is accessible, inclusive, and delivered closer to home.
13. Explore opportunities to address gaps in the children's weight management pathway, particularly at Level 2.
14. Provide targeted training for pre-school settings staff across Gwent on supporting early speech, language & communication and physical literacy.
15. Integrate early years resources into the Integrated Wellbeing Network maps to enable access and support signposting amongst early years professionals.
16. Strengthen efforts to achieve equitable childhood immunisation coverage across all Local Authorities in Gwent by identifying and addressing areas of low uptake through targeted, co-produced interventions that improve access and reduce barriers for families.
17. Co-develop a shared understanding of school readiness with residents living in Gwent and Early Years Professionals working across the region, focusing on enabling children to achieve their developmental milestones in readiness for school.



Next Steps

The Best Start in Life Joint Strategic Needs Assessment will be shared with key partners and stakeholders at both the Gwent and national level. Aneurin Bevan University Health Board and the Gwent Public Services Board are committed to prioritising action on Best Start in Life within their respective strategic plans, recognising that early intervention is vital to reducing inequalities and improving long-term outcomes for babies, children and families.

To support this commitment, a Regional Best Start in Life Management Group has been established. This group will oversee implementation, monitor progress, and ensure a coordinated response to the identified needs across the region. The JSNA recommendations will also be fed into the relevant Best Start in Life groups, helping shape the development of targeted and effective Delivery Plans.

At a national level, Public Health Wales is currently developing an Early Years Framework. Once published, this will be reviewed to align local delivery plans with national priorities and provide further structure to ongoing work.

In line with the United Nations Convention on the Rights of the Child, meaningful engagement with children, young people, and families will remain a priority. Their lived experiences and insights will actively shape decisions, supported by the introduction of a 'You Said, We Did' feedback loop to ensure transparency and accountability in how their views influence service development.

Looking ahead, this JSNA will form the foundation for two additional assessments focusing on the needs of Children & Young People (aged 5–16) and Young People & Young Adults (17–25). These future assessments will ensure a continuous, whole-systems approach to improving outcomes from birth to young adulthood.



The **Gwent** Best Start in Life

Joint Strategic Needs Assessment:
Technical Report

June 2025

For further information please email:
Admin_ABGPHT@wales.nhs.uk



DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Planning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	David Hanks, Head of Service Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes.

Cefndir / Background

Health Boards in South East Wales continue with active collaboration where this delivers added value to clinical service delivery, access and sustainability. The Cabinet Secretary's expectation of regional planning and delivery remains at a high level, reinforced by letters recently received from his office and that of the NHS Wales Chief Executive. Health Board planning teams (joined by clinical, operational and other colleagues where beneficial) meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Regional planning and partnerships take the form of the formal South East Wales planning collaborative as well as issue or service specific programmes that are not



all within scope of the former portfolio. All significant work and recent developments are summarised in this paper.

Asesiad / Assessment

An overview of current programmes is set out below:

Regional Joint Committee

A letter from the Cabinet Secretary was received by Health Board Chairs in April, indicating a wish to see accelerated progress in the planning and delivery of healthcare services on a regional level to maintain safety, quality, and sustainability.

Chairs were directed to establish a South East Wales Health Boards Regional Joint Committee with the aim of offering stronger strategic leadership, foster collaboration, and to provide a robust governance framework to accelerate and enhance the planning and delivery of services. To allow for the induction and onboarding of new Chairs to Aneurin Bevan and Cardiff and Vale University Health Boards, the Committee is to be formally established in quarter 3 of 2025/26.

In response to the Cabinet Secretary's direction, the Regional Portfolio Oversight Board is preparing the supporting terms of reference, operating principles, governance and documentation for the Joint Committee, with all details due to be taken to respective September Board meetings for formal approval. It is intended to that the Committee will establish a collective collaborative commissioning approach to future regional service planning.

Llantrisant Health Park (LHP)

Since confirmation of funding in February 2023 and subsequent purchase of the LHP site by CTMUHB, Welsh Government focus has been on the development of the site for additional local and regional service capacity, for which an Outline Business Case (OBC) is being prepared. This was reiterated in January 2025, when a letter was received by the Director General / Chief Executive of NHS Wales regarding the development of LHP. The letter expressed the wish for the LHP programme to proceed at pace, and specifically requested the following:

Development of an outline strategy which supports the development of a regional service model to utilise the proposed facilities at Llantrisant. This was presented and approved by Boards in March.

Development of a cross-health board demand and capacity mapping exercise to cover endoscopy, radiology and pathology, together with the setting out of a strategic delivery plan to meet this demand across a regional footprint. This work is ongoing due to conclude in July.

Setting out of a clear plan for utilising LHP for a short stay elective orthopaedic facility, supported by a demand and capacity model for the region. The regional Orthopaedic Programme is due to conclude this work in September.



An outline of further future development opportunities for the LHP site and collaborative regional working in general.

An Office of Government Commerce (OGC) Gateway review of the LHP programme was commissioned by Welsh Government in April. The review report has now been received, and the review highlighted a number of areas related to governance and planning that need to be strengthened. It also made several recommendations of areas needing to be addressed in the draft OBC. In response the Regional Portfolio Oversight Board is progressing a stocktake to ensure that the appropriate governance and assurance is in place to drive and monitor future regional planning progress, particularly in respect of the LHP programme and business case.

The local ABUHB position remains that the LHP development does offer opportunities to further strengthen our planned care capacity and offer in this context. The health board has maintained full engagement and participation in a wide range of collaborative regional planning programmes but has maintained the position that it is essential that any opportunities identified through this work reflect value for money when considered against other options. For ABUHB, the commissioning of capacity at LHP would be dependent on the identification of future revenue funding streams

The latest ABUHB positions in respect of the specific asks within the letter and of the associated regional projects are as follows:

LHP outline strategy

An overall LHP high level outline strategy and vision document was prepared and subsequently approved at the March Board meetings.

Endoscopy

The ABUHB team have continued to engage with finalisation of the required regional plan setting out the current demand and capacity requirements and residual deficit across the region, whilst consistently following the original position statement setting out the approach to endoscopy regional planning. The key elements of this were:

Confirmation that the first local priority option for additional capacity (subject to funding) was to move to full seven-day utilisation of the new four theatre endoscopy suite at the Royal Gwent Hospital.

Full support in principle for the proposal to establish a regional screening & surveillance centre in LHP (closely adjacent to Bowel Screening Wales).

Full support in principle for the proposal to establish a new endoscopy training academy in LHP, subject to a full business case being prepared by Health Education and Improvement Wales (HEIW).

These elements are represented within the plan, but some discussion (initiated by ABUHB) is ongoing to ensure universal agreement on definitions and arrangements to demonstrate maximum efficiency / utilisation of capacity across the wider region before the final document can be submitted. Whilst ABUHB have committed in



principle to commissioning any additional required activity from LHP from 2028/29, the financial assumption remains that funding for this demand growth (net of Bowel Screening Wales commissioning intentions) will form part of the full business case submitted to Welsh Government.

Radiology / Community diagnostic hubs

The ABUHB team are working with colleagues to develop the required cross-health board demand and capacity mapping exercise, together with a detailed delivery plan for meeting radiology demand across the region. Whilst the formal regional radiology / community diagnostic hub project had been stood down, the need for close ongoing collaboration has been recognised in the light of the recent letters received, and it is planned for a regional radiology management group to provide a forum for joint planning, agreeing common service protocols and sharing of best practice.

The ABUHB team continue to engage on the basis of the original position statement, with the second MRI scanner now being commissioned in the Grange University Hospital. This provides the required additional local service capacity, resolves the clinical risk associated with a previous 'single point of failure' and enables the freeing up of capacity to establish a community diagnostic hub model on the Ysbyty Ystrad Fawr site. Whilst this has meant that there is no envisaged formal requirement to commission ABUHB activity from a future LHP facility, this option will be kept live through the new management group discussions, depending on future demand and service trends.

Orthopaedics

The work of the programme has been re-focused to progress the ambition as set out in the Strategic LHP document for utilising LHP for a short stay elective orthopaedic facility, supported by a regional demand and capacity exercise. The document will include full demand & capacity analysis, ongoing local plans, subsequent commissioning expectations for an LHP unit, the requirements for support services and financial / workforce analysis (pending a comprehensive business case to follow). The aim is for this to be completed and submitted to respective July Health Board meetings.

ABUHB representatives are supportive in principle and are heavily engaged at a planning, clinical (including as the regional clinical lead) and operational level, with an active local supporting group and input informed by a local position statement. The key concerns outlined in the latter include the need to ensure full local capacity utilisation in the first instance and the affordability / staffing of a future LHP regional unit based on additionality.

Ophthalmology

The ophthalmology regional programme has continued to make good progress, successfully delivering the key aim of eliminating cataract surgery waits of over two years by the end of March this year. Welsh Government have responded by committing additional funding of £19.5M for 2025/26 to maintain and further improve the waiting time position by the end of the financial year.



A successful clinical workshop took place on 16th May, with the aims of reviewing progress achieved to date, agreeing new priorities for the year ahead, considering revised governance arrangements and agreeing a comprehensive workforce strategy. Key actions arising from the discussion included: -

Set out a new 'Lead Commissioner' model for future activity and the associated specifications, planning assumptions and delivery milestones

Bring the deployment of the 'Open Eyes' digital ophthalmology system closer to the centre of the programme focus

Scope the requirements for completing the cataracts phase of the programme and develop a plan to achieve this

Set up a regional clinical forum across the whole multi-disciplinary team

Develop a strategic workforce transformation approach

Progress continues to be overseen by a programme board and supporting delivery & development group.

Pathology

This project is overseeing the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient-focussed service. Prioritising cellular pathology, the steering group has set out a series of phases over a three year period. ABUHB position remains that the case for a move towards integration needs to be made and supported by Boards before focus moves to identification of site.

It has been acknowledged from the outset that a comprehensive digital cellular system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. The national business case for this was approved at the March Board meeting and is progressing at the national level.

Aneurin Bevan UHB representatives remain fully engaged with the project (currently through the standardisation working group), ensuring that subsequent decisions are informed by robust data and detailed option appraisal.

Cancer Services

Following the revised governance approach to cancer planning in the south east, this programme is hosted by Aneurin Bevan UHB, with the Chief Executive chairing the new Regional Cancer Board.

Progress to date includes:

Reviewed all regional cancer strategies – summarising key areas, common themes and mapping to national priorities in the Cancer Quality Statement and Wales Cancer Improvement Plan in order to inform further regional strategic planning.



Baseline review of regional cross-organisational work relating to cancer services – to inform the regional work programme where collective leadership can add value to addressing any cross-organisation issues.

Agreed Regional Cancer Programme priorities – agree initial priorities across a range of the following categories: enablers, immediate priority actions, and horizon scanning

The priorities for the region were agreed based on where there is mutual gain of joint working, these are set out below with next steps;

1. Regional Patient Treatment List – demonstration of the regional data solution developed to Regional Programme Board
2. Regional Multi-Disciplinary Team Support & Governance – review outputs of MDT baseline survey undertaken by Clinical Fellow and identify specific areas for improvement in region (potentially MDT training material development and pilot of an AI solution)
3. Regional Workforce Development – establish a Regional Oncology Workforce Task & Finish Group linking with HEIW and Velindre Oncology Academy
4. Prehab to Rehab – finalise Project Brief, to include gathering baseline of prehab provision across region and gaps analysis to achieve equitable access
5. Haemato-oncology – agree Project Brief with regional engagement

Thoracic Surgery

This programme has been led by Swansea Bay UHB with the objective of establishing the centralisation of thoracic surgery services for South Wales in new facilities in Morriston Hospital in Swansea.

Whilst Aneurin Bevan UHB representatives have maintained a watching brief, the programme has not made further progress for more than 18 months, pending confirmation of outline business case funding from Welsh Government and of service / programme capacity. Formal confirmation of the longer-term intentions is awaited, and it is therefore proposed that this programme can be removed from regular updates until such time as future plans are finalised and communicated.

Hepatobiliary and Pancreatic Surgery

This project has been managed jointly between Cardiff & Vale / Swansea Bay University Health Boards. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepatobiliary and pancreatic (HPB) service, in south Wales these services are currently split, with liver surgery undertaken at the University Hospital of Wales and pancreatic surgery undertaken at Morriston Hospital.

Following an extended hiatus period, the Project Board earlier this year reconvened to progress the previously agreed three-phase plan for HPB services, based on:-

1. Establishment of an operational delivery network and regional multi-disciplinary team working
2. A single management structure covering the two sites as a 'single service' philosophy



3. An eventual move to a single HPB centre

The ambition for the project was for commissioning responsibility for the service to transfer to the all-Wales Joint Commissioning Committee, but the JCC did not prioritise this for 2025/26. In order to progress the first phase of the project, participating health boards were asked by the HPB Project Board to consider direct funding of a delivery network team and supporting regional multi-disciplinary team arrangements from the middle of 2025/26 (the full year cost of this for ABUHB was £67,000). However, all of the health boards involved (including ABUHB) have declined to do this outside of the JCC process. As a result of this, the Cardiff & Vale / Swansea Bay University Health Board Chief Executives have written formally to all of the participating health boards, asking that they make arrangements to commission any required tertiary HPB services from an alternative provider. A considered response to this is currently in discussion.

Stroke Services

Work continues across health boards in Wales to re-design stroke services into a regional hyper-acute stroke model, although it remains the case that progress will require clear funding options, programme infrastructure support and robust public engagement. Whilst the longer-term configuration of acute services within ABUHB is already established through the unit at the Grange University Hospital, health board planning and service representatives are maintaining close liaison with regional colleagues and ensuring clear line of sight to any changes to neighbouring services (particularly in CTMUHB) that may have cross-border patient flow implications.

The latter action is particularly relevant since the urgent temporary service change in neighbouring CTMUHB to centralise all their acute stroke services at the Royal Glamorgan Hospital. C&VUHB and CTMUHB are liaising closely to consider collaborative future arrangements, but have yet to agree a formal joint stroke network, through which the longer-term configuration of stroke services across the two health boards would be agreed. The current recommendations to the Regional Portfolio Oversight Group are to:-

Establish an Operational Delivery Group to manage immediate priorities.

Endorse a two-phase approach incorporating

- o Stabilise current services and address known issues.
- o In future, develop a strategic model and structure for stroke services in the South-Central region.

Include all relevant partners (e.g. Powys, ABUHB, WAST) in planning and decision-making.

There is currently no confirmed timetable linked to the above and the ABUHB service continues to monitor the operational impact of the CTMUHB service centralisation in conjunction with CTMUHB, WAST and Powys colleagues. ABUHB continue to monitor impact of the change on patient flows towards the Grange University Hospital although accurate data is proving challenging.

Vascular Services

The south east Wales regional vascular network (SEWVN) team have developed the conclusions of the clinical review workshop held late last year, and a range of



recommendations for the future of the service were approved by the Regional Portfolio Oversight Board in April. The key resulting actions are: -

- Disbanding of the current operational delivery network (ODN)
- Ending the formal role of the network Senior Responsible Owner (SRO)
- Development of a formal proposal for the future governance of the network and the commissioning of activity (respecting individual health board governance processes)
- Development of key supporting policies and documents
- Review of reported financial episode activity / actual theatre activity against business case assumptions and how the data is translated for financial monitoring purposes

During this transition period, assurance has been given that ODN colleagues will still be available to the newly formed SEWVN Operational Leadership Group in an advisory capacity. Should any operational, finance, planning or workforce issues arise that cannot be resolved within the Operational Leadership Group respective colleagues from the network organisations will be co-opted in to assist with resolution.

The SEWVN Operational Leadership Group, led by the Network Manager, will continue to manage the 'day to day' operational, governance, and planning of the SEWVN. In addition to overseeing the working sub-groups, its priority tasks will include an update to the SEWVN Repatriation policy, resolution of concerns regarding vein interventions, and completion of a workforce review.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to:

- Note the update report for information.

Further updates will be provided to future meetings

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



<https://futuregenerations.wales/about-us/future-generations-act/>



DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Sustainability Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director for Primary Care, Community Services & CHC

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

The Partnerships, Population Health and Planning Committee is asked to:

1. Note the progress of the Primary Care Sustainability Board since May 2023.
2. *Endorse the Place Based Model proposed as a key contributor to Primary Care Sustainability.*
3. Acknowledge successful implementation of the agreed priorities and note that the plan may necessitate the allocation of additional workforce capacity or resources.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Primary care remains in a challenging position, and we continue to see a concerning picture of services struggling to cope with rising demands and diminishing capacity (*appendix A*). The primary care system is under sustained and multifaceted pressure due to a convergence of demographic, clinical, operational, and economic factors. These pressures are significantly impacting workload, staff retention, morale, and the financial viability of independent contractor practices. The principal contributing factors include:

Demographic Shifts - An ageing population is increasing demand for healthcare services, with older adults typically requiring more frequent and complex care. This demographic trend is contributing to a higher baseline workload across primary care.

Rising Incidence of Chronic Disease - The prevalence of long-term conditions such as diabetes, cardiovascular disease, and respiratory illnesses continues to grow. These conditions require ongoing management, monitoring, and coordination, placing sustained demand on primary care resources.

Multi-Morbidity and Frailty - Many patients now present with multiple co-

existing conditions, often compounded by frailty. This complexity necessitates longer consultations, multidisciplinary input, and more intensive care planning, further straining capacity.

Secondary Care Waiting Times - Delays in accessing specialist and hospital-based services are resulting in patients remaining under the care of general practice for longer periods. This leads to increased clinical responsibility and workload for primary care teams.

Workforce Challenges - Recruitment and retention difficulties, exacerbated by burnout and early retirement, are reducing workforce capacity. This is particularly acute in rural and underserved areas, where vacancies are harder to fill.

Primary Care Funding Constraints - Funding has not kept pace with rising demand. Limited financial resources restrict the ability of independent contractors to expand services, invest in infrastructure, or recruit additional staff.

Cost of Living and Inflationary Pressures - The broader economic environment, including rising operational costs (e.g., utilities, supplies, staff wages), is increasing the financial burden on independent contractor practices. These pressures threaten the sustainability of some providers.

Impact on Morale and Burnout - The cumulative effect of these pressures is contributing to low morale, increased stress, and professional burnout among primary care staff. This, in turn, affects retention and the quality of patient care.

Addressing these interrelated challenges requires coordinated policy, sustained investment, and innovative workforce and service delivery models to ensure the resilience and sustainability of primary care. With an unprecedented number of contract resignations in 2023/24, the Division engaged in an alternative model of delivery through multiple contract awards. However, in the last 12 months, despite extensive efforts, the Primary & Community Care Division has received several contract resignations and contract variations from independent contractors through 2024/25:

- 5 GMS contract resignations (of which 2 were start of 25/26 – *table 1*), 1 service reduction and 3 boundary changes
- 5 GDS contract terminations (*table 2*)
- 94 temporary closures and breach notices across community pharmacies

Table 1. GMS Contract Resignations 2024/25

Practice	Date of Resignation	Position
Aberbeeg Medical Practice (W93009)	01/03/25	Divisional Directly Supported Practice – EoI requested
Blaenavon Medical Practice (W93015)	01/03/25	Divisional Directly Supported Practice
Brynmawr Medical Practice (W93068)	01/03/25	Divisional Directly Supported Practice
Bryntirion Surgery (W95068)	01/04/25	Divisional Directly Supported Practice
Tredegar Medical Practice (W93063)	01/04/25	Divisional Directly Supported Practice

Several practices outlined in *table 1* have taken the significant step of resigning their GMS contracts, set against the backdrop of a decade marked by sustained pressures and systemic challenges within the General Medical Services framework. *Appendix B*

provides an illustration of the challenges faced in relation to GMS sustainability. The Division has been directly supporting the 5 GMS Practices since respective contract resignations.

GMS Contract Limitations

The GMS contract, while foundational to primary care delivery, faces significant limitations in supporting sustainable and equitable services. One of the most pressing concerns is funding. Despite recent negotiations offering a 6% pay uplift and modest additional investments, GPC Wales and the BMA have consistently flagged that these measures fall short of addressing the systemic underfunding that undermines long-term service viability. The contract’s structure, rooted in legacy arrangements, perpetuates fragmentation through multiple Directed Enhanced Services (DES) and Local Enhanced Services (LES), potentially leading to inconsistent service availability across the region.

Moreover, the GMS model has shown limited flexibility in addressing health inequalities. The contract’s regulatory framework and non-specific performance measures often fail to target the social determinants of health or adapt to the needs of deprived communities thus counterintuitive to the inverse care law. This rigidity is further compounded by the challenges in meeting access standards, which, while well-intentioned, can place disproportionate pressure on practices without accounting for local context or capacity. Access standards are nationally determined in terms of meeting the needs of the patients, however, the GMS contract does not stipulate specific access requirement beyond meeting the needs of registered patients. Collectively, these issues underscore the need for a more integrated, adequately resourced, and equity-focused approach to primary care in Wales.

Future direction of travel

The future direction for GMS services in Wales is centred on the development of a unified contract that simplifies and standardises core service delivery across health boards. This approach aims to reduce bureaucratic burden through a streamlined assurance framework, enabling practices to focus more on patient care than administrative compliance. Emphasis will shift toward prevention and proactive management of chronic conditions, aligning with broader public health goals. Additionally, there will be a strengthened role for cluster models, fostering collaboration between practices and community services to deliver more integrated, locally responsive care.

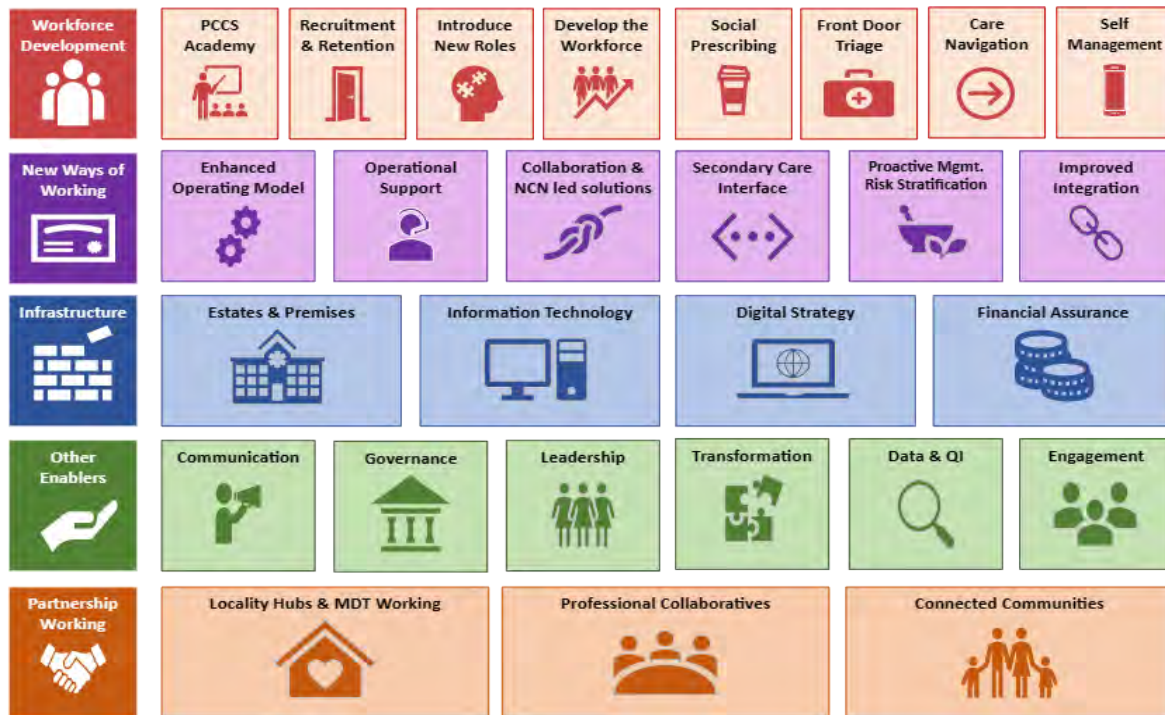
Table 2. GDS Contract Terminations 2024/25

Practice	Date of Resignation
Bridges Dental, Caldicot	01/04/24
Oakdale Dental Centre, Caerphilly	01/04/24
Trefynwy Dental, Monmouth	01/04/24
Thrive Dental, Magor	01/08/24
Beaufort Park Dental, Chepstow	01/08/24

The Sustainability Programme Board has progressed a number of workstreams against the endorsed plan, which is anticipated to alleviate pressures across the primary care system. This report provides an update on the progress made across the agreed priority workstreams as outlined in our strategic plan. It aims to inform of key developments, milestones achieved, and any emerging risks or challenges encountered during the reporting period. The update highlights the collective efforts undertaken by teams to advance our strategic objectives and ensure alignment with organisational goals. Where applicable, the report also outlines next steps and recommendations to maintain momentum and address any areas requiring additional focus or support.

In May 2023 the Chief Operating Officer, alongside the Divisional Director for Primary Care, Community Services and CHC provided an update to the Partnerships Population Health and Planning Committee on the re-established Primary Care Sustainability Board. The membership and programme of work to improve the sustainability of primary care services was endorsed by the Committee, focusing on 5 hierarchical priority areas (*figure 1*).

Figure 1. Hierarchical Priorities of the Sustainability Programme Board



In relation to governance of the Sustainability Programme, the 5 priority areas identified above are to be managed by the Sustainability Steering group and progress reported quarterly by the Programme Board, providing opportunity for review, assurance and direction.

The terms of reference for the Primary Care Sustainability Board set out a number of strategic functions which are to:

- Review the delivery of primary care and assess the potential for clinical services to be differently in line with the Primary Care Model for Wales
- Develop the primary care workforce, in particular the creation of alternative roles with meaningful opportunities for career progression
- Establish the Primary Care Academy to provide consistent and comprehensive training and development across primary care workforce
- Develop a workforce retention strategy to retain existing staff across all primary care services
- Develop a strategy to retain the GP and nursing workforce and attract trainees to the area
- Evaluate the 10 High Impact Areas and opportunities to develop greater effectiveness and efficiency, particularly through NCNs
- Create a communications strategy to engage with our residents about changes to services and a greater focus on self-care and self-management

The Primary Care Sustainability Board also has an important function in relation to operational oversight for GMS, GDS, Community Pharmacy and Optometry which includes:

- Receiving and reviewing a monthly report produced by the Primary Care Contracting Team and Community Pharmacy Team covering:
 - o GMS contractual changes (e.g. contract resignation, branch closure)

- applications, requests for boundary changes, etc.)
- o Applications to the Sustainability Assessment Framework particularly those at risk of closure within 12 months
 - o GDS contract terminations or reductions
 - o Community Pharmacy temporary closures or breach notices
 - o Optometry closures

Monitoring the services provided by the Health Board managed practices

Using the sustainability framework to horizon scan and proactively identify those practices that need support in advance of any crisis occurring

In response to the primary care sustainability challenges a round of workshops were held across our 11 Neighbourhood Care Networks between September and October 2022. These workshops highlighted a number of factors behind the sustainability challenges (*Appendix C*):

Workforce

Secondary care interface

Welsh Government directives and contractual requirements

Academy funding

Financial pressures

Estates

NCN funding commitments

Primary care operational support

Health Board requests for information

The NCN workshops focused primarily on General Medical Services but similar demand, workforce, financial and contractual issues are being experienced by Community Pharmacies and General Dental Services. A Board Briefing session was held on 26 October 2022 which highlighted the current challenges, response to sustainability issues in recent years and potential priorities and solutions going forward. A Board Development session was subsequently held on 26 April 2023 to present the resulting Primary Care Sustainability Action Plan along with the business case proposal for the Primary and Community Care Academy. Following the Board development session, on 17 May 2023, the Primary Care Division provided an overview of the Sustainability Programme to the Partnerships Population Health and Planning Committee.

Asesiad / Assessment

As the Sustainability Programme Board (SPB) matured, it was agreed at Board level to streamline the previously agreed 5 priority areas to 4. This decision was made as Priority 5 [P5 Partnership Working] was integral to undertake the remaining 4 priorities. As an overview of progress across the 4 key workstreams identified as strategic priorities previously, the sustainability steering group provided quarterly highlight reports, outlining achievements to date, status, and any issues impacting delivery. Examples of the highlight reports are presented in *appendix D*. This section provides an overview of the programme's key elements.

Priority 1 – Workforce Development key actions:

Funding acquired to support the *Integrated Primary & Community Care Academy (IPCCA)*:

Website and Padlet developed

Online course booking system developed

Range of high-quality training courses developed and delivered (figure 2)

including GPN, Aspiring Leaders, Post Foundation Pharmacy & Journey of Excellence ['Joe'] programmes to develop the multi-professional workforce

Over 1,000 medical, nursing and administrative professionals accessing courses and/or training events led by the IPCCA

Protected Learning Times (PLT) topical sessions coordinated include:

- *Respiratory*
- *Cancer Pathways*
- *Diabetes*
- *Mental Health*
- *Chronic Kidney Disease and Health Pathways (planned for October 2025)*
- *Frailty (planned for March 2026)*

Figure 2. IPCCA course delivery 2024/25

GPN	Delivered in Partnership with Swansea University, providing a comprehensive programme of ABUHB and Swansea University delivered training to meet the requirements of the competency framework and to address wider nursing curriculum requirements.
Journey of Excellence ©	The JOE Programme continues to be the flagship recruitment and support tool for Community Care nurses in ABUHB. The Academy team continues to develop the course programme, which now also includes the addition of Restorative Clinical Supervision
Masters Module	'Managing Same Day Presentations' run via Swansea University including Headaches, ENT, Respiratory, Cardiovascular, MSK, Dermatology, Abdominal, Child Health and Mental Health
Pharmacist	Pharmacist recruited, working on rotation between Community Pharmacy and GP Practice with the aim of helping to meet local sustainability needs. The development of this programme has required discussion with key stakeholders, including the HEIW Pharmacy Team for access to the HEIW Post Registration foundation programme
Pharmacy Technicians	A revolutionary new programme, developed in partnership with the HEIW Pharmacy Team aiming to develop Pharmacy Technician competencies and showcase the role of the Pharmacy Technician in Primary Care. 1 Post Registration Pharmacy Technician has been recruited and is currently working in a practice in Newport.
HCSW Programme	A revised programme ran in March 2025 for 7 HCSWs from Primary and Community Care. Development of this programme has involved liaison with stakeholders, including the ABUHB senior Nursing Team to understand training needs and align the programme with the existing corporate offer
Care Homes	Further development of the care home education programme in line with the 50-day challenge initiative from WG Package of training includes FCP, Hydration & Nutrition, Skin Integrity, Deteriorating Patient, News & Sepsis and Catheter Care
Clinical Skills	Programme of clinical skills training delivered to Primary and Community Care including Accountability and Delegation, FCP, ANTT, DRE, Catheterisation, Catheter Care, Compression Bandaging, Diet and Nutrition, Hick and PIVV lines, T34 training, Skin Integrity, Venepuncture and Cannulation
Non-clinical training	5 non-clinical training sessions trialled as result of feedback from a TNA including Chaperone Training, Customer Service, Violence and Aggression, Coding and Summarising Clinical Notes training offered.
Practice Manager Development	Worked with CAV and ACT Training to recruit to ILM Management Apprenticeship- currently in the process of onboarding PMs to the relevant programmes
Protected Learning Time	Mental Health and Diabetes themed events for all GP practice staff in Gwent – clinical and <u>non clinical</u> Delivered to 68 practices across Gwent as part of GMS contractual obligations
Learn at Lunch	Programme of lunchtime training webinars delivered including Cellulitis and Lymphoedema
CPD programme	ABUHB GPN training open to others (space permitting) to offer a CPD Programme...

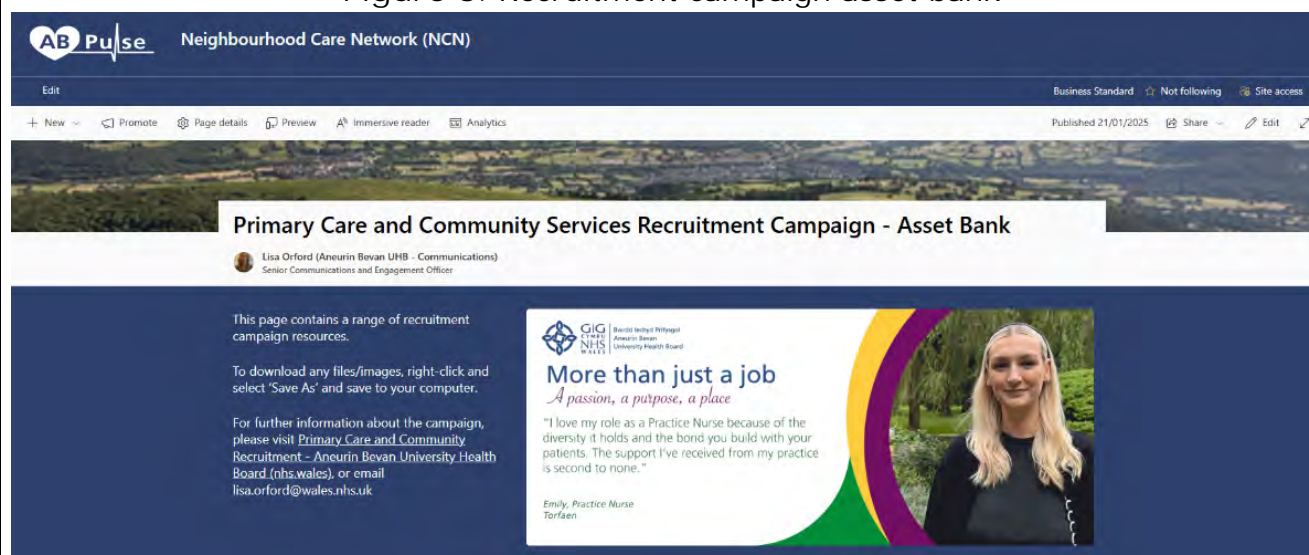
Recruitment strategy and campaign developed based on 'more than just a job' approach.

Specific recruitment assets developed reflecting a gap analysis of unfilled posts/roles across the Primary & Community Care division.

Range of assets developed to raise the profile of ABUHB as an employer and showcase the benefits of living and working in the Gwent area.

Asset bank now available (figure 3) to support and improve recruitment for each locality and for Gwent wide recruitment

Figure 3. Recruitment campaign asset bank



Ongoing "Be Kind" campaign to tackle abuse towards primary care staff. Neighbourhood Care Networks (NCN) completed evaluation of funded projects to inform working models and future planning. NCN level *workforce planning* for Blaenau Gwent undertaken to inform recruitment and training needs, however due to the resource required to undertake such planning, Workforce and Organisation Development colleagues, nor NCN areas do not have the capacity to continue planning across all Localities.

Priority 2 – New Ways of Working key actions:

Progress of the *Place Based Care* model based on a continuum (*figure 4*)

Strategic shift from pilot or cluster-based models to integrated, system-wide approaches that align with organisational priorities and deliver improved outcomes for patients

Natural 'places' c.20-30,000 population have been identified

Model for integrated neighbourhood teams created

Priorities established:

- *multidisciplinary team (MDT) working* for patients with complex needs, particularly those experiencing multi-morbidity or increasing frailty;
- focused interventions to address *diabetes and cardiovascular risk*, which are now aligned with GMS Quality Improvement projects for 2025–26;
- scaling of *social prescribing approaches*.
- efforts to improve *equitable access to supplementary services*—such as Long-Acting Reversible Contraception (LARC), minor surgery, substance misuse support, and care for inclusion health groups—are under active consideration by the Executive Committee.

Aligning NCN and Integrated Wellbeing Networks (IWN) programme to building resilient communities

SPPC funding (ceases March 2026) has been utilised to enable resource in the form of Service Improvement Managers & Communication & Engagement expertise to support the NCN Locality teams

RIF funding (ceases March 2026) has been secured and utilised to support the delivery the IWN programme across the HB region

Figure 4. Place Based Care Continuum



Extended interval prescribing model developed and piloted across 2 NCN areas

Service delivery model developed across 13 GMS Practices and 6 Pharmacies

6-month delivery period defined

Service specification for governance developed (and looking to be nationally updated and adopted)

Over 300 cases identified and referred to GMS Practices for long prescribing interval consideration with a detailed evaluation anticipated to be discussed in the next SPB

Supporting 3 GMS Practices in accessing the *Sustainability Assessment Framework* to prevent further destabilisation of independent contractors.

A significant development has been the formulation and presentation of a robust business case to the pre-investment panel to secure ongoing funding for *Psychological Health Practitioner (PHP)* posts. These roles, initially cluster-funded, are now being embedded as first contact practitioners within primary care. Their focus on supporting individuals with common mental health problems ensures earlier access to mental health support and strengthens the mental health offer within general practice.

The introduction of *First Contact Physiotherapist* roles within the Blaenau Gwent and Caerphilly clusters has demonstrated positive outcomes. These roles are now being considered for wider adoption through the MSK (musculoskeletal) transformation programme, reinforcing the value of early intervention and specialist input at the point of first contact.

Following the withdrawal of cluster funding for the IRIS programme, a new referral pathway for *Domestic Violence and Abuse (DVA)* has been established. To support the uptake and integration of this pathway, targeted Protected Learning Time (PLT) sessions have been delivered within clusters. These sessions aim to raise awareness and promote sustained referrals into domestic abuse services, ensuring continued support for vulnerable individuals within Primary Care settings.

Proposed *Urgent Primary Care* delivery model at Neville Hall Hospital considered and proposals submitted.

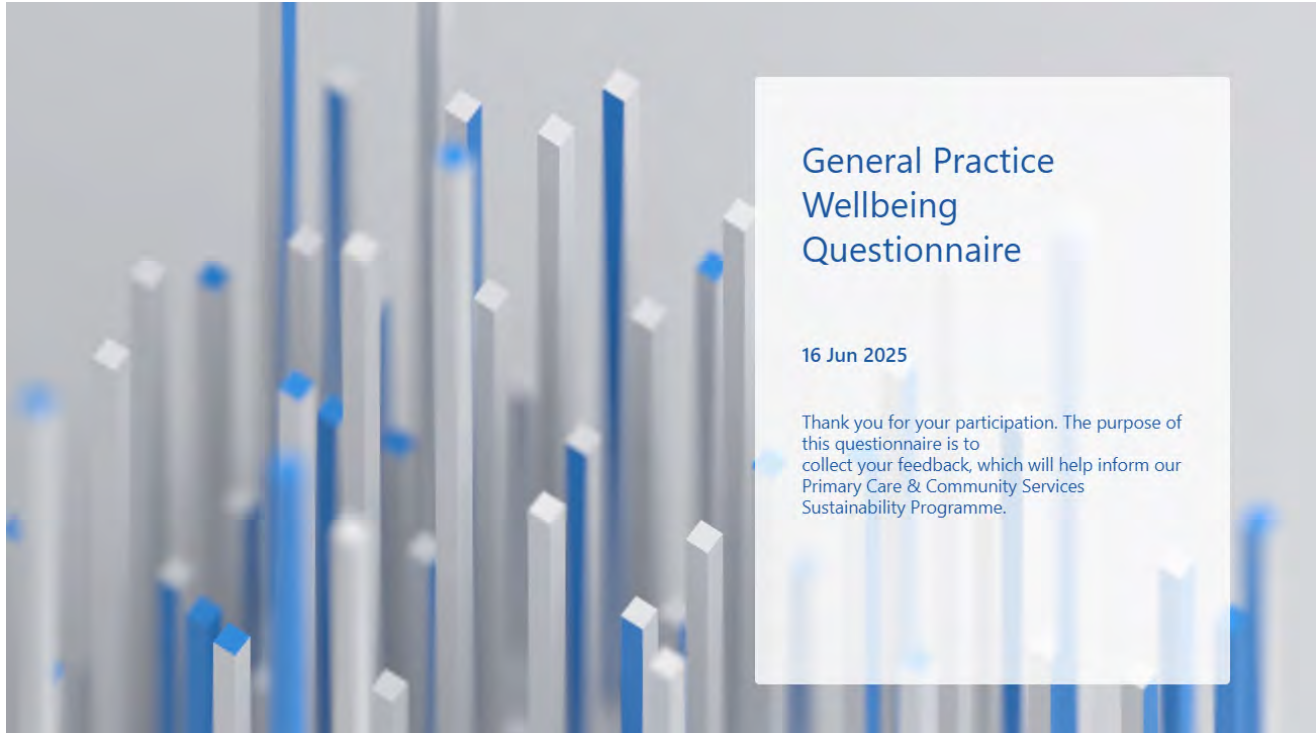
In collaboration with Public Health Wales, the development of a *Link Worker model* has been developed.

GMS Wellbeing Survey undertaken utilising the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), inviting all personnel across GMS practices to

complete the survey

Survey developed and cascade communication through Practice email, NCN Pulse site, NCN Leads & Deputy Medical Directors weekly message
275 responses across the GMS personnel network (approximately 23% of workforce)
Outcomes evaluated with a divisional response devised and cascaded, presented in *appendices E and F* respectively.

Figure 5. GMS Wellbeing Questionnaire



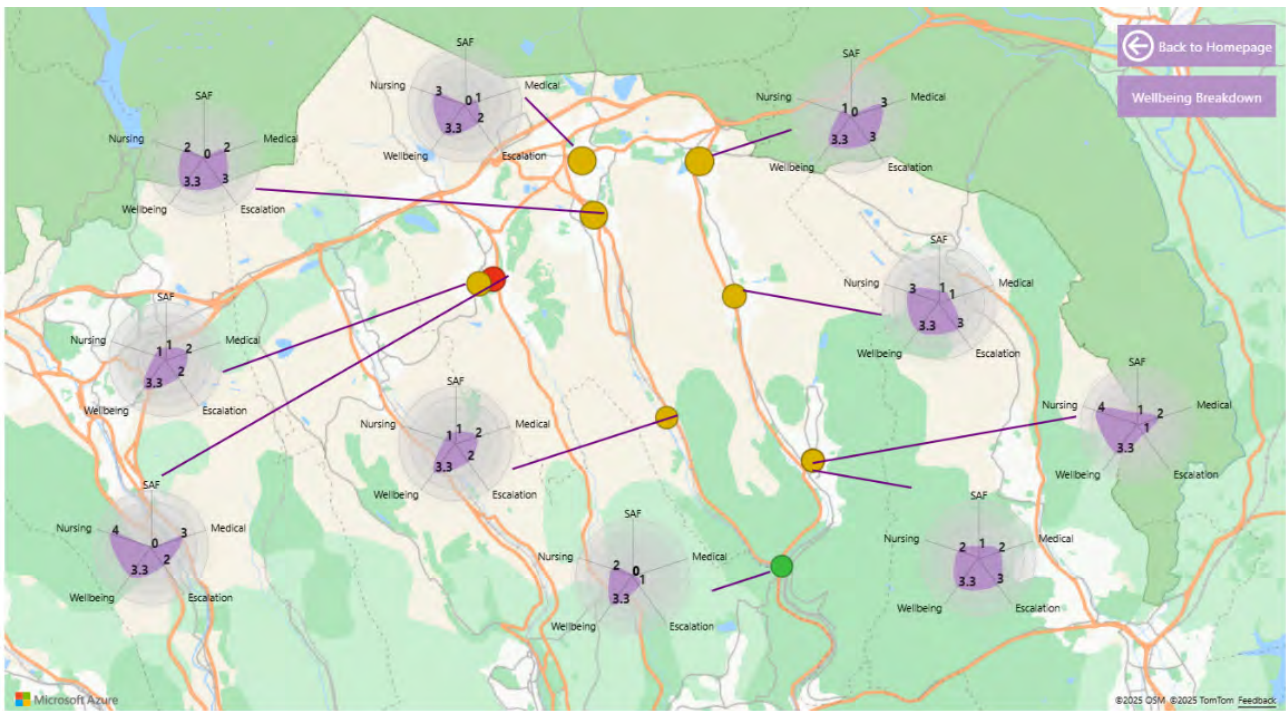
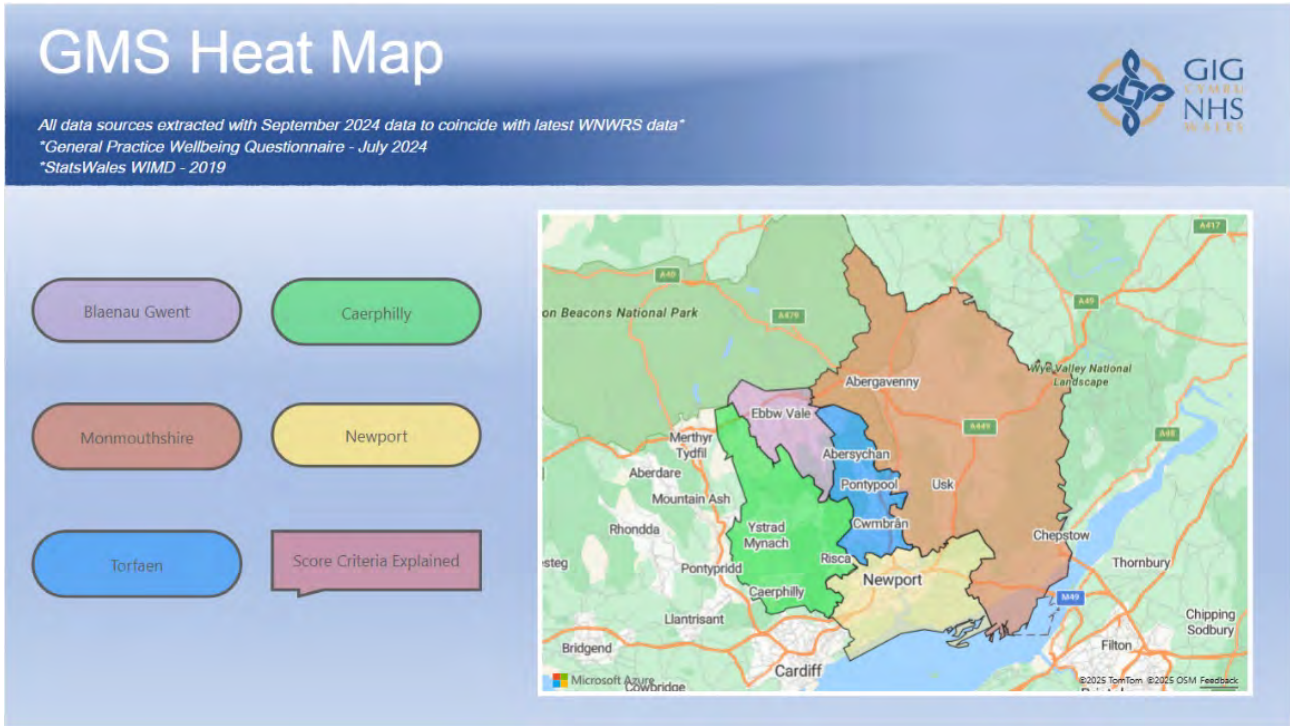
Maturing leadership for local solutions through *Professional Collaboratives* and NCNs.

Inter-divisional interface groups have been created to provide regular and constructive environment to work through any interface challenges between Primary & Secondary Care.

GMS Heatmap (figure 6) has been established to support the identification of potential challenges across the HB region in relation to GMS provision:

Risk identified (R/A/G) based on access to Sustainability Assessment Support, Medical and nursing staffing, escalation reporting and wellbeing.
Ambition to update biannually and use for horizon scanning.

Figure 6. GMS Heat Map homepage and Locality breakdown



Priority 3 – Infrastructure key actions:

Choose Pharmacy and wider service availability tool developed and operational to support community pharmacies to provide services for individuals and aims to free up GP appointments for people with more complex needs.

Opening of new Health & Wellbeing Centre *developments*:

Bevan Health Centre in Tredegar, Blaenau Gwent [West]

19 Hills in Ringland, Newport [East]

Divisional *Values & Efficiency* group established to oversee financial commitments, ensuring value for money and driving operational efficiencies.

The introduction of *advice and guidance* as part of the outpatient transformation programme.

Mobilisation of *Consultant Connects*.

Application process to *improvement grants* undertaken for Pharmacy premises, securing national funding for localised improvement.

Priority 4 – Other Enablers key actions:

Mechanisms to *capture public feedback* across the public services have been piloted across 1 locality with a view to engage communities to explore how public expectation can be met across all provisions.

Operational and Strategic communication groups have been established to support effective communication with staff, patients and population about service delivery and potential changes.

Healthcare pathways communication plan cascaded.

Dental website updated to with the intention of improving accessibility to dental services and the Dental Access Portal operational since February 2025.

Divisional SOP for *information request* management devised.

Across the programme, a number of risks and/or challenges have been identified, impeding progress on aspects of workstreams, these include:

Availability of resource to undertake workforce planning particularly noting that the current funding formula does not address the inverse care law.

Requirement of accurate workforce planning, future models of care and enabling integrated working to inform estates strategy & developments.

Ability to shift resources from NCN project level to develop an ABUHB wide service which was recommended from undertaking a peer review. Short-term funding streams restrict the ability of NCNs to effectively plan.

Removal of GMS improvement grant restricts estate investment.

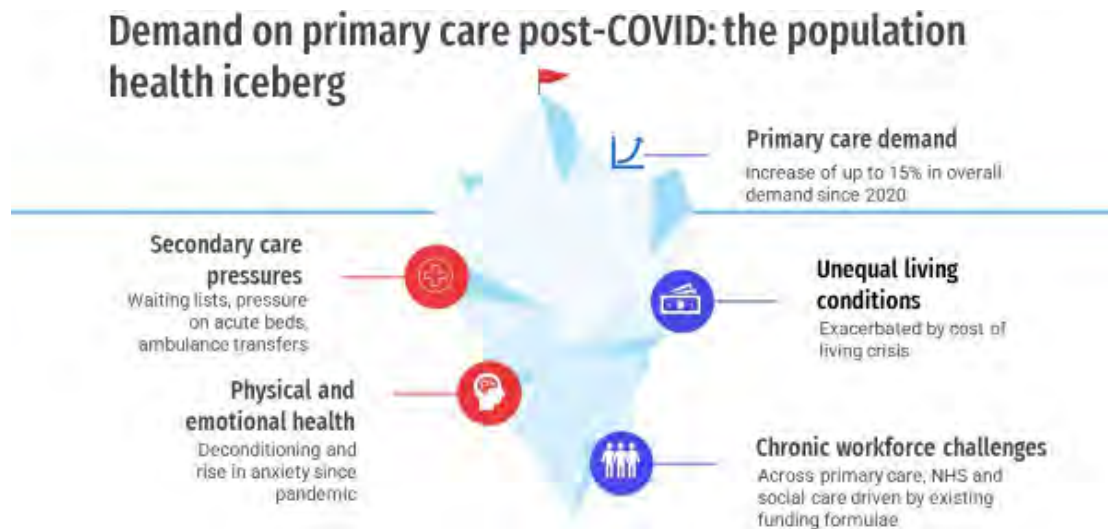
Availability of shared data to maximise streamlined working e.g. Population Health management.

The focus of work to date has been deliberately aligned with the priorities set by the Sustainability Programme Board, ensuring that efforts are concentrated on areas identified as having the greatest potential impact on the long-term sustainability of services. As a result, more substantial progress is evident within the high priority workstreams [P1/2], reflecting the strategic emphasis placed on these areas. With the development of Place Based Care across the Health Board being a key priority, it is anticipated that resources will be centralised around this programme for the medium-long term. Conversely, workstreams with lower priority [P3/4] have seen more incremental progress, consistent with the phased and proportionate approach to resource allocation and delivery.

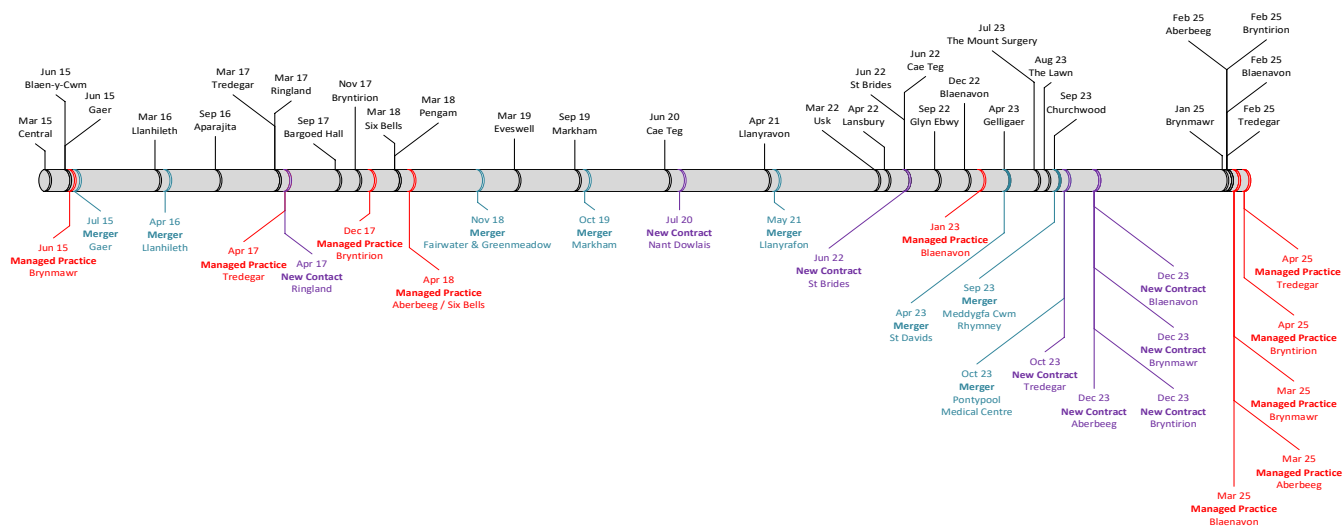
Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to:

1. Note the progress of the Primary Care Sustainability Board since May 2023.
2. *Endorse the Place Based Model proposed as a key contributor to Primary Care Sustainability.*
3. Acknowledge successful implementation of the agreed priorities and note that the plan may necessitate the allocation of additional workforce capacity or resources.




Appendix B – GMS Sustainability challenges



Appendix C – Sustainability challenges identified through NCN workshops

<p>1. Increasing Patient Demand & Expectations Deconditioning during pandemic meaning demand is now more complex. More issues needing to be dealt with at each consultation. Delayed access to treatment creating 'revolving door'.</p>	<p>6. Financial Pressures Energy and inflationary price rises. Health impact of cost of living pressures. Ability to redirect patients for financial support.</p>
<p>2. Workforce Difficulties to recruit partners. Terms of work for Salaried GPs / Locums. Locum costs. Staff retention. Impact of community workforce difficulties. Budding arrangements for support. Wellbeing support.</p>	<p>7. Estates Lack of space for multidisciplinary working. Poor condition with significant backlog in maintenance. Partners being unable to divest themselves of the liabilities including leases – so-called 'last person standing'.</p>
<p>3. Secondary Care Interface Issues Waiting lists, discharge summaries, clinic letters, discharge medication, requests for investigations or onward referrals.</p>	<p>8. NCN Committed Funds Significant funding now recurrently tied up in roles viewed as crucial to sustainability and place based care. Inability to release funding to re-invest in new initiatives.</p>
<p>4. Welsh Government Demands Access pressures. QAIF requirements have a large workload attached with challenging timescales. IG Toolkit and CGSAT are a huge amount of work annually.</p>	<p>9. PCOST Team Capacity has diminished and focus should be upstream rather than at crisis point. Working closely with the 24/7 Urgent Primary Care to support same day demand in practices in escalation and facing sustainability challenges.</p>
<p>5. Academy Good engagement from practices. Hugely beneficial to develop multi-professional workforce for future sustainability. Needs to be re-established and scaled up to previous levels.</p>	<p>10. Health Board Requests Multiple requests for same information some of which could be accessed at source. Short turnaround time for information requests.</p>

Appendix D – Example of quarterly highlight reports submitted to the Sustainability Programme Board

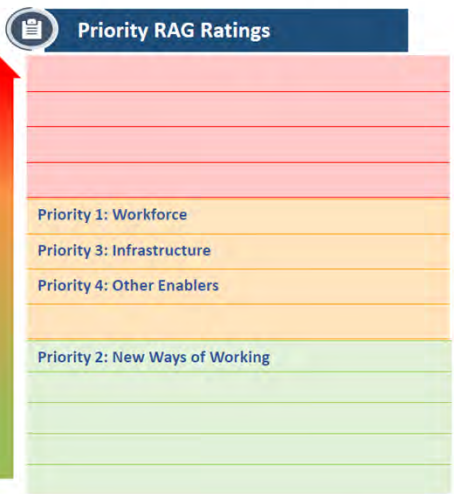


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PCCS Sustainability Programme


Exec Lead:	Leanne Watkins	Programme SRO:	Lloyd Hambridge
Programme Objective			
To promote and implement an integrated sustainability plan that is capable of combining service development and financial stability creating value in long terms service delivery across the Primary & Community Services and Independent Contractors.			
What Went Well this Period			
<ul style="list-style-type: none"> • 1.1 Undertaken merger with Education Team • 1.2 Engagement completed for recruitment campaign assets to commence design phase • 2.1 Localised pilot (Caerphilly E&S) for 56d prescribing proposal accepted • 2.2 PHM strategy developed and commitment gained from 2 NCNs • 3.1 Choose Pharmacy tool scoped & data collation templates developed locally • 4.1 Quality document written and now being reviewed. This provides discussion point for the division 			
Key Milestones and Deliverables for the Next Period			
<ul style="list-style-type: none"> • 1.1 Undertake PaCC programme evaluation • 1.3 Undertake NCN Workforce Planning in BG • 2.1 Finalise service specification for 56d prescribing and commence pilot • 2.4 Dissemination of GMS heat map • 3.2 Finalise PCCS estates strategy • 4.3 – Quality document to be shared to provide further granularity 			
Key Risks			
<ul style="list-style-type: none"> • 1.2 / 1.3 Resource to undertake workforce planning • 2.1 Ability to shift resources from NCN project to ABUHB service • 3.2 Removal of GMS improvement grant restricts estate investment • 4.3 Availability of shared data - the initial milestone is 2026 			

Reporting Period: Q1/Q2/Q3/Q4



Priority 1: Workforce
 Priority 3: Infrastructure
 Priority 4: Other Enablers
 Priority 2: New Ways of Working

1



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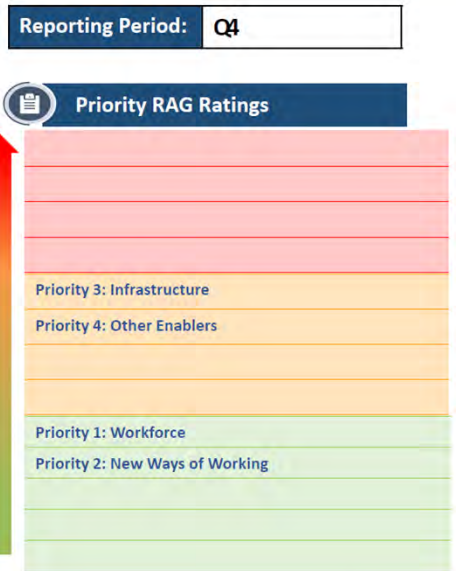
PCCS Sustainability Programme – Priority Updates

P1 – Workforce Development (SRO Will Beer)					RAG Status	
Delivery Timescales	What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required		
Original Updated	<ul style="list-style-type: none"> • 1.1 PaCC Academy Business Support & Pharmacist recruited • 1.1 Undertaken merger with Education Team • 1.1 PaCC website functionality scoped • 1.1 Cessation of Mediprep contract • 1.2 Engagement completed for recruitment campaign assets to commence design phase • 1.3 Pilot location and plan agreed for NCN workforce planning 	<ul style="list-style-type: none"> • 1.1 PaCC Academy website launch • 1.1 Undertake PaCC programme evaluation • 1.1 Agree the Pharmacist & ANP advanced clinical practice programmes • 1.1 Develop & evaluate trial insulin programme • 1.2 Compile video assets for recruitment campaign • 1.3 Undertake NCN Workforce Planning in BG 	<ul style="list-style-type: none"> • 1.3 Resource to undertake NCN Workforce Planning • 1.2 Resource for PCCS workforce planning (AB Directorates) • 1.2.6 Extending ABUHB wellbeing offer to ICs will require funding to create capacity 	<ul style="list-style-type: none"> • Potential for additional resource to undertake full workforce planning / Extended timescales – impact on programme 		
P2 – New Ways of Working (SRO Alun Walters)					RAG Status	
Delivery Timescales	What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required		
Original Updated	<ul style="list-style-type: none"> • 2.1 Business case for PHPs drafted for PIP • 2.1 Localised pilot (Caerphilly E&S) for 56d prescribing proposal accepted • 2.2 UPC NHH review completed, and consideration paper drafted • 2.2 Link worker model paper drafted for consultation • 2.2 PHM strategy developed, and commitment gained from 2 NCNs • 2.4 Surveillance & escalation models scoped • 2.4 GMS heatmap structure developed 	<ul style="list-style-type: none"> • 2.1 Test & monitor success of 'off-line' communications • 2.1 Finalise service specification for 56d prescribing and commence pilot • 2.2 Confirm recommendations for UPC model • 2.2 Development of PHM data extract and pseudonymisation tools • 2.4 Draft Pharmacy SAF to be included in escalation framework • 2.4 Dissemination of GMS heat map 	<ul style="list-style-type: none"> • 2.1 Ability to shift resources from NCN project to ABUHB service • 2.1 Impact of longer prescribing intervals and introduction of EPS • 2.2 Funding for UPC (in hours) – 6 goals • 2.4 Confirmation of data flow for PHM 			

P3 – Infrastructure (SRO Lloyd Hambridge)					RAG Status
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
		<ul style="list-style-type: none"> 3.1 Choose Pharmacy tool scoped & data collation templates developed locally 3.2 Bevan Health Centre opening & transferral of services complete 3.2 Ongoing support for HB practices for estate improvement 3.2 Progressing Estates strategy 3.3 Ongoing financial monitoring via the Values & Efficiencies group 	<ul style="list-style-type: none"> 3.1 Collate data responses & link with SSP to update systems 3.2 Finalise PCCS estates strategy 3.2 Develop an estates assurance plan for GMS ICs 3.3 Review governance process for PCCS programmes & projects 	<ul style="list-style-type: none"> 3.2 Removal of GMS improvement grant restricts estate investment 3.2 Financial landscape restricts ability to undertake premises reviews/surveys to identify investment/improvement in infrastructure 3.2 Delays in defined workforce plan across HB impacts development of estate strategy & prioritisation 	<ul style="list-style-type: none"> Workforce planning to inform estates strategy & development Accessibility of resource to finance premises surveys to inform estate strategy

P4 – Other Enablers (SRO Clare Walters)					RAG Status
Delivery Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
	Sept 24	<ul style="list-style-type: none"> Quality document written and now being reviewed. This provides discussion point for the division 4.1 all achieved 	<ul style="list-style-type: none"> 4.2 Agree source and purpose for item 4.3 Quality document to be shared to provide further granularity 	<ul style="list-style-type: none"> 4.3.1/4.3.2 availability of shared data. The initial milestone is 2026 	

Exec Lead:	Leanne Watkins	Programme SRO:	Lloyd Hambridge
Programme Objective			
To promote and implement an integrated sustainability plan that is capable of combining service development and financial stability creating value in long terms service delivery across the Primary & Community Services and Independent Contractors.			
What Went Well this Period			
<ul style="list-style-type: none"> 1.1 New booking software trialled and implemented (Medtribe) 1.3 NCN workforce planning progressing in BG as pilot – nearing completion 2.1 Draft Business case for PHPs completed 2.2 UPC delivery model consideration paper completed and submitted 3.1 Pharmacy services availability tool updated and complete 3.2 Pharmacy Improvement grant process complete 4.2 SOP drafted for managing information requests to/from the Division 			
Key Milestones and Deliverables for the Next Period			
<ul style="list-style-type: none"> 1.1 Post-Foundation Pharmacy, GPN cohort 3, new JOE programmes 1.3 Agree & confirm next steps for NCN workforce planning (BG & wider NCNs) 2.1 Review / Evaluate impact of 56d prescribing pilot 2.4 Dissemination of GMS heat map 3.2 Finalise PCCS estates strategy 4.2 Agree SOP for information requests from the Division to support streamlining 			
Key Risks			
<ul style="list-style-type: none"> 1.2 / 1.3 Resource to undertake workforce planning 2.1 Ability to shift resources from NCN project to ABUHB service 3.2 Removal of GMS improvement grant restricts estate investment 2.2 / 4.3 Availability of shared data 			



PCCS Sustainability Programme – Priority Updates

P1 – Workforce Development (SRO Will Beer)

RAG
Status

Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
		<ul style="list-style-type: none"> 1.1 Wider support across division to utilise Medtribe 1.1 10 Nurses completed 2nd GPN programme 1.1 Phase 1 of Aspiring Leaders programme completed – 20 individuals 1.2 Video assets specific to recruitment challenges developed awaiting translation 1.3 NCN workforce planning progressing in BG as pilot – nearing completion 1.3 NCN project evaluations [24/25] completed locally 1.3 NCN Annual plans [25/26] completed 	<ul style="list-style-type: none"> 1.1 Undertake GPN Programme Cohort 3 1.1 Finalise Phase 2 of Aspiring Leaders 1.1 Finalise host practices for Pharmacy Technicians from 15 Eol 1.1 Care Home training package [contributing to 50-day challenge] 1.2 Disseminate full asset 'bank' for recruitment campaigns via pulse page link 1.3 Agree & confirm next steps for NCN workforce planning 1.3 PPH&P endorsement & WG NCN plan submission 	<ul style="list-style-type: none"> 1.1 Sickness rates within the team 1.1 Insufficient numbers for the advanced practice pilot 1.1 Lack of workforce data on which to base programme to establish demand 1.3 Resource for PCCS workforce planning [AB Directorates] 1.3 Resource to undertake full scale NCN Workforce Planning 	1.2/1.3 Potential for additional resource to undertake full workforce planning / Extended timescales – impact on programme

P2 – New Ways of Working (SRO Alun Walters)

RAG
Status

Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
		<ul style="list-style-type: none"> 2.1 Draft business case for PHPs completed 2.1 Ongoing localised pilot (Caerphilly E&S) for 56d prescribing specification 2.4 Divisional response to the GMS Wellbeing Survey issued 2.4 Bi-annual GMS heatmap populated and soft launch undertaken 	<ul style="list-style-type: none"> 2.1 Review and finalise PHP business case for PIP submission [Feb] 2.1 Evaluate impact of 56d prescribing pilot [March] 2.2 Confirm recommendations for UPC model and commence implementation 2.4 Dissemination of updated GMS heatmap 	<ul style="list-style-type: none"> 2.1 Ability to shift resources from NCN projects to ABUHB core service 2.1 Impact of longer prescribing intervals and introduction of EPS 2.4 Confirmation of data flow for PHM 	2.4 Distribution list and authorisation process for GMS Heatmap

PCCS Sustainability Programme – Priority Updates

P3 – Infrastructure (SRO Lloyd Hambridge)

RAG
Status

Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
		<ul style="list-style-type: none"> 3.1 Pharmacy service tool updated and complete 3.2 19 Hills handover complete 3.2 Ongoing support for HB practices for estate improvement 3.2 Progressing collaborative estates strategy with MH&LD & F&T 3.2 Consideration & Submission of improvement grant applications to WG (Pharmacy) 3.3 Ongoing financial monitoring via the Values & Efficiencies group 	<ul style="list-style-type: none"> 3.1 Review / evaluate impact of pharmacy tool 3.2 Finalise collaborative estates strategy 3.2 19 Hills opening and transfer of services 3.2 Confirmation of Pharmacy improvement grant applications from WG 3.3 Review governance process for PCCS programmes & projects with view to producing SOP to ensure divisional consistency 	<ul style="list-style-type: none"> 3.2 Removal of GMS improvement grant restricts estate investment 3.2 Financial landscape restricts ability to undertake premises reviews/surveys to identify investment/improvement in infrastructure 3.2 Delays in defined workforce plan across HB impacts development of estate strategy & prioritisation 	<ul style="list-style-type: none"> Workforce planning to inform estates strategy & development Accessibility of resource to finance premises surveys to inform estate strategy

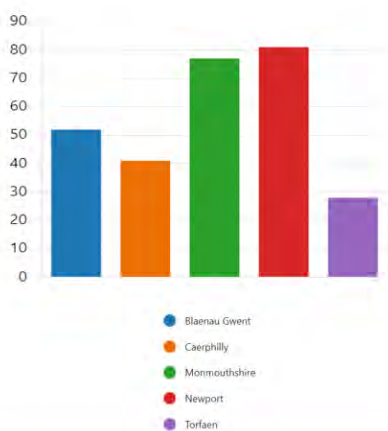
P4 – Other Enablers (SRO Andrew Rowlands)

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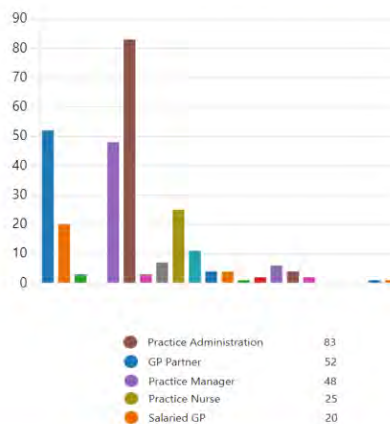
Timescales		What Went Well this Period	Key Milestones for the Next Period	Key Risks	Decision/Escalation required
Original	Updated				
		<ul style="list-style-type: none"> 4.1 Reconfiguration of the Communication operational & Strategic groups to align to divisional priorities [25/26] 4.1 Launch of HealthPathways and communications plan 4.2 SOP drafted for managing information requests to/from the Division 4.3 Staff enrolled across QI training programmes (methodology & coaching) 	<ul style="list-style-type: none"> 4.0 Review P4 'Other Enablers' to support other priority workstreams and division 4.2 Agree SOP for information requests from the Division to support streamlining 4.3 Alignment of divisional QI approach to HB QI strategy 	<ul style="list-style-type: none"> 4.3 Resource capacity to 'pay back' and enhance QI ethos across the Division through coaching once course completed 	

GMS Wellbeing Survey Feedback - Responses

Graph 1: Number of responses across HB boroughs



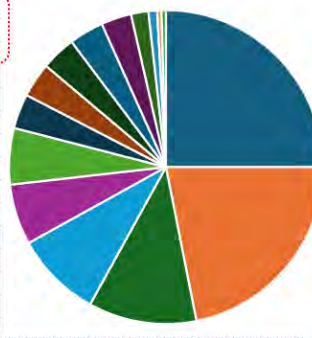
Graph 2: Number of responses across GMS roles



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GMS Wellbeing Survey: Q5 Feedback

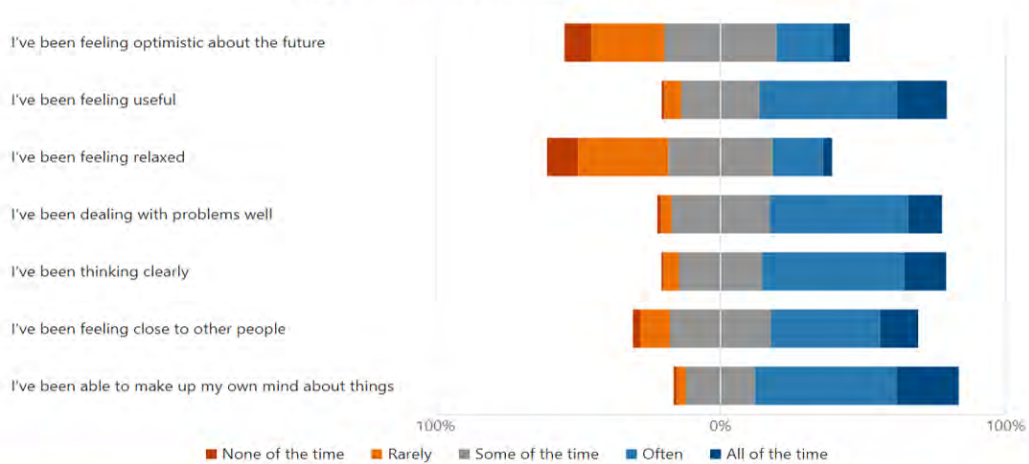
Is there anything you would like to share with us that would help the sustainability of your Practice?		
Theme	# references	% of responses
Salary/GMS Funding	56	25.0%
Workload / Demand	49	21.9%
Being Valued	25	11.2%
Improved Estates	20	8.9%
Secondary Care Accountability	14	6.3%
Development/Training	13	5.8%
Increased support from HB	8	3.6%
Recruitment & Retention	8	3.6%
Reporting processes/Information request	8	3.6%
Protected time for Wellbeing	8	3.6%
Communication	7	3.1%
Consistent Workrate/Salary	4	1.8%
Remove targets	2	0.9%
Consultation prior to decisions	1	0.4%
Stability of Workforce	1	0.4%
Total	224	100.0%



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GMS Wellbeing Survey Feedback – Warwick Edinburgh Mental Wellbeing Scale(WEMWBS)

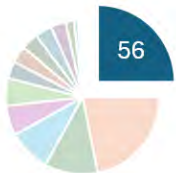
Graph 3: Responses to WEMWBS questions




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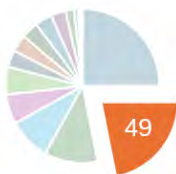




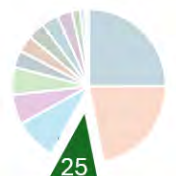
Salary/GMS Funding

- Increased salary to recognise pressure/role and align to other sectors (links to recruitment & retention)
- Inadequate GMS funding to employ enough staff to deliver all services
- Reinstate locum payments enhanced access
- Finance level to fulfil contractual obligations
- Reduce incentive to be a partner due to funding



Workload / Demand

- Increased demand reduced resources and expectation from HB to absorb pressure
- Patient expectation and demand unsustainable
- Appointment duration(10/15)
- Unhelpful targets eg access targets
- Ad hoc requests/short time frames



Being Valued

- Matching hospital terms – equals
- Recognition of primary care in HB (links to secondary care accountability)
- Value in right roles in right places – place for locum market
- Valued and respected by service users
- Education & communication to service users


 Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board
 

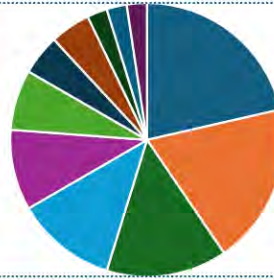





GMS Wellbeing Survey: Q6 Feedback

Thank you for taking time to review the wellbeing questionnaire, if you have any comments you wish to add, please use the text box below.

Theme	# references	% of responses
Workload/Demand	9	21.4%
Being Valued	8	19.0%
Increased Support from HB	6	14.3%
Salary/Funding	5	11.9%
Protected time for Wellbeing	4	9.5%
Communication	3	7.1%
Improved Estates	2	4.8%
Secondary Care Accountability	2	4.8%
Development/Training	1	2.4%
Recruitment & Retention	1	2.4%
Reporting Processes	1	2.4%
Total	42	100.0%



Workload / Demand

- Adequate workforce to create sustainable workload
- Capacity to update and share changes
- Poor uptake of some schemes eg CAS hasn't reduced pressure
- Untenable patient demand and growing need
- Workforce at breaking point and relying on 'good will'



Being Valued

- Emphasis on red tape and clinical need least valued
- NHS workforce but treated very different to NHS workforce
- Abuse from service users
- Lack of professional courtesies
- Will this change anything – probably not



Increased Support from Health Board

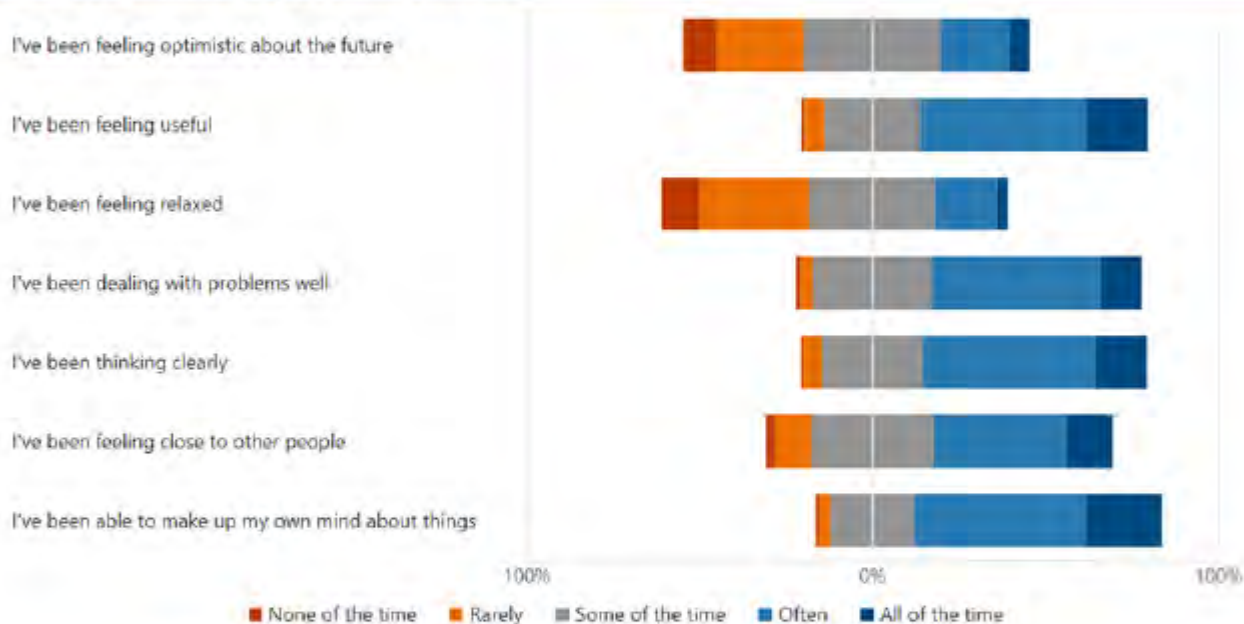
- LHB and WG putting secondary care first
- Lack of support from LHB
- Publicity on how stretched GMS is and there are limits (links to communication)
- Internal matters relating to equity, recognition & support



You Said, We Did



Thank you for taking time to complete the recent wellbeing questionnaire. We aimed to gather a broad range of feedback through a blend of structured data and detailed insights. Based on the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), this allowed us to measure key areas of mental health such as optimism and coping ability with the aggregated results (275 responses) outlined in the graph below, reflecting the conversations we frequently have at a local level. The open-ended questions offered space for creative suggestions, particularly regarding sustainability, and these have been analysed thematically and the top 3 most commonly referenced themes are presented below.



1. GMS Contract Funding

You said: There were concerns around the value of the GMS contract and salary rates.



We did:

- GMS contract funding is tied to nationally agreed contracts. The Health Board participates in Tripartite negotiations alongside GPC Wales and Welsh Government.
- Welsh Government Additional Capacity funding is available to all GMS practices for additional roles.
- GMS providers, as independent contractors, have the flexibility to set local pay rates.
- A National framework is in place to provide financial support to fragile practices through the Health Board.



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You Said, We Did



2. Workload / Demand

You said: Concerns were raised about workload and demand pressures.



We did:

- The Health Board has prioritised sustainability of Primary Care Services by establishing a Sustainability Programme Board with wider representation to address these challenges.
- The Health Board has provided resources in order to support practices in the achievement of the Access Standards
- Whilst limited interest was recently received in a Primary Care-focused recruitment campaign, the Health Board have developed a suite of resources available to practices to assist recruitment and local teams are enthused to support this process
- The Health Board are streamlining access to secondary care services via Health Pathways framework & professional interface groups
- Practices are encouraged to use PCIP infographics to publicise appointments and DNA rates, which have previously demonstrated a positive impact on social media ([LINK](#)).
- Information requests via the Health Board to practices are being streamlined for consistency and efficiency.

3. Feeling Valued

You said: More support is needed for staff facing abuse and to improve workplace morale.



We did:

- The #BeKind Campaign was launched in response to increasing reports of staff abuse.
- Campaign materials were distributed to all practices, and messaging is being shared across Health Board social media channels.
- Whilst the Health Board continue to monitor staff experience, a follow-up survey demonstrated an improvement in morale and a reduction in abuse incidents
- The Health Board continues to maintain a zero-tolerance stance on violence and aggression, with support mechanisms in place.
- Staff working in Primary Care can be nominated for the Health Board's annual recognition awards, including a Patient Choice Award.
- In addition to the Health Board, there are other places where your voice can be heard including your local Neighbourhood Care Network (NCN) and LMC.

Your feedback has helped us shape our strategies and respond to your concerns effectively. We will continue to act on your input to drive further improvements.

To find out more visit: xxxxxxxxxxxxxxxx



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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 5. Timely Care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
CYFARFOD O: MEETING OF:	Partnerships, Population Health & Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Eye Health Needs Assessment 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director of Primary Care, Community Services, and Complex and Long Term Care Rachel Prangley, Head of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Executive Committee have endorsed the publication of the Health Boards initial Eye Health Needs Assessment for 2024/25 and asked for it to be received at the Partnerships, Population Health & Planning Committee for noting.

The final EHNA has been shared with Eye Care Collaborative Board members on 31 March 2025 for noting.

Cefndir / Background

The National Health Service (Wales Eye Care Services) (Wales) (No.2) Directions 2024 came into force on the 1st April 2024 and place a requirement on Health Boards, under Part 2, to undertake and publish an initial EHNA within 12 months of the commencement date i.e., by 31 March 2025 and every 3 years, thereafter, Annex 1.



Annex 1.
Directions.pdf



This is similar to the requirement to prepare and publish a Pharmacy Needs Assessment (PNA), however this is on a 5-year cycle. Due to the complexities and expertise required, Primary Care Commissioning (PCC) were commissioned to undertake the PNA on behalf of the Health Board in 2020/21 and did so for 5 Health Boards in total.

Due to the timescales, complexities and volume of work required to complete the initial EHNA, the Primary and Community Care Division commissioned PCC to undertake the Health Boards initial EHNA.

Asesiad / Assessment

In order to support PCC in compiling the EHNA, a steering group was established bringing together all key stakeholders to meet the requirements of the directions. Annex 2, Steering Group Terms of Reference.



Annex 2. TOR.pdf

Additionally, the National Clinical Leads developed a national template EHNA which was shared with all Health Board's to populate. Annex 3.



Annex 3. EHNA NCL
Template.pdf

The Health Board is required to share the EHNA findings with the Eye Care Wales Committee on 28 April 2025, where representatives from Welsh Government, Health Boards, NWSSP, Optometry Wales and Third Sector will be in attendance.

When the EHNA has been approved, it will be translated and published on the Eye Care Wales Website [Health Board Information - NHS Wales](#) and on the Health Board's Optometry page [Optician - Aneurin Bevan University Health Board](#)

The completed EHNA will be utilised to inform the planning of equitable services and efficient resource allocation as well as providing a baseline to measure the impact for our registered population.



Annex 4. ABUHB
EHNA.docx

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is requested to note the publication of the Health Boards initial Eye Health Needs Assessment for 2024/25.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 7. Staff and Resources Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. N/A

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk



<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p> <p>N/A</p>
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Annex 1

[SI/SR Template](#)

The NHS (Wales Eye Care Services) (Wales) (No.2) Directions 2024

Part 2

Eye health needs assessment

4.—(1) *Each Local Health Board must prepare and publish, for its area, an eye health needs assessment in accordance with these Directions.*

(2) Each Local Health Board must prepare and publish its first eye health needs assessment within 12 months of the commencement date. (3) Subject to paragraph

(3), each Local Health Board must prepare and publish a revised eye health needs assessment no later than 3 years after it has published its first eye health needs assessment in accordance with paragraph (2) and every 3 years thereafter.

(4) A Local Health Board must prepare and publish a revised eye health needs assessment as soon as reasonably practicable after identifying changes, which are of a significant extent, since the previous publication of its eye health needs assessment unless it is satisfied that doing so would be a disproportionate response to those changes.

(5) A Local Health Board may publish a statement explaining changes to the provision of any or all of WGOS 1-5 since the previous publication of its eye health needs assessment where the Local Health Board—

(a) is satisfied that making a revised eye health needs assessment would be a disproportionate response to those changes, or

(b) is in the course of making a revised eye health needs assessment and is satisfied that immediate modification of its eye health needs assessment is essential in order to prevent detriment to the provision of ophthalmic services in its area.

(6) Where a Local Health Board publishes an eye health needs assessment for its area in accordance with paragraphs (2), (3) or (4), or a statement for its area in accordance with paragraph (5), the Local Health Board must notify the joint committee of its publication as soon as reasonably practicable.

Information to be contained in an eye health needs assessment



5.—(1) *An eye health needs assessment prepared in accordance with direction 4 must relate to all of WGOS 1–5 provided under arrangements made by the 12 Local Health Board and include the matters set out in paragraph (2).*

(2) *The matters that must be contained in an eye health needs assessment are—*

(a) *an assessment and summary of the provision of WGOS 1–5;*

(b) *an assessment and summary of the demand for WGOS 1–5;*

(c) *proposals for further ophthalmic services that may be needed to meet demand for those services;*

(d) *an outline of the prevalence and impact of sight loss in the Local Health Board’s area, including the aetiology, risk factors, demographics and public health and other consequences of sight loss;*

(e) *an analysis of the information provided by all data sources;*

(f) *a map that identifies the premises at which any or all of WGOS 1–5 are provided in the Local Health Board’s area.*

(3) *Each Local Health Board must, so far as is practicable, keep up to date the map which it includes in its eye health needs assessment pursuant to paragraph (2)(f) without needing to republish the whole assessment.*

Matters for consideration when preparing an eye health needs assessment

6. *When preparing an eye health needs assessment under direction 4, each Local Health Board—*

(a) *must have regard, in so far as it is practicable to do so, to the following matters—*

(i) *the demography of its area,*

(ii) *any different needs of different localities within its area,*

(iii) *the ophthalmic services provided under arrangements with any neighbouring Local Health Board which affect the need for ophthalmic services in its area,*

(iv) *any other NHS services provided in or outside its area (which are not covered by sub-paragraph*

(iii)) *which affect the need for ophthalmic services in its area,*

(v) *any relevant information provided to the Local Health Board either under these Directions or the 2023 Regulations, and*

(b) *must take into account the likely future needs having regard to changes to the number of people in its area who will require any or all of WGOS 1–5.*



Aneurin Bevan University Health Board
Eye Health Needs Assessment Steering Group

Terms of reference (ToR)

Purpose

The purpose of the group is to ensure that Aneurin Bevan University Health Board (ABUHB) develops a robust eye health needs assessment (EHNA) that complies with the requirements of The National Health Service (Wales Eye Care Services)(Wales)(No.2) Directions 2024 and the needs of the local population. The EHNA will also provide an evidence base for future local commissioning intentions.

Objectives

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust EHNA, building on expertise from across the local healthcare community.

In particular, the group will:

Ensure the EHNA meets the requirements of The National Health Service (Wales Eye Care Services)(Wales)(No.2) Directions 2024

Develop the EHNA so that it includes the eye care and relevant other services commissioned by ABUHB and the evidence base for future local commissioning

Agree a project plan and ensure representation of the full range of stakeholders

Ensure that the EHNA, although it is a separate document, integrates with any other health needs assessment within the Board and other relevant policies/procedures of ABUHB.

Ensure a communications plan is developed to keep patients and members of the public and other stakeholders updated on progress

Ensure that the EHNA links with both national and local priorities

Ensure that the EHNA reflects any future needs for eye care services as will be required by the local population

Ensure that the EHNA informs the nature, location and duration eye care services that will be commissioned by ABUHB.

Membership

Membership of the group shall be:

- Head of Primary Care
- Optometry Advisor
- ABUHB Communications Team
- Public Health Lead
- Primary Care Finance
- Secondary Care Finance
- Senior Planning and Service Development Manager
- Senior Primary Care Manager/Service Development Manager
- SEWROC Representative
- Gwent LMC Representative
- Gwent Llais Representative
- NCN Optometric Lead
- NCN Directorate Manager
- NWSSP Representative
- Directorate Manager/Deputy Directorate Manager-Ophthalmology
- Consultant in Ophthalmology
- Principal Optometrist-Ophthalmology

An agreed deputy may be used where the identified member of the group is unable to attend.

Other staff members/stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

The group will be chaired by PCC initially and then agreement for future meetings to be decided.

Any potential conflicts of interest should be disclosed to the chair prior to meetings. In such circumstances the chair shall determine if such matters are to be disclosed.

Quorum

A meeting of the group shall be regarded as quorate where there is 50% attendance – essential members Primary Care including Optometry Advisor, Public Health, and PCC – and any others as agreed by the Steering Group.

Frequency of meetings

The group will meet as required for the lifetime of this project.



Meetings will be held virtually and frequency should be every six-eight weeks.

Accountability and reporting

The EHNA steering group will be accountable to the Eye Care Board and will report on progress on a quarterly frequency or as required by the Eye Care Board

The consultation draft and the final draft EHNAs will be presented to the Eye Care Board / Executive Committee

Date ToR agreed

October 2024



Wales Eye Health Needs Assessment

Date xx/xx/xxxx of issue

Last Updated xx/xx/xxxx

Next planned review xx/xx/xxxx

Version xx/xx

Next full version due xx/xx/xxxx

Compiled by the Eye Care Wales Committee

Prepared by Local Health Boards in Wales

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2.5.2 Welsh Index Multiple Deprivation	Error! Bookmark not defined.
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2.5.5 DDA compliance, loop systems etc.....	Error! Bookmark not defined.
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Executive Summary

To support the eye care needs of communities, in 2024 Welsh Government imposed a duty on Local Health Boards to conduct an eye health needs assessment every three years to ascertain the needs on the public in terms of eye care provision in both primary and secondary care. ¹

Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a cluster level to bolster this provision. Taken together, the needs assessment combined with delivery on a cluster footprint will ensure that local population needs will be fully considered and delivered against.

This eye health needs assessment is prepared in accordance with Legislative Direction ¹ relates to all of WGOS 1–5 provided under arrangements made by Local Health Boards and includes:

- (a) an assessment and summary of the provision of WGOS 1–5;
- (b) an assessment and summary of the demand for WGOS 1–5;
- (c) proposals for further ophthalmic services that may be needed to meet demand for those services;
- (d) an outline of the prevalence and impact of vision impairment in each Local Health Board’s area, including the aetiology, risk factors, demographics and public health and other consequences of vision impairment;
- (e) an analysis of the information provided by all data sources;
- (f) a map that identifies the premises at which any or all of WGOS 1–5 are provided in each Local Health Board’s area.

In preparing this eye health needs assessment, each Local Health Board

- (a) has regarded, in so far as it is practicable to do so, the following matters—
 - (i) the demography of its area,
 - (ii) any different needs of different localities within its area,
 - (iii) the ophthalmic services provided under arrangements with any neighbouring Local Health Board which affect the need for ophthalmic services in its area,
 - (iv) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (iii)) which affect the need for ophthalmic services in its area,

(v) any relevant information provided to the Local Health Board either under the Legislative Directions or the 2023 Regulations, and

(b) has taken into account the likely future needs having regard to changes to the number of people in its area who will require any or all of WGOS 1–5.

1.0 Introduction

1.1 Our population's eye health

Wales spans an area of approximately 20,700 km² and has a population of roughly 3.1 million. It is served by seven distinct local health boards (LHBs). The boundaries of these LHBs vary significantly in size, from less than 500 km² for Cardiff & Vale University LHB to over 6,000 km² for Betsi Cadwaladr University LHB. The populations within these LHBs also differ, with Powys Teaching LHB housing around 134,500 residents and Betsi Cadwaladr University LHB accommodating approximately 692,000. The more urban and post-industrial regions represented by Aneurin Bevan, Cardiff & Vale University, Cwm Taf Morgannwg, and Swansea Bay University LHBs account for 60% of Wales' population, yet only cover 17% of its land area. In contrast, Powys Teaching, Betsi Cadwaladr University, and Hywel Dda LHBs are largely composed of rural areas.

In the UK (population circa 68.27 million), ² approximately 1.93 million individuals are estimated to be living with vision impairment or blindness caused by conditions such as age-related macular degeneration (AMD), cataracts, diabetic eye disease, glaucoma, and uncorrected refractive errors. ³

Vision impairment can significantly diminish quality of life by hindering a person's ability to carry out daily tasks, restricting mobility, and affecting independence. ⁴⁻⁶ Additionally, individuals of working age with vision impairment are less likely to be employed compared to their sighted counterparts. ^{7,8} These challenges can further limit a person's ability to engage with the world, leading to social isolation and feelings of loneliness.

Unsurprisingly, vision impairment imposes a substantial socioeconomic burden, ⁹ which was estimated at £15.8 billion in the UK in 2013. ³

Wales is projected to see an ageing population over the next two decades, leading to a higher prevalence of age-related eye diseases. From 2023 to 2033, the number of individuals aged over 80 is expected to rise by 16.0%, and by 2043, this increase will reach 56%. By 2033, the anticipated changes in incidence and prevalence for various conditions are as follows: ¹⁰By 2033, the anticipated changes in incidence and prevalence for various conditions are as follows: ¹⁰

Cataracts: incidence is expected to rise by 11% (see Fig. 5), with prevalence increasing by 12.5%

Glaucoma: incidence is projected to increase by 11.7%, and prevalence by 13%

Retinal diseases: incidence is anticipated to grow by 13%, with prevalence increasing by 12.6%

1.2 NHS Wales

NHS Wales is the public funded National Health Service of Wales providing healthcare to some 3 million people who live in the country. The Welsh Government sets the health care strategy and NHS in Wales delivers that strategy and services via the seven Local Health Boards, three NHS Trusts and two Special Health Authorities. The NHS has 5 core principles, ¹¹

Putting quality and safety above all else,

Integrating improvement into everyday working,

Focusing on prevention, health improvement and inequality,

Working in true partnerships and

Valuing all that work for the NHS.

Key strategic drivers for NHS Wales include:

The Well-being of Future Generations (Wales) Act 2015 ¹²

The Well-being of Future Generations (Wales) Act 2015 invites collaboration across services and sectors and with the individual to improve wellbeing and reduce demand on services.

Optometry Contract reform embedded collaboration of services and sectors. Optometrists and dispensing Opticians work closely with patients and other health care professionals to improve eye health and general health, ensuring preventative advice is given to improve wellbeing and reduce demand on secondary care.

A Healthier Wales ¹³

This policy encourages a more holistic approach to health and social care and supports the use of community-based services rather than secondary care where appropriate. The quadruple aim outlines the use of a motivated workforce, the higher value of care being provided, the improved population health and wellbeing, and the improved quality and increased access to care.

Future Approach for optometry services ¹⁴

This transformation paper outlines the expectations of the Welsh Government for the delivery of eye care services over the next decade. To inform this approach, considerations have been made based on past and present experiences, as well as an analysis of current population access, demand, treatments, technologies, and outcomes.

1.3 Wales General Ophthalmic Services

Wales General Ophthalmic Services (WGOS) were introduced on 20 October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of the following:

WGOS 1: eye examinations and patient management plan.

WGOS 2: made up of three bands:

- Band 1 – Acute eye care and referrals for examination from another healthcare professional.
- Band 2 - Further examinations following WGOS 1 to inform or prevent a referral.
- Band 3 - Follow up examinations to WGOS 2 Band 1 and Cataract Post-operative Assessments.

WGOS 3:

- Assessments for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support.
- Certification of Vision Impairment for patients whose leading cause of vision loss is Dry Age-Related Macular Degeneration

WGOS 4: examinations for patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:

- with or with suspected medical retina conditions
- with or with suspected glaucoma or ocular hypertension; and
- who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine

WGOS 5: examinations in primary care for acute eye conditions that require management by an independent prescriber optometrist to reduce the need for onward referrals to Hospital Eye Services.

NHS Optical vouchers: financial support for the provision of spectacles or contact lenses to patients in eligible categories determined by Welsh Government.

1.4 Welsh Index Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. Deprivation is the lack of access to opportunities and resources, which we might expect in our society. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). It is a National Statistic produced by statisticians at the Welsh Government. Small areas are Census geographies called Lower-layer Super Output Areas (LSOAs).¹⁵

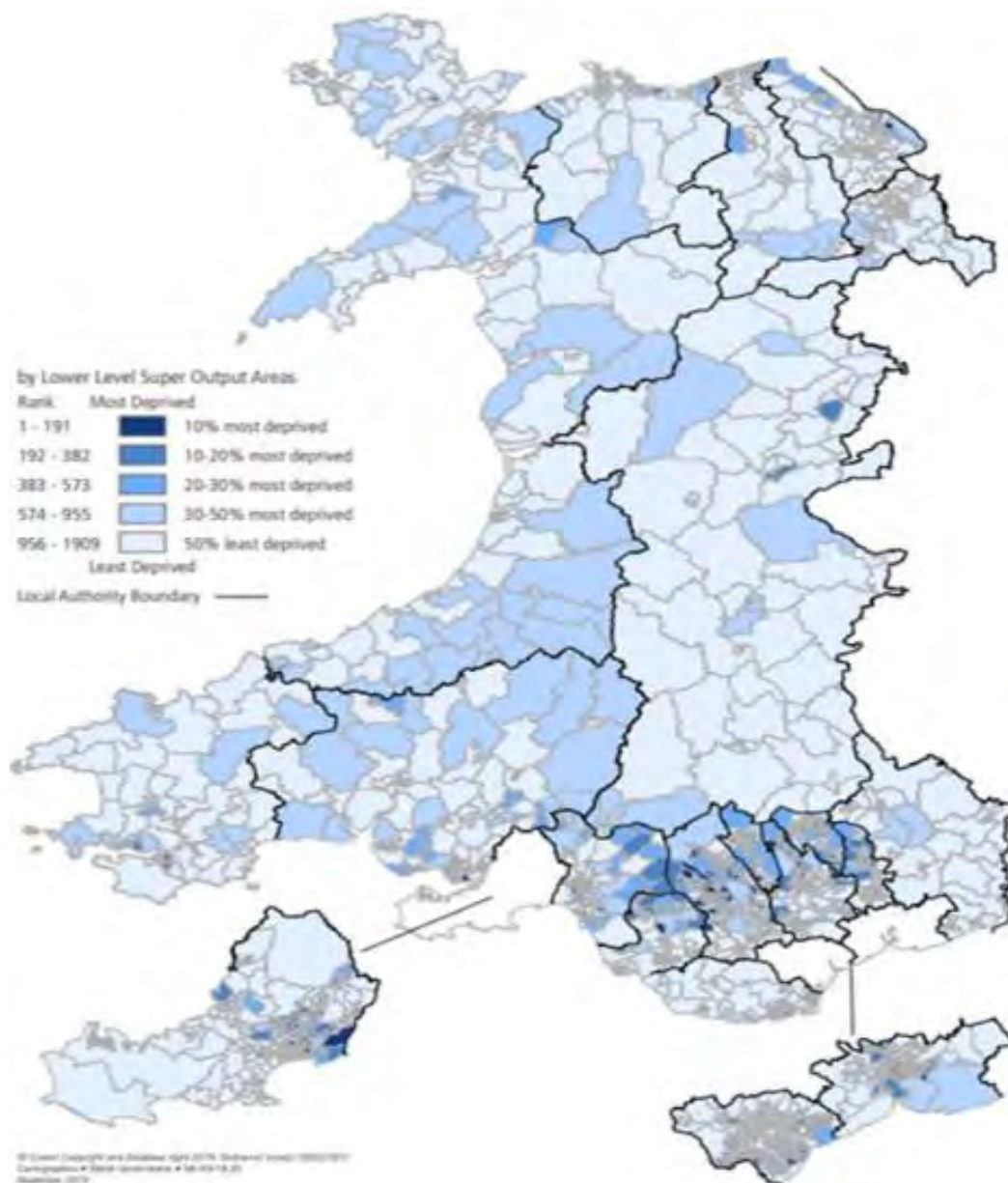
The full index is updated every 4 to 5 years. The most recent index was published in 2019. There are numerous indicators that feed into WIMD. Some of these are updated annually (when possible), some periodically, some only for the overall WIMD update and some only when census data becomes available.

The Welsh Index of Multiple Deprivation statistics look at:

- Income Deprivation
- Employment
- Health
- Education
- Access to Services
- Housing
- Community Safety
- Physical Environment

The health domain measures a lack of good health. The indicators are:

- People with a GP-recorded diagnosis of a Chronic condition (indirectly age-sex standardised)
- People with a GP-recorded diagnosis of a Mental health condition (indirectly age-sex standardised)
- Cancer Incidence (indirectly age-sex standardised)
- Limiting Long-Term Illness (indirectly age-sex standardised)
- Premature Death Rate (death of those under the age of 75)
- Children aged 4-5 who are obese
- Low Birth Weight, single births (live births less than 2.5kg)



The indicators above are age-sex standardised to adjust for the expected prevalence of disease within the underlying population. This allows the index to identify areas where health deprivation exists beyond the effect of age and sex.

The association between deprivation and health is clearly apparent across Wales especially in the post-industrial valley communities in South Wales. Here poorer health outcomes are significantly worse than Wales as a whole.

2.0 Health Boards

2.1 Aneurin Bevan University Health Board

2.2 Betsi Cadwalder University Health Board

2.3 Cardiff and the Vale University Health Board

2.4 Cwm Taf Morgannwg University Health Board

2.5 Hywel Dda University Health Board

2.6 Powys Teaching Health Board

2.7 Swansea bay University Health Board

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Wales Eye Health Needs Assessment

31 March 2025

Approved by Eye Care Wales Committee (date)

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Executive Summary

To support the eye care needs of communities, in 2023 Welsh Government imposed a duty on Local Health Boards to conduct an Eye Health Needs Assessment (EHNA)

every three years to ascertain the needs of the public in terms of eye care provision in both primary and secondary care.

Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a Neighbourhood Care Network (NCN) level to bolster this provision. Taken together, the needs assessment combined with delivery on a NCN footprint will ensure that local population needs will be fully considered and delivered against.

This EHNA is prepared in accordance with Legislative Direction and relates to the provision of Wales General Ophthalmic Services (WGOS) levels 1–5 provided under arrangements made by Local Health Boards and includes:

- (a) an assessment and summary of the provision of WGOS 1–5;
- (b) an assessment and summary of the demand for WGOS 1–5;
- (c) proposals for further ophthalmic services that may be needed to meet demand for those services;
- (d) an outline of the prevalence and impact of sight loss in each Local Health Board's area, including the aetiology, risk factors, demographics and public health and other consequences of sight loss;
- (e) an analysis of the information provided by all data sources;
- (f) a map that identifies the premises at which any or all of WGOS 1–5 are provided in each Local Health Board's area.

In preparing this EHNA, each Local Health Board

- (a) has regarded, in so far as it is practicable to do so, the following matters—
 - (i) the demography of its area,
 - (ii) any different needs of different localities within its area,
 - (iii) the ophthalmic services provided under arrangements with any neighbouring Local Health Board which affect the need for ophthalmic services in its area,
 - (iv) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (iii)) which affect the need for ophthalmic services in its area,
 - (v) any relevant information provided to the Local Health Board either under the Legislative Directions or the 2023 Regulations, and
- (b) has taken into account the likely future needs having regard to changes to the number of people in its area who will require any or all of WGOS 1–5.

1.0 Introduction

1.1 Our population

Wales, covering an area of 20,779 km² with a population of approximately 2.98 million², has seven diverse Local Health Boards (LHB). LHB boundaries describe areas whose geographical size ranges from under 500 km² in Cardiff & Vale University LHB, to over 6,000 km² in Betsi Cadwaladr University LHB. LHB resident populations range from 132,000 in Powys Teaching LHB to 678,500 in Betsi Cadwaladr University LHB. The more urban and post-industrial southern and eastern areas of Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg and Swansea Bay University Health Boards make up 60% of the population of Wales but just 17% of the land mass area of Wales. In contrast, Powys, Betsi Cadwaladr and Hywel Dda University Health Boards are dominated by more rural areas.

The Royal National Institute of Blind People (RNIB) estimates that nearly one in five people will experience permanent sight loss in their lifetime, with one in three experiencing any sight loss in their lifetime. In 2016-2017, 90% of the incidence of sight loss occurred in people aged 65 and over. However, in the same year, 25 people aged between 15-64 were affected by sight loss every day. It is estimated that two million people in the UK are living with sight loss that impacts their lives daily. (RNIB 2016)

In Wales, an estimated 3.5% of the population are living with sight loss that impacts their daily lives. An estimated 111,000 in Wales are identified as having sight loss and this is expected to increase by 35% to 146,000 by 2030 (RNIB 2021, Pezzullo et al 2018). Sight loss has profound effects on the wellbeing of an individual. The relationship between sight loss and general health are closely linked and it is important to address this relationship and seek ways to improve it.

Age is a risk factor for eye disease. Of the people aged 65-74, there are 23,400 people living with sight loss in Wales. This increases to 34,800 in those over 85 (RNIB 2021, Pezzullo et al 2018 and Access Economics Pty Limited for RNIB 2009). The number of older people in the UK and therefore in Wales is also projected to increase (ONS 2019 ONS 2020 and Stats Wales 2020). An older population places more demand on healthcare, particularly eye care as eye disease becomes more prevalent with age (RNIB 2021, Pezzullo et al 2018 and Access Economics Pty Limited for RNIB 2009).

In the UK, the main causes of sight loss are: (RNIB 2021, Pezzullo, L 2018 and Access Economics Pty Limited for RNIB 2009).

- Uncorrected refracted error – 39%
- Age Related Macular Dementia (AMD) – 23%
- Cataract – 19%
- Glaucoma – 7%
- Diabetic eye disease – 5%

According to RNIB (2018), half of sight loss is avoidable. Corrective prescription lenses can improve visual impairment because of a refractive error. People living

with cataracts can receive cataract surgery and there have been advances in treatment for conditions such as Wet AMD with research constantly being conducted about prevention of all ocular diseases. Improved access to eye care is key to preventing sight loss. In Wales, the numbers of people registered sight impaired is reducing, and this is likely to be due to improved treatments and improved access to eye care, however there is still much to do (Bourne RRA et al 2018 and Stats Wales 2021).

A projected increase in the number of people with eye disease is compounded by issues with capacity within ophthalmology units. Additionally, improvement in treatment for eye conditions such as Wet Age Macular Degeneration (Wet AMD) and improved guidelines has caused a greater demand for ophthalmology appointments. The waiting lists have unfortunately been extended further due to the COVID-19 pandemic. This can unfortunately result in irreversible harm to patients because of worsening eye conditions, which impact every part of their life. Improved ways of working are required to increase capacity and improve patient care (Boyce, 2014, Foot & MacEwen 2017, Ting et al 2020, Ting et al 2021). Optometry contract reform seeks to implement improved collaboration and improved delivery of eye care. Optometrists are upskilling, and contract reform seeks to make use of these vital skills to benefit the people of Wales. New care pathways have been introduced in some areas of Wales with a view to reducing referral to hospitals and freeing up capacity in secondary care and these will be rolled out across Wales (Welsh Government 2021, Wales eye care services and Pyott 2021). This EHNA aims to provide information required to plan for these services and expand them across Wales. This will build on previous work regarding the Optometric Workforce (Schumm, S 2021) and the Patient Management Plan (Morgan, Tim 2021).

1.2 Eye Health

Many risk factors for systemic disease are shared with eye disease. Modifiable risk factors can be addressed to help prevent onset or reduce progression of sight loss. Non-modifiable risk factors can be targeted for screening in the interests of early identification and access to treatment.

Sight loss has many negative implications. General health and eye health are closely linked and efforts to improve eye health will have a positive impact on wellbeing as whole.

There are an estimated 111,000 people living with sight loss and 12,137 registered blind or partially sighted in Wales. Cataract, glaucoma, AMD, diabetic retinopathy and refractive error, are the greatest causes of vision impairment in the UK. 1 in 3 people over 75 have visually impairing cataracts.

An estimated 36,100 people in Wales are living with glaucoma. Around 73% of over 75s have some form of AMD. Of an estimated 210,000 diabetic adults in Wales, 62,800 have any diabetic retinopathy and 5,780 have severe diabetic retinopathy. Around a third of children and adults under 20 have refractive error. With early intervention and appropriate management, sight loss caused by these conditions can be reduced or even prevented.

The prevalence of cataract, AMD, glaucoma, any diabetic retinopathy and sight loss are predicted to increase by the year 2040. Refractive error in children under 16 looks to remain stable until 2040, however these calculations do not include increasing prevalence of myopia. Provision of services and workforce will need to increase to meet the demand for eye care in the future. If no attempt is made to address the predicted increasing level of sight loss, many people will suffer from visual impairment which cause an increased strain on Health and Social Care systems.

The population of Wales is projected to increase by 120,726 by 2040. An increasing population will place a greater demand on eye care services and needs to be considered when planning for future services.

The data in this section shows evidence of an ageing population which will result in a greater burden of eye disease. This is most notable in PTHB, HDUHB and BCUHB. CTMUHB, CVUHB and ABUHB have a younger demographic which may be relevant given that increasing prevalence of myopia is expected in younger age groups.

The second largest ethnic group in Wales in 2019 was Asian, with the greatest percentage in CVUHB. As a risk factor for some eye conditions, as well as general health conditions, collating information regarding ethnicity is vital for planning of eye care provision and ensuring uptake of eye care services amongst at risk groups, particularly at a local level.

CVUHB, ABUHB, CTUHB and SBUHB have the greatest proportion of 20% most deprived Lower Layer Super Output Areas (LSOAs). Socioeconomic backgrounds can influence the prevalence of eye disease and access to eye care services.

Clinical risk factors may be a predictor of increased likelihood of eye disease. Capturing information regarding clinical risk factors opens up the discussion regarding behavioural advice and will help to determine appropriate patient management. Smoking is a significant risk factor for eye disease as well as other conditions. Advice regarding smoking cessation should be given by all health care professionals including optometric staff to support a reduction in sight loss.

Vulnerable groups, including those living with disability are at increased risk of visual impairment: PTHB, BCUHB and HDUHB had the highest percentage of people registered as living with a disability in 2019.

1.3 NHS Wales

NHS Wales is the public funded National Health Service of Wales providing healthcare to some three million people who live in the country. The Welsh Government sets the Health Care strategy and NHS in Wales delivers that strategy and services via the seven Local Health Boards, three NHS Trusts and two Special Health Authorities. The NHS has a key principle which is that - good healthcare should be available to all.

Key strategic drivers for NHS Wales include:

The Well-Being of Future Generations Act (2015)

The Well-Being of Future Generations Act (2015) invites collaboration across services and sectors and with the individual to improve wellbeing and reduce demand on services (Future Generations Commissioner for Wales 2021).

Optometry contract reform embedded collaboration of services and sectors. Optometrists and Dispensing Opticians work closely with patients and other health care professionals to improve eye health and general health, ensuring preventative advice is given to improve wellbeing and reduce demand on secondary care.

A Healthier Wales

This policy encourages a more holistic approach to health and social care and supports the use of community-based services rather than secondary care where appropriate. The quadruple aim outlines the use of a motivated workforce, the higher value of care being provided, the improved population health and wellbeing, and the improved quality and increased access to care to achieve the 'A Healthier Wales' goals (Public Health Network 2021 and Welsh Government 2016, Welsh Government 2021).

Optometrists are at the very centre of the community and are well placed to deliver a holistic approach to patient health. By upskilling the work force, Optometrists and Dispensing Opticians can utilise their skills to keep care closer to home and signpost to other health care professionals where required. Making Every Contact Count (MECC) ensures each interaction is of high value and will help to improve the wellbeing of the individual and provide preventative advice.

Optometry: Delivering A Healthier Wales (Welsh Optometric Committee 2021)

This paper outlines how optometry should effect the change required to achieve the goals set out in A Healthier Wales - by upskilling the workforce, working in clusters and providing care greater to home. An EHNA is therefore appropriate and necessary to achieve the goals for eye care, to ensure areas are prioritised and to help us plan for the future, ensuring quality based services are delivered throughout.

Accelerated Cluster Development (ACD)

ACD will enhance integrated planning between clusters, health boards and local authorities. ACD ensures that a wider range of services is available locally and that plans can be made based on the needs assessment of the local population by health care professional in the cluster through working collaboratively. Optometrists form part of cluster working through engaging in professional collaboratives, ensuring that the needs of the local population are being met. Local Population needs assessments are vital to delivering changes that really benefit the local community (Primary and Community Care Development and Innovation Hub. 2022).

1.4 Wales General Ophthalmic Services

Wales General Ophthalmic Services (WGOS) were introduced on 20 October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a tiered Service comprising of the following:

WGOS 1: eye examinations and patient management plan.

WGOS 2: made up of three bands:

- Band 1 – Acute eye care and referrals for examination from another healthcare professional.
- Band 2 - Further examinations following WGOS 1 to inform or prevent a referral.
- Band 3 - Follow up examinations to WGOS 2 Band 1 and Cataract Post-operative Assessments.

WGOS 3:

- Assessments for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support.
- Certification of vision impairment for patients whose leading cause of vision loss is Dry Age-Related Macular Degeneration

WGOS 4: examinations for patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:

- with or with suspected medical retina conditions
- with or with suspected glaucoma or ocular hypertension; and
- who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine

WGOS 5: examinations in primary care for acute eye conditions that require management by an independent prescriber optometrist to reduce the need for onward referrals to Hospital Eye Services.

NHS Optical vouchers: financial support for the provision of spectacles or contact lenses to patients in eligible categories determined by Welsh Government.

1.5 Welsh Index Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. Deprivation is the lack of access to opportunities and resources, which we might expect in our society. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). It is a National Statistic produced by statisticians at the Welsh Government. Small areas are Census geographies called Lower-layer Super Output Areas (LSOAs).¹

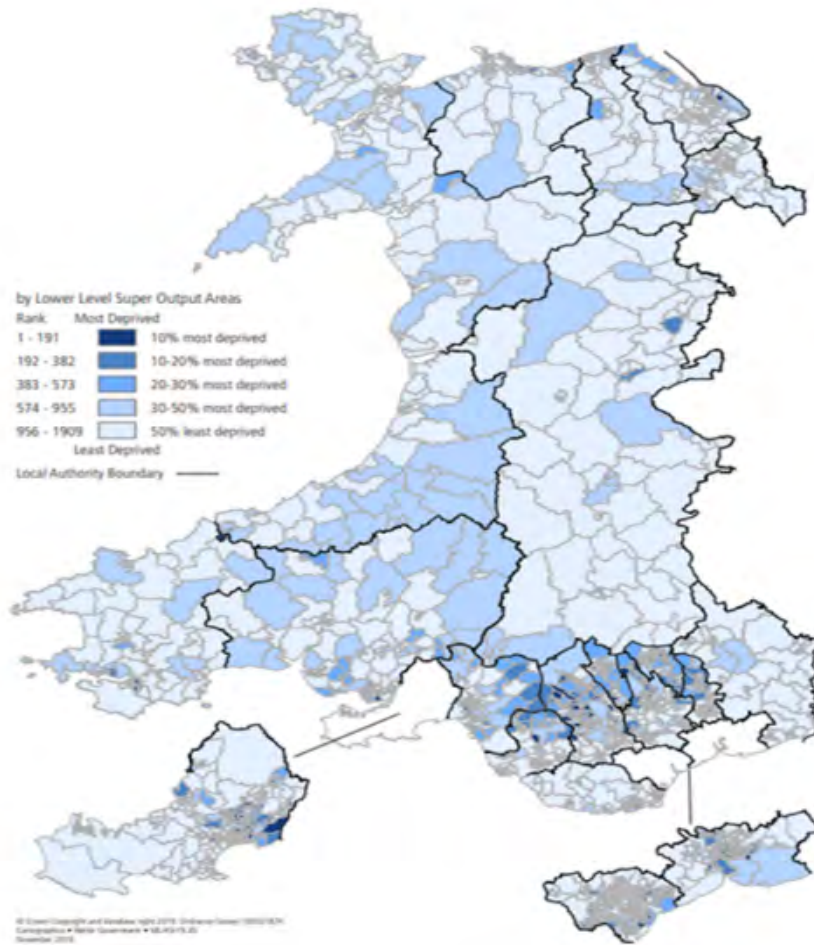
The full index is updated every four to five years. The most recent index was published in 2019. There are numerous indicators that feed into WIMD. Some of these are updated annually (when possible), some periodically, some only for the overall WIMD update and some only when census data becomes available.

The Welsh Index of Multiple Deprivation statistics look at:

- Income Deprivation
- Employment
- Health
- Education
- Access to Services
- Housing
- Community Safety
- Physical Environment

The health domain measures a lack of good health. The indicators are:

- People with a GP-recorded diagnosis of a Chronic condition (indirectly age-sex standardised)
- People with a GP-recorded diagnosis of a Mental health condition (indirectly age-sex standardised)
- Cancer Incidence (indirectly age-sex standardised)
- Limiting Long-Term Illness (indirectly age-sex standardised)
- Premature Death Rate (death of those under the age of 75)
- Children aged 4-5 who are obese
- Low Birth Weight, single births (live births less than 2.5kg)



The indicators above are age-sex standardised to adjust for the expected prevalence of disease within the underlying population. This allows the index to identify areas where health deprivations exists beyond the effect of age and sex.

The association between deprivation and health is clearly apparent across Wales especially in the post-industrial valley communities in South Wales. Here poorer health outcomes are significantly worse than Wales as a whole.

2.0 Health Boards

2.1 Aneurin Bevan University Health Board

This EHNA describes the need of the population living within the Aneurin Bevan University Health Board area. Need is established by looking at prevalence and incidences of eye health problems, including risk factors. The EHNA reviews the current level of services available whilst considering future need. The information is presented at a Gwent, local authority and neighbourhood care network footprint.

Data has been collated from nationally produced data including Welsh Government, Census, Royal National Institute for the Blind and National Eye Health

Epidemiological Model. Local contracting information including activity levels is used along with and academic papers.

For this EHNA patients and providers were not involved but will be considered for future iterations of this EHNA.

2.1.1 Overview of Gwent

2.1.1.1 Introduction

The footprint of Aneurin Bevan University Health Board is coterminous with Greater 'Gwent', a term used to reflect the five local authority areas of:

Blaenau Gwent County Borough
Caerphilly County Borough,
Monmouthshire County,
Newport City and
Torfaen County Borough.

Gwent will be used throughout this EHNA to reflect the area covered by Aneurin Bevan University Health Board.

Gwent covers an area of 1,533 square kilometres (km²), which is 7.2% of Wales (21,225 km²) and has a population of 594,412¹, which equates to 18.8% of the whole of the Welsh population (3,164,404).

The Health Board area is varied with both urban centres and rural countryside, along with the most easterly of the South Wales valleys. The map below shows the rural urban classification for the Lower Super Output Areas in the area of the Health Board and shows the general split of rurality in the East against the urban areas in the West.

Gwent is a Marmot Region which means there is a network of local stakeholders committed to tackling inequity through action on the social determinants of health – the social and economic conditions which shape our health. Becoming a Marmot Region signifies a collective intent to work together to improve equity across Gwent, and improve the lives of all our communities as a result, in line with Marmot principles

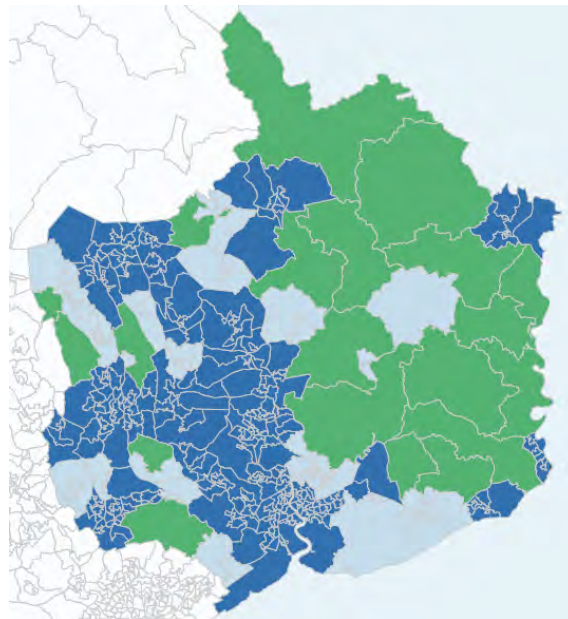
Map 2.1.1 Gwent local authorities²

¹ [StatsWales population estimates](#)

² [ABUHB Map of Gwent](#)

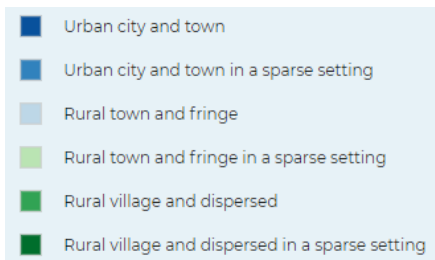


Map 2.1.2 – rural urban classification (2011) Aneurin Bevan University Health Board³



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³ [Health Maps Wales, NHS Wales Informatics Service](#)

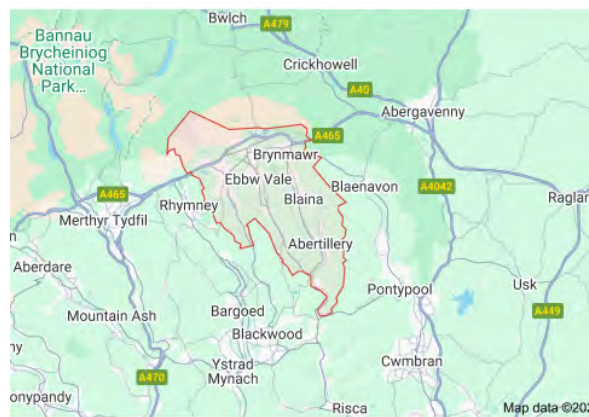


Local authorities

Blaenau Gwent is a relatively small area approximately 109 km², with a population of 67,356⁴. Blaenau Gwent is defined physically by high hillsides dividing the three main valleys.

Blaenau Gwent, despite its busy, urban atmosphere given to it by its towns, it is primarily a rural area. It faces high unemployment, and a significant portion of the population relies on benefits.

Map 2.1.3 – Blaenau Gwent County Borough



Caerphilly County Borough covers some 280 km² of the Valleys area of South East Wales and has a population of 176,437⁵. The county borough is a mixture of urban and rural communities. Three quarters of the county borough is used for agriculture and forestry.

Caerphilly town has an expanding economy and benefits through good transport links to Cardiff but there are significant levels of unemployment and poor health, particularly in the north of the county borough.

Map 2.1.4 – Caerphilly County Borough

⁴ [StatsWales population estimates](#)
⁵ [StatsWales population estimates](#)



Located in South East Wales, **Monmouthshire County** has a strategic position between the major centres in South Wales, the South West of England and the Midlands. The county covers an area of approximately 880 km² with an estimated population of 94,572⁶.

Monmouthshire is generally a prosperous area offering a high quality of life for its residents, but this does mask some areas of deprivation.

Map 2.1.5 – Monmouth County



Newport City is a multi-cultural city and is the third largest urban centre in Wales with a population of 163,628⁷ and covers an area of 217.7 km². It has the second largest number of people from minority ethnic communities of all the Welsh counties (after Cardiff) and has continued to increase since 2009 when the figure was estimated at 6.6% of the population.

Map 2.1.6 – Newport City

⁶ [StatsWales population estimates](#)

⁷ [StatsWales population estimates](#)



The county borough of **Torfaen** has an area of 126km² and is the third smallest borough in Wales; it has a population of around 93,419⁸. Torfaen is the most easterly of the industrial valleys of South Wales.

Map 2.1.7 – Torfaen County Borough



Table 2.1.1 – Population of Gwent by local authority

	Population	% of Gwent
Gwent	594,412	
Blaenau Gwent	67,356	11.31
Caerphilly	176,437	29.63
Monmouthshire	94,572	15.88
Newport	163,628	27.48
Torfaen	93,419	15.69

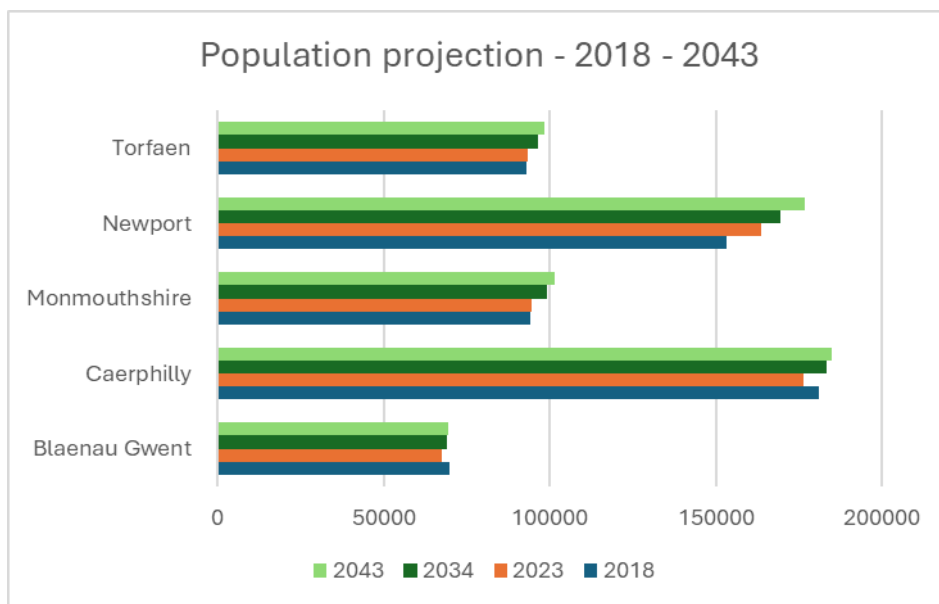
⁸ [StatsWales population estimates](#)

2.1.1.2 Population

Based on StatsWales population estimates for mid-year 2023, the total population of the Health Board’s area was 594,412, of which 49.06% were male and 50.94% were female⁹.

The population is projected to increase by 6.02% by 2043, from the population estimate of 594,412 in 2023 to 617,305 in 2034 (3.71% increase) and to 630,230 in 2043, a further increase of 2.31%. The greatest increases will be seen in Newport with an estimated 7.95% increase (163,628 to 176,631), Monmouthshire has a projected increase of 7.04%, Torfaen 5.09% and Caerphilly 4.82%. Between 2018 and 2023 Blaenau Gwent had a population decrease of -3.39% but the population is projected to increase by 2.80% by 2043.

Figure 2.1.1 - population projection by locality



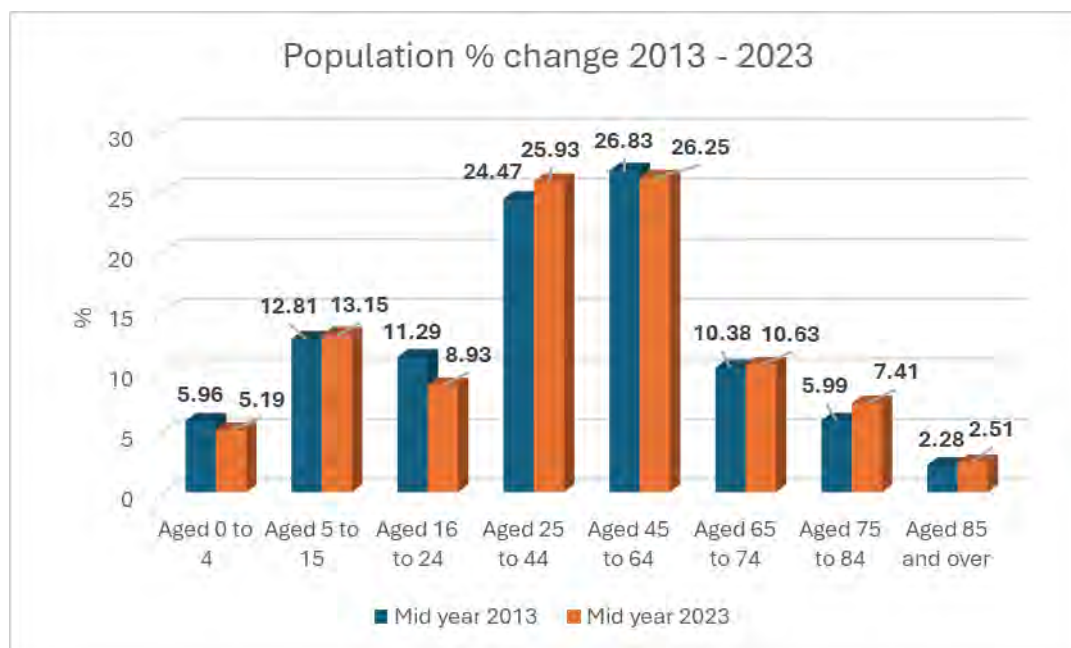
In 2023, 21% of the population were aged over 65 years old and almost six in every ten (61%) were of working age (16 to 64 years) and nearly one in five (18%) were aged under 16.

Between 2013 and 2023 the population aged between 16 to 24 has decreased by 12,078 (22.72%), from 65,233 to 53,155. Which is significantly higher than the figure for Wales which sits at 8.6%.

The figure below shows how the age of the population has changed in the ten years 2013 to 2023, with a reduction in those aged 0-4, 16 to 24 and those aged 45 to 64.

⁹ [StatsWales population estimates](#)

Figure 2.1.2 – change in the age of the population based on mid-year population estimates, 2013 and 2023



The population over 65 years has a projected increase of 16.7% when in 2034 an estimated one in four people (25%) will be aged 65 or older - which is slightly higher than the projection for Wales (15.5%).

By 2034, it is projected that the number of people aged 85 and over will increase by 42.7% (from around 15,311 in 2023 to 21,842). This is higher than the overall projected Wales increase which sits at 31.3%.

The mid-year estimates in 2023 show that 303,328 members of the population are female and 292,084 are male.

Mortality

Since 2013 each local authority has seen a decrease in the mortality rates (aged standardised) for those aged over 80, with Monmouthshire showing a 10.53% decrease in those aged between 80-84. But there have been significant changes in Blaenau Gwent and Monmouthshire in the age 85-89 with decreases of 21.57% and 13.38%. There are also changes within the other age brackets with decreased mortality rate in Blaenau Gwent in the 35-39 and 55-59 and in Torfaen in most age groups, with the exception of 40-49 year olds.

Density

With the exception of Monmouthshire, the health board region has a greater population density than the average for Wales, with the most densely populated area being Newport.

Table 2.1.2 - population density (persons per square kilometre), 2023¹⁰

¹⁰ [StatsWales density](#)

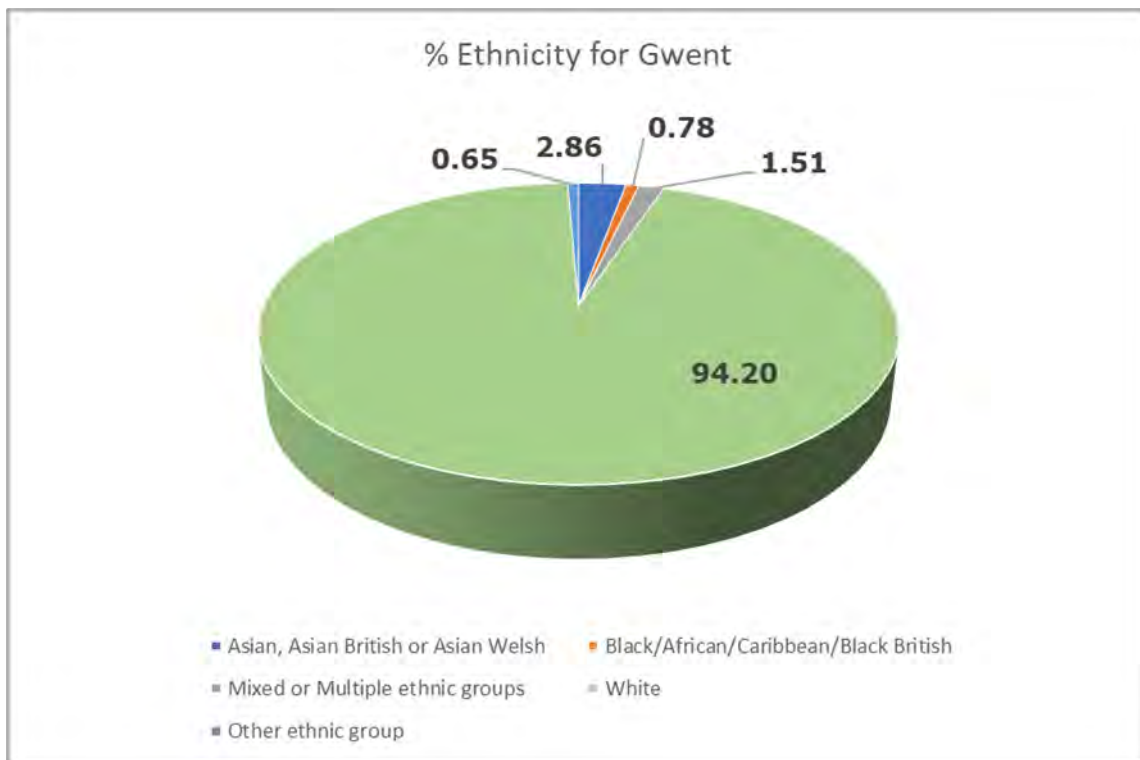
Wales	152.60
Blaenau Gwent	619.49
Caerphilly	636.07
Monmouthshire	111.37
Newport	859.25
Torfaen	743.20

2.1.1.3 Ethnicity

According to Census 2021 data¹¹, 94.2% of the Health Board’s population fell within the White ethnic group. The remaining 5.8% are residents who describe themselves as:

- Asian/Asian British – 2.9%
- Mixed/multiple ethnic groups – 1.5%
- Black/African/Caribbean/Black British – 0.8%
- Other ethnic group – 0.7%.

Figure 2.1.3 - % ethnicity of Gwent



¹¹ [Nomis - 2021 Ethnic groups](#)

Newport has a more ethnically diverse population than the other local authority areas and other than Newport the local authorities have a higher % of the White ethnic group than the Wales %.

Table 2.1.3 – Ethnic groups by percentage by local authority and Wales

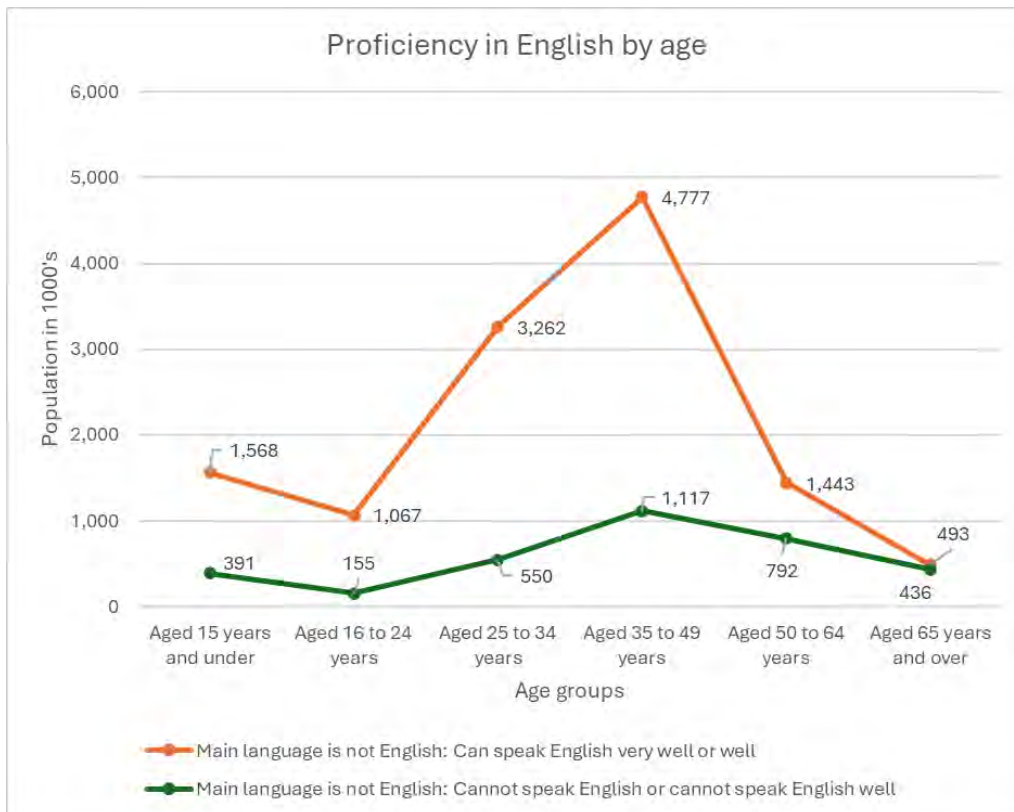
Local authority	White	Asian/ Asian British	Mixed/ Multiple ethnic groups	Black/ African Caribbean /Black British	Other ethnic group
Blaenau Gwent	97.8	0.9	0.8	0.2	0.2
Caerphilly	97.7	0.9	1	0.2	0.2
Monmouthshire	96.9	1.3	1.2	0.2	0.3
Newport	85.5	7.6	2.8	2.4	1.7
Torfaen	97.1	1.3	1.1	0.2	0.3
Wales	93.8	2.9	1.6	0.9	0.9

2.1.1.4 Household language

The 2021 Census tells us that 97% of the population (569,430) in Gwent state English or Welsh is their main language with 3,441 say they are not able to speak English well.¹² As can be seen from the figure below the ability to speak English is greatest in the middle adult ages.

Figure 2.1.4 – Proficiency in English by age

¹² [Nomis 2021 language proficiency \(English\)](#)



The next six most commonly spoken languages were:

- Polish – 2.7%
- Romanian – 0.9%
- Bengali (with Sylheti and Chatgaya) – 0.2%, Arabic, Hungarian and Panjabi 0.5% each

There is some variation at local authority level with fewer people who have English as their main language in Newport (95%) compared to the other local authority areas (all at 99%).

2.1.1.5 Welsh language skills¹³

Caerphilly's Welsh language skills are generally better than in the other local authority areas, with those in Blaenau Gwent the least likely to have any skills. But the majority of the residents in the Health Board's area reported no skills in Welsh in the Census 2021 (87%).

Table 2.1.4 – Welsh language skills by local authority

%	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
No skills in Welsh	90.2	84.8	87.3	88.6	88.2
Can speak, read and write Welsh	4.7	8.5	6.8	5.7	6.5

¹³ [Nomis 2021 language proficiency \(Welsh\)](#)

Can understand spoken Welsh only	2.3	3.1	2.5	2.5	2.2
Can speak and other combinations of skills in Welsh	0.1	0.2	0.1	0.2	0.1
Can speak but cannot read or write Welsh	0.9	1.2	1.2	1.2	1.1
Can speak and read but cannot write Welsh	0.4	0.6	0.5	0.5	0.5
Can read but cannot speak or write Welsh	0.7	1.1	1.0	0.8	0.7
Can read and write but cannot speak Welsh	0.4	0.4	0.5	0.5	0.4
Can write but cannot speak or read Welsh	0.1	0.1	0.1	0.1	0.2

2.1.1.6 Religion

In 2021, 44.2% of the population stated they followed one of the six main religions, this is down from 57.1% in the 2021 census. 49.9% stated they did not follow any religion, up from 35.3%. With 5.82% not providing any response.

The table below shows the variation in religions. Christianity remains the most popular religion but is slightly lower than the Welsh total. Those who do not follow a religion is slightly higher than the Welsh position. Newport is second only to Cardiff in relation to those identifying Muslim as their main religion.

Table 2.1.5 – religion at local authority and Wales level¹⁴

Religion	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
No religion	56.4	56.7	43.4	43.0	50.8
Christian	36.5	36.4	48.7	42.8	41.5
Buddhist	0.2	0.2	0.4	0.3	0.3
Hindu	0.1	0.1	0.2	0.5	0.3
Jewish	0.0	0.0	0.1	0.1	0.0
Muslim	0.4	0.3	0.5	7.1	0.4
Sikh	0.2	0.1	0.1	0.3	0.1
Other religion	0.5	0.4	0.6	0.5	0.5
Not answered	5.8	5.7	6.2	5.6	6.1

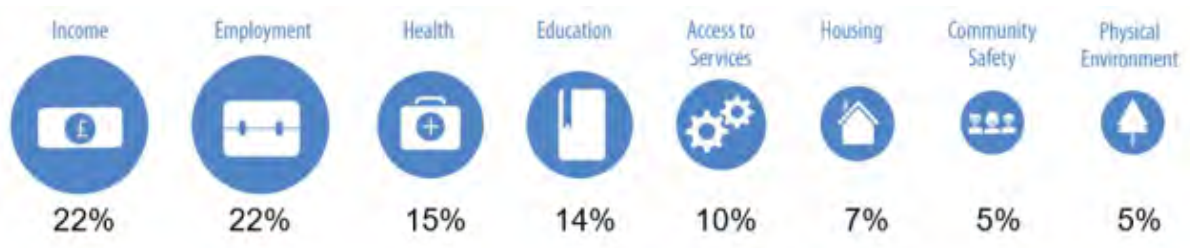
¹⁴ [Nomis 2021 - Religion](#)

2.1.1.7 Welsh Index of Multiple Deprivation¹⁵

Deprivation is measured using The Welsh Index of Multiple Deprivation 2019, this is calculated for small geographical areas called Lower Super Output Areas, from 1 (most deprived) to 1,909 (least deprived).

There are eight domains which make up the index, each of which have different indicators within them. These are weighted and then combined to give the overall index of multiple deprivation. The figure below shows each domain and their weighting.

Figure 2.1.5 – the eight domains of the Welsh Index of Multiple Deprivation and their respective weighting

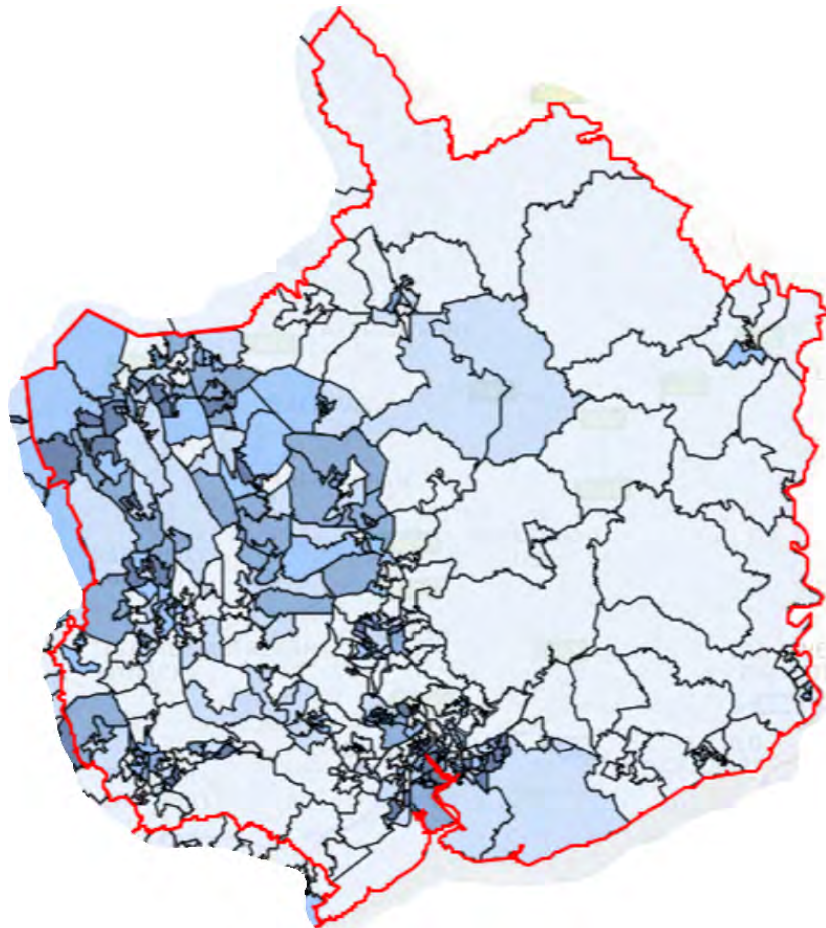


Whilst an area may be classed as one of low deprivation it does not necessarily follow that everyone living in a deprived area is deprived and that not all deprived people live in deprived areas. It is the circumstances of people who are living there that affect its deprivation ranks, not the area itself.

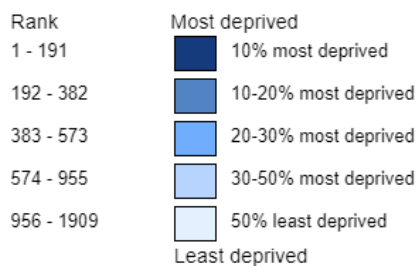
The map below shows each Lower Super Output Area within the Health Board area and where it sits in the index.

Map 2.1.8 – Map of the Welsh Index of Multiple Deprivation by lower super output area

¹⁵ [Welsh Government, Welsh Index of Multiple Deprivation 2019](http://www.publichealthwalesobservatory.wales.nhs.uk/wimd-2014)
<http://www.publichealthwalesobservatory.wales.nhs.uk/wimd-2014>



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The table below shows the number of the most deprived lower super output areas by local authority area.

Table 2.1.6 – most deprived lower super output areas by local authority

	Total lower super output areas (LSOAs)	Most deprived 10% LSOAs in Wales (ranks 1 - 191)	Most deprived 20% LSOAs in Wales (ranks 1 - 382)	Most deprived 30% LSOAs in Wales (ranks 1 - 573)	Most deprived 50% LSOAs in Wales (ranks 1 - 955)
Blaenau Gwent	47	6	21	30	40
Caerphilly	110	11	26	42	69

Monmouthshire	56	0	1	3	11
Newport	95	23	33	38	57
Torfaen	60	3	19	25	34

Within the health board region, Blaenau Gwent is the local authority with the highest percentage of deprived areas, and Monmouthshire has the lowest percentage.

2.1.1.8 Life expectancy and healthy life expectancy

The latest data for life expectancy (2018-2020) shows that the life expectancy for males is 78.12, which is a decrease from the 2017-2019 figure of 78.35. The life expectancy for females is higher, although we have seen the same fall in life expectancy from 82.07 to 81.70. The Gwent average is lower than the life expectancy for males and females across Wales (78.3 and 82.1 years respectively).

When looking at a local authority level, Monmouthshire is the local authority with the highest life expectancy for both male and female, 81.63 years and 84.6 years respectively. This contrasts with Blaenau Gwent where life expectancy is the lowest 76.3 years for males and 79.96 years for females.

The tables below show how life expectancies have changed for males and females at local authority level. In 2018 – 2020 females born in Monmouthshire are expected to live almost 5 years longer than females born in Blaenau Gwent, and for males the difference is over 5 years.¹⁶

Table 2.1.7 Life expectancy for males 2001 – 2020

	2001-2003	2006-2008	2011-2013	2017-2019	2018-2020
Blaenau Gwent	73.63	75.26	75.51	76.54	76.3
Caerphilly	74.57	75.58	77.64	77.76	77.4
Monmouthshire	77.03	78.74	79.81	81.49	81.63
Newport	74.66	76.93	77.85	77.87	77.54
Torfaen	75.45	76.78	77.59	78.23	78.12

Table 2.1.8 Life expectancy for females 2001 – 2020

	2001-2003	2006-2008	2011-2013	2017-2019	2018-2020
Blaenau Gwent	78.44	78.6	80.06	80.42	79.96
Caerphilly	79.37	80.73	81.46	81.39	81.12
Monmouthshire	81.31	83.21	83.98	84.45	84.6
Newport	80.43	80.92	82.2	82.25	81.63
Torfaen	79.97	80.7	81.74	81.85	81.34

¹⁶ [ABUHB Life Expectancy And Causes Of Death](#)

Healthy life expectancy is the number of years that people live in good health. The difference in healthy life expectancy between most and least deprived areas is 12.8 years for men and 20.5 years for women.

Monmouthshire has the highest healthy life expectancy for both males and females and Blaenau Gwent has the lowest.

The table below shows the variation at local authority as well as their ranking against all the other local authorities in Wales (one represents the local authority with the greatest number of healthy lives and 22 is the least). From this table we can see that Blaenau Gwent is the lowest ranked local authority for the whole of Wales¹⁷.

Table 2.10.9 Premature deaths from key non communicable diseases, 2016-2018 by local authority¹⁸

	Rate	Rank
Blaenau Gwent	391.4	1
Caerphilly	344.7	7
Monmouthshire	244.7	22
Newport	347.3	5
Torfaen	342.2	8

2.1.1.9 Deaths

Unhealthy behaviours such as poor diet, lack of physical activity, and smoking contribute significantly to circulatory diseases and certain cancers. Early detection and diagnosis often lead to better outcomes for all non-communicable diseases, including many types of cancer. This relies not only on healthcare services but also on individuals being aware of cancer and other disease symptoms and seeking treatment promptly.¹⁹

2.1.1.10 Economic activity

The 2021 Census shows that 57.8% of Gwent were economically active (those employed, self-employed either unemployed but looking for work and able to start within two weeks, and also a full-time student), with the remainder (42.2%) economically inactive (unemployed, retired, a student, looking after home or family, long-term sick or disabled).

In relation to the population as a whole:

Newport has the highest level of those economically active at 58.6% and lowest in Blaenau Gwent at 54%. Of those economically active:

- 39.5% work full-time,
- 15.2% work part-time, and

¹⁷ [Blaenau Gwent Well-being Assessment 2022-23](#)

¹⁸ [Public Health Wales Observatory, Public Health Outcomes Framework reporting tool](#)

¹⁹ [Blaenau Gwent Well-being Assessment 2022-23](#)

- 6.9% are self-employed.

For Gwent 3.35% of full-time students reported also being economically active whilst 4% were full time students but not economically active, in both cases Newport had the highest %. In both groups, with Monmouthshire the lowest of students economically active and both Blaenau Gwent and Monmouthshire the lowest for students who are not economically active.

For those not economically active 23.87% were retired with the highest in Monmouthshire at 15.7% and lowest in Newport at 11.5%.

4.6% were looking after home or family (highest in Newport at 2.83% and lowest in Monmouthshire at 1.9%).

6.8% were long-term sick or disabled and economically inactive (highest in Caerphilly at 10.43% and lowest in Monmouthshire at 2.94%).

2.1.2 Commissioned Services

2.1.2.1 Primary ophthalmic services

The National Health Service (Wales) Act 2006 places the responsibility for the commissioning of primary ophthalmic services on Local Health Boards. This responsibility includes sight tests and eye examination services for their patient population.

Changes to legislation in 2023 amended the requirements of what Local Health Boards had to Commission in relation to primary ophthalmic services and these services are now referred to as WGOS services.

Detailed arrangements for the provision of these services are provided for by the National Health Service (Ophthalmic Services) (Wales) Regulations 2023 and The National Health Service (Wales Eye Care Services) (Wales) Directions 2023.

Sight Test

The main care a patient receives in relation to their eye health is a sight test. This can be provided on the NHS for those patients who are eligible or as a private service. NHS Sight tests are referred to as a General Ophthalmic Services (GOS). Where the term sight test is used in this EHNA it refers to a sight test.

Sight tests are performed by appropriately qualified and registered persons known as Optometrists or Ophthalmic Medical Practitioners (OMPs).

The requirements of the sight test are set out in The Opticians Act 1989

Patients should have a sight test based on the minimum intervals as set out in a memorandum of understanding.

Sight tests are undertaken either at a registered premise or where the patient is eligible at their normal place of residence or at a recognised day centre.

On provision of a sight test further care may be identified and the contractor may refer the patient on for other WGOS services or to a secondary care provider as appropriate to their clinical need.

Following a sight test a patient may need optical appliances and where eligible may receive a financial contribution to the cost of the appliances (NHS Vouchers).

Eye examination services

An eye examination is defined in the General Ophthalmic Services (Wales) Regulations 2023²⁰, as being “an examination of the eye for the purpose of diagnosing or determining treatment for an eye condition, or reviewing an existing condition, which includes such tests, procedures and advice as appropriate to the presenting signs, symptoms and needs of the patient”.

The services provided for under the NHS Health (Wales) Act now comprise of:

WGOS 1 – an eye examination comprising of a sight test with embedded prevention and well-being provision to create a patient management plan specific to the patient.

WGOS 2 – three distinct eye care services to be completed in primary care:

- Band 1: Acute eye care and to accept referrals from another healthcare professional;
- Band 2: Further examination to inform or prevent a referral; and
- Band 3: Follow up to Band 1 and Post Cataract Assessment.

These services were previously known as Eye Health Examination Wales (EHEW)

WGOS 3 – enables patients who would benefit from optical and non-optical aids as well as holistic rehabilitation support (including sight impairment registration) and advice to access a low vision service in / close to their place of residence. WGOS 3 also includes Certification of Vision Impairment (CVIW).

This service was previously known as the Low Vision Service.

WGOS 4 – a service where patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway.

Conditions managed under WGOS 4 (service agreements available) are:

- Medical retina
- Hydroxychloroquine (HCQ)
- Glaucoma referral filtering
- Glaucoma monitoring

For some services these may have been previously commissioned as a local service, but these will now come under WGOS4.

WGOS 5 – provision of eye care services in primary care that require an independent prescriber Optometrist/OMP to manage, treat and monitor patients to prevent onward referral.

²⁰ [GDS \(Wales\) Regulations](#)

For some services these may have been previously commissioned as a local service, but these will now come under WGOS5.

Contractors who are on the local health boards ophthalmic list are expected to provide WGOS1 and WGOS2 routinely. WGOS3-5 are provided by contractors where specifically commissioned by the local health board.

Detailed information on each of these services can be found at https://www.nhs.wales/wgos_services

Additional services

Alongside the WGOS services Local Health Boards can commission other local services as they see fit to meet the eye health needs of the population. These are not set nationally but are for local consideration and negotiation. Services that have been commissioned by Local Health Boards include:

- Wet AMD referral refinement
- Independent Prescribing Optometrist (IPOS)
- Glaucoma shared care
- Retinal review
- Diabetic retinopathy referral scheme

Some of these previously commissioned services are now included in the WGOS services.

The health board have commissioned a Glaucoma Ophthalmic Diagnostic and Treatment Centre, where an ophthalmology consultant triages and decides which patients can be seen under this service. Patients are then seen by an optometrist to undergo relevant tests and information gathering for virtual review by the consultant ophthalmologist. This will now become a WGOS4 – Glaucoma service.

The health board have also commissioned a Wet AMD referral refinement scheme. Patients are seen by an appropriate optometrist within two days of a referral. Images and visual acuity are recorded and then review by a consultant ophthalmologist. If Wet AMD is suspected, they are then seen in a rapid access clinic for confirmation of diagnosis and treatment. This will now sit under the WGOS4- Medical Retina Service.

Diabetic Eye Screening Wales

A commissioned service to monitor patients with diabetes (with exceptions) in relation to diabetic retinopathy. Patients with no or limited retinopathy have an annual review. Where it is found the patient is referred onwards to an ophthalmology department.

Hospital Eye Services

Whilst many eye conditions can be managed appropriately in the community there are conditions that do require more specialist care which is access at ophthalmology services, usually in a secondary care setting. This is care where the patient has been referred on via an optometrist or GP. Care may also follow an emergency

attendance at A&E / eye casualty clinic. Care is provided as both inpatient and outpatient care.

2.1.2.2 Patient eligibility

WOGS 1 – eye examination

Eligibility to receive a free NHS sight test are set in the National Health Service (Ophthalmic Services) (Wales) Regulations 2023 (2008) as amended.

Patients who are eligible for a sight test are those who:

- are under 16
- are under the age of 19 years and receiving qualifying full-time education
- are 60 or over
- are required to wear a complex appliance (your optician can advise you about your entitlement)
- are registered sight impaired or severely sight impaired in a register kept by a local authority
- have been diagnosed with diabetes or glaucoma or have been advised by an ophthalmologist to be predisposed to the development of glaucoma
- are 40 or over and are the parent, brother, sister or child of a person who has been diagnosed with glaucoma
- are under 18-years-old and in the care of a local authority (to whose maintenance a responsible local authority is contributing)
- are a prisoner
- are unioocular (have sight in one eye only)
- have a hearing impairment
- have been diagnosed with retinitis pigmentosa
- have been clinically assessed as being at risk of developing eye disease

You are also entitled if:

- you or your partner (including civil partner) receive certain benefits
- you are under the age of 20 and the dependant of someone receiving certain benefits
- you have a low income

A WGOS 1 service is available regardless of where a patient resides, including being outside of Wales.

WGOS 2

Band 1 – Acute eye care

Patients are eligible who have an acute eye problem requiring clinical examination, those who have been referred by another health care professional for further investigation or via another agreed pathway.

Band 2 – inform or prevent onward referral

Patients are eligible if during a WGOS 1 eye examination/private sight test, it is determined further investigation is required to inform or prevent onward referral, and that by providing a Band 2 will prevent or provide additional valuable information.

Band 3 – Band 1 or cataract post operative assessment

Patients are eligible where a follow up to a Band 1 examination is required, or where patient has been discharged to optometry for a cataract postoperative assessment or as part of an agreed pathway.

There is no patient charge associated with WGOS 2 services.

WGOS 3 – Low vision and CVIW

A patient is eligible for the service when they have had a WGOS 1 Eye Examination or Private Sight Test within the last year (this may be completed immediately preceding the Low Vision Assessment or Follow-Up) and the patient has at least one of:

- Binocular distance vision acuity of 6/12 or worse
- Near acuity of N6 or worse with a +4.00 reading addition
- Impairment of visual function and/or significant visual field defect
- Certification of Sight Impaired or Severely Sight Impaired (CVIW)

There is no patient charge for an eligible WGOS 3 patient.

WGOS 4 – Medical retina, Hydroxychloroquine (HCQ) and Glaucoma

Medical retina referral refinement – a patient is referred from an optometrist or after triage in the HES.

Medical retina monitoring – a patient is eligible where their condition has been identified as being capable of being managed within this remit or on discharge from a HES.

Hydroxychloroquine – a patient is eligible following a referral where there is a risk of HCQ retinal toxicity.

Glaucoma referral filtering - a patient is referred from an optometrist or after triage in the HES.

Glaucoma monitoring – patients referred from other clinicians following consultation or after triage in the HES, or where on discharge they cannot be managed by a non-glaucoma optometrist.

There is no patient charge for an eligible WGOS 4 patient.

WGOS 5 IPOS

A patient is eligible following a referral after a WGOS examination for a condition that cannot be managed by a non-IP optometrist or contact lens optician, this can also include patient choice for a WGOS 5 rather than WGOS 2 service. A patient may

also be eligible where they have been triaged by ophthalmology and deemed then suitable for WGOS 5 and cannot be managed by a WGOS 2 service.

Domiciliary services

If a person requires a domiciliary service, then they must be eligible.

They must meet the eligibility requirement for each service but then must also meet the requirements that:

“the patient’s circumstances related to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises”

Patient choice

A patient has the choice to seek their sight test from any provider of NHS services. This may be a provider close to where they live but could be any provider and may not necessarily be in the local health board where they live.

The local health board where the sight test takes place is responsible for paying the contractor for the provision of the service.

Where a patient is eligible for a domiciliary sight test, they are also able to seek this service from any contractor who is on the ophthalmic list for the provision of Sight test. They would not be able to receive a sight test from a contractor who is not on this list.

A domiciliary contractor for WGOS 1 and 2 will cover the whole of Gwent. For services provided under WGOS 3 and 5 services can be provided where commissioned and may cover an agreed area which is smaller than the whole Gwent boundary.

2.1.3 Clinical conditions including prevalence

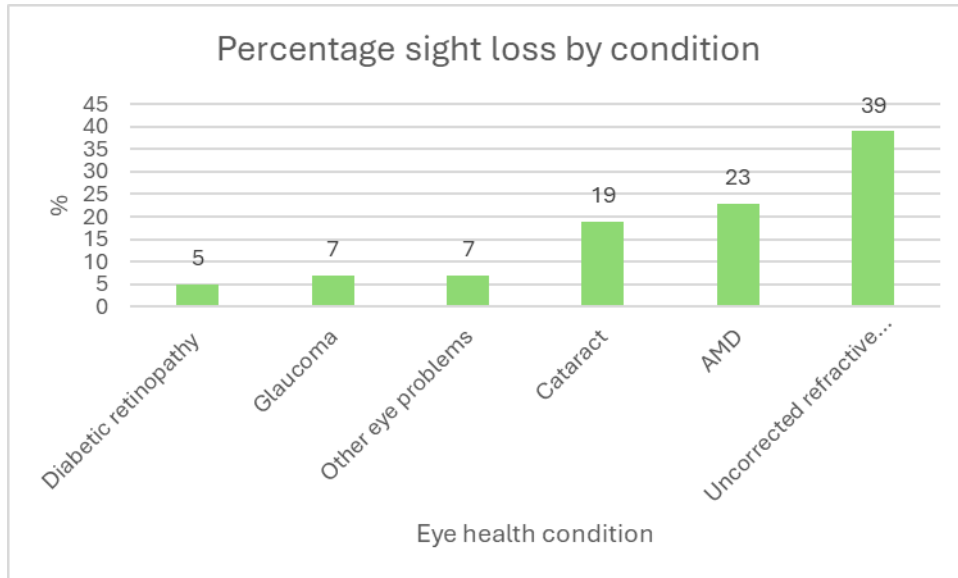
In the UK over two million people are living with sight loss. Of those over one million are due to a long-term condition that cannot be reversed. It is estimated that this figure will double to over four million by 2050²¹.

The main causes of sight loss are attributed to five clinical conditions²².

Fig 2.1.5 – Percentage sight loss by condition

²¹ [Pezzullo \(2018\)](#)

²² [RNIB sight loss data tool](#)



The prevalence of each eye health condition in this chapter are calculated using the Royal National Institute for the Blind People (RNIB) tool (2021)²³ which uses the prevalence model taken from the National Eye Health Epidemiological Model (NEHEM)²⁴. The base prevalence rates are then applied to the most recent estimates and projections available from the relevant national statistics agency.

2.1.3.1 Cataracts

A cataract is the development of irregularities in the structure of the crystalline lens that leads to a reduction of transparency and the lens becoming misty or cloudy. Cataracts may be classified as nuclear which affect the inner core of the lens or cortical cataracts which affect the outer layers, and subcapsular cataracts which occur on the lens surface.

Cataracts are a common condition in older people, which get worse over time but the impact on vision can be difficult to notice. It is usually treated by replacing the lens with an artificial one.

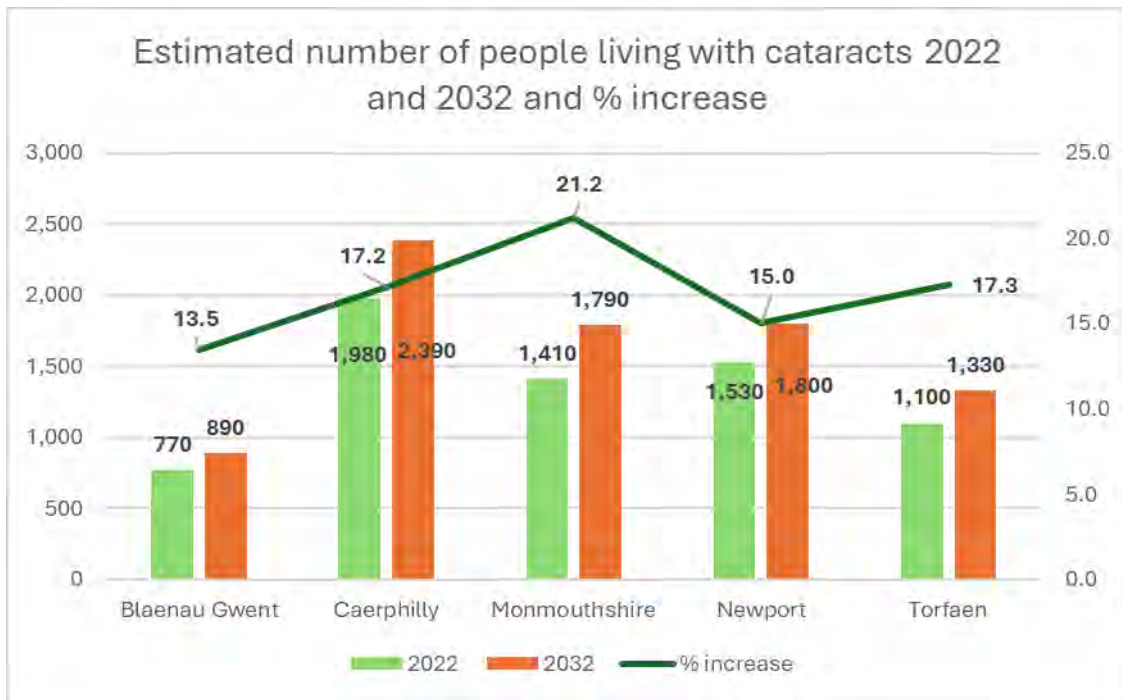
In 2022 there were an estimated 6,790 people living in Gwent with cataracts that may require surgical intervention (where it is deemed an extraction will be beneficial). This is predicted to increase to 8,200 in 2032, an increase of 17%, but which is below the predicted Welsh rise of 22%.

Monmouthshire is predicted to see the largest increase (27%) whilst Blaenau Gwent has the lowest predicted rise with a 16% increase.

Figure 2.1.6 - Estimated number of people living with cataracts 2022 and 2032 and % increase

²³ [RNIB sight loss data tool](#)

²⁴ [NEHEM](#)



2.1.3.2 Glaucoma

Glaucoma is a chronic, progressive eye disease caused by damage to the optic nerve, which leads to peripheral vision loss and can lead to blindness. The onset is gradual, and the condition worsens. It is not reversible, but it can be treated with medication, laser or filtration surgery.

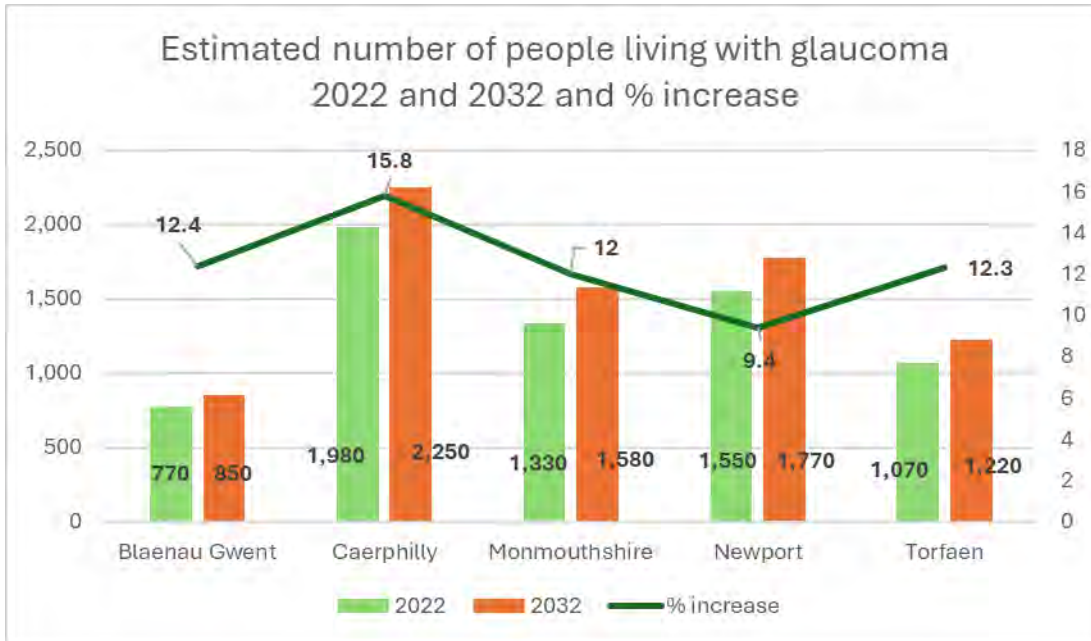
One of the major risk factors is ocular hypertension (eye pressure) where an abnormality in the eye's drainage system can cause fluid to build up, leading to excessive pressure that causes damage to the optic nerve. A patient diagnosed with ocular hypertension will require ongoing monitoring. Other factors include age, family history and ethnicity. Recent systemic reviews have identified that hypertension can increase the risk of glaucoma, but that a low diastolic blood pressure is also a risk factor for the potential development of glaucoma^{25 2627}.

There are an estimated 6,700 people living with Glaucoma in Gwent in 2022 and this is predicted to increase to 7,670 in 2032, an increase of 13%, which is below the Welsh increase of 16%. The smallest increase is in Blaenau Gwent at 10% with Monmouthshire at 19%, with the others all predicting a 14% increase.

Figure 2.1.7 - Estimated number of people living with glaucoma 2022 and 2032 and % increase

²⁵ [Nislawti et al \(2021\)](#)

²⁶ [Eijgen et al \(2023\)](#)



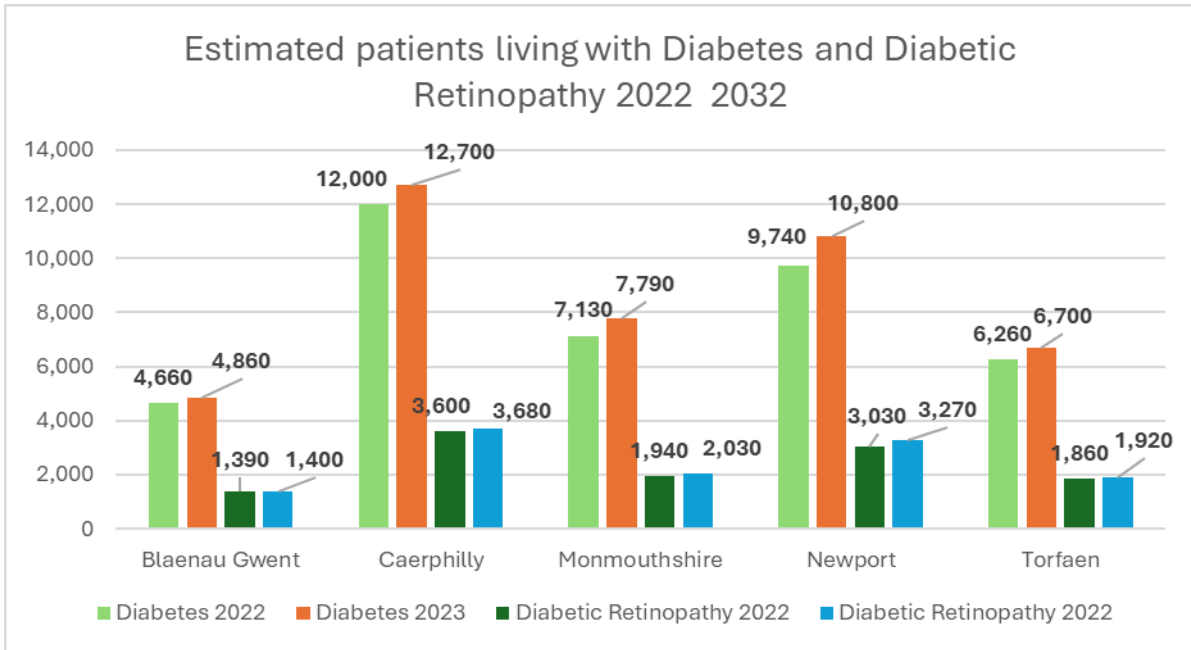
2.1.3.3 Diabetic eye disease

Patients with diabetes mellitus can suffer certain eye conditions due to their disease. For patients with diabetes, diabetic retinopathy is the most common cause for vision loss. Diabetic retinopathy is caused by high blood sugar levels damaging the back of the eye (retina). It may be asymptomatic at first, but it is important that it is diagnosed early, and a patient should have regular screening. Risk factors for diabetes include family history, age and being overweight.

Patients can also suffer from diabetic macular oedema (accumulation of fluid in the retina) and also cataracts and glaucoma.

In Gwent there are an estimated 39,790 people living with diabetes which is expected to rise by 7% (42,850) in 2032. Of those patients 30% (11,820) have diabetic retinopathy, this is predicted to rise by 4% to 12,300 in 2032. Both these increases are below the predicted figures for Wales.

Figure 2.1.8 - Estimated patients living with Diabetes and Diabetic Retinopathy 2022 - 2032

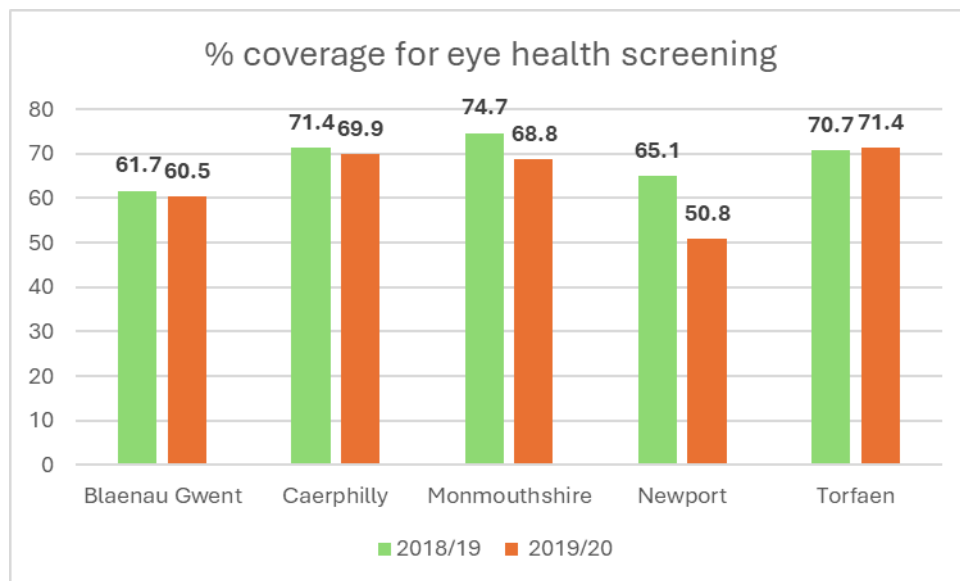


Each local authority will see an increase in patients living with these diseases ranging from 4–9% (Diabetes) and 1.7–4% (Diabetic Retinopathy).

To ensure that patients with diabetes are regularly monitored the diabetic eye screening programme has been established for all patients aged 12 or over with a diagnosis of type 1 or type 2 diabetes. This will be every one or two years.

In 2019/20 64.1% of patients who were eligible and invited to a screening attended, this was down from 69% in 2018/1928.

Figure 2.1.9 - % coverage for eye health screening



²⁸ [Diabetic Eye Screening Wales](#)

Torfaen was the only local authority that improved their coverage in 2019/20, whereas Newport saw a significant drop of 14.3%.

2.1.3.4 Age related macular degeneration (AMD)

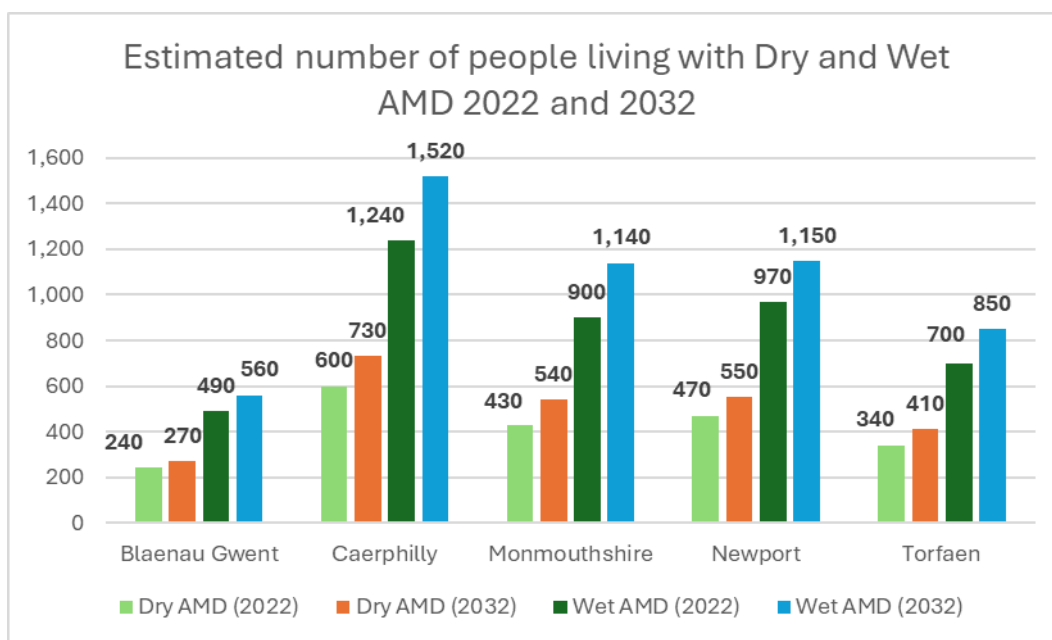
AMD is a condition which affects the middle part of your vision and whilst it does not cause total blindness it makes everyday tasks difficult. There are two types of AMD – dry AMD, where the condition worsens over several years or wet AMD, where the onset is rapid, usually over a few weeks or months. An early indication of AMD can be Drusen, yellow deposits under the retina.

Whilst the cause is unknown it has been linked to high blood pressure, smoking, obesity and family history.

AMD is the leading cause of blindness in the UK.

All areas are expected to see an increase in the number of patients living with both dry and wet AMD. With 1,663 currently having dry AMD which will increase to 2,500, with local authority raises between 13 and 26% and with wet AMD increasing by 18% (4,300 to 5,220) With Monmouthshire seeing the largest increases and Blaenau Gwent the lowest.

Figure 2.1.10 - Estimated number of people living with Dry and Wet AMD 2022 and 2032



2.1.3.5 Uncorrected refractive error

Refractive error refers to a condition where the eye is unable to focus light properly, leading to blurred or impaired vision. This occurs due to irregularities in the shape of the eye, which affects how light is focused onto the retina.

Due to the potential impact on educational attainment or the development of amblyopia (lazy eye) it is important that refractive errors are corrected in children.

Refractive errors are correctable through glasses, contact lenses, or refractive surgery. Despite these available treatments, refractive errors still contribute to a significant degree of visual impairment, both in the UK and globally. Many individuals remain undiagnosed or unable to access corrective measures, particularly in areas with limited healthcare resources.

There is an association with age and evolve at different rates as people age. Astigmatism is not preventable and tends to increase progressively with age but can start in childhood²⁹.

Myopia often starts between first and second decades of life and can progress every few to several months until the late teens³⁰ with progression being fastest in the age range 7-10 years³¹ but can also develop in their second and third decades. Early intervention is important in young children, especially those under 12 to reduce the likelihood of a child ending up with high myopia, which can lead to glaucoma, retinal detachment or myopic macular degeneration³². Progress has been made in spectacle and contact lens allowing for 'myopia control' which slows the progression of myopia. At the time of publication this treatment is currently only available privately, but can have a significant impact on reducing the risk of irreversible sight loss.

Although many children are born with hyperopia the condition often improves as their eyes grow³³. Hyperopia can progress in children with a high degree of hyperopia and those over 50.

There is little robust data on the prevalence of uncorrected refractive errors for the UK and Welsh populations

A systematic review of studies into of myopia trend and projections³⁴ shows a range of prevalence between 24.32 to 3.5.81% and a predicted increase in the prevalence of myopia to 36.59% by 2040 and 39.80% in 2050, with females, adolescents and those in urban areas seeing a higher proportion of myopia.

Studies have been undertaken these have generally been on non-UK based populations and so caution must be given to the figures due to the differences in the populations studied.

A 2017 paper by Hashemi³⁵ stated that the prevalence of refractive errors in those under 20 are:

Myopia (shortsightedness) – 14.3%

²⁹ [National Eye Institute Astigmatism.](#)

³⁰ [Hou et al \(2018\)](#)

³¹ [Tricard et al \(2020\)](#)

³² [Brennan et al \(2021\)](#)

³³ [Majmunder S and Tripathy K \(2023\)](#)

³⁴ [Liang et al \(2023\)](#)

³⁵ [Hashemi et al \(2017\)](#)

Hyperopia (far sightedness) – 9%
 Astigmatism (irregularly shaped cornea or lens)– 12.9%
 Giving an overall a prevalence of 36.2%.

Based on the population 0-14 in 2023 the prevalence of refractive errors is:

Table 2.1.10 – Prevalence of refractive errors in 0-14 year olds

	Population	General prevalence	Myopia	Hyperopia	Astigmatism
	0-14	36.2%	14.3%	9%	12.9%
Gwent	111,993	40,541	16,015	10,079	14,447
Blaenau Gwent	12,158	4,401	1,739	1,094	1,568
Caerphilly	33,554	12,147	4,798	3,020	4,328
Monmouthshire	15,358	5,560	2,196	1,382	1,981
Newport	33,451	12,109	4,783	3,011	4,315
Torfaen	17,472	6,325	2,499	1,572	2,254

Studies in adults show that around 57%³⁶of those over 40 will have some form of refractive errors and that generally in adults the prevalence is³⁷:

Myopia 25.3%
 Hyperopia 33.8%
 Astigmatism 59.7%

Looking at the 45+ population over 158,000 adults will have some form of refractive error, although this does not show the rate of uncorrected errors.

Table 2.1.11 – Prevalence of refractive errors in 45+ year olds

	Population	General prevalence	Myopia	Hyperopia	Astigmatism
	45+	57%	25.3%	33.8%	59.7%
Gwent	278,643	158,827	70,497	94,181	166,350
Blaenau Gwent	32,136	18,318	8,130	10,862	19,185
Caerphilly	82,968	47,292	20,991	28,043	49,532
Monmouthshire	52,083	29,687	13,177	17,604	31,094

³⁶ [Pateras E \(2012\)](#)

³⁷ [Ferraz et al \(2014\)](#)

Newport	67,779	38,634	17,148	22,909	40,464
Torfaen	43,677	24,896	11,050	14,763	26,075

2.1.3.6 Sight impaired and severely sight impaired

The best source of the prevalence of sight impairment and (severe sight impairment is through the Certifications of Visual Impairment Wales (CVI), these can be provided either by a Consultant Ophthalmologist or an optometrist who are accredited.

The issuing of a certificate is voluntary and not all patients who are deemed partially sighted or blind will hold a CVI.

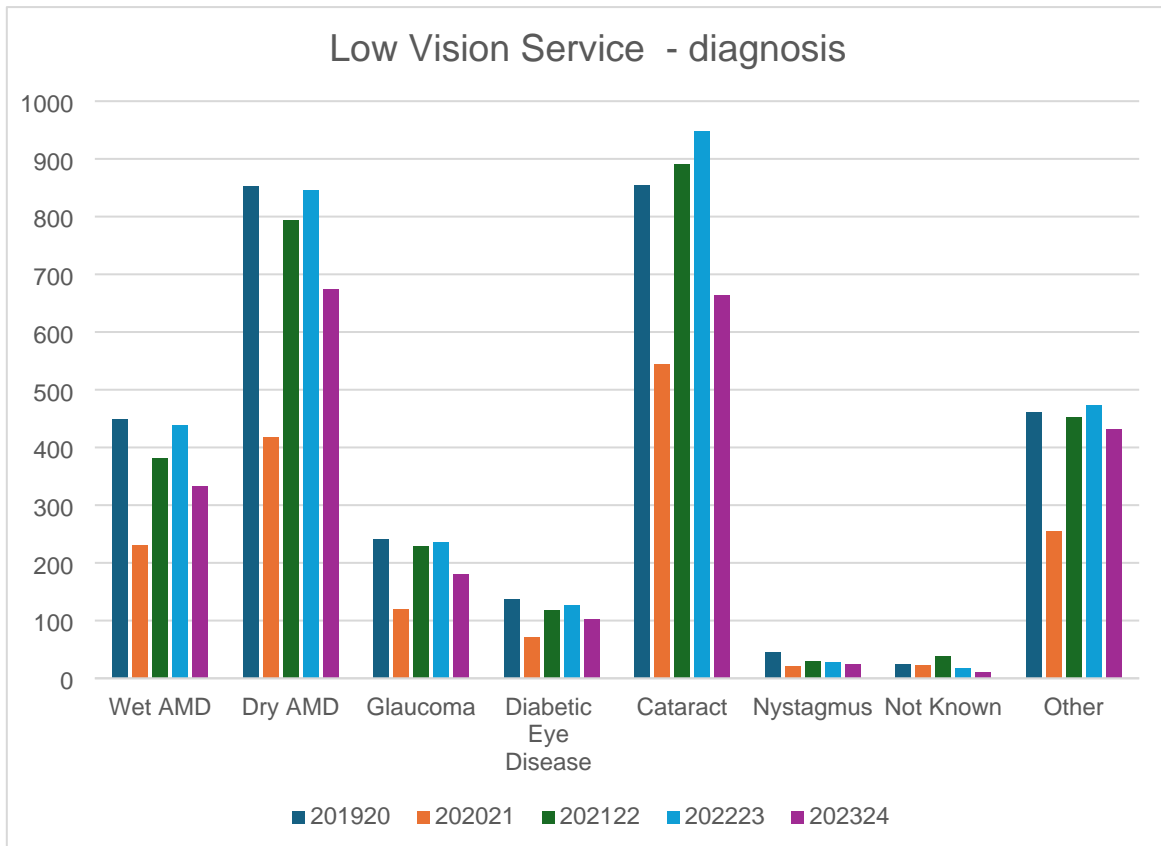
Where the cause has been captured in 2022-23, 129 were due to age related macular degeneration, 34 from Glaucoma and 5 due to diabetic eye disease³⁸.

Data is also captured from the low vision service and the data captured shows that Cataracts are the most common diagnosis followed by Dry AMD and other and then Wet AMD. It should be noted that a patient may have more than one diagnosis and both are captured, therefore the overall numbers per diagnosis may be lower than reported below.

We see the expected decrease during Covid with those accessing the service increasing, 2023/24 did see a decrease across all areas.

Figure 2.1.11 - Rate of people living with sight loss per 1,000

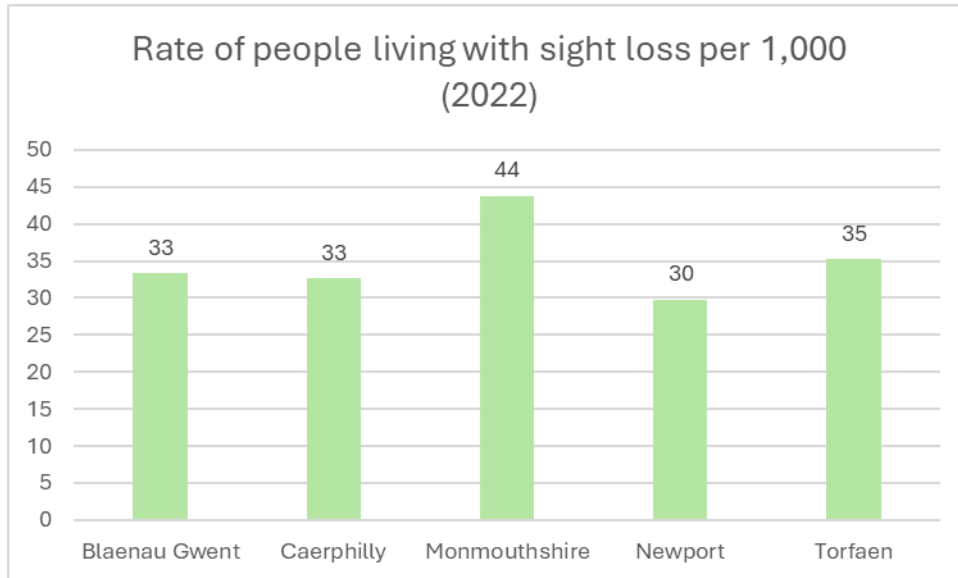
³⁸ [StatsWales low vision service](#)



In 2022 the estimated number of patients living with some form of sight loss in Gwent was 20,480 with a prediction that this will increase to 24,080 in 2032 (14.95% increase). This range of increase for the local authority ranges from 11.11% to 18.52%.

The national rate for those living with sight loss per 1,000 is 36. All local authorities other than Monmouthshire are below the national average.

Figure 2.1.12 - Rate of people living with sight loss per 1,000 (2022)



When looking at the rate of those registered as blind or partially sighted per 100,000, Blaenau Gwent is significantly below the national figure of 417 (at 186) with Monmouthshire being higher at 574.

In 2023/24 there were 3,719 new referrals into the low vision service and 72.8% were from Optometrists³⁹.

2.1.3.7 Summary

All clinical conditions are expected to see an increase in the % prevalence in the next 20 years. These conditions are managed partly in the community and in secondary care. Consideration will need to be made to ensure that there is enough capacity in the system, workforce and robust services are put in place to manage this increase and minimise the impact on patients.

Planning can include clinical pathways where patients are seen and managed appropriately in the community, freeing up resources in secondary care for patients who require the specialised support. This includes commissioning more contractors to provide WGOS 3, 4 and 5 services.

2.1.4 Risk factors

When looking at risk factors for sight loss there are those that are both non-modifiable and modifiable risk factors. The prevalence of each eye health condition in this chapter are calculated using the Royal National Institute for the Blind People (RNIB) tool (2021)⁴⁰ which uses the prevalence model taken from the National Eye Health Epidemiological Model (NEHEM)⁴¹. The base prevalence rates are then applied to the most recent estimates and projections available from the relevant national statistics agency.

³⁹ [StatsWales low vision service](#)

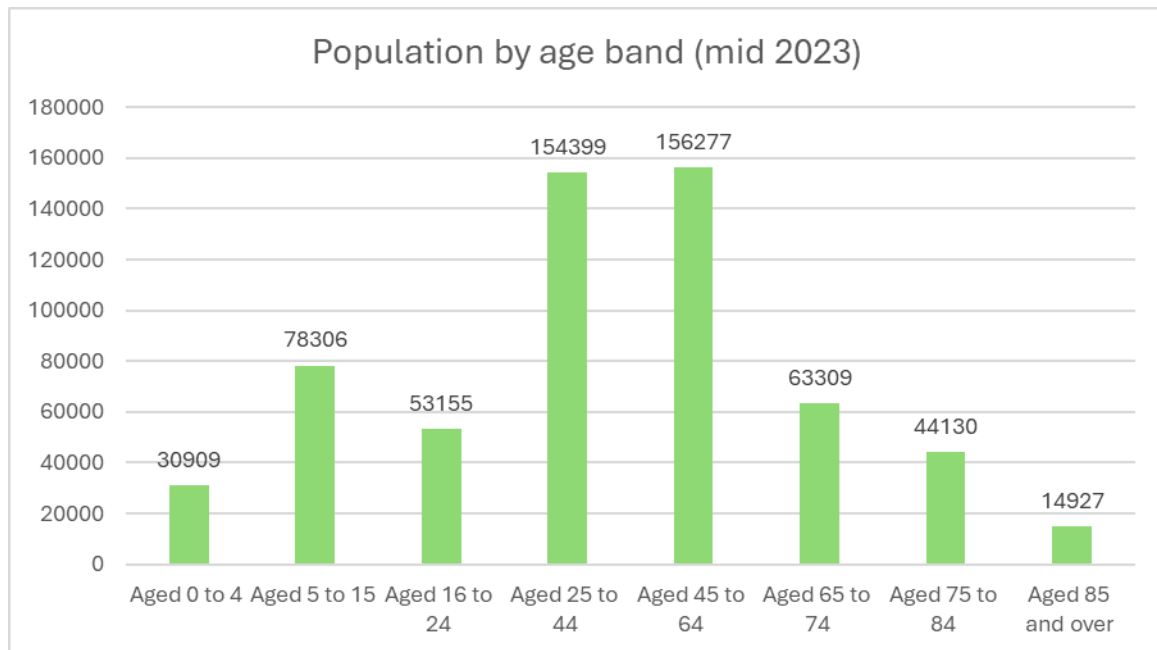
⁴⁰ [RNIB sight loss data tool](#)

⁴¹ [NEHEM](#)

2.1.4.1 Non-modifiable risk factors

Age is a significant factor with 79% of those affected with sight loss being over 65 and 32% of those over 85 being affected. Estimates for 2023 show that 107,699 (18%) people in Gwent were over 65. Which puts an estimated 85,000 patients affected with some form of eye health issues.

Figure 2.1.13 - Population by age band (mid 2023)



Gender - Females are generally more likely to be affected by sight loss (61%) than males (39%)⁴², with a higher frequency of cataracts⁴³ although diabetic retinopathy is more prevalent in males. In Gwent 303,328 of the population are female and 292,084 are male.

Ethnicity - South-East Asian populations are more likely to suffer from diabetes and to go on and develop diabetic eye diseases compared with those living with diabetes from other ethnic groups⁴⁴. Those from the African and African-Caribbean populations are at a greater risk of developing glaucoma. 3.7% of Gwent's population fall into these two ethnic groups.

Learning disabilities - It is estimated that 5.6% of children and young people with learning disabilities are blind or partially sighted. This equates to one in 18 children. For adults the estimated prevalence increases to 9.3%, meaning they are 10 times more likely to be blind or partially sighted than the general population⁴⁵. Adults with learning disabilities are unlikely to seek treatment more frequently or in a timelier fashion⁴⁶.

⁴² [RNIB sight loss data tool](#)

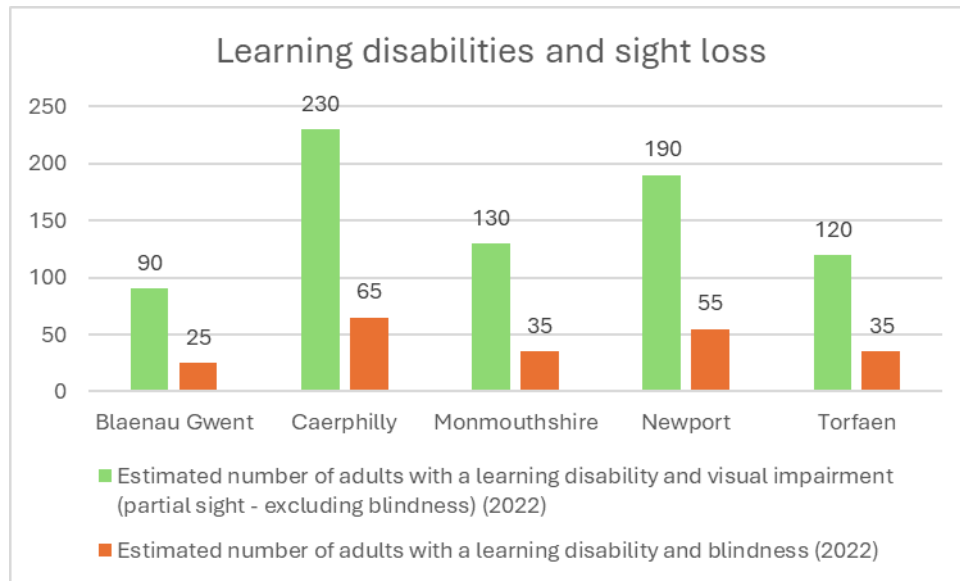
⁴³ [Ang and Afshari \(2021\)](#)

⁴⁴ [Holman et al \(2011\)](#)

⁴⁵ [RNIB learning disabilities](#)

⁴⁶ [McCulloch et al \(1996\)](#)

Figure 2.1.14 – Estimated number of adults with learning disabilities and sight loss



2.1.4.2 Modifiable factors and co-morbidities

Smoking - The link between smoking and the development of AMD is as strong as the link between smoking and lung cancer⁴⁷. With a smoker doubling their risk of developing AMD and earlier than a non-smoker. Smoking can also impact the severity of diabetes related eye health conditions as well as the development of cataracts⁴⁸. The prevalence of current smokers has seen a steady decrease over the last five years⁴⁹.

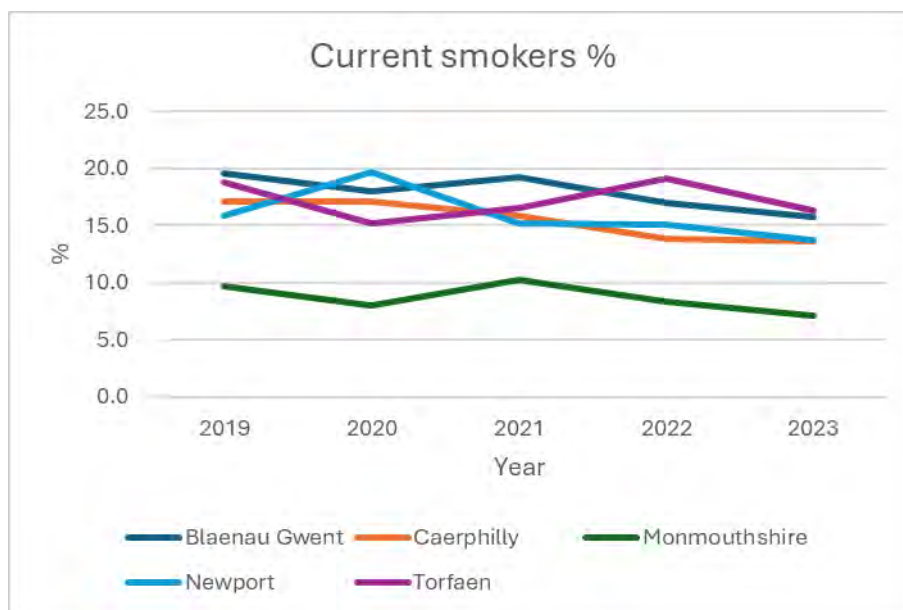
Rates of smoking are higher in the areas of greatest deprivation.

Figure 2.1.15 – Percentage of current smokers

⁴⁷ [Thornton et al \(2005\)](#)

⁴⁸ [Solberg, Rosner and Belkin \(1998\)](#)

⁴⁹ ons.gov.uk/smoking



Obesity – there is a strong link to the development of and management of diabetes including a deterioration of diabetic retinopathy⁵⁰. There is also a link to development of AMD and cataracts⁵¹. The prevalence in the local authorities of those overweight or obese, with the exception of Monmouthshire are above the Welsh average (60%).

Table 2.1.11 – Percentage of overweight or obese population

	% overweight or obese
Blaenau Gwent	70
Caerphilly	67
Monmouthshire	56
Newport	67
Torfaen	65

There are 42,278 patients with a recorded diagnosis of type 2 diabetes in ABUHB. There are an additional 1,368 with a HBA1c at a diagnostic level, but no recorded diagnosis, and a further 18,123 in a prediabetes range (QAIF 2021-2022)

⁵⁰ [Heidari \(2015\)](#)

⁵¹ Awareness of AMD and associated risk factors

Hypertension – this is a significant cause of sight loss. It affects the development of diabetic retinopathy. High Blood pressure also increases risk of strokes, vein and artery occlusion all of which can cause a sudden loss of vision in one eye⁵². For those patients who survive a stroke 60% of them will have some eye health issues⁵³ Hypertension has a number of risk factors including age, ethnicity, family history, overweight or obesity, lack of physical activity, tobacco use and high salt intake.

It is estimated that just over 100,819 adults in Gwent are on their GP hypertension register and that as many as 40,000 could be undiagnosed.

Table 2.1.12 – Estimated number of people that have a long-standing health condition due to a stroke

	Estimated number of people that have a long-standing health condition due to a stroke (2022) ⁵⁴
Blaenau Gwent	370
Caerphilly	960
Monmouthshire	660
Newport	720
Torfaen	520

Socioeconomic factors - a link has been shown between people on low income and living in deprivation on eye health, with three out of four blind or partially sighted people living in poverty or it's margins⁵⁵. Evidence shows an increase in Cataract rates⁵⁶. There are also links associated with deprivation and glaucoma, including the late presentation, the aggressiveness of the disease and outcome of blindness⁵⁷.

Dementia - It is estimated that 3,540 people live with dementia and significant sight loss in Gwent⁵⁸ (35% of all patients with dementia), which with an aging population will only increase. Gwent has a projected 16.7% increase in the population over 65 by 2034. Sight loss can worsen the symptoms of dementia as well as impacting on a person's quality of life and also increases the care needs of this group. Patients with dementia may be less likely to access eye care either for a sight test or for exploring symptoms.

⁵² [Do et al \(2015\)](#)

⁵³ [Rowe et al \(2013\)](#)

⁵⁴ [RNIB sight loss data tool](#)

⁵⁵ [RNIB.org.uk/report](#)

⁵⁶ [Ang and Asfhari \(2021\)](#)

⁵⁷ [Fraser et al \(2001\)](#)

⁵⁸ [RNIB sight loss data tool](#)

Falls - Falls and sight loss are closely linked. In 2022 3.7% of falls that required hospital treatment were directly attributable to a patient with sight loss and is estimated to cost 10% of the total costs of treatment for accidental falls⁵⁹.

2.1.4.3 Summary

Whilst there are a number of non-modifiable factors associated with sight loss, support to ensure that appropriate services are in place to help manage eye care conditions to minimise the impact sight loss. Where there are modifiable factors, it is important that eye health services are part of a wider health system and are included in care pathway design and planning, including preventative measures such as addressing unhealthy lifestyle behaviours, not just managed in isolation.

2.1.5 Contractors and activity

2.1.5.1 Provision of services

The following chapter provides information on the activity provided in Gwent as a whole and then at Neighbourhood Care Network (NCN) level. Data includes the number of contractors, the range and delivery of services available and the total hours of availability of services during the week across all contractors.

Recognising that patients have a choice of where they receive their care under WGOS1 and 2, activity for each NCN is also provided although we are unable to show if the patient is attending a contractor in the same NCN in which they live.

2.1.5.2 Contractors

Gwent has 60 contractors of eye health services across their 11 NCNs. Of this 54 provide services from registered premises, five are domiciliary only contractors and one domiciliary low vision service contractor.

Table 2.1.13 – Number of contractors

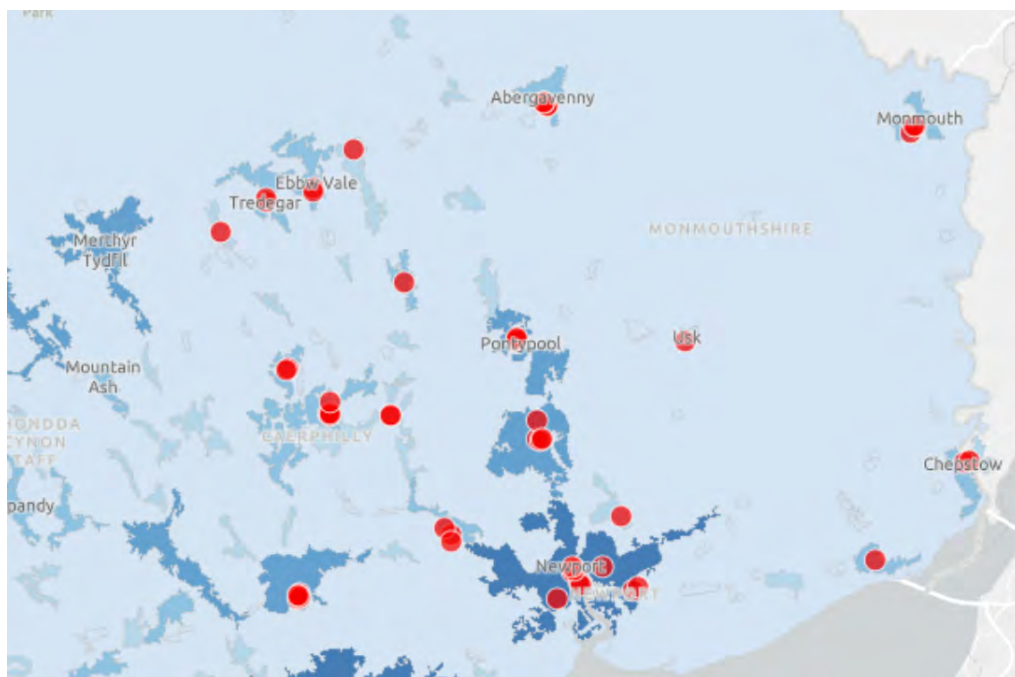
Local authority	NCN	Population	Practices
Blaenau Gwent	Blaenau Gwent East	67,356	2
	Blaenau Gwent West		4
			6
Caerphilly	Caerphilly East	176,437	9
	Caerphilly North		3
	Caerphilly South		5
			17
Monmouthshire	Monmouth North	94,572	8
	Monmouth South		3

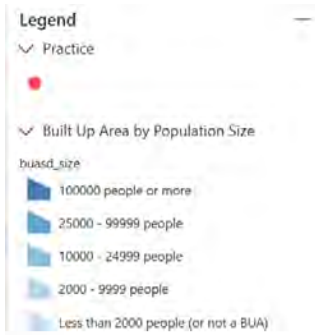
⁵⁹ [RNIB falls](#)

			11
Newport City	Newport East	163,628	4
	Newport West		8
			12
Torfaen	Torfaen North	93,419	3
	Torfaen South		4
			7
Domiciliary contractors	Domiciliary only contractor		5
	Contractors who have a fixed premise and a domiciliary services agreement.		6
	Domiciliary low vision service		1
			12

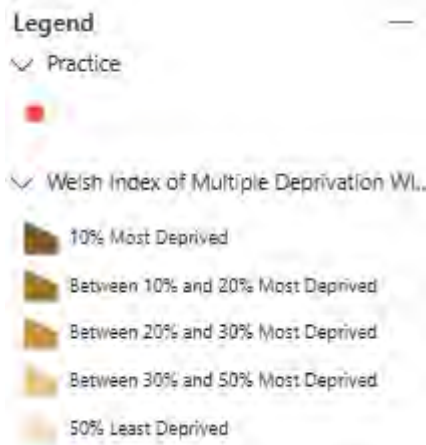
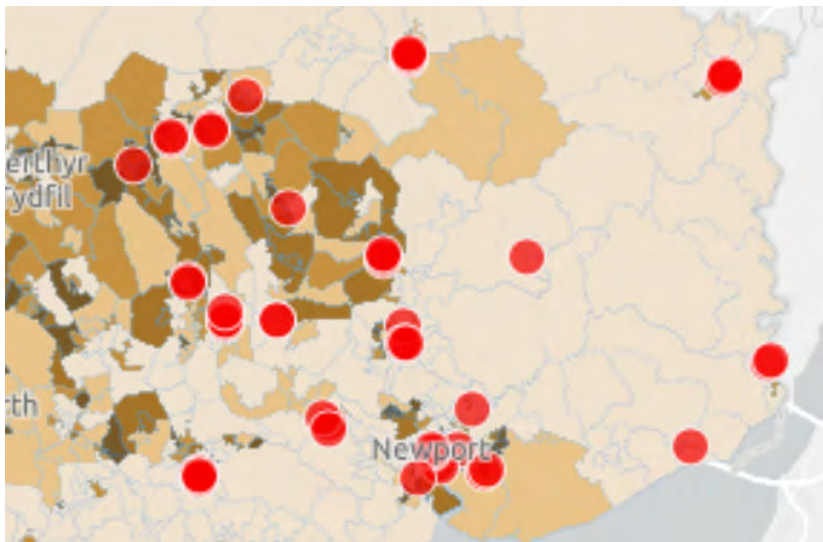
In the last five years 8 contracts were terminated by the contractor and two contractors merged their two contracts and relocated. One new contract has been placed. Five of the contractors provided a low vision service.

Map 2.1.9 - all contractors (excluding domiciliary only contractors) against population density





Map 2.1.10 all contractors (excluding domiciliary only contractors) against deprivation



WGOS 3-5 are based on a referral basis, this could be from another clinician or self-referred. An NCN may not have a contractor of one or more of these services. A breakdown of these figures is included in each of the NCN sections.

Across Gwent there are 35 contractors of WGOS3 services, 11 contractors of WGOS4 - Glaucoma (previously the Ophthalmic Diagnostic and Treatment Centre (ODTC)), 25 who provide WGOS4 Medical Retina. There are 2 contractors doing WGOS4 HCQ and 22 who provide WGOS5 services. Gwent has 1 contractor of the

Wet AMD referral refinement scheme which is based in Newport, as part of the changes to the services under the new regulations this service will not be continued.

2.1.5.3 Activity

In 2023/24 over 162,000 sight tests to all eligible persons were provided in Gwent, of these just under 5,800 (3.54% of all sight tests) were provided for as a domiciliary sight test. This equates to 27.37% of the Gwent population accessing a sight test. This is slightly lower than the overall position for Wales at 29.29%.

It is not known how many of the population are eligible for a sight test but chose either not to access a sight test or seek a private sight test instead.

Activity has recovered well since 2020/21 where service was impacted due to Covid-19 and more patients received a sight test either at a registered premises (an increase of 3.34%) or domiciliary (an increase of 9.54%) in 2023/24 than they did in 2019/20⁶⁰. This is against a population increase of 1.87% between 2019 and 2023.

Table 2.1.14 Sight tests, fixed and domiciliary premises

	201920	202021	202122	202223	202324
Sight test from registered premises	152,026	67,561	146,693	150,067	156,907
Domiciliary sight test	5,215	1,579	4,070	4,252	5,765
Total	157,241	69,140	150,763	154,319	162,672

An assumption has been made that a patient has their sight test in the same local authority where they live therefore the percentage of the population by local authority who had a sight test are:

Table 2.1.15 % population who receive and NHS sight test

	Population	% who received NHS sight test
Blaenau Gwent	67,356	21.5
Caerphilly	176,437	27.1
Monmouthshire	94,572	27.5
Newport	163,628	23.9
Torfaen	93,419	28.5

⁶⁰ [StatsWales sight tests](#)

Figure 2.1.16 – Total sight tests 2019/20 – 2023/24

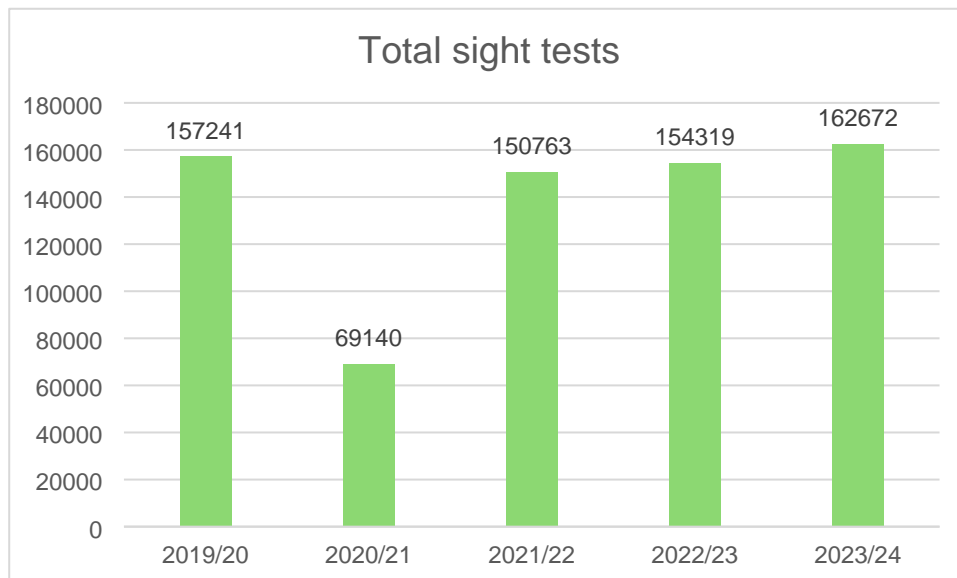
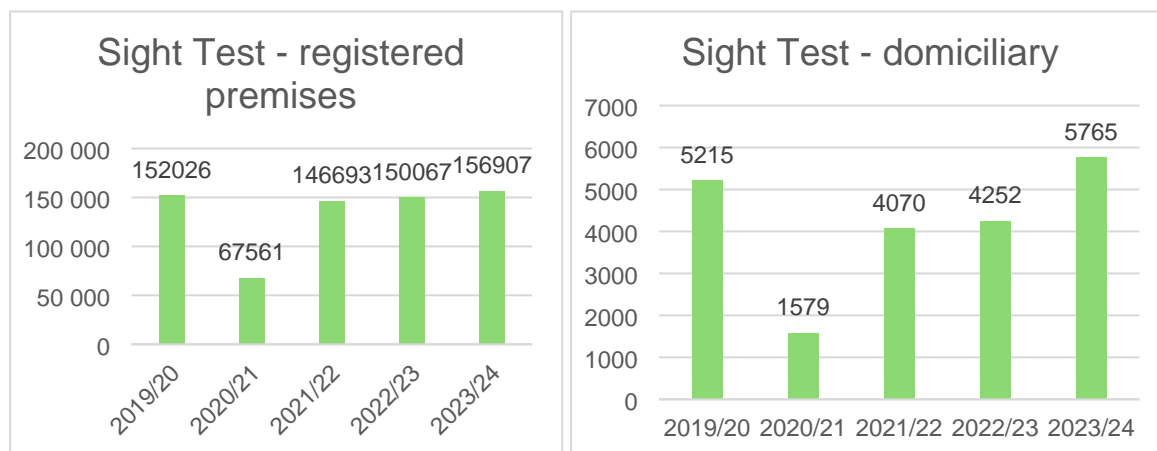


Figure 2.1.17 – Sight tests from registered premises 2019/20 – 2023/24

Figure 2.1.18 – Domiciliary sight tests 2019/20 – 2023/24



Sight tests provided by eligibility grouping

The change in claiming by eligibility shows small % increases in those under 18 and a small % decrease in those over 60. Larger % changes are seen in other groups, especially those eligible due to financial support reasons, which has seen an overall decrease of 51.12%.

Table 2.1.16 – Sight tests by eligibility

	2019/20	2023/24	% change

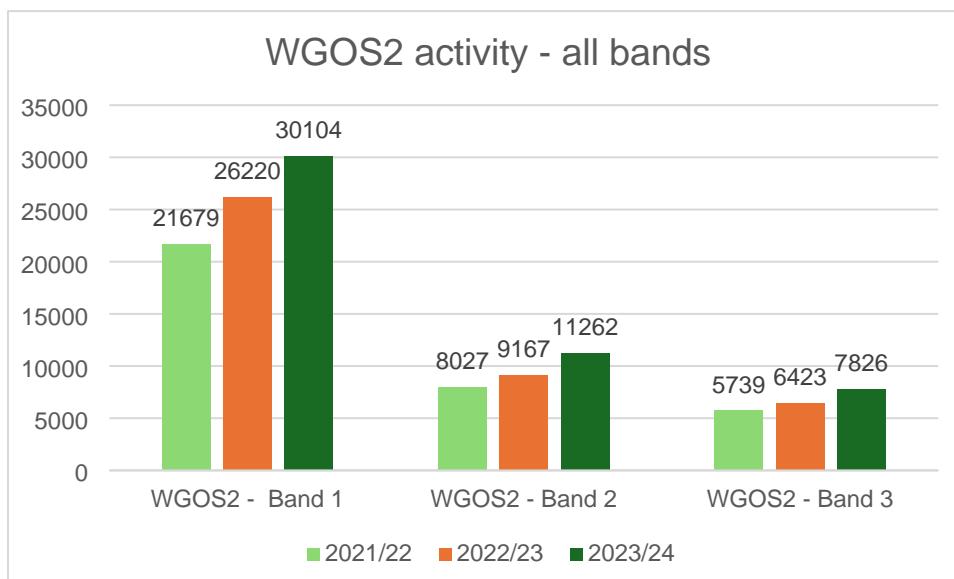
Total eligible patients	157,241	162,672	3.34
Persons aged 60 and over	82,722	82,261	-0.56
Children aged 15 or under	37,960	39,005	2.68
Students aged 16 - 18	4,551	4,601	1.09
Adults receiving Income Support	8,602	3,400	-153
Adults receiving Tax Credit	6,302	4,501	-40.01
Adults receiving Job Seekers Allowance	1,900	3,000	36.67
Adults holding a low-income certificate	350	450	22.22
Registered blind/partially sighted*	250	100	-150
Diabetics/glaucoma sufferers	4,751	4,751	0.00
Persons requiring complex lenses	300	550	45.45
Close relatives aged 40 and over of glaucoma sufferers	6,252	7,301	14.37

	2019/20	2023/24	% change
Adults receiving Income Support	8,602	3,400	-153
Adults receiving Tax Credit	6,302	4,501	-40
Adults receiving Job Seekers Allowance	1,900	3,000	36.67
Adults holding a low-income certificate	350	450	22.22
Total	17,154	11,351	-51.12

WGOS 2 – bands 1, 2 and 3

The provision of WGOS 2 (previously EHEW bands 1-3) has seen a significant increase during the previous three years across all bands, where the % change for each band is 28%, 28.7% and 26.7% respectively.

Figure 2.1.19 – WGOS2 activity



WGOS3

1,466 patients accessed the low vision service in 2023/24 which saw a small decrease from those accessing in 2022/23 (1,572) but was similar to those in 2021/22 (1,456).

WGOS4

The WGOS 4 Referral Filtering service was launched within Gwent in November 2024. 493 claims have been made to date. Data reported for Glaucoma below is based on the ODTG Glaucoma service.

Table 2.1.17 – ODTG Glaucoma

	2021/22	2022/23	2023/24
Blaenau Gwent	603	559	517
Caerphilly	793	1,322	1,905
Monmouthshire	591	606	627
Newport	1,281	1,181	1,083
Torfaen	377	756	1,255
Total	3,645	4,424	5,387

Table 2.1.18 WGOS 4 claims

Total WGOS 4 Claims - Dec 2024- Feb 2025					
Cluster	Med Ret Monitoring	Med Ret Filtering	Glaucoma Monitoring Claims	Glaucoma filtering Claims	Total Claims

Blaenau Gwent	0	14	0	6	20
Caerphilly	2	83	0	64	149
Monmouthshire	0	42	0	27	69
Newport	1	86	0	143	230
Torfaen	0	13	0	12	25

Torfaen and Caerphilly have seen a significant increase in patients seen in the ODTG service in the last three years, whereas Blaenau Gwent and Newport have seen small decreases.

WGOS5

Provision of care which can be provided for by an independent prescriber (IPOS) was introduced in 2023 and for the year 2023/24 a total of 988 IPOS claims were made. Up until February 2025, a total of 5390 claims have been made in 2024/25.

2.1.6 Neighbourhood Care Network provision

Data used in this section is based on locally reported data and as such there are small discrepancies to the totals reported on StatsWales.

No information is available on where patients live versus where they attended a premises for a sight test or other eye-health care.

2.1.6.1 Blaenau Gwent East NCN

There are two contractors of WGOS services from registered premises based in Blaenau Gwent East with one contractor also providing domiciliary services. Both contractors are situated in the main towns of Abertillery and Brynmawr. According to the 2021 census, Abertillery has a population of 10,252 and Brynmawr 5,250. Both the towns are within the 20-30% most deprived areas in Wales. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Blaenau Gwent East had one contract terminated by the contractor in December 2023.

Map 2.1.11 - Blaenau Gwent East contractors by rurality

Map 2.1.12 - Blaenau Gwent East contractors by deprivation

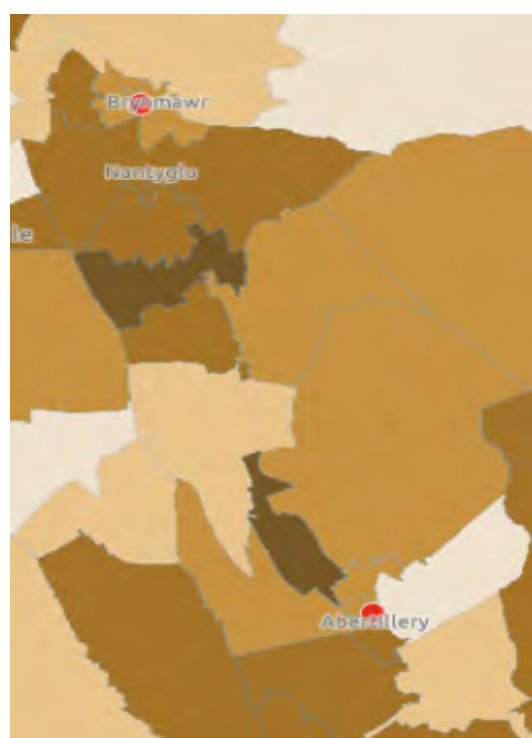
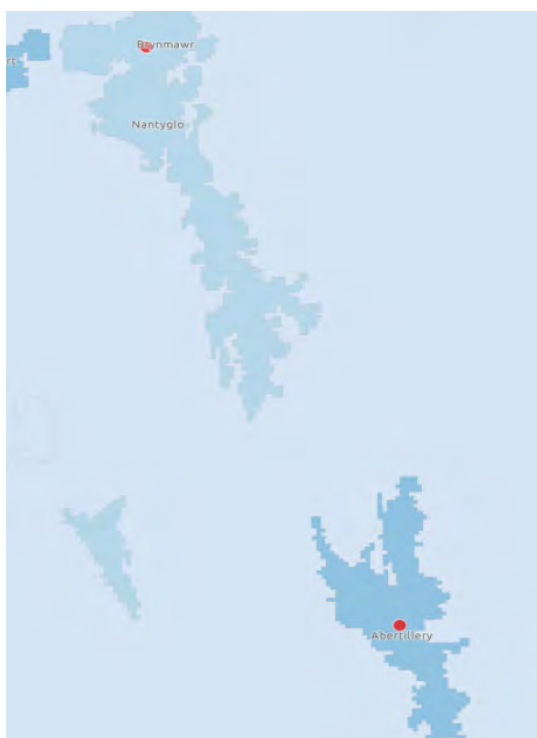


Table 2.1.19 – Blaenau Gwent East contractors and number of claims

Service	Number of Practices	Number of claims 2023/24
WGOS 1	2	4684
WGOS 2	2	
Band 1		2,121
Band 2		425
Band 3		397
WGOS 3	2	79
WGOS 4 - Glaucoma (previously ODTG)	0	0
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	2	
WGOS 5	2	114
Domiciliary	1	41

Please note that the number of domiciliary sight tests could have been provided by any of the 13 domiciliary contractors in Gwent.

Table 2.1.20 – Blaenau Gwent East sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	5,557	67
2022/23	3,206	83
2023/24	4,684	41

Blaenau Gwent East saw a 32% (1,478) increase in the number of sight tests performed from 2022/23 (registered premises) and a 50% decrease in the number of domiciliary sight tests.

Primary eye health services are available:

Table 2.1.21 – Blaenau Gwent East hours of services

	Hours available
Monday	15
Tuesday	15
Wednesday	15
Thursday	15
Friday	15
Saturday	7
Sunday	0
Total	92

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.00 and 12.30. No service is available on a Sunday.

2.6.2 Blaenau Gwent West NCN

There are four contractors of WGOS services from registered premises in Blaenau Gwent West, with one contractor also providing domiciliary services. The practices are located in the towns of Ebbw Vale and Tredegar. Ebbw Vale has a population of 19,633 and is between the 20-30% most deprived whilst Tredegar is in the 10-20% most deprived areas of Wales and has a population of 14,529. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Map 2.1.13 - Blaenau Gwent West contractors by rurality

Map 2.1.14 - Blaenau Gwent West contractors by deprivation

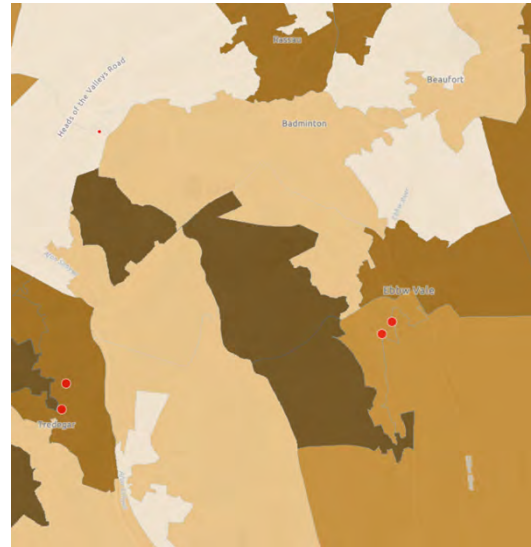
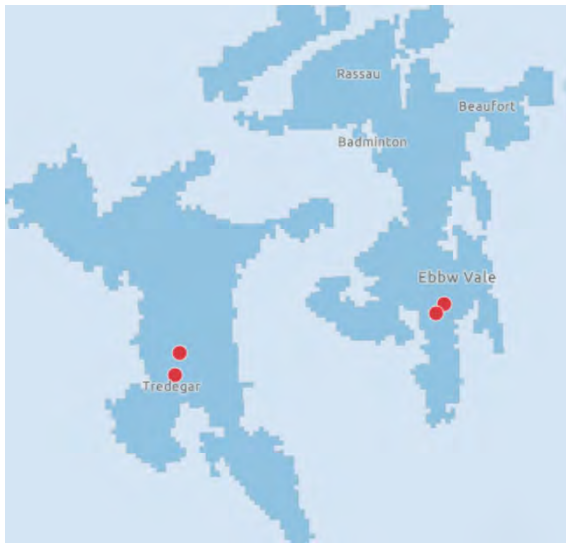


Table 2.1.22 – Blaenau Gwent West contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	4	9,790
WGOS 2	4	
Band 1		1,558
Band 2		665
Band 3		388
WGOS 3	3	85
WGOS 4 - Glaucoma (previously ODTC)	1	517
WGOS 4 – Medical Retina	1	
WGOS 4 – HCQ	0	
WGOS 5	2	258
Domiciliary	1	48

Table 2.1.23 – Blaenau Gwent West sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	8,866	29
2022/23	8,452	18
2023/24	9,790	48

Blaenau Gwent West saw a 14% (1338) increase in the number of sight tests performed from 2022/23 (registered premises) and a 62% increase in the number of domiciliary sight tests (+30).

Primary eye health services are available:

Table 2.1.24 – Blaenau Gwent West hours of services

	Hours available
Monday	22
Tuesday	24
Wednesday	24
Thursday	29
Friday	22
Saturday	18
Sunday	0
Total	139

The earliest start time on a weekday is 09.00 and latest finish us 18.00. On Saturday it is 09.00 and 16.30. No service is available on a Sunday.

2.6.3 Caerphilly East NCN

There are nine contractors of WGOS services from registered premises in Caerphilly East and no domiciliary contractors who are based in Caerphilly East. The practices are located in the towns of Blackwood (population 12,615), Newbridge (7,586) and Risca (15,197). The towns are in the 30-50% most deprived areas in Wales. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Caerphilly East had one contract terminated by the contractor in April 2022.

Map 2.1.15 - Caerphilly East contractors by rurality

Map 2.1.16 - Caerphilly East contractors by deprivation

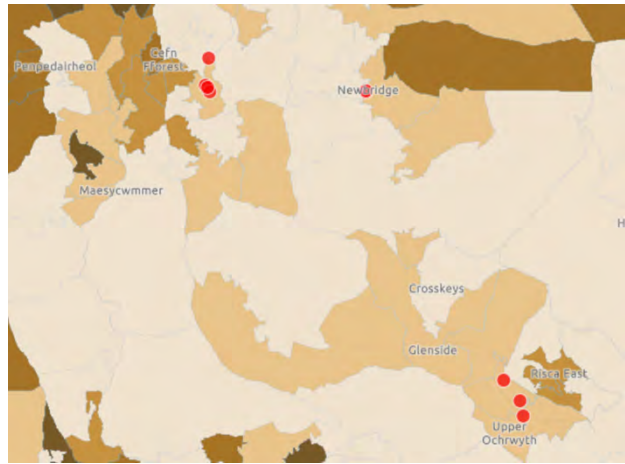


Table 2.1.25 – Caerphilly East contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	9	22,865
WGOS 2	9	
Band 1		3,975
Band 2		1,586
Band 3		1,081
WGOS 3	7	165
WGOS 4 - Glaucoma (previously ODTC)	1	1,162
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	0	
WGOS 5	2	49
Domiciliary	0	1

Table 2.1.26 – Caerphilly East sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	20,252	2
2022/23	21,350	1

2023/24	22,865	1
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Caerphilly East saw a 7% (1515) increase in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary sight tests remained the same.

Primary eye health services are available:

Table 2.1.27 – Caerphilly East hours of services

	Hours available
Monday	70.6
Tuesday	6
Wednesday	65
Thursday	72.1
Friday	50
Saturday	35.5
Sunday	6
Total	363.2

The earliest start time on a weekday is 08.30 and latest finish us 17.30. On Saturday it is 09.00 and 17.30, for Sunday it is 10.00 and 16.00.

2.6.4 Caerphilly North NCN

There are three contractors of WGOS services from registered premises in Caerphilly North and one domiciliary contractor based in Caerphilly North. One practice is located in Rhymney and two in Bargoed. Rhymney with a population of 4,989 is in the 10% most deprived areas in Wales, whilst Bargoed (8,030) is between 30-50% most deprived. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Caerphilly North had one contract terminated by the contractor in April 2024.

Map 2.1.17 - Caerphilly North contractors by rurality

Map 2.1.18 - Caerphilly North contractors by deprivation



Table 2.1.28 – Caerphilly North contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	3	4,832
WGOS 2	3	
Band 1		769
Band 2		489
Band 3		343
WGOS 3	3	54
WGOS 4 - Glaucoma (previously ODTC)	1	0
WGOS 4 – Medical Retina	3	
WGOS 4 – HCQ	0	
WGOS 5	1	0
Domiciliary	1	27

Table 2.1.29 Caerphilly North sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	5,148	20
2022/23	4,633	27
2023/24	4,832	27

Caerphilly North saw a 4% (199) increase in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary sight tests remained the same.

Primary eye health services are available:

Table 2.1.30 – Caerphilly North hours of services

	Hours available
Monday	23.5
Tuesday	23.5
Wednesday	23.5
Thursday	23.5
Friday	23.5
Saturday	6.5
Sunday	0
Total	124

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.30 and 13.00. No service is available on a Sunday.

2.6.5 Caerphilly South NCN

There are five contractors of WGOS services from registered premises in Caerphilly South and no domiciliary contractors who are based in Caerphilly South. All five contractors are in the town of Caerphilly, what has a population of 175,952 and is between 30-50% most deprived areas in Wales. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Map 2.1.19 - Caerphilly South contractors by rurality

Map 2.1.20 - Caerphilly South contractors by deprivation

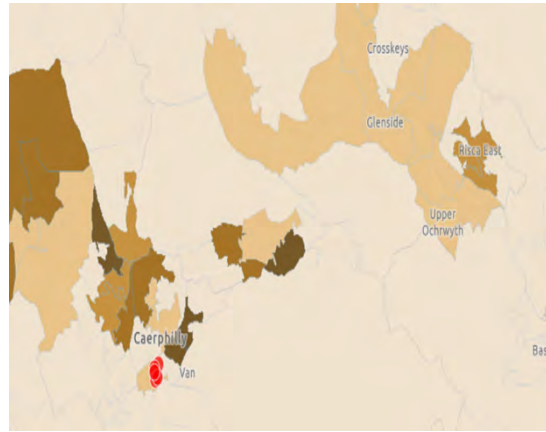


Table 2.1.31 – Caerphilly South contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	5	20,074
WGOS 2	5	
Band 1		4,603
Band 2		1,546
Band 3		1,505
WGOS 3	4	132
WGOS 4 - Glaucoma (previously ODTTC)	1	743
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	0	
WGOS 5	2	135
Domiciliary	0	0

Table 2.1.32 - Caerphilly South sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	15,453	14
2022/23	18,970	6
2023/24	20,074	0

Caerphilly South saw a 5% (1104) increase in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary reduced to 0.

Primary eye health services are available:

Table 2.1.33 - Caerphilly South hours of services

	Hours available
Monday	22.75
Tuesday	35.75
Wednesday	35.75
Thursday	22.75
Friday	29.75
Saturday	22.25
Sunday	8.25
Total	177.25

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.00 and 17.15, for Sunday it is 09.00 and 17.15.

2.6.6 Monmouthshire North NCN

There are eight contractors of WGOS services from registered premises in Monmouthshire North and no domiciliary contractors who are based in Monmouthshire North. There are four contractors in the town of Abergavenny (population 13,691) three in Monmouth (10,317) and one located in Usk (2,629). Whilst Abergavenny has areas which are both in the least 50% of deprived areas but also in the 30-50% most deprived, the contractors are set in the former area. Monmouth and Usk contractors are located in areas which sit in the least 50% deprived areas in Wales. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Monmouthshire North had three contracts terminated by the contractor in November 2019, March 2022 and March 2023. One contractor merged with another contractor in March 2024 and moved their premises to Newport.

Map 2.1.21 - Monmouthshire North contractors by rurality

Map 2.1.22 - Monmouthshire North contractors by deprivation

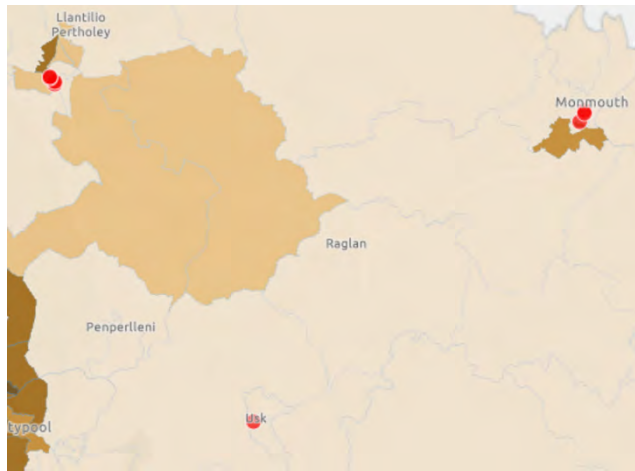
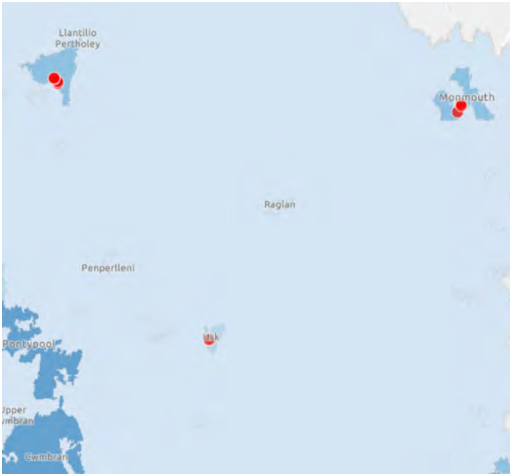


Table 2.1.34 – Monmouthshire North contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	8	18,852
WGOS 2	8	
Band 1		2,843
Band 2		979
Band 3		713
WGOS 3	4	161
WGOS 4 - Glaucoma (previously ODTC)	1	627
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	1	
WGOS 5	2	38
Domiciliary	0	4

Table 2.1.35 - Monmouthshire North sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	21,406	13
2022/23	19,896	11

2023/24	18,852	4
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Monmouthshire North saw a 5% (1044) decrease in the number of sight tests performed from 2022/23 (registered premises) and the number of domiciliary sight tests decreased by 175%

Primary eye health services are available:

Table 2.1.36 - Monmouthshire North hours of services

	Hours available
Monday	49.5
Tuesday	53
Wednesday	49.5
Thursday	57.5
Friday	53.5
Saturday	36.5
Sunday	13
Total	312.5

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 08.30 and 17.30, for Sunday it is 09.00 and 16.00.

2.6.7 Monmouthshire South NCN

There are three contractors of WGOS services from registered premises in Monmouthshire South and one domiciliary contractor based in Monmouthshire South.

Two contractors are located in the town of Chepstow and one in Caldicot. The contractors in Chepstow serve a population of 11,934 and are within the areas in the 30-50% most deprived, whilst Caldicot (9,813) is in the 20-30% bracket. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Map 2.1.23 - Monmouthshire South contractors by rurality

Map 2.1.24 - Monmouthshire South contractors by deprivation

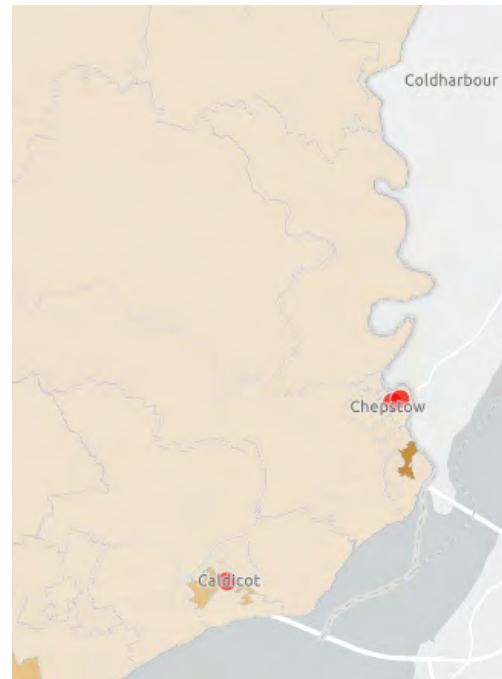


Table 2.1.37 – Monmouthshire South contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	3	7,126
WGOS 2	3	
Band 1		1,374
Band 2		522
Band 3		346
WGOS 3	1	20
WGOS 4 - Glaucoma (previously ODTG)	0	0
WGOS 4 – Medical Retina	1	
WGOS 4 – HCQ	1	
WGOS 5	1	40
Domiciliary	1	20

Table 2.1.38 - Monmouthshire South sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	8,108	8
2022/23	7,659	16
2023/24	7,126	20

Monmouthshire South saw a 7% (533) decrease in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary sight tests increased by 20%.

Primary eye health services are available:

Table 2.1.39 - Monmouthshire South hours of services

	Hours available
Monday	23
Tuesday	23
Wednesday	23
Thursday	25
Friday	23
Saturday	14.5
Sunday	0
Total	131.5

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.00 and 17.30. No service is available on a Sunday.

2.6.8 Newport East NCN

There are five contractors of WGOS services from registered premises in Newport East and no domiciliary contractors who are based in Newport East.

One contractor is located in Caerleon with the other contractors in Newport city itself. Caerleon has a population of 7,967 and is in the 50% least deprived but the locations of the practices in Newport East sit within the 10% most deprived areas and serve a population of 11,644. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Map 2.1.25 - Newport East contractors by rurality

Map 2.1.26 - Newport East contractors by deprivation

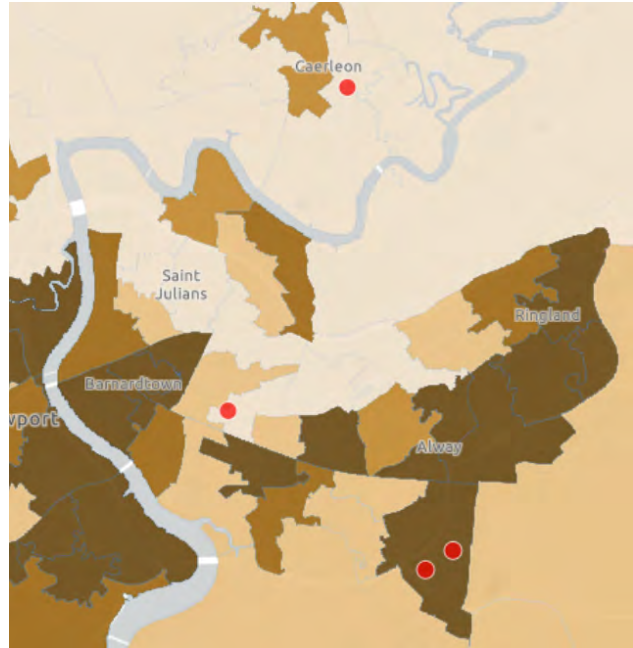


Table 2.1.40 – Newport East contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	4	17,251
WGOS 2	4	
Band 1		4,255
Band 2		1,789
Band 3		898
WGOS 3	2	83
WGOS 4 - Glaucoma (previously ODTG)	0	0
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	0	
WGOS 5	2	220
Domiciliary	0	1

Table 2.1.41 - Newport East sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	13,950	0
2022/23	14,608	1
2023/24	17,251	1

Newport East saw a 15% (2643) increase in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary sight tests stayed the same.

Primary eye health services are available:

Table 2.1.42 - Newport East hours of services

	Hours available
Monday	33
Tuesday	25.5
Wednesday	33
Thursday	33
Friday	25.5
Saturday	20
Sunday	6
Total	176

The earliest start time on a weekday is 09.00 and latest finish us 18.00. On Saturday it is 09.00 and 17.00, for Sunday it is 09.30 and 15.30.

2.6.9 Newport West NCN

There are eight contractors of WGOS services from registered premises in Newport West and one domiciliary contractor who is based in Newport West.

One contractor is based on the outskirts of the city with the remaining seven all in the city itself. Newport West has a population of 159,600. One contractor is between the 10 and 20% most deprived but all remaining contractors sit within a 10% most deprived area. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Newport West had one contract terminated by the contractor in February 2023.

Map 2.1.27 - Newport West contractors by rurality

Map 2.1.28 - Newport West contractors by deprivation

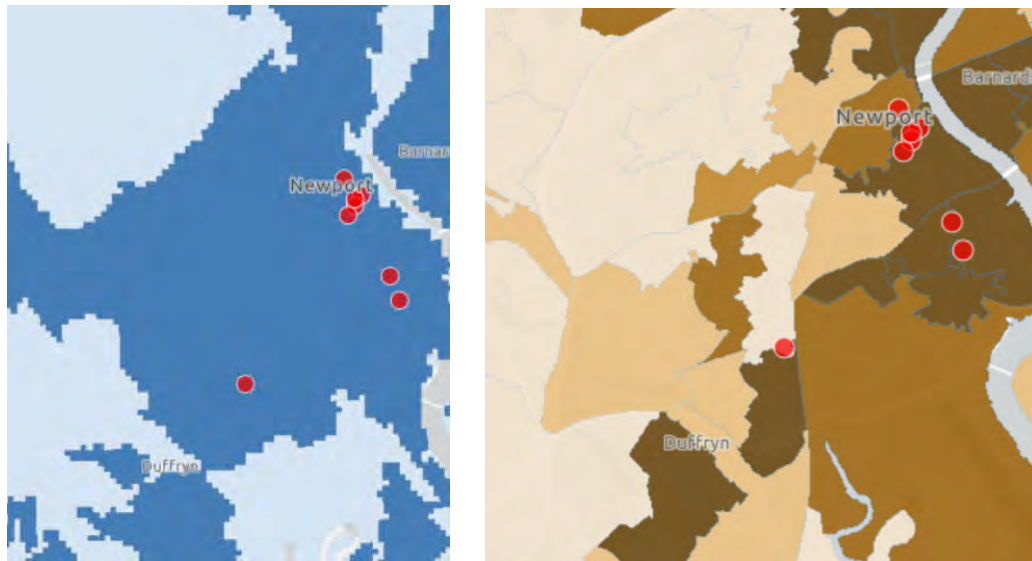


Table 2.1.43 – Newport West contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	8	21,783
WGOS 2	8	
Band 1		4,582
Band 2		1,676
Band 3		1,156
WGOS 3	4	317
WGOS 4 - Glaucoma (previously ODTG)	2	1083
WGOS 4 – Medical Retina	5	
WGOS 4 – HCQ	4	
WGOS 5	4	144
Domiciliary		363

Table 2.1.44 - Newport West sight test claims

	Sight Test	Domiciliary Sight Test

2021/22	20,822	354
2022/23	20,990	382
2023/24	21,783	363

Newport West saw a 4% (793) increase in the number of sight tests performed from 2022/23 (registered premises) but the number of domiciliary sight tests decreased by 5% (19).

Newport West provides the Wet AMD referral refinement scheme which in 2021/22 provided 1529 referrals and 1371 in 2023/24 (data is not available for 2022/23).

Primary eye health services are available:

Table 2.1.45 - Newport West hours of services

	Hours available
Monday	49.5
Tuesday	62
Wednesday	58
Thursday	41.5
Friday	54
Saturday	31.75
Sunday	0
Total	296.75

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.00 and 17.00. No service is available on a Sunday.

2.6.10 Torfaen North NCN

There are three contractors of WGOS services from registered premises in Torfaen North and no domiciliary contractors who are based in Torfaen North. All three contractors are located in the town of Pontypool, serving a population of 29,062, all practices sit in the 20 – 30% most deprived. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Torfaen North had one contract terminated in January 2022.

Map 2.1.29 - Torfaen North contractors by rurality

Map 2.1.30 - Torfaen North contractors by deprivation

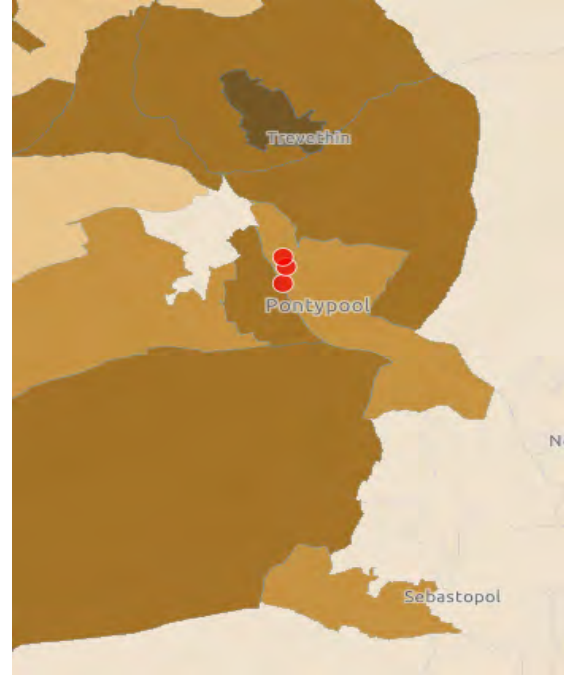
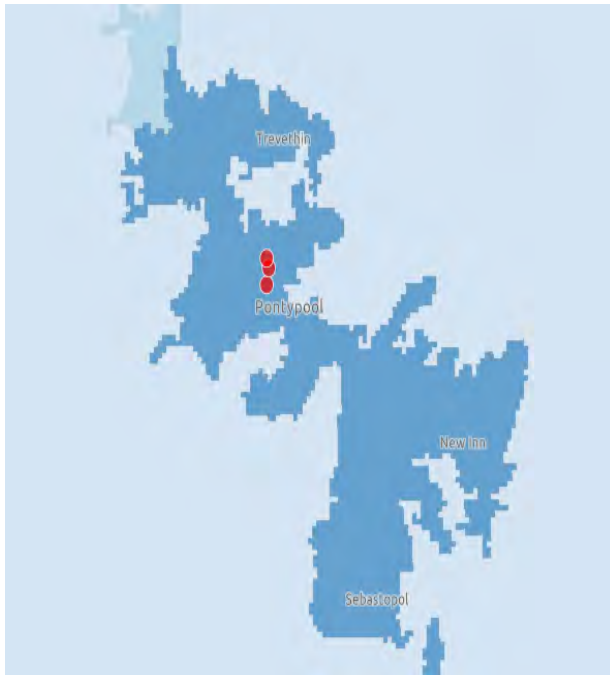


Table 2.1.46 – Torfaen North contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	3	6,640
WGOS 2	3	
Band 1		1,146
Band 2		660
Band 3		256
WGOS 3	2	55
WGOS 4 - Glaucoma (previously ODTC)	0	1255
WGOS 4 – Medical Retina	2	
WGOS 4 – HCQ	0	
WGOS 5	1	0
Domiciliary	0	0

Table 2.1.47 - Torfaen North sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	8,003	0
2022/23	6,077	0
2023/24	6,640	0

Torfaen North saw an 8% (563) increase in the number of sight tests performed from 2022/23 (registered premises) no domiciliary sight tests were undertaken, but this is standard for this NCN.

Primary eye health services are available:

Table 2.1.48 - Torfaen North hours of services

	Hours available
Monday	24
Tuesday	24
Wednesday	24
Thursday	19.5
Friday	16.5
Saturday	8.5
Sunday	0
Total	116.5

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 09.00 and 17.30. No service is available on a Sunday.

2.6.11 Torfaen South NCN

There are four contractors of WGOS services from registered premises in Torfaen South and one domiciliary contractor who is based in Torfaen South. One contractor is located in Pontnewydd which has a population of 7,136 and is in the least 50% deprived area. The remaining three are all located in the town of Cwmbran which sits in a 10-20% most deprived area and services a population of 46,915. It is recognised though that some patients will live in the local authority area but not in the towns or cities.

Torfaen South had one contract terminated in June 2022

Map 2.1.31 - Torfaen South contractors by rurality

Map 2.1.32 - Torfaen South contractors by deprivation



Table 2.1.49 – Torfaen South contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	4	19,953
WGOS 2	4	
Band 1		2,871
Band 2		897
Band 3		739
WGOS 3	1	68
WGOS 4 – Glaucoma (previously ODTG)	0	0
WGOS 4 – Medical Retina	0	
WGOS 4 – HCQ	0	
WGOS 5	0	0
Domiciliary	1	103

Table 2.1.50 - Torfaen South sight test claims

	Sight Test	Domiciliary Sight Test
2021/22	19,121	111
2022/23	18,771	117
2023/24	19,953	103

Torfaen South saw a 6% (1182) increase in the number of sight tests performed from 2022/23 (registered premises) but a 14% decrease in domiciliary sight tests.

Primary eye health services are available:

Table 2.1.51 - Torfaen South hours of services

	Hours available
Monday	32.5
Tuesday	32.5
Wednesday	29
Thursday	33.5
Friday	33.5
Saturday	29
Sunday	8.5
Total	198.5

The earliest start time on a weekday is 09.00 and latest finish us 17.30. On Saturday it is 08.30 and 17.30, for Sunday it is 08.30 and 17.00

2.6.12 Domiciliary contractors

There are 12 domiciliary contractors providing services for the population of Gwent. A patient in Gwent can request a domiciliary sight test from any domiciliary contractor regardless of where they live or where the domiciliary contractor is located.

Six of these are national organisations are organisations whose head offices are located outside of the Gwent boundary.

Six are located within individual NCNs:

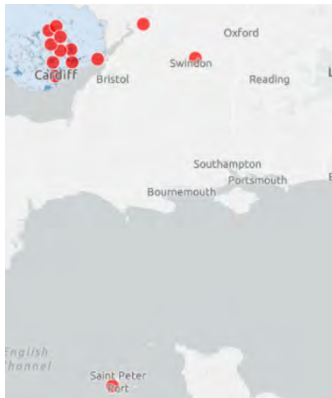
Blaenau Gwent East

Blaenau Gwent West

Caerphilly North
 Monmouth South
 Newport West
 Torfaen South

One domiciliary contractor is a low vision service only.

Map 2.1.33 – Domiciliary providers based on home office



Gwent based domiciliary contractors.

Map 2.1.34 – Gwent based domiciliary providers by rurality

Map 2.1.35 – Gwent based domiciliary providers by deprivation

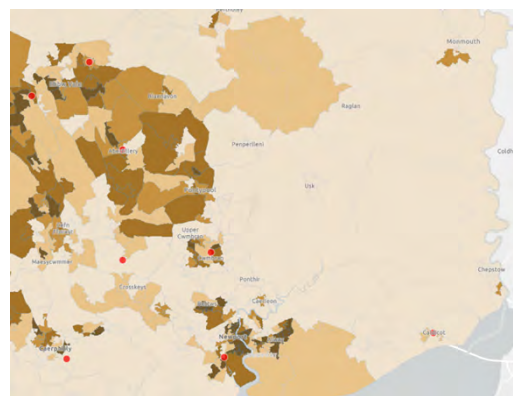


Table 2.1.52 – Torfaen South contractors and number of claims

Service	Number of contractors	Number of claims 2023/24
WGOS 1	12	4,692
WGOS 2	12	
Band 1		7

Band 2		28
Band 3		4
WGOS 3	6	268
WGOS 4 – Glaucoma (previously ODTC)	0	0
WGOS 4 – Medical Retina	0	0
WGOS 4 – HCQ	0	0
WGOS 5	0	0

Table 2.1.53 – Domiciliary contractor (only) sight test claims

	Domiciliary Sight Test
2021/22	3,452
2022/23	3,583
2023/24	4,692

There was an 23% increase in the number of domiciliary sight tests performed from 2022/23.

2.6.13 Work force

Following four years of the numbers of ophthalmic practitioners (both optometrists and OMPs) increasing there was a small decline in 2024.

Table 2.1.54 – Workforce

As at	Number of Optometrists and OMPs
31 March 2020	157
31 March 2021	167
31 March 2022	181
31 March 2023	195
31 March 2024	192

2.6.14 Welsh language

Data from the quality in optometry responses show that Welsh language is available from half the practices in Blaenau Gwent West, Monmouthshire North (one practice out of eight), Newport West (one practice out of eight) and Torfaen South (one practice out of four). It is partly available in one practice in Blaenau Gwent East (out of two) and partly from one domiciliary only contractor.

2.6.15. Growth

Sight tests

Based on population projections for 2034 and 2043 and with the current % population of those who receive a sight test and if there is no change in the overall eligibility of patients, a further 1,493 sight tests will be required by 2034 and a further 2,244 by 2043, giving a total 3,737 required in the next 20 years. Of these 91 would be domiciliary sight tests, 77 from domiciliary only contractors.

Table 2.1.55 – Extra sight tests by 2034 and 2043

Sight tests – all	2023	2034	2034 Extra	2043	2043 Extra	Total extra
Blaenau Gwent	14,539	14,617	78	14,624	86	164
Caerphilly	47,799	48,287	488	48,395	596	1,084
Monmouthshire	26,002	26,321	319	26,472	470	789
Newport	39,398	39,724	326	40,091	693	1,019
Torfaen	26,696	26,932	236	27,065	369	605
Domiciliary only	4,692	4,739	47	4,769	30	77
			1,493		2,245	3,738

However, as we know that the population is ageing and those over 65 increasing by 16.7% by 2034 and with 50% of sight tests given to those over 60 then we can predict that this figure could increase by a further 312 sight tests by 2043.

Alongside the projected increase in population there is a projected increase in patients with co-morbidities who may not currently sit within any of the eligibility groups but may do so in the future. Therefore, the expected growth in the requirement of sight tests is likely to be higher than that stated in this section.

Table 2.1.56 – Predicted growth in population and the corresponding eligibility for sight tests

	% Population growth		% who have sight test is	% increase in population accessing NHS Sight test	
	2034	2043		2034	2043
Blaenau Gwent	2.48	2.73	21.5	0.53	0.59
Caerphilly	3.76	4.60	27.1	1.02	1.25
Monmouthshire	4.46	6.58	27.5	1.23	1.81
Newport	3.46	7.36	23.9	0.83	1.76
Torfaen	3.10	4.85	28.5	0.88	1.38
Domiciliary (whole Gwent growth)	3.71	6.02	27.27	1.01	1.64

WGOS 2 - 5

Based on population growth and those who are eligible for a sight test an additional 2,078 WGOS2 band 1 appointments will be required, 787 band 2 and 535 band 3 by 2043. There is likely to be a minimum of 17 WGOS3 appointments. and 12 for WGOS5.

Along with the increase based on population and sight test increases, the predicted average 18% increase in prevalence of patients with Wet AMD means a minimum of 26 appointments will need to be available, and with the 13% increase in prevalence of Glaucoma 321 more appointments.

However, as care pathways become more sophisticated and imbedded in both eye-health providers but also the wider healthcare and with more patients becoming eligible due to increasing prevalence of the clinical conditions and co-morbidities, these figures are likely to increase. Whilst there may be a corresponding decrease in the need for secondary care, future services should be commissioned appropriately and across the whole footprint of Gwent.

2.6.16 Local authority planning

Consideration also needs to be given to planned developments within each local authority. Each authority must produce local development plans (LDP). Most had been in place looking at plans up to 2021, these are now being reviewed and replaced (RLDP) with plans covering 2022 up to 2041 depending on the county borough. Many of these plans have yet to be published in full.

Highlights of planned development plans based on their plans include:

Blaenau Gwent

The RLDP aimed to deliver between 1,755 and 2,155 new homes by 2033, with 478 being affordable housing.

Caerphilly

The LDP plans for 218 new houses being built, including affordable homes, later living scheme and a sheltered housing scheme.

Monmouthshire

The RLDP plan aims to build around 2,100 new homes, with half of them being affordable. With developments being based in Abergavenny, Caldicot, and Bayfield Chepstow.

The plan has also identified further settlements that could deliver a further 619 homes.

Newport

The RDLP proposes up to 10,530 new properties. 5,851 homes are already in the pipeline, either currently under construction or expected to be completed by the end of 2036.

Torfaen

The original LDP set a 4,700 dwellings housebuilding target over the 2006 to 2021 plan period, by 1 April 2021 3,480 dwellings (74%) had been built, with a further 619 being built by end of 2024. 1,316 of these are affordable houses.

2.6.17 Hospital eye services

Gwent has four hospitals and 11 community hospitals/facilities.

Ophthalmology services are available at the four hospitals (outpatients only at Ysbyty Ystrad Fawr)

Map 2.1.33 – Gwent hospitals

- The Grange University Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Ysbyty Ystrad Fawr
- Community Hospitals and Facilities



Depending on the clinical condition the appropriate treatment may require surgical intervention or treatment that is only available by secondary care physicians.

Outpatient appointments relating to Ophthalmology are the second highest reasons for a patient to attend a secondary care outpatient appointment. Aneurin Bevan UHB Hospital Services data shows provides information on outpatient appointments split by new, follow up and pre-operative appointments.

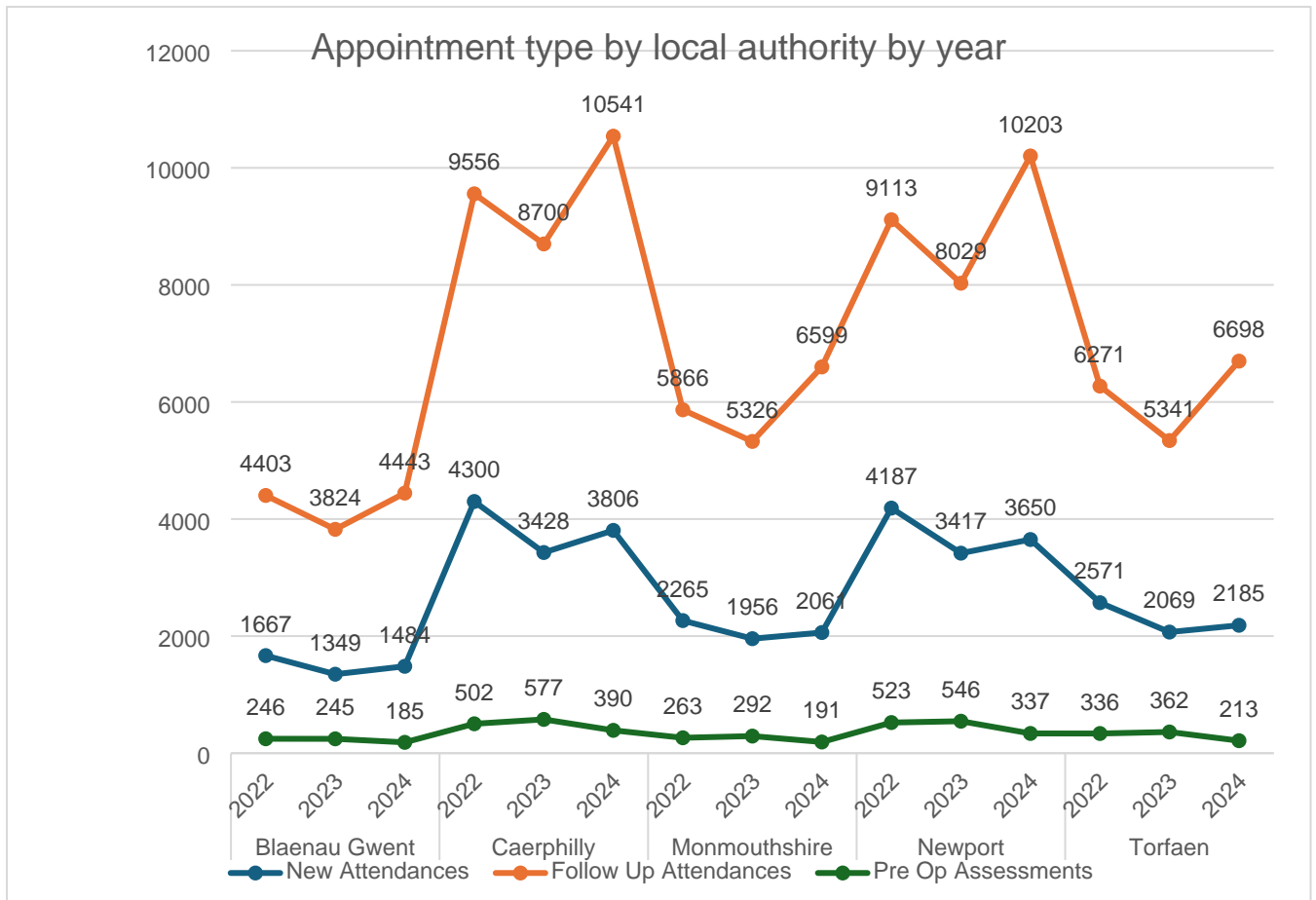
Table 2.1.57 – Outpatient appointments by type

	New appointments	Follow up appointments	Pre-Operative Assessment Attendance	Total
2020	8,395	26,984	1,635	37,014
2021	13,267	33,575	2,139	48,981
2022	15,405	36,264	1,923	53,592
2023	12,622	32,141	2,075	46,838
2024	13,682	39,592	1,354	54,628

Gwent saw the expected decrease in outpatient appointments during Covid 19 and then saw a 24% increase the following year, this was followed by a smaller increase

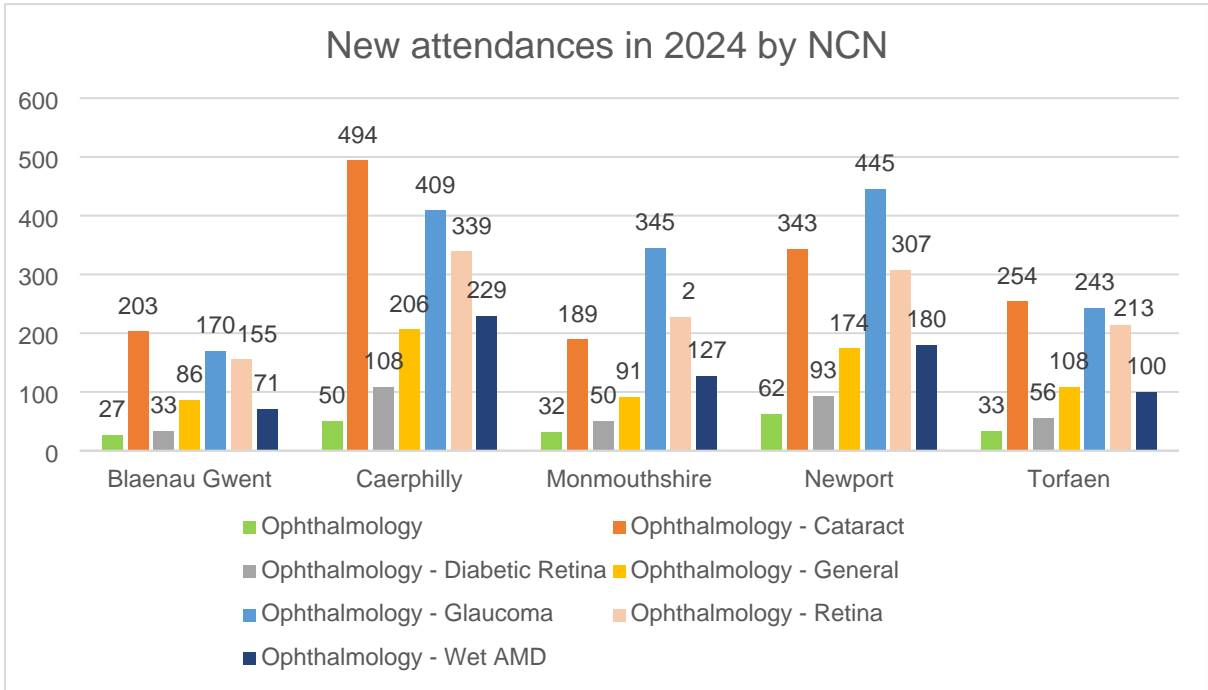
of 8% in 2022. In 2023 we saw a 14% decrease in the total number of appointments, this was reversed in 2024 where we are back to 2022 rates.

Figure 2.1.20 – Outpatient appointment by type and local authority



When looking at the new attendances by the main clinical categories, Cataracts and Glaucoma are the largest reasons for new attendances.

Figure 2.1.21 – New attendances by clinical category



However, when analysing follow up attendances whilst Glaucoma remains one of the highest reasons for follow up attendances, the second highest is those without specific categorisation.

Figure 2.1.22 – Follow up appointments by clinical category

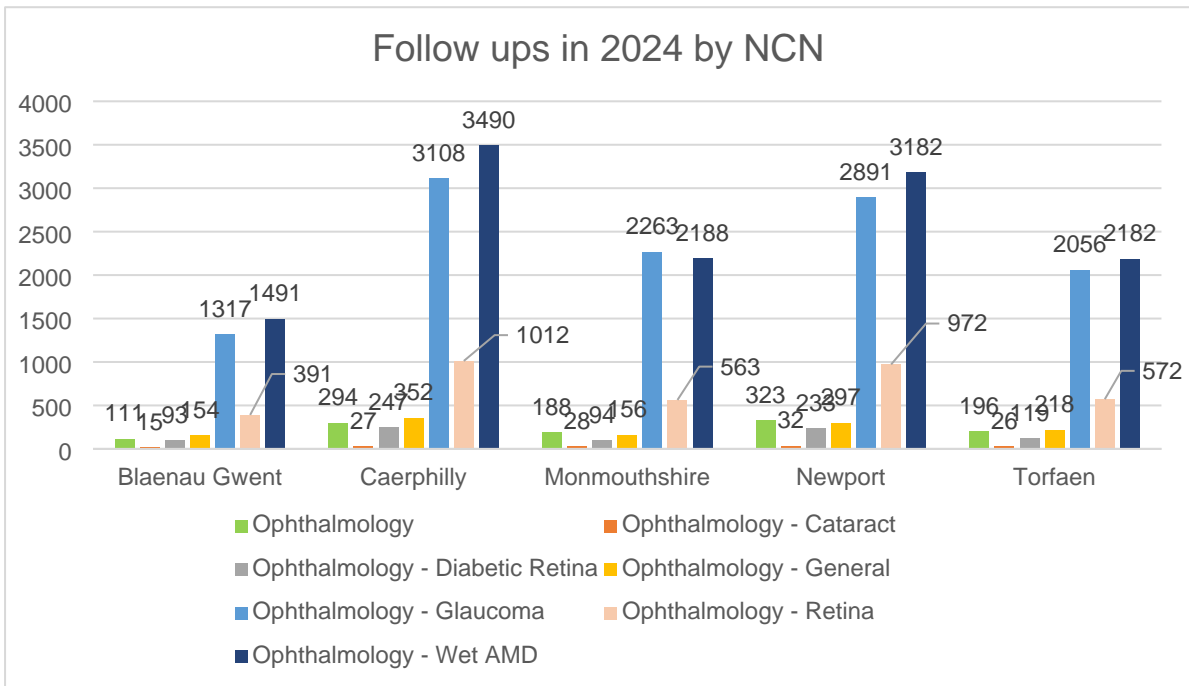


Table 2.1.58 – Outpatient appointments clinical category

The full table of appointment type by clinical categorisation and year is below.

Clinical category	New Attendance					Total	Follow Up Attendance					Total	Pre-Op Assessment					Total	Grand total
	Year	2020	2021	2022	2023		2024	2020	2021	2022	2023		2024	2020	2021	2022	2023		
Ophthalmology - Cataract	1073	1805	1230	1607	1483	7198	66	233	692	161	128	1280	1	12	12	3	2	30	8508
Ophthalmology - Diabetic Retinopathy	107	175	358	232	340	1212	326	396	715	467	786	2690							3902
Ophthalmology - General	818	1690	2037	1327	665	6537	4214	3606	2720	1567	1177	13284	1	6	15		3	25	19846
Ophthalmology - Glaucoma	468	803	947	1245	1612	5075	4135	8842	9379	7924	11635	41915			0	3	1	4	46994
Ophthalmology - Wet AMD	406	564	477	560	707	2714	8236	10572	11256	12077	12533	54674		2	9	2		13	57401
Uncategorised	254	420	415	403	496	1988	734	979	1055	921	1108	4797	35	50	53	53	38	229	7014
Ophthalmology	466	1423	2777	277	204	5147	2279	1800	1864	753	1112	7808	1597	2063	1811	2006	1303	8780	21735
Ophthalmology - Cornea	68	220	101	152	255	796	771	686	577	645	1084	3763		2	1		1	4	4563
Ophthalmology - Laser	67	515	872	719	836	3009	218	750	840	720	690	3218			3		1	4	6231
Ophthalmology - Minor Ops			13	94	97	204			24	82	134	240				1		1	445
Ophthalmology - Oculoplastic	287	473	423	689	849	2721	1062	898	1186	1111	1101	5358			1		1	2	8081
Ophthalmology - Paeds	262	327	567	566	281	2003	701	544	616	633	457	2951			2	6	3	11	4965
Ophthalmology - Retina	797	954	1198	1047	1241	5237	2815	2496	3661	2914	3510	15396	1	2	15	1		19	20652

Ophthalmology Advice only					49	49													49
Ophthalmology Casualty	3322	3898	3990	3664	3603	18477	1427	1773	1679	1667	1801	8347		2	1		1	4	26828
Ophthalmology Imaging					376	376					363	363							739
Ophthalmology Reg Cataract					551	551					20	20							571
Optometry				40	37	77				499	1953	2452							2529
Totals	8395	13267	15405	12622	13682	63371	26984	33575	36264	32141	39592	168556	1635	2139	1923	2075	1354	9126	241053

2.16.18 HES Growth

With the predicted increase in the prevalence of patients with the main clinical conditions, the minimum number of appointments for new attendances is:

Table 2.1.59 – Outpatient appointments clinical category

Condition	% prevalence increases by 2032	Number of additional new attendances
Cataract	22%	326
Glaucoma	13%	210
Diabetic retinopathy	7%	14
Wet AMD	4%	120
Total		670

In 2024 there were a total of 54,628 outpatient appointments which equates to 9.17% of the population. Looking at the predicted population growth in 2034 and 2044 there would need to be an additional 1,978 appointments by 2034 and a further 1185 by 2043.

2.16.19 Outpatient waiting times and attendance

As of January 2025, there are 24,074 patients in the referral to treat pathway for Ophthalmology services. The breakdown is shown in the table below.

Table 2.1.60 – Patients on referral to treat list

Patient count on the referral to treat list	Out-patient WL	Diagnostic	Therapy	Follow Up	Day case WL	Inpatient WL	Total
Ophthalmology cataract	7,230	3	1	41	1,416	3	8,694
Ophthalmology regional cat	2,227			3	138		2,368
Ophthalmology general	1,847	7	6	66	143	5	2,074
Ophthalmology retina	1,669	36	48	146	77		1,976
Ophthalmology glaucoma	1,161	10	34	141	112		1,458
Ophthalmology oculoplastic	1,145	3	1	155	127	8	1,439
Ophthalmology laser	1,176	1	31	110			1,318
Ophthalmology	1,174	21		70	10	1	1,276
Ophthalmology paedes	965	38		47	53	1	1,104
Ophthalmology diabetic retinopathy	1,028	3	23	25	1		1,080
Ophthalmology cornea	926	2	13	35	69	2	1,047

Ophthalmology minor op	118			8	5		131
Ophthalmology wet AMD	59		2	15	7	1	84
Ophthalmology USC	11			6	8		25
Grand total	20,736	124	159	868	2,166	21	24,074

The average wait time for (booked) patients on these pathways are:

Table 2.1.61 – Wait time for booked patients

Average wait for booked patients–(weeks)	Outpatient WL	Diagnostic	Therapy	Follow Up	Day case WL	Inpatient WL
Ophthalmology cataract	99			1	61	
Ophthalmology regional cat	82				37	
Ophthalmology general	42			13	38	98
Ophthalmology retina	23	12	30	20	39	
Ophthalmology glaucoma	42			13	6	
Ophthalmology oculoplastic	61	15		13	35	14
Ophthalmology laser	18	17	19	11		
Ophthalmology	6	10		15		2
Ophthalmology paeds	36	10		20	59	
Ophthalmology diabetic retinopathy	24	8	30	47		

Ophthalmology cornea	48		34	27	28	
Ophthalmology minor ops	43			7		
Ophthalmology wet AMD	4			19		
Ophthalmology USC	7				31	

Surgery for cataracts is one of the most common procedures⁶¹.

Table 2.1.62 – Cataract admissions

	Cataract admissions
2019/20	3,967
2020/21	990
2021/22	3,027
2022/23	2,040

2.6.20 Summary

To reduce the demand on secondary services appropriate community services should be identified and commissioned to allow for care to be provided closer to home, by appropriately trained clinicians. This will include a continuous review of patients being seen under the new WGOS services to identify improvements in referral patterns and numbers, but also to identify where gaps remain.

⁶¹ [StatsWales Admissions for cataract procedures](#)

2.1.6 Summary and recommendations

Sight loss and visual impairment can have a significant impact on all aspects of a person's health, including an increased risk of falls, management of or increased risk of developing other chronic conditions and overall impact on quality of life. Those with sight loss may require more support in adaptations to their environment community or require residential support.

There are both modifiable and non-modifiable risk factors for sight loss.

It is clear that eye health services should be sat within a whole system approach to the planning of health and care services and not sit in isolation. This should include addressing the modifiable risk factors, the local NCNs are well placed to drive this position forward.

Vision loss

With an estimated 20,480 individuals living with sight loss and a predicted 14% increase in the next 10 years it is important that all appropriate services are made available to patients. This figure is likely an underestimation due to the reporting methodology of using the certificate of visual impairment.

Early intervention can significantly reduce the risk of permanent vision impairment. Ensuring that all eligible patients receive an eye health check when due and available when any concerns arise will help identify issues before they worsen and put patients on appropriate care pathways to manage their conditions.

We know that there are certain demographics who do not always access eye health services in as a timely manner as they should, if at all.

Communication and outreach programmes supporting the increase in patient knowledge of the importance of having their sight checked should be encouraged. This can be across the whole health care system, joining up messaging alongside general health care messages, such as health checks and vaccination reminders.

Identification of potential new treatments should be monitored and considered for NHS commissioning where appropriate.

Aging population

With a projected population increase, with a significant increase in the 65+ (16.7%) and 85+ (42.7%) population in the next 20 years and therefore more individuals becoming eligible for a sight test it is important that appropriate services are available, not just for the NHS sight test but also the wider eye care services and Commissioners should consider the needs of these patients against commissioned services, including WGOS 3-5 and other community services.

Eligibility

As well as an aging population we are seeing changes in other eligibility groups and gaining further understanding of these changes should be included in any future EHNA to look at any impact on inequalities within the population.

Co-morbidities

The predicted increase in patients with co-morbidities such as hypertension, diabetes mellitus and obesity, will have an impact on wider primary care as well as secondary care services and capacity in secondary care services should be taken into consideration but identifying where care can be provided closer to home, on a more preventative basis, utilising workforce or commissioned differently will be important ways of meeting needs of patients. Many of these comorbidities can be prevented with appropriate early advice on healthy lifestyles and should be factored into care pathways.

Outpatient activity

Ophthalmic outpatient attendances are the second highest outpatient appointments in Gwent.

Capacity in terms of both appointments and workforce need to be reviewed to ensure any increase can be managed, however, enabling care in the community either by optometrists or other appropriate clinicians through relevant pathways can help alleviate some of the demand for these services and make a service that could be more convenient for patients to access.

Clinical pathways

As part of a clinical pathway many elements can be managed appropriately in the community, such as referral refinement, pre and post operative follow ups for cataracts, glaucoma filtering. Commissioners should review care pathways to ensure that the whole system is being used appropriately and maximising where care is best given.

Workforce

Identifying and utilising the skill sets of optometrists and other healthcare professionals with advanced qualifications and experience in community and hospital eye services will be crucial for managing care requirements going forward. Targeted training should be provided to maximise their potential, ensuring that their skills are effectively deployed, especially in community settings. This approach will enable better use of the available workforce and improve overall service delivery.

Footfall

At time of publication information on where a patient lives versus where they attend for their eye-health care, both primary and secondary care is not available. This should be sought for future EHNA's to ensure that information can be correlated to travel to providers.

- 2.2 Betsi Cadwalder University Health Board
- 2.3 Cardiff and the Vale University Health Board
- 2.4 Cwm Taf Morgannwg University Health Board
- 2.5 Hywel Dda University Health Board
- 2.6 Powys Teaching Health Board
- 2.7 Swansea bay University Health Board

1. WG. Welsh Index Multiple Deprivation. WG. Accessed 25/11/24, 2024.
<https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation>

No time to lose: Lessons from our work under the Well-being of Future Generations Act

April 2025



This report has been prepared and published for presentation to the Senedd under section 15 of the Well-being of Future Generations (Wales) Act 2015.

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Mae'r ddogfen hon hefyd ar gael yn y Gymraeg.

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Foreword

Public services in Wales have been facing unprecedented pressures. This will come as no surprise to any public servants who open this report and who deal with the effects every day.

The COVID-19 pandemic put public bodies in emergency response mode for an extended period. Inflationary pressures have followed, made worse by other global events, and contributing to a cost-of-living crisis impacting people and organisations across the country. All this amid other demands including the response to the climate and nature emergency, and an ageing population.

The long-term sustainability and affordability of services and government policy commitments are being tested. And while the Welsh Government's budget for 2025-26 provides some respite, the outlook remains extremely challenging. Making the shift from short-term firefighting to future proofing our public services will not be easy, but it needs to happen. If implemented effectively, the Well-being of Future Generations Act should help drive that change.

This report considers that very issue, because I must examine how public bodies are applying the Act in practice. The report should be read alongside the Future Generations Commissioner's report, which is published at the same time.

While I cannot look at everything public bodies do, the breadth of my work gives me a unique view. Ten years on from its inception, I see energy and enthusiasm for the Act in various quarters; and I see public bodies having different conversations, making decisions informed by the Act, and changes in practice. But for all the good examples, there are those that are not so good. The Act is not driving the system-wide change that was intended.

Of course, driving change across often large, complex organisations is hard. But I urge public bodies to see the sustainable development principle as a value for money issue. We cannot afford to design solutions that do not meet people's needs, burden future generations with avoidable higher costs, or miss opportunities to deliver more with the same or less.

Public bodies also need strong foundations from which to plan for the future, and they need to maintain the trust and confidence of the people they serve. This involves doing the basics well in how they govern themselves, and in how they manage their finances, workforce, and assets.

The Welsh Government has a key leadership role to help create the right environment. There needs to be a sustained focus on ensuring wider systems of legislation, governance, funding, and culture enable the Act to take hold and thrive.

In 2020, I called for a review of the Act to explore how barriers to its implementation could be overcome and how Wales could remain at the forefront of actions to improve well-being. Five years on, that recommendation has not been acted on in the way I would have hoped. Many of the same barriers still exist, so I find myself re-stating the need for a review today.

I hope my report can contribute to a wider conversation about how public bodies apply the Act to make a real and lasting impact on the big issues Wales faces. Audit Wales will continue to provide insight, support improvement, and promote accountability. And I urge all those in positions of scrutiny to play their part in recognising good practice and calling out where bodies are falling short.



Adrian Crompton

Auditor General for Wales

Report snapshot

What the report is about

- 1 This report is about how Welsh public bodies are thinking and acting for the long term. Specifically, it is about how public bodies are doing what the Well-being of Future Generations (Wales) Act 2015 (the Act) requires them to do.
- 2 Under the Act, certain public bodies must set ‘well-being objectives’ to create a better Wales, both now and in the future. They must also take all reasonable steps to meet those objectives.
- 3 They must do these things in a certain way. They must focus on stopping problems from happening in the first place. They must make the connections between different parts of their work and join up with other public bodies. They must listen to and work with their communities. Ultimately, public bodies must take a longer-term view, so they can meet the needs of the present without compromising the ability of future generations to meet their own needs.
- 4 Over the past five years, we have looked at how public bodies did this when setting their objectives and taking steps to meet them. This report sets out what we have learned. It also reflects on progress since our first such report in May 2020.

Why this is important

- 5 The Act should touch all aspects of public bodies’ work. It is about driving a change in what public bodies do and how they do it so they can meet pressing and future challenges.
- 6 Our audit work on the steps public bodies have taken to meet their objectives has been wide and varied. It has taken us into areas that are important to people and that draw on significant public money. For example, housing, health and social care, and the climate and nature emergency. We have also looked at functions that are critical to a well-run organisation, such as financial and workforce planning.
- 7 The Act is now 10 years old. The pressure on public services and the public finances has grown in that time. If the Act is Wales’s answer to meeting the big challenges, it needs to be implemented well. It is important to learn lessons as we look ahead to the next 10 years and beyond.

What we have found

- 8 We see that, 10 years in, the Act has increased prominence. It is changing conversations, influencing longer-term planning, and impacting day-to-day decision-making and working practices across Welsh public services.
- 9 Disappointingly, we also see instances where public bodies have given little or no explicit consideration to the Act. From what we see, the Act is not driving the system-wide change that was intended. Notably, there is still much to do to apply the Act to functions such as workforce planning, asset management, and financial planning. These functions are essential in driving wider change and translating strategic intentions into operational reality.
- 10 We find variation in practice within organisations, and within and between sectors. In our view, the health system in particular has some way to go in applying future generations thinking across its planning and delivery.
- 11 Accelerating progress under the Act starts with prioritising prevention. Without a more systematic shift towards prevention, budgets will be exhausted, and outcomes will likely be worse. The longer it takes the worse things are likely to get.
- 12 Public bodies also need to improve the information they use to inform planning and decision-making, get a better grip on resource implications, and make sure they can understand impact. These are key to achieving and demonstrating value for money, and to applying the sustainable development principle.
- 13 Delivering change will require action from all public bodies individually. But that will not be enough. They are working in an environment that does not always promote that change. There is action that government could take to create the conditions for progress. Several of the barriers to implementation we identified in 2020 remain issues today, and the Act itself still merits detailed post-legislative review.

What we recommend

- 14 We have made recommendations to individual public bodies through the audit work that this report builds on. They have frequently related to the application of the expected ways of working. They have also been about making sure bodies are getting value for money.
- 15 This report makes four further recommendations. They are strategic recommendations to the Welsh Government, designed with the wider conditions for progress in mind. They call on the government to minimise funding uncertainty to help bodies plan effectively and to encourage investment in prevention. They also call on government to take a fresh look at the assessment of performance and impact under the Act and to clearly set out a scope and timetable for its own evaluation of the Act in the context of wider scrutiny.

Key facts and figures

- 16 We identify financial and demand pressures facing public services across our work. **Exhibit 1** sets out some examples, covering the last decade. They are a sample but give a sense of the scale and escalation of challenges since the Act was introduced. They pose questions about what can be done to stop further escalation over the next decade.
- 17 Looking ahead, the Welsh Government's [Future Trends Report](#) from December 2021 sets out information on factors that are likely to affect Wales's achievement of the seven well-being goals. The next such report is due by May 2027.

Exhibit 1: examples of growing financial and demand pressures for public services over the last 10 years



Health revenue funding increased from £6.29 billion in 2014-15 to £10.64 billion in 2023-24, which is a **real terms increase of 30%**.



Local authorities' core revenue funding increased from £4.26 billion in 2014-15 to £5.52 billion in 2023-24. However, this is a **real terms decrease of 0.55%**.



The **combined annual revenue deficit for health bodies with a deficit increased by 235%** from -£55 million in 2014-15 to -£183 million in 2023-24.



There was a **17% real terms reduction in Welsh Government revenue funding for culture and sport** between 2014-15 and 2024-25.



Spending on NHS secondary care services increased from £4.28 billion in 2014-15 to £7.32 billion in 2022-23, which is a **real terms increase of 39%**.



Spending on cancer services increased from £409 million in 2014-15 to £719 million in 2022-23, which is a **real terms increase of 43%**.



Spending on diabetes services increased from £98 million in 2014-15 to £167 million in 2022-23, which is a **real terms increase of 38%**.



NHS spending on mental health provision increased from £663 million in 2014-15 to £1.02 billion in 2022-23, which is a **real terms increase of 25%**.



Budgeted expenditure on Special Educational Needs/Additional Learning Needs provision increased from £357 million in 2014-15 to £549 million in 2023-24, which is a **real terms increase of 18%**.



Spending on home to school transport increased from £117 million in 2014-15 to £191 million in 2023-24, which is a **real terms increase of 25%**.



Spending on children looked after increased from £254 million in 2014-15 to £575 million in 2023-24, which is a **real terms increase of 74%**.



Number of children looked after increased from 5,610 in 2015 to 7,200 in 2024 which is an **increase of 28%**.



Around **1 in 6 Welsh species** were at risk of extinction in 2023.



Number of homeless individuals in temporary accommodation rose from 3,577 in August 2020 to 11,203 in January 2025 which is an **increase of 213%**.

Source: See **Appendix 1** for sources and some further explanations.

Note: Spending figures (£s) are gross spending, including from any income generated. Spending and funding figures (£s) are in cash terms. Percentage changes in spending and funding are based on real terms figures, adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices for 2023-24, December 2024. These were the latest available at the time of drafting this report.

Our findings

- 18 This part of our report summarises key themes from our work. We refer to some specific examples, but our wider audit coverage has informed our overall findings.
- 19 **Appendix 1** provides more detail about our audit work and lists audit reports that we have referred to explicitly in this report. **Appendix 2** provides an overview of the framework of the Act, including the sustainable development principle and the five ways of working.

Setting the direction: Public bodies' well-being objectives



What public bodies must do

Set well-being objectives that maximise their contribution to achieving the national well-being goals.



What we must do

Assess the extent to which public bodies have applied the sustainable development principle when setting their well-being objectives.



What we did

Carried out these examinations at individual public bodies between 2020 and 2025. Where public bodies did not set new well-being objectives during that time, we looked at how they were reviewing them.

- 20 We have summarised our findings on how public bodies set their well-being objectives under five themes (see **Exhibit 2**). We looked at how public bodies were applying the sustainable development principle, but also how they were incorporating them into their planning and delivery frameworks. This was important in helping us understand how public bodies intended to make their ambitions 'real'.

Exhibit 2: key themes from our work on well-being objective setting



Source: Audit Wales

Most public bodies appreciate that their well-being objectives should sit at the heart of the organisation and define their long-term ambitions, but a few have not fully grasped what is expected of them

- 21 Setting well-being objectives is intended to be a new approach to setting the organisation's main objectives. The aim is to put sustainable development at the heart of the organisation's thinking, shaping choices and action.
- 22 So, while not a requirement, it is best practice for public bodies to make their well-being objectives and corporate priorities one and the same. Setting well-being objectives that sit separate from the main corporate planning framework is likely to limit their impact and add bureaucracy and complexity.
- 23 In 2020, we noted that the timetable and need to fit with existing plans posed some difficulties for bodies when setting their first well-being objectives. They took different approaches, but most published by the deadline of April 2017 and either added to or replaced their previous corporate objectives.

- 24 Most public bodies have now incorporated their well-being objectives into their main corporate strategy. However, others have not taken this step. Certain bodies have set well-being objectives that do not appear connected to wider corporate planning and day-to-day delivery. In some cases, bodies had not reviewed or monitored their objectives for some time. This raises questions about their prominence and whether they have ‘sat on the shelf’, rather than providing meaningful direction.
- 25 This is the case for some health bodies, in particular. It is important that they do not miss the opportunity to put their well-being objectives at the centre of their thinking as they re-develop long-term strategies and respond to the effects of the COVID-19 pandemic. The Welsh Government has updated its NHS planning guidance 2025-2028 to state that the well-being objectives should ideally be the same as an organisation’s ‘overarching strategic objectives’ and align with other organisational strategies and plans.
- 26 Also, during our initial work at the four newly created regional Corporate Joint Committees in 2022, some of those we spoke to seemed unaware of their duties under the Act. When we undertook further work in 2023, we found only two of the four had published well-being objectives by the statutory deadline. We reminded them of the need to do this and emphasised the importance of applying the sustainable development principle as they were taking forward their plans and decision-making. We will explore this through future work.
- 27 Medr – the Commission for Tertiary Education and Research – is the most recently created body that is subject to the Act. Positively, we found that it had embraced the sustainable development principle to help develop its first strategy and well-being objectives. Our early engagement with the eight bodies that became subject to the Act in June 2024 (see **Appendix 1**) suggests a keenness to do the same.

Overall, we have seen public bodies applying the sustainable development principle when setting their well-being objectives; but they can go further, particularly in involving the diversity of their communities

- 28 If public bodies are going to set well-being objectives that deliver real value over the long term, they need to go beyond a compliance mindset and actively apply the ways of working.
- 29 In 2020, we reported that most bodies had gone about setting their objectives differently because of the Act. However, they often failed to provide us with a detailed explanation of ‘how’ they had used all five ways of working. Where they gave examples, these tended to relate to collaboration, involvement, or integration.
- 30 We found many public bodies sought to strengthen the process for setting their well-being objectives in this period. We recognised where bodies had set out to purposefully apply the sustainable development principle to provide a clear, long-term direction for the organisation.
- 31 Public bodies have generally framed their objectives for the long term. Corporate strategies are often set for the medium term, but the objectives tend to be more open-ended and focused on delivering longer-term outcomes. For example, Bannau Brycheiniog National Park Authority’s statutory Management Plan covers 2023 to 2028, but its vision extends 25 years to 2048. Some bodies have included their objectives in long-term strategies. For example, Mid and West Wales Fire and Rescue Service published its well-being objectives as part of its Community Risk Management Plan 2040.

Understanding the relationship between people and planet in the Bannau Brycheiniog National Park

Bannau Brycheiniog National Park Authority has adapted the ‘doughnut economics’ model to help it to understand the biggest changes needed to make the National Park a sustainable place where people and nature thrive. The analysis drew on a wide range of evidence and insights and showed the huge scale of change needed from cutting carbon emissions to restoring the health of the water system, to affordable housing. The Authority prioritised five missions in the National Park Management Plan, based on this analysis, focusing on climate, water, nature, people and place.

- 32 Public bodies have used a range of evidence to help them understand key challenges and shape their objectives. This tended to include available performance information, internal and external research, and future trend analysis, including from the Future Trends Report. Councils have used Public Services Boards' (PSBs') well-being assessments as a key source of evidence¹. In a few instances, we recommended bodies could give more consideration to future trends.

'Let's Talk' in Neath Port Talbot

Neath Port Talbot Council gathered extensive views through focus groups, in-depth interviews with citizens, and a survey. The survey received 1,694 responses from a wide spectrum of groups, which included young people and children. The Council fed back the results to citizens effectively. In early 2022, it sought further views on its draft well-being objectives.

The Council also undertook extensive internal engagement. It held detailed workshops for each objective to challenge the data and consider the steps that it needed to take over the short, medium, and longer term.

- 33 Setting the objectives appears to have been more of a joint endeavour within organisations than in the past. We have seen examples of senior leaders coming together to develop and consider the objectives and steps to achieve them. We have also seen staff being involved in the process.
- 34 However, we saw big variation in how public bodies involved the public and external stakeholders. We saw examples where bodies sought a cross-section of views, using different methods and engaging representative organisations to help them. The strongest examples included multiple phases, where bodies sought views to inform the draft objectives and then consulted on them. We also saw some public bodies using creative ways of involving the public and adapting during the pandemic.

1 Under the Act, specified public bodies must work together through PSBs to prepare an assessment of the state of economic, social, environmental and cultural well-being in their area and improve it. The Commissioner's office provided feedback on PSBs' draft assessments in 2022. They found the assessments used a wide range of data sources. They also found that, overall, PSBs had demonstrated they were considering future trends information, which was a clear improvement on the first round of assessments.

- 35 We also often recommended that bodies make sure they draw on the views of people across the communities they serve. This means being clear about who they need to reach and how, assessing whether they are being successful, and adapting accordingly. Involvement may take time and capacity, as well as the right skills, but can be seen as an investment given objectives are being set for the medium to longer term.

Seeking views to help shape

'Working Together for a Healthier Wales (2023-2035)'

Public Health Wales NHS Trust undertook extensive engagement with stakeholders, the public and staff to update its long-term strategy and objectives to new and exacerbated public health challenges following the pandemic. This included 'How are we doing in Wales' surveys, which received 3,521 responses.

It followed up by surveying an additional 1,072 people recruited via its 'Time to Talk Public Health Panel'. This is a nationally representative panel to inform public health policy and practice. The Trust also gained feedback from 480 of its staff through workshops and a survey.

- 36 Some bodies could also have done more to understand how their objectives relate to their partners' objectives. We appreciate this can be difficult, particularly for national bodies with many partners to consider. However, it could identify inter-dependencies and opportunities to collaborate. The Commissioner has collated public bodies' objectives to help with this.
- 37 We have seen examples of bodies thinking about how they can go beyond their core purpose. We found notable examples of this in our reports to Welsh Government arms-length bodies. Amgueddfa Cymru's objectives are clearly designed to contribute to different well-being goals, with activities relating to health and education, for example, aimed at delivering outcomes beyond 2030. The Arts Council for Wales has identified actions that relate to the climate and nature emergency, health and mental health, education, equality, and poverty.
- 38 However, it is not always clear whether the Act is driving a different focus in bodies' objectives in the context of the national well-being goals. The Commissioner has included an analysis of the objectives themselves in his report. He has concluded that public bodies' objectives are not fully contributing to all well-being goals².

2 The Commissioner has found that many public bodies could do more to 'define and implement' cultural well-being and consider global impacts of their work.

- 39 Our examination at the Welsh Government also raised interesting questions about how a new government applies the sustainable development principle to set well-being objectives while building a programme for government based on a political mandate. The Welsh Government did not provide clear supporting evidence to show how it had done that. This meant that it was not practically possible for us to make an overall assessment. This is regrettable as other bodies covered by the Act will look to the Welsh Government to demonstrate best practice.

Bodies have pitched their objectives in a variety of ways, which has implications for how they deliver and report on them

- 40 While we have not assessed their appropriateness, we have seen variation in how bodies pitch their objectives. Objectives are often framed as high-level ambitions, such as ‘give children and young people the best start in life’. We also see objectives that are principle-based, such as ‘climate justice’.
- 41 Public bodies have freedom to frame their objectives as they see fit. In doing so, they need to think about how they best build the objectives into their planning frameworks. They also need to think about their wider remit, governance, and culture. The framing of the objectives should help guide actions and choices across the organisation. If the objectives are too high-level and broad, there is a risk that they will not provide that direction.
- 42 Public bodies also take different approaches to setting out the steps they will take to meet their objectives. In some cases, there is limited detail to accompany the well-being objectives, with information on steps instead set out in other plans.
- 43 The framing of the objectives also has implications for how measurable they are. Public bodies will need to consider how they can assess impact over the short and longer term when deciding how to pitch their objectives and steps. The Commissioner has encouraged public bodies to set objectives and steps that are ‘SMART’³. His report includes a revised process to help public bodies ‘set good well-being objectives and steps’.
- 44 More consistency of approach could also help public bodies make connections between each other’s objectives. It may also make it easier for the Commissioner to monitor and assess the progress public bodies are making.

3 ‘SMART’ stands for Specific, Measurable, Achievable, Relevant, Time-bound.

If public bodies are going to make sure that setting well-being objectives is more than an exercise in strategic thinking, they need to ensure they can fund and deliver them

- 45 Public bodies will need to align their objectives to their operational delivery and financial planning if they are going to turn their ambitions into reality. This is particularly important given the funding pressures and uncertainties they face.
- 46 Public bodies' corporate strategies are typically underpinned by shorter-term business or service plans. These set out the more detailed actions that public bodies will take in pursuit of their objectives.
- 47 Where this was not the case, we recommended public bodies align their plans to ensure the well-being objectives shape action on the ground. We also recommended certain public bodies provide more information on how and when they would collaborate with partners to deliver their objectives.
- 48 We often found that public bodies had not considered the resource implications of their well-being objectives over the medium and longer term. While it is not possible to plan this in detail, we would expect public bodies to consider how they will align funding to their objectives and how financial risks, including any necessary savings, might affect delivery (see also **paragraphs 116 to 120**).
- 49 We have recommended that bodies use their medium-term financial plans to do this. Though, these were not always in place, sometimes needed updating, or could be further developed. However, we found some examples of councils making the connections. Such as the Vale of Glamorgan Council, which updated its financial strategy alongside its Corporate Plan, is aligning its transformation programme and has set aside some reserves to support its objectives.
- 50 For health bodies, their Integrated Medium-Term Plans (IMTPs)⁴ are the principal operational plan. However, six of the seven health boards in Wales have not been able to produce a Welsh Government approved IMTP for 2024-2027 due to their financial deficits. They are, instead, working towards annual plans. This limits their planning horizons and creates uncertainty over how they will take the necessary steps to achieve their long-term ambitions.

4 Health boards and NHS trusts are required to produce IMTPs annually. IMTPs set out how bodies will use their resources over a three-year period to deliver high quality healthcare services, which address population needs and improve health outcomes. Special Health Authorities and other national bodies are not formally covered by the same requirements but do develop and publish IMTPs.

Public bodies need to develop the right performance measures if they are to understand their impact against their objectives over the long term

- 51 Public bodies need to understand the difference they are making, particularly when they are acting for the long term. The right performance information can help public bodies review, adapt and improve. It can drive accountability and ensure transparency for delivering the well-being objectives. Performance information will also be of interest to funders, partners, and communities.
- 52 We found that public bodies often did not have the right performance measures in place to help them understand progress and impact against their objectives. Measures were typically more focused on activities and outputs than outcomes. We also found some public bodies had not set out specific measures to accompany the objectives.
- 53 At the time of our examinations, some public bodies were revising, or planned to develop, their performance arrangements to support their new objectives. We have made various recommendations that address these issues. Our wider work has also continued to stress the need for public bodies to improve how they manage their performance (see also **paragraphs 121 to 130**).

What do we mean by **outcomes?**

An outcome is the end result – the difference made from the action or service. The intended outcome is what the organisation is looking to achieve – the why or the ‘so what?’

Outcomes may be shorter, medium, or longer term.

Outcomes may not be within the complete control of one body, but dependent on others too. Outcomes differ from outputs. Outputs are the ‘what’ – the services and goods delivered to help achieve the desired outcome.

Making it happen: Taking steps to meet well-being objectives



What public bodies must do

Take all reasonable steps to meet their well-being objectives.



What we must do

Assess the extent to which public bodies have applied the sustainable development principle when taking steps to meet their well-being objectives.



What we did

Carried out these examinations at individual public bodies between 2020 and 2025.

In general, we did this while also looking at how public bodies were going about achieving value for money. This allowed us to gain a more complete understanding of whether public bodies were delivering on their ambitions in practice.

- 54 Our findings on how public bodies are taking steps to meet their objectives boil down to seven themes, and with some read across to our findings on objective setting (see **Exhibit 3**). The themes reflect where we think public bodies can focus to better apply the Act and make sure they are getting value for money.
- 55 The themes are connected. Getting one right will help with another. Public bodies should keep these in mind through the stages of planning, doing, and reviewing policy, service, and project delivery. Most fundamental in our view, given the pressures public bodies face, is prioritising prevention.

Exhibit 3: key themes to help public bodies strengthen how they apply the Act and make sure they are getting value for money



Prioritising prevention



The right information to understand pressing and complex problems



Aligning resources to make it happen



Collaborating to unlock system challenges



Working for and with the public



Integrated thinking



Measuring and being held to account for the right things

Source: Audit Wales

56 Delivering change will require action from all public bodies individually. But that will not be enough. They are working in an environment that does not always promote that change. We describe some of these factors in the sections that follow.

Public bodies are struggling to make a more systematic shift towards prevention, but without it budgets will be exhausted, and outcomes will likely be worse

57 Public bodies will not build sustainable public services without getting ahead of the tide of demand. The case for prevention is continually made and widely appreciated. There is a range of evidence that quantifies the impacts for individuals, on public sector budgets and the economy. **Exhibit 4** sets out some examples based on other research.

Exhibit 4: examples of estimated impacts from investing in prevention



Public health in general offers a **£14 return for every £1** invested



Programmes promoting breastfeeding can **save the NHS around £50 million annually** by improving mental health and reducing hospital admissions



Homelessness prevention programmes can yield **savings of around £9,266 per person** when compared to allowing homelessness to persist for 12 months



Parenting programmes offered a **return of £15.80 for every £1** invested



Data sharing between emergency departments and the police can provide **returns of £82 for every £1** invested and substantially reduce the costs associated with violence



Targeted group sport activities aimed at increasing physical activity across different age groups offers **social returns of between £1.91 to £22.37 per £1** invested

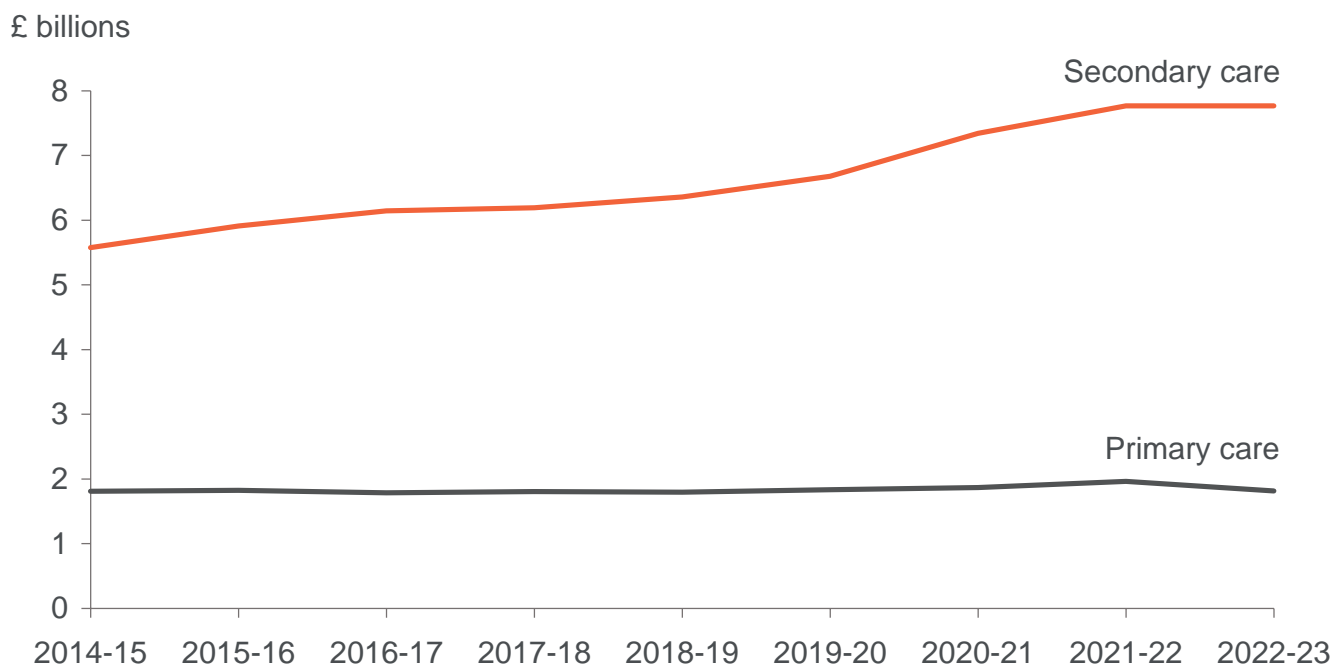
Source: Masters R, Jones A, Davies J, Stielke A, Kadel R, Jenkins L, Dardur A, and Azam S. [Investing in a Healthier Wales: prioritising prevention](#). Cardiff: Public Health Wales NHS Trust, January 2025

Note: These are selective examples that show some of the most significant returns on investment set out in this source. The report contains further examples.

- 58 We see that the need to invest to meet immediate financial and demand pressures can make it especially challenging for public bodies to invest in prevention. Choices are made harder by the fact that it takes time to see returns on investment. Also, those returns may be accrued by bodies other than the one making the investment. Public bodies must also consider public expectations, which may be more focused on access to, or the quality of, services in the here and now.
- 59 Nevertheless, public bodies have a duty to balance immediate pressures with longer-term impacts. The longer it takes to make the shift to prevention, the worse things are likely to get. There is no perfect solution, but we have continued to emphasise the importance of tackling fraud, inefficiency, and waste in the short term, so that public bodies can make use of their limited resources to best effect.
- 60 In 2020, we found public bodies recognised the need to work preventatively but were sometimes missing opportunities to deliver on that in practice. We noted they were finding it difficult to redirect core resources to deliver new, preventative delivery models. Shortly after our May 2020 report, we reported on how money was being wasted because public bodies continue to react rather than prevent rough sleeping.
- 61 In 2025, we see that prevention is under pressure. This is evident in certain spending choices. The Welsh Government acknowledged its 2024-25 budget could ‘impact the capacity of prevention services such as smoking cessation, weight management and exercise support’. It also included significant cuts to culture bodies’ funding⁵. The Commissioner’s assessment of the Welsh Government’s draft 2025-26 budget found ‘it does not yet prioritise prevention’.
- 62 The NHS faces enormous immediate pressure. The growth in the numbers of people waiting for planned care following the pandemic will require continued focus and resources. Health funding reflects this, with overall revenue funding increasing by 30% in real terms when comparing 2014-15 and 2023-24.
- 63 Increases in health spending have been directed to secondary care. It grew by 39% in real terms, when comparing 2014-15 and 2022-23. However, real terms spending on primary care remained relatively stable over the period (see **Exhibit 5**). This is in the context of primary care having a key role to play in preventative healthcare through routine health checks, immunisations, patient education and lifestyle advice. Primary care also plays a key role in the effective management of chronic conditions – such as diabetes, asthma and hypertension – by helping prevent complications and unplanned hospital admissions.

5 In January 2025, the Senedd’s Culture, Communications, Welsh Language, Sport, and International Relations Committee published [A decade of cuts: Impact of funding reductions](#).

Exhibit 5: all Wales Local Health Board real terms expenditure on primary and secondary care services, 2014-15 to 2022-23



Source: Programme budgeting submission from NHS Wales Executive based on returns from Local Health Boards, published by the Welsh Government on [StatsWales](#)

Notes:

- 1 Local health boards fund services provided by primary care practitioners such as GPs and dentists, and secondary care services such as hospital treatment. Local Health Board expenditure includes a small amount of other expenditure which cannot be classified to primary or secondary care.
- 2 The equivalent data for 2023-24 was not published at the time of drafting this report.
- 3 Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices for 2023-24, December 2024. These were the latest available at the time of drafting this report.
- 64 However, the picture is complicated by the fact that expenditure by health boards on primary care is not consistently categorised. We have found that health boards often lack a baseline understanding of the true cost of primary care. Having such a baseline is essential if health boards are to understand progress in shifting resources from secondary to primary care.
- 65 We have also highlighted challenges in the primary care workforce and that capacity in central Primary Care Services Teams in some health boards is stretched. More generally, we found certain health boards could strengthen Board and committee oversight of primary care. This is important in ensuring it has visibility and focus in decision-making and scrutiny.

- 66 The contribution of the NHS to population health outcomes is only estimated to be somewhere between 10% and 20%⁶. Many of the levers sit with councils. However, their core revenue funding fell by 0.55% in real terms when comparing 2014-15 and 2023-24.
- 67 Councils also face rising demand, making it difficult to invest in prevention. For example, our work on tackling poverty found councils were typically focused on responding to people in crisis rather than preventing them from getting into poverty in the first place. This was largely due to the high numbers of people who needed services because they were struggling day-to-day.
- 68 More generally, we have seen how pressure to meet short-term needs in statutory services such as social care has impacted spending on other regulatory services, such as trading standards, or preventative services such as community safety. **Exhibit 6** shows examples of this.

Exhibit 6: percentage changes in real terms gross (and net) spending by councils on a sample of services, 2014-15 to 2023-24



Source: Audit Wales analysis of [Welsh Government data](#) collected via local authorities' revenue outturn annual returns

Notes:

- 1 We have selected a sample of high spend services that have seen significant increases. We also selected a sample of services that have seen large percentage decreases that are of interest because they relate to regulatory services or services with preventative benefits.
- 2 Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices for 2023-24, December 2024. These were the latest available at the time of drafting this report.
- 3 Net expenditure figures in brackets comprise the gross expenditure less any income the service area receives.

6 Centre for Progressive Policy, Core Cities and Metro Dynamics, [Preventative Public Services: Policy Working Paper for Core Cities](#), October 2024

- 69 Decisions to reduce preventative spending by one department or organisation affect demand for other services. Our current work on temporary accommodation is highlighting the challenge councils are facing in making a shift to a more preventative approach in the face of reductions to services that could help reduce demand. This must be seen in the context of the lasting impact that living in temporary accommodation can have on people's well-being, not least children.
- 70 In the case of health and social care, there is a dedicated funding stream designed to promote prevention. The Regional Integration Fund (RIF) goes to Regional Partnership Boards (RPBs) across Wales. We found the funding is helping RPBs take forward evidence-based, preventative initiatives.

Reablement in Swansea

Reablement is intensive support for people to get back to independence after illness or a hospital stay. The West Glamorgan RPB has funded a community reablement service for patients over 65 in Swansea. The service is made up of domiciliary care workers, residential care staff, physiotherapists, occupational therapists and nurses. Between 2023 and 2024, Swansea Council noted a significant reduction in need for long-term care when people had reablement support. This was the case for 80% of people who had reablement packages in a residential home and 60% of people who had a reablement package in the community.

- 71 However, we do not see enough evidence that health and social care partners are reshaping their core services and budgets to deliver these initiatives for the long term. RIF funding is designed to be short term. Health and social care partners are expected to provide match funding and then 'mainstream' the initiatives, taking on the long-term funding. In practice, they struggle to do this. This means partners may face difficult decisions about reducing or stopping valuable projects and limits the number of projects they can support. Ultimately, there is a risk the RIF does not deliver the system-wide impact that is intended⁷.

7 We reported on this same risk when we looked at a predecessor programme, the Integrated Care Fund, in 2019. We will be looking in more detail at how lessons have been applied as part of ongoing audit work.

- 72 Our recent cancer services review found that there is no coherent strategic approach to prevention of cancer and other major conditions. We reported that the Welsh Government has not set out a clear, over-arching strategic approach to shifting the balance of care towards prevention across the many public sector bodies whose priorities, choices and behaviours would need to change. This is even though 38% of all cancers each year in Wales are preventable and that doing so could save lives and reduce demand for NHS services.
- 73 One purpose of the Act must surely be to ensure a joined-up, sustainable approach to tackling critical and preventable health issues such as cancer. Our findings raise significant wider questions about the implementation of the Act and its impact to date across our NHS.
- 74 It will be important for the Welsh Government to consider how it can incentivise and support other bodies to deliver prevention. For example, through funding (see **paragraphs 114 to 115**) and performance and oversight (see **paragraphs 123 to 130**). Public bodies will also need to understand how much they are currently investing and the returns they are getting. This is not easy; public bodies will require advice and support to help them do this.

Exploring preventative investment in local government

CIPFA is working with the Health Foundation to explore the extent to which council spending on prevention can be quantified. Working with partner councils in England, one in Wales, and wider stakeholders, this work will seek to build consensus on a definition and scope for preventative action against which services and programmes could be mapped, and levels of spending identified.

The aim is to increase transparency on the levels of investment to inform decision-making and make the case for prevention.

Public bodies often lack the right information to manage the here and now, and to address complex problems for the long term

- 75 Public bodies need the right information to help them take evidence-based decisions and learn from the past to inform the future. They also need to be able to look ahead and understand the changing picture of demand, risk, and opportunity. This will help them balance present-day choices with their pursuit of longer-term ambitions. It will also help them find shared solutions to deep-rooted problems.
- 76 In 2020, we saw many examples of public bodies thinking about the long-term, informed by a reasonable understanding of demand pressures. However, we highlighted the need for more sophisticated planning for the future, informed by a broader understanding of demand and trends.
- 77 In 2025, we see some positive practice. For example, our work on councils' digital strategies found they were often drawing on future trends and broad evidence to inform their thinking, though many could go further.

Powys County Council: Understanding the long-term factors that may impact the digital strategy

The Council has used the PSB's well-being assessment to identify the future needs of the population and led on the development of the PSB's 'Well-being Information Bank which provides automated insight and intelligence'. Its digital strategy business cases then identify possible future trends and comment on possible future risks and opportunities. The Council's Digital Services Team works closely with services to understand their future direction, needs, and challenges. They regularly horizon scan and investigate how the Council could use digital technology and data to improve the customer experience.

- 78 We have commonly identified opportunities for public bodies to expand their information base and use it to inform decisions. For example:
- our work on rough sleeping at the start of this reporting period identified opportunities for councils and their partners to make better use of data to understand both the current situation and predict future demand to prevent homelessness; and
 - our recent affordable housing review found the Welsh Government lacked a long-term assessment of need and recommended it develop its understanding of underlying demand.

- 79 Sharing and analysing data, which is likely to be held by different bodies, is necessary to improve services and understand demand. Our work on urgent and emergency care found that available data does not go far enough in looking across the whole health and social care system to support strategic decision making. Better and more joined-up data could help promote preventative and collaborative responses to longstanding challenges.
- 80 Public bodies also need to understand the current situation and trends to help manage their resources. Workforce planning is an important example of this. Without such information, public bodies will not be able to match skills and capacity with demand and deliver on their objectives:
- at the Welsh Government, we found workforce information did not meet the needs of effective workforce planning and management. Though, we recognised it was developing plans to improve it.
 - we found NHS Wales was taking some positive steps to improve its workforce data. However, there is still work to do to fill gaps in specific areas. Better forecasting data is also needed to bring a longer-term outlook to an NHS that is often drawn to tackling the immediate short-term challenges.
 - we have identified similar opportunities to strengthen workforce data in councils.
- 81 Our financial sustainability reviews across councils identified that, while most had not, a few had analysed the scale and nature of long-term predicted demand for services using internal and external data. We noted that expanding such practice could help councils develop a detailed understanding of budget pressures in areas including adult social care.
- 82 We appreciate there are practical challenges to improve the quality, breadth, and sharing of data. For example, skills and capacity, difficulties collecting data, and concerns about data protection. However, getting the data right in the here and now will pay dividends in the future.
- 83 A good example of where this is important is carbon reduction. Our report on public sector readiness for net zero identified the need to improve data quality and monitoring, particularly for supply chain emissions, and to develop systems to capture the data. In separate audit work on decarbonisation at certain bodies, we found they were at various stages of developing their data and emphasised the importance of establishing a baseline.

Public bodies can find it challenging to deliver on wider benefits but need to find ways of driving them through if they are going to solve the complex, interconnected issues they face

- 84 The Act promotes joined-up thinking that can lead to joined-up solutions. Thinking in an ‘integrated’ way should help public bodies make the connections across their own work. It should also shine a light on where they can help partners achieve their objectives. The aim is to deliver more for people and the planet and get the most from public money.
- 85 In 2020, we found that public bodies could often describe connections between their objectives, their partners’ objectives, and the national well-being goals. However, there was more they could be doing to apply the thinking to help deliver wider benefits. We noted the risk of integration being approached as a bureaucratic exercise, focused on showing the links on paper.
- 86 In 2025, we see public bodies making connections and thinking more about the wider benefits they can deliver. We saw examples of this when we look at councils’ strategic approaches to asset management. Some were considering how they could make progress towards net zero targets by reducing office accommodation and journeys to and from work. Some were considering how they could meet economic objectives, including disposing of main office buildings as part of wider regeneration plans. We made recommendations to encourage other councils to apply similar thinking.
- 87 Where the focus on wider benefits is evident in bodies’ thinking and key strategies and plans, they still need to develop their processes to drive them through. For example, it is good to see that the [Welsh Government’s Wales Infrastructure Investment Strategy](#), published in December 2021, is rooted in the Act. It provides a long-term, outcome-focused direction. It directs projects and programmes to deliver strategic outcomes that go beyond the core benefits of creating or maintaining an asset. However, the Welsh Government needs to do more to ensure departments maximise and report on their contributions to those outcomes.
- 88 Similarly, investment in active travel seeks to achieve multiple benefits for health, the economy, and environment. Positively, active travel is referenced in a range of policy and legislation, including Planning Policy Wales and the Sustainable Communities for Learning Programme. However, we heard that planning decisions on new schools and housing developments are often taken without enough consideration of active travel. And although [Welsh Transport Appraisal Guidance \(WeTAG\)](#) says new transport projects, including road or rail, should integrate active travel at the outset, we heard of cases where this has not happened.

- 89 These examples underline the importance of public bodies adapting their processes – such as business cases – to help turn aspirations into real benefits. They then need to drive this through and continue the focus as part of monitoring and evaluation.
- 90 Delivering on different policy priorities often depends on the actions of others. Our work on sustainable tourism at the three National Park Authorities (NPAs) showed the practical challenge of balancing conserving the natural environment and cultural heritage with promoting public enjoyment⁸. Many of the strategic levers for sustainable tourism rest with bodies who do not always share the same vision or have the same responsibilities for protecting the environment of the national parks. We noted that our findings also had implications for how the Welsh Government develops and sets priorities for the NPAs.
- 91 Financial pressures mean difficult decisions are inevitable. Public bodies cannot do everything. We have seen, for example, how financial realities have meant tough choices on affordable housing. While it may be easy to see wider benefits as a ‘nice to have’, delivering on them can help public money stretch further and keep bodies on track towards their long-term ambitions.

Affordable Housing: Tough choices on the 20,000 homes target

The Welsh Government is aiming to build 20,000 new low carbon social homes for rent by 2026. It also wants to achieve wider benefits, such as reducing carbon emissions.

Inflation has driven up the costs of building. Without additional funding, we estimated that the Welsh Government and partners would fall some way short of the target.

In the short term, the Welsh Government’s choices boil down to build or buy. Acquisitions of existing homes are relatively quick to secure, and they are cheaper. Shifting to acquisitions could also help to reduce the high numbers of people living in temporary accommodation more swiftly.

But acquisitions do not offer the same carbon reduction benefits or meet the same space standards. Unless it involves bringing empty homes back into use, acquisitions do not add to the total housing stock. This shows the challenge of balancing different short and longer-term considerations when money is tight.

8 The NPAs’ two statutory purposes are: to conserve and enhance the natural beauty, wildlife, and cultural heritage of the National Park; and to promote opportunities for public enjoyment and understanding of the special qualities of the National Park.

Public bodies have shown they can come together to respond to a crisis, but are not always working together effectively to address complex challenges

- 92 Public bodies need to work together to respond to complex challenges and achieve value for money. Collaboration can realise economies of scale or avoid duplication. It can mobilise partners to manage demand and stop problems from getting worse. Collaboration can also help deliver wider benefits. It is not just about working together to address short-term problems.
- 93 In 2020, we found many positive examples of collaboration, but opportunities for public bodies to work with a broader range of partners to increase impact. We also found they could strengthen how they go about collaboration, placing greater emphasis on assessing impact and reviewing effectiveness.
- 94 Our work during the pandemic highlighted key lessons, but we commented in generally positive terms on how public bodies had put in place collaborative systems and flexible governance in other areas of the response. This included the Test Trace Protect programme, the procurement and supply of protective personal equipment, and the vaccinations programme.
- 95 On rough sleeping, we observed how public bodies had responded together to provide support during the early stages of the pandemic. This was against a backdrop of historic weaknesses in partnership working. We emphasised the opportunity to build on this to support longer-term change.
- 96 Since then, we have reported on other positive examples. We found that the Welsh Government and education consortia had worked well with the education profession in an area of significant policy change to co-design the new Curriculum for Wales. And we have recognised how public bodies came together with their partners to accommodate and support people arriving from Ukraine, building on learning from the pandemic response.

- 97 Overall though, the picture on collaboration remains mixed. We have identified missed opportunities or cases where bodies could go further. Examples from our work in local government include:
- digital transformation – we found some councils were delivering on their digital strategies with a broad range of partners, but most could go further;
 - social enterprise – we said that most councils had adopted a passive leadership role and were missing out on the potential for social enterprises to help deliver services that can improve people’s quality of life; and
 - building safety – we highlighted opportunities to improve services through greater collaboration and regional working but found little progress had been made to drive this forward.
- 98 PSBs exist to drive local collaborative responses to the big challenges. Their membership and remit mean they are ideally placed to respond to various cross-cutting issues. However, PSBs operate in a crowded landscape. This means public bodies have to work out how PSBs relate to other partnerships with related remits, often covering different geographies. This is not straightforward.
- 99 RPBs also exist to drive collaborative responses to system-wide challenges but focused on health and social care. They operate on health board boundaries. Our work on urgent and emergency care has highlighted where funding is helping to drive collaboration and deliver preventative initiatives but raises questions about the effectiveness of the partnerships in driving sustainable change (see **paragraphs 70 and 71**).
- 100 Any partnership working requires an investment of time and capacity. This is especially the case when there are multiple boards and working groups to service. But time and capacity are at a premium in all public bodies. It can be especially difficult for bodies that cover a large geography to engage at a local level.
- 101 The partnership landscape will continue to develop as Corporate Joint Committees deliver on their statutory remits and changes to the regional education consortia take effect. The Commissioner has commented on the Welsh Government’s ‘seemingly ad hoc’ introduction of partnerships and that ‘many PSBs are not operating effectively due to a lack of resources and support for implementation’. He has recommended that the Welsh Government assess and streamline partnership structures. His report also highlights some of the characteristics of effective PSBs.
- 102 We also urge public bodies to make sure their partnership working is effective and having the desired impact. Otherwise, they could be wasting time and money and missing opportunities to deliver better outcomes.

Corporate Joint Committees

CJCs came into effect in April 2021 and took on their core functions and duties from June 2022. In November 2023, we reported that they were still in their infancy. Although they were building on city/growth deal arrangements, they had not all determined how they were going to work with other partnerships and bodies to make the most of resources and expertise. This is crucial given the main rationale for the CJCs' establishment was to strengthen regional collaboration.

Our active travel report noted that CJCs were now part of a crowded delivery landscape. CJCs' regional transport planning functions mean they will have an increasing role in determining priorities, including in respect of strategic cross-boundary active travel routes.

Public bodies are missing opportunities to put people at the heart of their services

- 103 Involvement must not be seen as a 'nice to have'. Understanding what people want and need is an essential ingredient for achieving value for money. It can help public bodies get service design right first time. It can help them understand what is really going on and stop things getting worse. It can give insight into what kind of future people want.
- 104 The idea of involvement challenges public bodies to go beyond traditional consultation. It suggests that public bodies should speak to people early, opening up the possibility of them being a direct part of service design and delivery, through to evaluation. In 2020, we reported that public bodies were often not creating opportunities for the public to be involved in this manner; and they needed to do more to involve the full diversity of the population.
- 105 In 2025, we still see a wide spectrum of involvement, and it is difficult to identify an overall trend in practice. There are notable examples. These include involvement on the development of services, as well as large-scale engagement exercises designed to promote a conversation with the public.
- 106 But we also find cases where public bodies are not involving people; or they do not hear from the breadth of their communities. This may mean they design solutions that do not meet people's needs or exclude some groups.

Natural Resources Wales: 'Nature and Us'.

Nature and Us was a national conversation with over 3,000 people about the natural environment in Wales. NRW then convened a citizens' assembly to turn that intelligence into a shared vision for the year 2050 and consider the changes we need to make leading up to 2030 and 2050, as individuals and as a country.

- 107 The challenges public bodies face mean they need to change what they do. People across Wales have a stake in these changes. On decarbonisation, we saw some positive thinking and examples of councils engaging their communities, as well as opportunities for some to go further. We stressed to Fire and Rescue Authorities the value of involving staff in shaping, and taking, action to help achieve environmental goals. On sustainable tourism, we recommended that NPAs work with tourists and businesses to influence their behaviour.
- 108 Our 2021 report on discretionary services in local government found councils were neither effectively nor consistently involving people in decisions about the future of those services. This is despite people's apparent willingness to get involved in helping shape and run services. We have also found that councils have a mixed track record in helping to build community resilience and strengthen self-reliance. Our work suggests they have found it difficult to empower people and to shift to being an 'enabler' rather than 'direct provider'.

Our findings on impact assessment

'Impact assessments' are one way that public bodies can draw on what they learn from people to shape their decisions. Our 2022 report on tackling poverty found the information in assessments is often out of date or insufficient. That same year, our report on equality impact assessment found qualitative information was patchy. It highlighted concerns that diverse groups were not being involved often enough.

- 109 Effective involvement takes time, but public bodies are often working to tight timescales with limited capacity. Our work in councils shows there is a continued reliance on annual savings rounds to meet budget pressures, rather than longer-term transformation plans. There is a risk that planning savings in this way means there is little time to fully engage with communities and explore new ways of working together. In the NHS, we highlighted a similar short-term focus (see **paragraph 119**) and found that while bodies draw on some stakeholder ideas to help them develop and assess cost savings, the picture varied.
- 110 Through our work on active travel, we heard concerns about skills and resources in local authorities to engage effectively. We also heard about limited resources within organisations representing people with protected characteristics to enable them to input effectively with lived experiences.
- 111 We recognise that involvement must reflect the realities of resources and capacity. Public bodies will need to balance these limitations with their statutory duties and the benefits that effective involvement can bring. This starts with prioritising and valuing involvement within the decision-making process. There is no 'one-size-fits-all'. Public bodies will instead need to consider how they can make best use of their involvement exercises and look for opportunities to join up activities with partners.
- 112 Public bodies also need to know what people think to properly understand the impact they are having. This is especially important because, for many services, people do not have a choice as to who provides them. It is also a way for public bodies to demonstrate that they value what people think. We looked at this across councils and found they included very little performance information to help senior leaders understand the perspective of service users (see **paragraph 122**).

Public bodies need to take a longer-term view of how they achieve financial sustainability, as well as getting a better grip on the resources required to deliver various plans and activities

- 113 By 2025, we should be seeing public bodies using the Act to help them plan their finances and achieve financial sustainability over the medium and longer term. We should also be seeing a clear understanding of the funding required to deliver on the plans and activities that are critical to them meeting their well-being objectives.
- 114 We understand there are barriers to financial planning for the medium and longer term. For example, we have commented in other reports on:
- short-term, often annual, funding cycles that can create uncertainty – although, in practice, the Welsh Government also faces constraints in setting longer-term budgets due to UK budget and political cycles.
 - the Welsh Government’s timetable for announcing the local government settlement – which has moved back, squeezing councils’ budget setting processes. Other bodies also describe the impact of late funding notifications.
 - in-year allocations of specific grants – that can complicate bodies’ financial planning and delivery, even more so where these come late in the year and must be spent at short-notice.
 - capital funding that is not backed up by additional revenue funding – for example, to support ongoing maintenance for an asset or behaviour change.
- 115 These issues can result in funding not being used in a planned way to secure value for money and better outcomes for the long term, aligned to bodies’ objectives. It is also reasonable to assume these factors can make it more difficult for public bodies to invest in prevention, which is likely to require a sustained funding commitment. For example, through our work on tackling poverty across councils, we heard that the annual cycle of bidding does not support them to tackle the more difficult and longer standing problems.
- 116 How external funding works is largely out of public bodies’ control. Nevertheless, it is important they put themselves in the best position to respond by carrying out effective financial planning. This involves taking a longer-term view of trends in funding and cost pressures, as well as factors such as demand pressures, risks, and any income generation opportunities. Financial plans should set out any projected funding gaps, supported by further detail on how they will be bridged. This should all be considered in the context of how bodies deliver their well-being objectives.

- 117 We found that Welsh Government arm's length bodies in the culture sector did not all have medium-term financial plans in place. Where they did, we recommended expanding them to cover wider factors, such as those listed above.
- 118 Our work across councils found that few had a comprehensive understanding of how they would close their projected budget gaps beyond the next two years. We emphasised the importance of looking towards the longer term. This would give them more insight into the challenges they face and help them develop longer-term solutions that cannot be implemented in an annual cycle.
- 119 We have also undertaken work on cost savings at health boards that found they often rely on annual, non-recurrent savings to meet immediate financial pressures. They recognise the need to transform services to achieve financial sustainability, but their plans are not sufficiently developed. There is a need to accelerate the pace of this work, given the scale of financial pressure these organisations are under.
- 120 We also found public bodies are often unclear on, or find it difficult to get to grips with, the resources needed to deliver various plans and actions. **Exhibit 7** lists some examples.

Exhibit 7: examples where we have found public bodies need a clearer understanding of the resources required to deliver plans and priorities



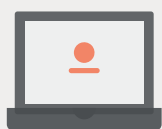
Workforce strategy

We found workforce strategies within health bodies were typically high-level and often lacked underpinning costed implementation plans.



Asset management

We found some councils needed a better understanding of the cost of maintaining and transforming their assets. We also emphasised the importance of having costed delivery plans.



Digital transformation

We found councils' digital strategies were not, in many cases, underpinned by resourcing information. Where financial information was available, it was often incomplete, or its basis was unclear.



Decarbonisation

We found most public bodies had not fully assessed the financial implications of reaching net zero by 2030. We undertook further work at councils that found they needed to fully cost their plans and align them to their medium-term financial plans.



Biodiversity

We found many bodies do not consider that they understand the financial implications of complying with their duties under the [Environment \(Wales\) Act 2016](#). And while some welcomed available external funding, others said it was too little to enable everything that was required. As such, they were having to find funding from existing budgets and take difficult decisions on service priorities.

Public bodies are often not able to demonstrate the impact of various plans and activities, or the value for money they are achieving

- 121 Public bodies should be held to account for delivering on well-being. This means they need to show the difference they are making and whether they are spending public money well. It means they need the right processes to monitor and challenge progress so they can learn and improve. The Act requires that public bodies report on their progress, and it is important they do so clearly and transparently in a way that is accessible to the public.
- 122 Our work across councils found a lack of focus on measuring outcomes. Instead, their performance reports tended to focus on outputs, the ‘what’, with little evaluation of the ‘so what’. We expected to find a more positive picture than we did, as the importance of understanding outcomes and the perspective of service users has been emphasised for years. The Act should be helping to encourage this focus.
- 123 Our work on Welsh Government capital infrastructure investment has found that it has developed tools to help departments evaluate progress towards strategic outcomes linked to social, cultural, economic, and environmental well-being. However, departments are not using them consistently or comprehensively. The Welsh Government could provide more direction to departments, particularly where projects are seeking to achieve similar or related impacts.
- 124 Our work on active travel found government does not have robust, long-term data on how and why people travel and on wider outcomes from active travel. We also found that statutory reporting requirements for active travel are not being met consistently, with the quality of information reported by local authorities varying considerably. The Welsh Government and Transport for Wales have been developing an overall monitoring and evaluation framework for active travel, but it has been a long time coming.
- 125 Gaps in data also risk holding back progress on the climate emergency (see **paragraph 83**). The same is also true for the nature emergency. There are currently no specific domestic targets for biodiversity in Wales, which has been seen as a major barrier to progress by some. Our work also indicates that some public bodies are not clear on how the Welsh Government’s commitment to the international target to protect at least 30% of land, freshwater, and sea for nature by 2030⁹ should be measured or achieved. The Welsh Government has been reviewing the actions it is taking to prioritise delivery of the target. It acknowledges there are areas where more progress could be made.

9 The Welsh Government carried out a ‘deep dive review’ in 2022 to consider how action to support nature recovery could be sped up. The review group chose this ‘30x30 target’ as its strategic focus.

- 126 Our cancer services report highlights that the Welsh Government's NHS Performance Framework (2024-25) does not include measures on cancer incidence, mortality, and survival rates. The focus is largely on delivery of the 62-day cancer performance target, rather than broader system change and wider delivery of the vision in the Quality Statement for Cancer. There is also very limited information to understand how equitable cancer services are.
- 127 The Commissioner reports that, based on the views of health boards, 'the Welsh Government's wider performance and assurance demands reinforce a short-term focus'. The Commissioner notes that, despite a greater focus on prevention in the 2025-2028 planning framework, the 'metrics' and 'enabling actions' it sets out need to align better to prevention.
- 128 We have also commented on targets that are not always helpful in promoting long-term planning. For example, in the case of affordable housing, there is no formal long-term strategy and the Welsh Government's 20,000 homes commitment centres on a five-year target. The five-year target period approach risks embedding an unsustainable delivery pattern, where delivery is lower early in the period and then ramped up later. This pattern complicates financial planning and management and creates the risk of underspending early in the cycle and a shortfall later.
- 129 We recognise that measuring outcomes – particularly where they relate to broader and indirect benefits – can be a challenge, and potentially resource-intensive. However, where bodies have set ambitions in line with the Act, it is important they measure them.
- 130 Proportionality is important, but the Auditor General has previously raised concerns that financial and capacity constraints will lead public bodies to cut corners in work to monitor and evaluate the impact of spending. That would be a clear false economy, for both the short and longer term.
- 131 More generally, we think there is scope for the Welsh Government to take a fresh look at the assessment of performance and impact under the Act. As it stands, the Act's national indicators and milestones form the basis of reporting on the well-being of Wales. Public bodies are not required to take account of these in monitoring their own progress and impact. We are not recommending common national performance measures. However, the issue of how public bodies assess progress and show their respective contributions to the well-being of Wales requires further consideration.

132 The performance landscape has changed since the introduction of the Act. There is a different performance regime for councils and the Welsh Government no longer requires them to collect and report on a common set of measures. There are also other possible forthcoming changes that could influence how Wales assesses progress towards a more sustainable future (see **Exhibit 8**).

Exhibit 8: developments that could influence reporting on sustainability



Welsh environmental law

Welsh Government proposals to change environmental law that would potentially introduce targets and statutory duties for the protection and restoration of biodiversity in Wales, including requirements for monitoring, reporting and scrutiny.



Sustainability reporting

UK government plans to consult during 2025 on the adoption of international sustainability reporting standards for the private sector. Subject to that consultation the UK and Welsh Governments will determine the extent to which these standards should be applied across the public sector.



Sustainable Development Goals

Preparations for updates to the United Nations Sustainable Development Goals in 2030 – member states adopted 17 goals in 2015 with 169 associated targets.

Source: Audit Wales

◀ What's next for the Act and our work

- 133 The Senedd Cymru (Members and Elections) Act 2024 will increase the number of members from 60 to 96 at the May 2026 election. It also means future elections will take place every four years, rather than five as has been the case since 2011.
- 134 The expansion in Members should support additional scrutiny. It provides a fresh opportunity to ensure the Act is at the heart of that scrutiny, including in the work of Senedd committees. To achieve this, new Members will need to be familiar with the Act and learning from the past 10 years. We will play our part in that as we communicate about our own work.
- 135 However, a shorter electoral cycle could also result in a shorter-term focus. All those involved in the scrutiny of public services will need to be alert to that risk and ready to challenge decisions and actions that are not in keeping with the Act. For wider public services, much will depend on how the next Welsh Government frames its own programme and manages delivery against it; but much remains within public bodies' own control.
- 136 The shorter electoral cycle also impacts on our audit work under the Act, which is tied to that cycle. We will need to complete our audit work in a shorter period and more frequently over time. Meanwhile:
- the duties on the Auditor General now cover more bodies than they did in 2015 – up from 44 to 56¹⁰; and
 - there is the prospect of other new bodies being created that are subject to the Act.
- 137 We have sought to integrate our examinations under the Act within existing programmes of work, as far as possible, but these developments are driving extra costs. They also have an impact on our scope to choose to examine matters that may present greater risks to value for money. In our view, changes to the Act and other relevant audit legislation would enable a more proportionate, economic, and impactful approach. In the meantime, we intend to continue with the same overall audit approach as in this reporting period.

10 This increase reflects the creation of four Corporate Joint Committees and the addition of eight other bodies from June 2024 (see **Appendix 1**). The Welsh Government consulted on the addition of the eight bodies during 2022, partly in response to a recommendation in our May 2020 report.

- 138 We made a recommendation about post-legislative scrutiny of the Act in our May 2020 report. In response, the Welsh Government has commissioned an evaluation of the Act. This remains at an early stage and what it will lead to is unclear. The Senedd's Equality and Social Justice Committee has also very recently launched an inquiry on post-legislative scrutiny of the Act.
- 139 There are still issues to consider around the Act itself and its accountability framework in the current public service delivery landscape. There are also issues to consider around how certain requirements interact with wider legislation.

Recommendations

- 140 We are not making recommendations across the bodies covered by the Act having already made recommendations through our earlier examinations.
- 141 The Commissioner's report has a different scope and backdrop. It includes recommendations to the Welsh Government and public bodies on a range of wider matters. We recognise the Welsh Government is also taking forward action through its Continuous Learning and Improvement Plan (CLIP) for 2023 to 2025, which brings together actions to strengthen its implementation of the Act. The Welsh Government developed the CLIP in response to a report by the Commissioner in December 2022.
- 142 We have chosen to make four recommendations of our own to the Welsh Government. These are strategic in nature. They relate to the Act itself and what the Welsh Government can do to accelerate progress.

Recommendations

Post-legislative evaluation and scrutiny

R1 In the context of:

- our recommendation in 2020;
- the Commissioner's latest recommendation on post-legislative review in 2025; and
- the Senedd Equality and Social Justice Committee's planned inquiry into post-legislative scrutiny of the Act;

the Welsh Government should now clearly set out a scope and timetable for its own post-legislative evaluation and any changes to the Act.

(See **paragraphs 133 to 139**)

Work undertaken by the Welsh Government in relation to recommendations 2 to 4, and the wider issues raised by this report, should also feed into evaluation and scrutiny.

Minimising uncertainty in funding

R2 The Welsh Government faces its own constraints in setting longer-term budgets due to UK budget and political cycles. However, public bodies continue to describe the negative impact of annual settlements, late funding notifications, and in-year allocations. The Welsh Government should work with public bodies to explore and agree what can reasonably be done to minimise funding uncertainties and aid their medium and longer-term planning where possible¹¹.

(See **paragraphs 114 to 115**)

11 Our forthcoming report on the [Wales Infrastructure Investment Strategy](#) will make a related recommendation on longer-term financial planning within infrastructure programmes, building on a similar recommendation in our September 2024 report on affordable housing.

Promoting prevention

R3 The Commissioner has recommended that the Welsh Government ringfences funding for prevention, which increases over time. This reflects calls from several organisations at a UK level. The Welsh Government should also explore other, complementary, ways of encouraging investment in prevention. This should include working with public bodies to:

- strengthen the understanding of the levels of investment in prevention and its impact;
- build on work to embed prevention in the budget process, considering, for example, opportunities to bring funding together across different parts of the system to support prevention;
- incentivise and protect preventative spend at a local level; and
- learn from others beyond Wales, for example, taking account of work that CIPFA is undertaking on understanding preventative spend.

(See **paragraphs 57 to 74** and **114 to 115**)

Understanding impact

R4 The Welsh Government should work with public bodies to take a fresh look at the assessment of performance and impact under the Act. This work should consider:

- how best to measure the impact public bodies are having and their contribution towards the well-being of Wales; and
- how assessment of performance and impact can promote the aims of the Act and reinforce the need to work preventatively and collaborate.

(See **paragraphs 131 to 132**)



Appendices

- 1 About our work
- 2 Language and concepts used in this report

1 About our work

Scope

Under the Act, the Auditor General may carry out examinations of named public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when:

- setting well-being objectives, and
- taking steps to meet those objectives.

The Auditor General must carry out such an examination at each public body at least once during a specific reporting period. The current reporting period began in early May 2020 and ends in early May 2025.

The Act links the reporting period to the timing of Senedd elections. Before the end of the reporting period, one year ahead of the election, the Auditor General must report on the results of these examinations. This report discharges that duty. It is based on evidence and conclusions from a wide body of audit work. For context, it also refers to findings from our May 2020 report.

Our work has covered the 44 bodies named originally in the Act and the four Corporate Joint Committees established under the Local Government and Elections (Wales) Act 2021¹². In June 2024, eight further public bodies became named bodies under the Act¹³. Examinations at these bodies will inform the Auditor General's next statutory report.

Throughout the reporting period, we have maintained regular dialogue with the Commissioner's office to share information about our work and take account of theirs.

The specific examples we refer to in this report reflect the position that we found at a point in time. They refer to noteworthy elements of work undertaken, but do not necessarily reflect an overall conclusion.

12 The CJs are regional bodies responsible for strategic development planning, regional transport planning and promoting the economic well-being of their area. The four CJs in Wales are South East Wales CJC; South West Wales CJC; North Wales CJC and Mid Wales CJC.

13 Transport for Wales, Centre for Digital Public Services, Digital Health and Care Wales, Health Education and Improvement Wales, Welsh Ambulance Services University NHS Trust, Social Care Wales, Welsh Revenue Authority, and Qualifications Wales.

Method

Examining the setting of well-being objectives

We developed a core audit framework to support our work on the setting of well-being objectives. We used the 'positive indicators' that we developed during the previous reporting period to inform our audit criteria.

Our core framework considered:

- Planning – and how the body:
 - had used data and other intelligence to understand need, risks, and opportunities and how they might change over time;
 - involved others in developing its well-being objectives;
 - considered how the objectives can improve well-being and have a broad impact; and
 - designed the objectives to deliver longer-term benefits, balanced with meeting short-term needs.
- Resourcing and delivery – and whether the body had considered how:
 - it can resource the well-being objectives; and
 - it can work with others to deliver their objectives.
- Monitoring and review – and whether the body had:
 - developed appropriate measures and monitoring arrangements; and
 - sought to learn from and improve how it has applied the sustainable development principle to setting its well-being objectives.

However, we tailored our approach at individual bodies to reflect local factors. This included cases where bodies had not set new well-being objectives during the reporting period, so we instead focused on how they reviewed them.

Where practical, we completed the examinations in 'real time'. This allowed us to share interim findings before the body's well-being objective setting process finished. A good example of this was our work at Natural Resources Wales.

These were typically high-level examinations involving review of key documents and interviews with officers at the bodies. When public bodies set new well-being objectives, they must publish a well-being statement setting out how they have applied the sustainable development principle in doing so. We reviewed supporting evidence relevant to those statements. We reported our findings and recommendations to each body.

Examining steps to meet well-being objectives

Following consultation with the Welsh Government and other public bodies, our approach to these examinations duties has evolved over time. In this reporting period, we integrated the examinations within existing programmes of work, as far as possible. Again, audit teams have used the 'positive indicators' that we developed in the previous reporting period to inform their audit criteria.

Benefits from this integrated approach include:

- a broader coverage of examinations;
- reduced cost and burden to public bodies; and
- a more rounded view of performance, which makes the connections between the sustainable development principle and value for money so that we can provide greater insight.

Much of the evidence informing this report comes from work where we have considered the five ways of working as part of work with a broader scope. This has been the case for our work at local government bodies, NHS bodies, and the Welsh Government. However, we have conducted certain examinations for the specific purpose of looking at the application of the sustainable development principle, notably for smaller central government bodies.

Findings from around 200 separate audit reports directly inform this report. These include various local audit reports that we have brought together in previous national summaries. Many other local reports have contributed to our understanding of how bodies are applying the Act. This is a substantial body of evidence and, alongside what we see day-to-day in our engagement with public bodies, it tells its own story.

However, our audit work only covers a small fraction of what public bodies do and that the Act should influence. This includes the services they provide or programmes they lead. It also includes the way bodies are run, or what the statutory guidance refers to as areas 'where the change needs to happen'. For example, how bodies manage their workforce, finances, and assets; or how they procure goods and services.

Other Audit Wales reports mentioned in this report

The list below covers most of the areas of work mentioned in the main body of this report. However, we have also referred to some work that was finalised, or close to being finalised, but had not yet been published on our website at the time of drafting this report.

- [So, what's different? Findings from the Auditor General's Sustainable Development Principle Examinations](#), May 2020
- [Rough Sleeping in Wales – Everyone's Problem, No One's Responsibility](#), July 2020
- [Test, Trace, Protect in Wales: An Overview of Progress to Date](#), March 2021
- [Procuring and Supplying PPE for the COVID-19 Pandemic](#), April 2021
- [At your Discretion – Local Government Discretionary Services](#), April 2021
- [Rollout of the COVID-19 vaccination programme in Wales](#), June 2021
- [North Wales Fire and Rescue Authority – Carbon Emissions Reduction](#), March 2022
- [South Wales Fire and Rescue Authority – Carbon Emissions Reduction](#), April 2022
- [Mid and West Wales Fire and Rescue Authority – Carbon Emissions Reduction](#), April 2022
- [Tackling the Planned Care Backlog in Wales](#), May 2022
- [The New Curriculum for Wales](#), May 2022
- [Sustainable Tourism in Wales National Parks](#), July 2022
- [Public Sector Readiness for Net Zero Carbon by 2030](#), July 2022
- [Equality Impact Assessment: more than a tick box exercise?](#), September 2022
- [Setting of well-being objectives – Welsh Government](#), September 2022
- [Welsh Government workforce planning and management](#), September 2022
- [Time for Change – Poverty in Wales](#), November 2022
- ['A Missed opportunity' – Social Enterprises](#), December 2022
- Local audit work on carbon reduction plans across councils, including:
 - [Isle of Anglesey County Council – Decarbonisation Progress Update](#), November 2022
 - [Gwynedd Council – Decarbonisation Progress](#), January 2023
 - [Wrexham County Borough Council – Decarbonisation Progress Update](#), February 2023

- [‘Together we can’ – Community resilience and self-reliance](#), January 2023
- [‘Cracks in the Foundations’ – Building Safety in Wales](#), August 2023
- [Setting of well-being objectives – Natural Resources Wales](#), September 2023
- [Neath Port-Talbot Council – Setting of Well-being Objectives](#), September 2023
- [Springing Forward: Lessons from our work on workforce and assets](#), September 2023
- [Corporate Joint Committees – commentary on their progress](#), November 2023
- [Powys County Council – Digital Strategy Review](#), December 2023
- [Supporting Ukrainians in Wales](#), March 2024
- [Aneurin Bevan University Health Board – Primary Care Follow-up Review](#), March 2024
- [Cardiff and Vale University Health Board – Primary Care Follow-up Review](#), June 2024
- [Primary Care Follow-up Review – Swansea Bay University Health Board](#), June 2024
- [Hywel Dda University Health Board – Primary Care Follow-up Review](#), July 2024
- [Powys Teaching Health Board – Primary Care Follow-up Review](#), July 2024
- [Digital by design? Lessons from our digital strategy review across councils in Wales](#), August 2024
- [Affordable Housing](#), September 2024
- [Active Travel](#), September 2024
- [North Wales Region – Urgent and Emergency Care: Flow out of Hospital](#), September 2024
- [Financial Sustainability in Local Government](#), December 2024
- [Cwm Taf Morgannwg University Health Board – Primary Care Follow-up Review](#), January 2025
- [Cancer Services in Wales](#), January 2025
- [Addressing Workforce Challenges in NHS Wales](#), February 2025
- [Cardiff and Vale Region – Urgent and Emergency Care: Flow out of Hospital](#), February 2025
- [Mid and West Wales Fire and Rescue Authority – Setting of Well-being Objectives](#), February 2025

- [The Biodiversity and Resilience of Ecosystems Duty](#), March 2025
- [Setting of Well-being Objectives – Bannau Brycheiniog National Park Authority](#), March 2025
- Urgent and Emergency Care: Flow out of Hospital – West Glamorgan Region (awaiting publication)
- Public Health Wales NHS Trust – Setting of Well-being Objectives (awaiting publication)

Key facts and figures – sources and notes

Exhibit 9 lists sources used to inform the ‘Key facts and figures’ section of this report. Sources for information in the ‘Our findings’ section are set out as they occur.

Exhibit 9: sources for the key facts and figures on page 9 of this report

Subject	Data source
Health revenue funding	<u>The Welsh Government’s second supplementary budget for each financial year</u> . For these calculations, we have deducted the social services lines from the health and social services main expenditure group.
Local authorities’ core revenue funding	Revenue outturn data collection from local authorities, Welsh Government, on <u>StatsWales</u> . By core revenue funding we mean the total revenue support grant figure and the total share of re-distributed non-domestic rates figure.
Health bodies’ annual revenue deficit	Health bodies’ annual accounts, data summarised in our <u>NHS finances data tool</u> .
Culture and sport funding	<u>Senedd Committee report: A decade of cuts: Impact of funding reductions for culture and sport</u> .
NHS secondary care services spending	Programme budgeting submission from NHS Wales Executive based on returns from Local Health Boards, on <u>StatsWales</u> .
Cancer services spending	Programme budgeting submission from NHS Wales Executive based on returns from Local Health Boards, on <u>StatsWales</u> . The Welsh Government confirmed that this data is based on NHS Wales patient activity costs including staff, consumables, medicines, and overhead costs such as estates, catering, HR and finance costs.

Subject	Data source
Diabetes care services spending	Programme budgeting submission from NHS Wales Executive based on returns from Local Health Boards, on StatsWales .
Mental health problems spending	Programme budgeting submission from NHS Wales Executive based on returns from Local Health Boards, on StatsWales .
Special Educational Needs (SEN) / Additional Learning Needs (ALN)	Welsh Government statistical releases analysing budgeted expenditure data supplied by local authorities. SEN / ALN refers to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age.
Home to school transport services spending	Welsh Government, collected via annual returns from local authorities, on StatsWales .
Children looked after spending	Welsh Government, collected via annual returns from local authorities, on StatsWales .
Children looked after numbers	Looked After Children Census, Children looked after data collection, Welsh Government, on StatsWales .
Risk of species loss	State of Nature Wales 2023 report , figure based on a list of 663 species from 3,897 assessed.
Homeless individuals in temporary accommodation	Homelessness data collection, Welsh Government, on StatsWales . For the August 2020 figure, a small number of local authorities did not provide full data, therefore 3,577 is an undercount. See the StatsWales link for more details.

2 Language and concepts used in this report

The **Well-being Duty** requires public bodies to carry out sustainable development. As part of this, they must set well-being objectives and take all reasonable steps to meet them.

Sustainable development is ‘the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.’

Well-being goals

- More equal
- Healthier
- Resilient
- Prosperous
- Globally responsible
- Vibrant culture and thriving Welsh language
- Cohesive communities

The **sustainable development principle** is defined as acting in a manner ‘which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.’

To do this, they must take account of the ‘**five ways of working**’.



Long-term



Prevention



Integration



Collaboration



Involvement

The **Auditor General** must examine public bodies and assess the extent to which they have acted in accordance with the sustainable development principle when a) setting well-being objectives, and b) taking steps to meet those objectives.

The **Future Generations Commissioner** must promote the sustainable development principle. This includes monitoring and assessing the extent to which public bodies are meeting their well-being objectives.



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.